

Core Competencies for Psychiatric Education: Defining, Teaching, and Assessing Resident Competence

by Linda Boerger Andrews, M.D., and John William Burruss, M.D. In book series: *Core Competencies*. American Psychiatric Publishing, Inc., Arlington, Va., 2004, 145 pages, \$32.50 (paper).

The Accreditation Council for Graduate Medical Education (ACGME) has traditionally focused on compliance with the Residency Review Committee's essentials of training in the accreditation process of residency training programs. However, in response to "[c]oncerns about patient safety, geographic variations in patient care unrelated to medical science, and poor 'customer service' for patients [that] have called into question the competence of physicians and the health care systems in which they work,"^{1(p243)} the ACGME launched its Outcome Project. This project resulted in the delineation of 6 general competencies in medical education: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Each medical specialty was required to incorporate these general competencies into all aspects of residency training and demonstrate resident competence in these areas through well-defined outcome criteria. With this new emphasis on outcome-based program evaluation, each training program was required to ensure the following²:

1. Inclusion of the ACGME-defined 6 general competencies in the curriculum
2. Establishment of the goals and objectives for each step in the training process
3. Devising and implementation of evaluation instruments that accurately assess competence, test for progress toward competence by each trainee, measure that progress for each individual trainee and for the program as a whole, and modify the training experiences to correct any areas of deficiencies

Thus, the emphasis on the outcome of training supplants the erstwhile emphasis on the mere mechanics of administering a training program—a very important shift indeed!

Psychiatry responded to this ACGME mandate with great enthusiasm, requiring that, in addition to general competencies, residency training must also incorporate 5 competencies in various types of psychotherapy: brief, cognitive-behavioral, supportive, psychodynamic, and combined psychotherapy and psychopharmacology. Various professional organizations took the initiative in defining the elements of the core competencies, as well as in developing instruments to measure them. The book under review is an excellent compilation of the contributions made by various professional organizations in this endeavor.

This book consists of 4 parts. Part I, titled Introduction to the Competencies, consists of 2 chapters that lay out the background. The first chapter provides details regarding the accreditation process that should be common knowledge for all training directors. Chapter 2 describes the process that led to the creation of the Outcome Project, including the contributions made by various individuals who spearheaded this effort.

Part II, titled Teaching and Assessing the Competencies, contains 2 chapters that describe adult learning theories, as well as practical issues that relate to assessing competence. This section makes the important point that in the new system, every aspect of residency training should revolve around the compe-

tency paradigm. Included as an appendix, the Toolbox of Assessment Methods developed by the ACGME is a wonderful introduction to the relevant issues about various evaluative instruments that are being developed by the field to help in competency assessment. This chapter is a must-read for any training director, faculty member, administrator, or resident interested in learning the various evaluation techniques currently available.

Part III, titled Implementing the General and Psychotherapy Competencies, consists of 5 chapters that describe specific knowledge and skills under each competency. These competencies are detailed and relevant to the work of the psychiatry resident. The psychotherapy competencies are especially helpful. This section also contains a road map for training directors and rotation coordinators in their attempts to implement the core competency requirements.

Part IV, titled Consideration of Other Interested Groups, discusses the follow-up that is required of individual institutions and programs in implementing the mandate. The appendixes contain several model evaluation forms to assist training directors in monitoring resident progress. All in all, this is an extremely valuable book for any residency training program.

The authors, as well as the professional organizations—such as the American Association of Directors of Psychiatric Residency Training, the Association of Academic Psychiatry, and the American Psychiatric Association—that convened work groups should be congratulated on their enormous effort. However, one significant deficiency of this book is the absence of a preface describing its scope (utilitarian vs. scholarly), the process of defining many competencies, and the various individuals who contributed to its success (even though this information is provided piecemeal in various chapters). Lacking such an introduction, one is left to decipher the contents of this book on one's own. The review of the events that influenced the development of the core competencies is not very comprehensive: the authors omit some important developments in GME that resulted in the Outcome Project. For example, they fail to mention the famous Libby Zion case, in which public concern over residents' errors made in a labor-intensive, oversight-poor training environment resulted in far-reaching GME reforms and was indirectly the impetus for the core competency movement.

