

[REDACTED]

Chair, Laughlin Fellowship Selection Committee  
The American College of Psychiatrists  
122 S. Michigan Ave., Suite 1360,  
Chicago, IL 60603  
Telephone: 312.662.1020

Dear Sir or Madam:

I am delighted to extend my strongest recommendation for Dr. [REDACTED], who is applying for the Laughlin Fellowship of The American College of Psychiatrists. [REDACTED] is a second year resident in the [REDACTED] Residency Training Program of which I am Director. In all my 27 years as a training director, I have never met an individual with such energy, enthusiasm and an ability to lead, particularly in a new and blossoming area. In particular, [REDACTED] is geared toward a stellar academic career, and has produced more in his first year of our residency than any other candidate I can remember. Let me give you a picture of his accomplishments.

[REDACTED] received his B.S. Magna cum laude from [REDACTED] University in 1999. His research interests began in college, as he took a research fellowship in aging, looking particularly at hormonal factors influencing menopause and cognition. This work culminated in two original reports. He attended [REDACTED] University Medical School and graduated, Alpha Omega in 2005. Between 2003-2005, he took a 2-year Clinical Research Fellowship at the National Institute of Health (NIMH). He learned more advanced research methodology, and knowing early his interest in child and adolescent psychiatry, studied juvenile mood disorders. From his work at the NIMH he published 4 original reports (first author on one in the American Journal of Psychiatry), and was involved in 8 presentations and posters at national meetings. In short, he was well on his way in a leadership career in academic psychiatry as far back as college and medical school.

With such a strong interest in child and adolescent psychiatry, ██████ applied for our very competitive 5-year program, combining an internship in pediatrics with adult and child psychiatry. I remember how much we wanted him for one of our two positions, and we were thrilled that he landed in the ██████ Residency Training Program. He was a beloved member of the pediatrics team, and equally respected as a star resident in the general psychiatry program. During his tenure in the general program, ██████ received the highest clinical evaluations in all of his rotations. He continued his research interests even in this very busy program. When he began his work at ██████, he focused on the use of technology in the service of patient care, quality assurance, and education. Having a longstanding interest and background in computer science and technology, it seemed like a wonderful way to assume a leadership role. His past experience included serving as the Webmaster for ██████ University School of Medicine, having redesigned their entire 100 web pages, and was in charge of a very complex system for the medical community over the internet. He was also Webmaster for the Clinical Research Training Program of the NIMH. Again we were delighted to see this direction as we certainly needed expertise in this area!

Since arriving in my program, ██████ has continued to be a clinical and academic star. I have supervised him clinically and his work is meticulous. He is an astute diagnostician, and provides exceptional multimodal treatment. He is very well liked by the multidisciplinary team, by his peers, faculty, support staff and patients. This year, as a chief resident he has been incredibly supportive in guiding the new residents.

Again, even during a very intensive clinical program, ██████ has proven to be an incredibly productive clinical researcher. As noted, he is very interested in computer technology. Since his first year in our program, he published an original report in the Journal of the American Medical Association (JAMA) informing physicians about the issues and problems involved in web searching. He clearly spelled out the dangers of web searches and how physicians should protect themselves. He also published a letter of reply to his paper in JAMA. In addition, he produced two other papers, accepted for publication. One focuses on medical student involvement in website development, and the other (accepted by Academic Psychiatry) focuses on the use of computer simulation and virtual reality in the treatment of psychiatric disorders. In the latter paper, ██████ provided a thorough review of the literature on simulation and postulated a number of ways computerized simulations may benefit clinicians in the office in treating a wide range of disorders. I think this paper will be extremely helpful in paving the way for a new use of computers in psychiatric treatment.

With a strong interest in psychiatric education, quality assurance, and safety, last year ██████ began a project that I think will become a national standard. He personally programmed an interactive video module to teach psychiatric physicians about informed consent in administering atypical antipsychotic medications. This module includes a videotape of a doctor-patient interaction, punctuated by information, questions and self-assessment about the indications for, use of and critical elements of informed consent when prescribing atypical antipsychotic medications. It is user-friendly, takes no more than 30 minutes, is extremely clear, and elegant in design. I took the module myself

during the development phase and was struck with how good it was as an educational model. This was the first of an online educational computer-based educational device in our department. Our head of Continuing Medical Education was so taken by it, that [REDACTED] was offered a position upon graduation to help produce similar modules. He is very interested in doing so, but also in developing levels of expertise in this arena, such that they may be used by medical students, residents, and practicing psychiatrists. In addition, they may be used by primary care physicians as well. It seems to me that sophisticated online educational tools may be a very effective means to provide resources for patient safety, quality improvement and quality assurance. Moreover, I could see such a portable curriculum being used nation-wide and not just by [REDACTED]. [REDACTED] is the second author in a paper under review by the American Journal of Psychiatry on this project. It is focused on enhancing residency training with web-based simulation.

As you can see, [REDACTED] is quite productive, creative and energetic. I have never seen a resident produce so much during his training, while keeping up with the demands of our program. He does with wit and grace, always eager to take on new students or residents who have an interest in this area. He continues to be extremely helpful for my residency, having just re-designed the academic year calendar online, and re-structured the online call schedule. It is great to have such a resource! In addition, he has served as Assistant Editor for the *[REDACTED]*, and an Ad Hoc reviewer for *Health Services Insights*.

A big part of our future in medicine will be harnessing technology to serve our patient care needs, improve our systems of communication, enhance safety, and contribute to our ongoing educational and assessment needs. Few of us as physicians have the background in technology and research to actively produce and study the outcomes of such methods. [REDACTED] certainly does! Further, as a sophisticated clinician, he appreciates the needs of patients and doctors in their treatment goals. I cannot think of a better leader for our field and for our future.

In summary, [REDACTED] combines clinical skills, research expertise, interpersonal communication prowess, and technological insight to become a true leader in an area still in its infancy in all of medicine. Who would be a better Laughlin Fellow? I give him my highest recommendation, and am confident he will make the College proud.

If you have any questions about my recommendation, please let me know.

Sincerely,

[REDACTED]