Psychiatrists as Physician-Educators
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Guest Editors

Psychiatrists are frequently called upon to be educators in a variety of settings. With the passing of the Affordable Care Act, collaborative care models that use population-based health principles are now the emerging paradigms. The field of psychiatry is distinctively situated to provide teaching and education to patients, students, residents, and entire systems of care. Teaching need not be the sole realm of those practicing in academic settings or their affiliates. Rich opportunities for teaching exist for all psychiatrists, provided that they build upon their existing skill base and expand it with a basic understanding of certain fundamental teaching principles. With this preparation, psychiatrists can enhance their existing skill sets and develop unique teaching strategies appropriate for their respective settings.

This issue of *Psychiatric Annals* focuses on the role of psychiatrists as physician-educators. As the readership is a mixture of private practice, academic, and hospitalist-based psychiatrists, the issue provides practical tools that are applicable in a variety of health-care settings.

Dr. Stephanie H. Cho and colleagues explore the framework of psychoeducation and examine the evidence base behind its utilization and efficacy in various psychiatric illnesses. They not only describe the relevance of psychoeducation for each phase of the treatment but also provide practical guidelines on how it can be incorporated into clinical care in these different phases. Furthermore, they appreciate challenges unique to each phase and warn the readers of these potential clinical pitfalls.

Dr. Lisa D. Adler and colleagues present a model of suicide risk assessment that is comprehensive, yet time efficient and useable across a breadth of clinical settings by practitioners of all levels. They illustrate how each element of the risk assessment can be further investigated with sample detailed questions. They also discuss challenges commonly encountered in this context, such as minimization of suicidality, and strategies to overcome them. Best of all, they skillfully balance the search for critical factors in risk assessment with the incorporation of humanistic, empathic interviewing in such a way that facilitates genuine collaboration from the patient in this difficult situation.

Dr. Terry G. Price Jr and colleagues focus on the role of psychiatry milestones in residency training and elaborate on two specific competencies—professionalism and countertransference. In addition to discussing in detail the importance and relevance of these two domains in clinical education, they also meticulously outline various approaches to meeting these educational goals by identifying specific opportunities that trainees and supervisors can take advantage of in both didactic and clinical settings.

Dr. Rushi Vyas and colleagues focus on the educational role of psychiatrists in collaborative care settings. This article touches on the core principles of behavioral health care in primary care settings, and the rationale behind the national push toward this model of integrated care. Organizations will differ in their ability to implement a comprehensive model of col-

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Laborative care. Given this reality, the article defines and illustrates evidence-based approaches that can be used in the development of a behavioral curriculum that can assist primary care physicians in a variety of settings.

Prior to the issue’s theme articles, Yasamin Soltanianzadeh and colleagues deftly guide readers through a clinical case of benzodiazepine-resistant catatonia. In this case report, they review the pathophysiology of catatonia as well as the standard therapeutic approach with benzodiazepines. They also explore the use of alternative treatments with other agents and the rationale behind these treatments. They then conclude by highlighting the novel treatment approach employed in this case: the use of memantine and divalproex combination.

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