Similarly, there is no reference to the impact of the managed-care system on the development of core competencies. If one wonders whether there are methods of making residents competent other than the arduous and expensive route of core competencies, one is bound to be disappointed in the scant attention that is paid to differing viewpoints. This book presents the core competency evolution as a smooth and controversy-free process. Sometimes the book feels more like an official publication of the ACGME than the work of independent authors presenting the contributions of professional organizations.

The core competency movement is a paradigmatic shift occurring during a climate of diminishing financial support for GME. One wonders whether or not there will be resources to carry out these assessments. The authors discuss, in Chapter 4, the obstacles facing core competency implementation in great detail, but nonetheless prescribe evaluation methods and forms that require great time and effort for their implementation. Realistic and less daunting methods are absent from the text. There is danger that this void may result in training programs following requirements more in letter than in spirit, thus defeating the whole purpose of the core competencies. Also, one wonders whether the field has bitten off more than it can chew. A case in point is the laudable emphasis on psychotherapy competencies. However, one wonders whether many of the individual training

programs have the resources to offer training in all types of prescribed psychotherapy and are able to certify that residents are competent in them.

In summary, this useful book is a must-have for all training programs. It is more successful in describing how to comply with the core competencies than in explaining their origins or their alternatives in the training of a competent resident. The book also provides a valuable introduction to the area of educational assessment—generally a weak area in a training director's background. In the final analysis, the latter benefit outweighs the former weakness and makes this an important book in a training director's library.

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Stress, the Brain and Depression

by Herman M. van Praag, Ron de Kloet, and Jim van Os.
Cambridge University Press, New York, N.Y., 2004,
283 pages, \$110.00.

Acute and chronic stress causes psychiatric symptoms, physiologic malfunction, and structural and chemical neurobiological alterations. The elevated hypothalamic-pituitary-adrenal (HPA) axis cortisol levels seen in depression as well as in stress reactions suggest that some depressions may be a type of stress disorder. This excellent new volume reviews research evidence for the basis of the relationship between traumatic events and depressive illness.

The first 3 chapters provide the clinical and research background necessary to link depression and the relationship of life events to mental status and personality structure. Not surprisingly, a large body of information supports the conclusion that major depression is frequently preceded by acute life events with a negative connotation in the year prior to the onset of depression. Two chapters are devoted to new information linking genes and genetic polymorphisms to vulnerability to becoming depressed given stressful life circumstances. These chapters emphasize that depression and stress are not genetic disorders but are the consequence of an important interplay between genetic vulnerability to stressful life events and the occurrence of these events.

Following this preparatory information, the foundation of this volume lies in 2 central chapters describing the relationship between depression and monoaminergic function. Given the senior author's well-known extensive research into the serotonin neurotransmitter system, it is not surprising that the relationship of serotonin to depression and ultimately to stress is exhaustively presented. Up-to-date information regarding genetic polymorphisms in the serotonin receptor and transporter systems, as well as in presynaptic and postsynaptic serotonin receptor function, is comprehensively explored. Additional data regarding the relationship of serotonin function to the regulation of anxiety and aggression are also included in these central chapters, paving the way for a grand synthesis in the final chap-

ter linking stress, brain function, and depression, anxiety, and aggression. The monoamines norepinephrine and dopamine are similarly well reviewed with an up-to-date compilation of all monoaminergic disturbances in depression.

