

The view from my office: How psychiatry residency programs have changed

Pamela A. Whisenhunt

As I approach my twentieth year as Residency Program Coordinator in the Department of Psychiatry at Saint Louis University School of Medicine, I've been reflecting on the many changes that have occurred: within our residency program; in the requirements that all residency programs must meet to continue as an Accreditation Council for Graduate Medical Education (ACGME)-accredited program; and in the overall scope of psychiatry residency training.

What has changed

During my time as Residency Program Coordinator, I have assisted 5 program directors and 3 associate program directors with day-to-day details of residency training. Our residency program has had couples, and a father and son; some residents even married each other while still in training.

The Electronic Residency Application System was not available until 2001; before that, applicants interested in being invited for an interview with a psychiatry residency program had to mail in their applications for review. This was a time-consuming, tedious process. In addition, residency programs today are required to use the American Board of Psychiatry and Neurology (ABPN) PreCERT credentialing program to verify training—instead of (as in the past) simply submitting a letter to ABPN that detailed the rotations and clinical skills examinations completed.

Residency programs have gone from evaluating residents by using the 6 competencies

to the Milestones requirement from ACGME, which is the newest system of measuring residents' competencies. Every month, the program faculty meets to discuss the progress of 1 of the classes of residents and the residents who are completing an individual self-assessment. Milestone scores for each resident are then reported to ACGME.

At one time, a resident's files could be stored in a 2-inch binder; now, we need a 4-inch binder to accommodate required documentation! I am relieved—as, I am sure, many other residency program coordinators are—that residency programs are no longer required to prepare a Program Information Form but, instead, perform a self-study and, every 10 years, have a site visit. Last, every academic year, the Residency Program Coordinator is required to enter the incoming residents' information into the graduate medical education track, ACGME, and PreCERT Web site systems.

Rewards of my position

As Residency Program Coordinator, I've had the rewarding experience of meeting physicians from all over the world without having to travel to other countries. Because I have a 3- or 4-year relationship with residents, I serve them in various roles: mentor, mother, confidante, motivator, and friend. As much as the job is rewarding, being the Residency Program Coordinator can, on some days, be overwhelming, particularly because I need to think "out of the box" to streamline decisions and thus avoid conflicts with program rotations and didactic schedules.



Ms. Whisenhunt is Residency Program Coordinator, Department of Psychiatry, Saint Louis University, St. Louis, Missouri.

Disclosure

The author reports no financial relationships with any company whose products are mentioned in this article or with manufacturers of competing products.



Discuss this article at
www.facebook.com/CurrentPsychiatry