

GAINING ADMINISTRATIVE EXPERIENCE DURING RESIDENCY – IDENTIFYING AND EXPLORING OPPORTUNITIES

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For psychiatry trainees, identifying administrative opportunities can be challenging. Most residency programs do not have an identified “leadership” or “administrative” track for their trainees. Thus, it often takes significant time and effort for a trainee to recognize such opportunities. Further, finding the time during the course of an already busy residency and/or fellowship training to participate in such extracurricular activities can be quite challenging. The Accreditation Council for Graduate Medical Education (ACGME) has recognized the importance of Systems-Based Practice and incorporated this into their developmental milestones for residents [1], but has not fully embraced the need for programs to provide residents specific education and experience serving in administrative roles.

However, it will be important for future psychiatrists to have administrative skills and experience, particularly with the implementation of the Affordable Care Act (ACA), as the ACA has placed a significant emphasis on collaborative and integrated care. This trend toward increased integration of care requires psychiatrists to have a greater understanding of how to serve as consultants and leaders in guiding our partners in physical healthcare in this collaborative care model. In addition, in both private and public healthcare settings, psychiatrists early in their practice have been and continue to be called upon to serve as clinical team leaders and later on as administrative leaders within healthcare organizations. Thus, it is imperative that psychiatrists begin to develop this skillset during their training to prepare for these experiences. In this article, the author highlights opportunities to gain such administrative experiences during training to assist residents and fellows in preparing for these future administrative roles.

Identifying administrative opportunities early in residency training can be particularly challenging, but is feasible for motivated residents. For PGY-1 residents, the transition from medical student to resident physician may be sufficiently daunting such that attempting to undertake administrative responsibilities during this phase of training may be overly

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ambitious. However, in the PGY-2 and PGY-3 years, there are opportunities to begin taking on such administrative roles. In 2008, the University of Pittsburgh launched a clinician-educator track within their residency with a specific focus on providing increased education and experience in academic administration, with 10% of the residents' time protected for these activities [2]. Unfortunately, few other institutions have followed this trend. At a local level, residents who are passionate about a particular topic or issue (e.g., diversity or political advocacy) might consider joining or starting a committee at their institution or hospital devoted to supporting this mission. Committee involvement provides the opportunity to plan and run meetings, organize events, fundraise, and potentially move up the committee hierarchy into a leadership position. Some residency programs have a Psychiatry Residents' Association (PRA) in which the residents elect peers to represent them and serve as liaisons in communicating with the program administration. Serving as an elected PRA member provides the resident experience in advocating for their peer group, organizing PRA meetings and events, working collaboratively with program administration, and developing and implementing initiatives designed to address areas of concern.

The American Psychiatric Association (APA) also provides mechanisms through which junior trainees can gain insights into psychiatric administration. Locally, each state association district branch of the APA appoints a Resident-Fellow member (RFM) to represent them at Assembly Meetings of their locale. Nationally, the APA offers multiple fellowships aimed at providing residents administrative and leadership experience. These include the American Psychiatric Leadership Fellowship, Diversity Leadership Fellowship, Jeanne Spurlock Congressional Fellowship, and Public Psychiatry Fellowship, among others [3].

In the PGY-4 year there are increasing opportunities for interested residents to gain administrative experience in various "chief resident" roles. Looney et al. recognized the psychiatric chief resident as a type of training in administrative processes over 40 years ago [4]. Over the past decade, several others have assessed the roles, responsibilities, and values of serving as a psychiatric chief resident [5-7]. Each residency designs the role of departmental chief resident somewhat differently. However, features common to most programs include the chief resident(s) meeting regularly with program administration and serving as a liaison between administration and residents, designing and implementing the on-call schedule, and serving as a go-to resource when residents have questions or concerns about various aspects of their training experience. Berg has described the chief medical resident as the ultimate "middle manager" and this description applies quite aptly to psychiatric chief residents as well [8]. For those residents unable or uninterested in serving as departmental chief resident, there are various other opportunities during the PGY-4 year to serve in a "chief" role. Many inpatient and outpatient clinical services allocate a chief resident position in which the senior resident provides clinical supervision and administrative oversight. Additionally, for residents interested in careers as a clinician-educator, a handful of residencies have developed chief of education positions [9-11].

For those graduating residents with an identified interest in administrative psychiatry, there are further avenues to hone one's skills after residency. Enrolling in a public psychiatry fellowship (PPF) provides one such opportunity. The first PPF was established in 1981 at the New York State Psychiatric Institute and Columbia University, but over the past decade there has been a proliferation of PPFs and currently there are 16 across the country [12]. All PPFs share common core values, though each program follows a slightly different model, often

dictated largely by its funding source [13]. PPFs provide training in psychiatric leadership, recovery oriented services, advocacy, and program evaluation/services research [14]. Providing a combination of didactic, clinical, and research experiences, these one to two-year post-residency fellowships represent the gold standard for preparing psychiatrists for leadership roles in organizational settings [14].

In addition to entering a PPF, trainees can pursue additional advanced degrees specific to their administrative interests, such as a Masters of Business Administration (MBA), Masters of Public Health (MPH), or a Masters of Healthcare Administration (MHA). MBA programs focus most greatly on the business and financial aspects of operating a business entity, such as accounting, finance, marketing, human resources and operations. MPH programs focus more so research, policy analysis, and education related to public health and epidemiology. MHA programs tend to focus on the management of hospitals and other health services organizations, as well as public health infrastructure and consulting. The most significant limitation to any master degree program is the significant financial burden they place on trainees, many of whom are often already saddled with significant educational debt.

In the future of American healthcare, there will be an ever growing importance to provide residents chances to learn about and gain experience in administrative psychiatry. While such opportunities are harder to come by earlier in training, as residents advance through their training, such experiences are more readily available. Even after completing residency training, additional avenues for specializing in administrative psychiatry exist via enrolling in a PPF or advanced master degree program. However, it will be important for training programs to adapt to the ever changing healthcare landscape and provide such opportunities earlier in training as well to best prepare trainees for their future practice.

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