The chapter on monoamine function is then followed by the core chapter of the book, "Stress Hormones and Depression." The authors first review the HPA axis and then focus on corticosteroid receptors and their possible dysregulation in depression. For readers unfamiliar with recent research on the hypothesized role of cortisol-releasing hormone (CRH) in the hypothalamus and its relationship to stress, the HPA axis, monoamines, and depression, this chapter provides a lucid and comprehensive review. Cortisol is most likely dysregulated through malfunction of receptors that regulate the release of CRH and its feedback. Chronically elevated CRH drives the HPA into producing the excessive levels of cortisol seen in stress reactions and in depression.

Having reviewed the neurobiological basis of depression and stress, and their correlates of hormonal, genetic, and monoaminergic function, the authors present a final grand synthesis chapter that reviews anxiety and the interplay between depression, anxiety, and aggression. The role of anxiety and its frequency as a comorbid factor in stress/depression/aggression illnesses are thoughtfully presented, and the overlap between stress and depression, both clinically and biologically, now becomes evident. The reader is then introduced to the role of anxiety and aggression as comorbid factors in the stress syndrome. Research linking anxiety and aggression to depression and to the stress response, CRH, and hypercortisol functions is reviewed along with potential psychopharmacology treatment implications of these connections. As a grand finale, the authors make a case for diagnostic *verticalization*, a term first introduced by van Praag to describe the process of prioritizing psychopathologic symptoms and psychic dysfunction. This term emphasizes the relationship between neurobiological substrata that underlie a particular psychiatric condition as a means toward refining therapeutic approaches.

Stress, the Brain and Depression is a worthwhile addition to the library of clinicians interested in a summary and synthesis of the latest neurobiological research linking stress, neurochemical dysfunction, and psychopathology. It is not a book about the diagnosis and treatment of posttraumatic stress disorder or of depression or anxiety, but it is a clear analysis of the data linking stress, brain function, and psychiatric symptoms and describing how the rapidly emerging synthesis of this information will redefine psychopathology and drive new treatment strategies.

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and Jeffrey A. Lieberman, M.D. John Wiley & Sons, Ltd.,
West Sussex, England, and Hoboken, New Jersey, 2003,
2344 pages, \$389.00.

I had the pleasure of reviewing this outstanding textbook when it first appeared in 1997, and I could find little about which to complain. The second edition is better.

While this second edition certainly derives from the first, as it should, it is largely a new, different, larger, and more cohesive book. Furthermore, it is very hard to produce a cohesive textbook of psychiatry, since the field is developing in so many di-

reactions. In this book, a major effort has been made to make the physician-patient relationship a central theme and to increase cultural and international considerations.

The book is divided into sections, each of which includes several chapters. The sections include such topics as approaches to the patient (Ursano), development (Mrazek), scientific foundations (Freedman), illness—manifestations and assessments (Skodol), disorders (First), therapeutics (Pato), and special clinical settings and challenges (Feldman and Goldfinger). These section editors are experts in their areas, as are the chapter authors. The quality of virtually each chapter is exceptionally high, and the section editors provide fine overviews and presumably enough editing to help the chapters hang together well. Weiss' chapter on research methodology is central to the book and the field.

This remains the current text by which all others should be judged, in my view. It is well illustrated and also contains many useful tables, synopses, and vignettes, which will make it especially useful to residents and medical students.

The section on development far exceeds that in other common textbooks, with adult development receiving the attention it deserves. Unlike the discussions of development in many other textbooks, this section incorporates considerations of current developmental research. The section on special clinical settings and challenges has chapters on diverse topics not often found in textbooks—finances, advocacy, ethics, and homelessness, among others. Appendices from the first edition have wisely been incorporated into the text. Even chapters on subjects—for example, couples therapy—that may not seem to be on the cutting edge of 21st-century psychiatry are well written, replete with pearls of wisdom, and evidence-based. The index is comprehensive.

Negatives are difficult to find. As in the first edition, some chapters—e.g., the one on caffeine-use disorders—seem too long in the context of the book as a whole.

