

August 14, 2016

Chair, PRITE® Fellowship Selection Committee (Attn: Kathryn Delk)
The American College of Psychiatrists
122 S. Michigan Ave., Suite 1360
Chicago, IL 60603

Dear Members of the PRITE Fellowship Selection Committee :

is a program director's dream, one of those residents whom we all wish came around more often. She at once receives high praise from evaluators on her clinical rotations, from her peers, and from her patients. She takes on administrative tasks, is involved in academic inquiry, participates in advocacy work, and routinely acts as her class leader.

To our great pleasure, entered our program as a PGY-1 on July 1, 2015. She immediately established a reputation as an upbeat and dependable colleague who contributed greatly to the esprit de corps of her residency class. Her patient skills attracted attention during internship when not once but twice I was the happy recipient of unsolicited letters of praise for her work (these were the only two such letters I received last year for the entire program). The first letter came in November of last year in the form of an email message from one of the emergency medicine attendings, followed by a personal contact from the emergency medicine program director, citing having gone above and beyond expectations by deciding to stay with a patient in the ED after her shift on a weekend evening. feared he might be developing a cauda equina syndrome and was (justifiably) concerned that the risk might become lost in the sign out process. She stayed a few hours to make sure he was booked for the correct tests, to assure he would be admitted, and understood what would be happening. The second letter came in April of this year from a distraught parent of someone she was treating on our inpatient psychiatry unit. I will quote from the letter :

Dear Dr. , I am writing to you to let you know that we are truly grateful for the excellent treatment at . My son-in-law, a navy soldier, was admitted and was treated by your staff (referring to). This, as you can imagine, was an incredibly difficult time for our family. His wife just had their 2nd child and they have a 2-year-old son. was amazing. She was kind patient, and very informative given our situation. Because of her I believe we received the best care possible.

We do not yet have any PGY-2 evaluations back (though I've heard amazing verbal feedback from her state hospital inpatient attending). Her PGY-1 evaluation file contains the following statements, however :

Very independent, appears confident, unflappable, did an excellent job. PGY-1 inpatient psychiatry attending

is a good team player. She was eager to learn and actively sought help from her resident especially this being her first medicine rotation. PGY-1 medicine ward attending

was terrific. She took ownership of her pts, obtained all the essential information, and developed mature management plans. She also was very helpful with advising on psychiatric issues of other pts on our team. She didn't miss any important issues, her assessments were solid. She was wonderful to work with. PGY-1 Neurology ward attending

A fantastic resident, I was more than impressed by her excitement to learn neurology and her general enthusiasm. She was an active member of the team. She taught medical students well and truly knew each of her patients. She went above and beyond every time. PGY-1 Neurology consult attending

is a thoughtful, thorough physician. She is empathic and genuinely curious about her patient's story. She has a calm demeanor that helps patients be at ease. Faculty and patient's alike have praised her dedication to patient care. PGY-1 Inpatient Psychiatry evaluation attending

I personally precepted [redacted] during the final rotation of her PGY-1 year, [redacted]. All [redacted] interns have been required to rotate with me in [redacted] for the past 29 years so I have had the opportunity to closely observe the skills of every single trainee in our program. I was so impressed by her clinical skills and the relationships she developed with team members. It's not that she came with perfect clinical examination skills. It's that after her first clinic session with me, when I gave her a list of pointers on various aspects of the [redacted] examinations, I was able to observe her again the following week and note that she had incorporated ALL of the suggestions into her repertoire, and asked for further feedback. To say that [redacted] is open to feedback doesn't quite do her justice. Interns are required to present to the residents in our two programs in a [redacted] journal club at the end of their rotation with us. On the very first day of the rotation she began discussing her topic. She was not happy with the suggestion given her by our fellow and began a process of asking me questions and coming back the next day with some literature until she finally settled on a very interesting topic, confabulation—whether it was voluntary or involuntary, how it differed from lying, denial of illness, and other related behaviors, what was known about the neural networks involved. Her presentation was wonderful and academically challenging — I thoroughly enjoyed it. Both last year and this year, [redacted] helped organize her class to create PRITE review sessions for the entire residency. These have been both great fun (they are team based and competitive in a good natured way) and great reviews. A glance at her PRITE performance from the 2015 examination reveals that she had the highest scores of her internship class in both psychiatry and neurology and the sixth highest neurology score in our program

The most impressive aspect of working with [redacted] as a training director is rather self-serving of me I admit. [redacted] routinely volunteers to help with difficult administrative tasks.

During her PGY-1 year she could see that our didactic attendance system was time-consuming and prone to data sometimes falling through the cracks. She researched solutions and came to me to suggest I consider going to an automated attendance clock system using a smartphone app and cards with QR codes. I had considered looking for a solution like this myself but never found the time. We are now moving forward with this idea. Then at her first six-month review when she went over her academic portfolio with me, she commented that this system, too, could be easily improved. We have a paper portfolio system that involves tracking various types of documentation with comment by supervisors in many cases. "Can't this be done electronically in some way," she asked. I confided in her that our on-line evaluation system has an electronic portfolio module but that I had just never found the time to set it up, a process that involves a number of tedious layout details we would have to cope with. She feels quite comfortable with data collection and analysis and offered to take this off my hands. 3 draft iterations later and a few joint calls to our vendor's tech support staff and we have an electronic portfolio. [redacted] was also cited by several members of our newly arrived intern class as one of the most helpful people they encountered during their interviews last year. This summer, we implemented a major change in our ECT training experience and [redacted] was the first resident to have the new rotation. To no one's surprise I received a PDF from [redacted] with an example of an ECT consultation report with identifiers removed "in case we wanted to include it in the online orientation materials for the rotation" since she thought other PGY-2's would find it helpful. [redacted] is also a member of our department's EPIC implementation taskforce.

Finally, I want to mention that [redacted] is actively pursuing her twin goals of academic and public sector psychiatry in hopes of creating a career at the interface. She began meeting with [redacted] Director of our Center for Psychopharmacologic Research and Treatment during her internship year to begin thinking about her own research project and getting involved in their projects. [redacted] has already indicated to me that he feels he may have met his future Psychopharmacology Chief Resident for 2018-2019. At the same time she has joined the [redacted] Psychiatric Society Public Sector Psychiatry committee and become a regular attendee of their meetings to meet others sharing public sector psychiatry interests and begin participating in advocacy projects.

From reading this letter it will be obvious why [redacted] is a program director's dream resident. She has ALL of the attributes we hope to see in our residents. I know she is interested in training in child psychiatry but I have a secret hope that I can inveigle her into becoming a [redacted] fellow following her adult psychiatry training. [redacted] would be a fabulous PRITE committee member. She has my absolute highest recommendation and will be granted the necessary leave to serve if selected.

Sincerely,