This textbook is a golden resource for all practicing psychiatrists, including specialists and subspecialists. Sadly, residents and medical students generally use synopses rather than textbooks. As I have been reading this text, I have left it in my office on an inpatient unit and have urged medical students and residents to consult it. To my delight, they have been doing so—and they like it.

Thanks and hearty congratulations to the authors and editors.

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Our Inner World: A Guide to Psychodynamics and Psychotherapy

by Scott R. Ahles, M.D. *The Johns Hopkins University Press, Baltimore, Md., 2004, 335 pages, \$24.95 (paper).*

It is clear that in psychiatric training we cannot dispense with teaching the resident how to practice psychotherapy. This recognition has been codified by the Resident Review Committee in mandating that residents demonstrate competency in 5 types of psychotherapy. This competency expectation is predicated to some degree on the demonstration of efficacy in such psychotherapies as cognitive-behavioral and interpersonal psychotherapy and more recently by a meta-analysis of treatment efficacy of psychodynamic psychotherapy.

In this welter of therapy approaches, Scott Ahles attempts to provide a guide to assist the beginning psychotherapist in selecting an approach to dynamic psychotherapy that has a clear psy-

choanalytic base. His effort joins the long line of works, capitalizing on the theoretical structure and therapeutic insights garnered from psychoanalysis, that have tried to provide a therapy abbreviated in length and frequency for some psychological disturbances. This list stretches from Alexander and French through Levine, Balint, Ornstein, Tarachow, Hollander, Weiss, and Breitman to those Dr. Ahles acknowledges, Malan, Sifneos, Basch, Kernberg (the longest), and Gabbard. One cannot help but wonder, why so many publications on the same topic? Is it analogous to the situation in medical treatment in which you have many choices because one is not clearly superior?

The approach that Dr. Ahles takes is to divide his book into 3 essentially equal parts. First, he describes the basic concepts of selected psychodynamic theories; second, he looks at development across the life span, focusing on 2 important developmental issues: (1) how does a person develop a healthy sense of self? and (2) how does a person develop healthy relationships? Third, he attempts to illustrate how the concepts of psychodynamics and development can be used in psychotherapy.

The strength of the book is the effective review Dr. Ahles provides of Mahler's separation-individuation theory and of the work of Bowlby and others on attachment theory. He appropriately recognizes the value of the concept of the self and its integration and the importance of interpersonal relationships to provide the necessary responses to maintain an emotional balance.

Dr. Ahles chooses, because of financial realities, to focus on cases that could be treated with brief psychotherapy. The shortest treatment he describes is 8 and the longest is 25 sessions, 2 with adjustment reactions, 1 without a diagnosis, and 1 with a complicated history with abuse, depression, and suicide attempts. No follow-up information is provided. His description of therapeutic techniques is divided into general and specific, with the former including empathy, explanation, and experiencing. He does not enumerate the specific techniques. His major approach to the traumas of the past is based on the model of mourning to allow for the letting go of what was, recognizing the loss of what could have been, and accepting what is. He explicitly eschews transference exploration and does not allude to countertransference issues at all. His 4 case examples, which come at the end of the book, cover less than one third of the text.

The cases, for the most part, do not require the complex descriptions of theoretical structure that make up two thirds of the book and would put off the most diligent of students. The recognition by Dr. Ahles of the limited value of theoretic orientation to treatment effectiveness seems exemplified by the therapeutic interventions he describes of empathy, explanation, and experiencing. He describes a variant of the corrective emotional experience advocated by Alexander and French¹ without acknowledging it. His suggestion to the patients to focus on the positive and ignore the negative feeling is good advice, to be found in most self-help books. Learning psychotherapy by starting with theory and then engaging in therapy may be putting the cart before the horse. The descriptions of the structural concepts as entities in conflict turn concepts into homunculi. Dr. Ahles' text is unlikely to be added to the lineage of efforts to introduce beginners to psychodynamic psychotherapy.

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