American Association of Chairs of Departments of Psychiatry

American Association of Directors of Psychiatric Residency Training

Association for Academic Psychiatry

Association of Directors of Medical Student Education in Psychiatry

Volume 38, Number 2
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**Academic Psychiatry Submissions**

**GENERAL INFORMATION**

*Academic Psychiatry*, the international journal of the American Association of Chairs of Departments of Psychiatry, American Association of Directors of Psychiatric Residency Training, Association for Academic Psychiatry, and the Association of Directors of Medical Student Education in Psychiatry, features original, scholarly work focused on academic leadership and innovative education in psychiatry, behavioral sciences, and the health professions at large. The journal's mission supports work that furthers knowledge and stimulates evidence-based advances in academic medicine in six key domains: education, leadership, finance and administration, career and professional development, ethics and professionalism, and health and well-being.

Authors submit their manuscripts online via Editorial Manager (https://www.editorialmanager.com/acps/). *Note: All submissions undergo review, and publication is not guaranteed. Accepted papers appear online ahead of print publication.*

Contact Lhiric Agoyaoy (Lhiric.Agoyaoy@springer.com) with questions about Editorial Manager accounts and submissions.

Contact the journal editorial office (AcadPsych@gmail.com) with manuscript ideas and content questions.

**Manuscript Submission Requirements**

1. **Author disclosures**: Author disclosure files are required at submission. These disclosures include acknowledgements, conflict of interest, and funding sources.

   1.1. **Acknowledgements**: Authors should acknowledge any contributors who provided data for the analysis or who provided assistance with proofreading or preparation of the manuscript.

   1.2. **Conflict of interest**: Authors must disclose any conflict of interest, including financial or personal relationships with individuals or entities that may influence their work. If there is nothing to disclose, authors must include an explicit statement to this effect at the end of the text, before the References section.

   1.3. **Cover letter**: The cover letter should describe the purpose of the work and summarize the improvements made if the submission is a revision.

   1.4. **Manuscript**: The required components for the manuscript are as follows: title page (including author contact information), abstract, keywords, and main body of the manuscript.

   1.5. **Funding source**: Authors must disclose any funding sources that supported research reported in the manuscript.

   1.6. **Optional files**: Authors may wish to include additional files to be published as supplementary online material, such as Figures, Tables.

2. **Ethical considerations**: Reports should briefly but explicitly describe in the methods section what ethical safeguards were in place in the study and whether the study received IRB approval or exemption.

**Manuscript Types and Guidelines**

1. **Empirical Reports**: These papers are empirical reports of data derived from studies with human participants or from analyses of existing databases. Empirical reports follow the IMRAD format and include a structured abstract and one text box titled either “Implications for Educators” or “Implications for Academic Leaders,” depending on the focus of the paper, that includes 3-5 concepts in “bullet point” formatted, complete sentences (rather than infinitive constructions, such as “To...”).

2. **In Depth Articles**: In-depth articles are overview pieces that bring together important information on a topic of general interest to our readers and align with the missions and scope of the journal. The abstract may be structured or unstructured, depending on the manuscript’s organization, which may not strictly adhere to the IMRAD format. In-depth articles include one text box titled either “Implications for Educators” or “Implications for Academic Leaders,” depending on the focus of the paper, that includes 3-5 concepts in “bullet point” formatted, complete sentences (rather than infinitive constructions, such as “To...”).

2.1. **Systematic Reviews**: Systematic reviews could include, for example, reviews of teaching materials on a particular topic, such as evaluation forms, curricular outcomes or websites; methods and outcomes for teaching on a particular topic; or methods of application of a particular clinical skill. Articles should describe the analysis or application of teaching materials, as opposed to simply reproducing the teaching materials. One exception could be the publication of a curricular outline for the teaching of a particular psychiatric or health profession subspecialty when it is innovative or produced by a national organization officially representing that subspecialty. Reviewers find it helpful if teaching materials are sent electronically with the manuscript for their viewing, but in general, teaching materials should not be embedded in the article itself due to space limitations. The article may indicate how the reader may obtain a copy of the teaching materials from the authors.

2.2. **Commentaries**: Submissions for the commentary section should be tightly reasoned thought pieces that address an important issue in psychiatric education, professional development, academic psychiatry, academic medicine, and education in the health professions more broadly.

3. **In Brief Reports**: In support of new academic research, this category is intended for small-scale projects or research that is in early stages of development, such as a preliminary study using a simple research design or small sample size with limited pilot data and initial findings that indicate need for further investigation. These reports include one text box titled either “Implications for Educators” or “Implications for Academic Leaders,” depending on the focus of the paper, that includes 3-5 concepts in “bullet point” formatted, complete sentences (rather than infinitive constructions, such as “To...”).

4. **Columns**: Columns appear throughout the issues of the volume for the journal. The abstract may be structured or unstructured, depending on the manuscript’s organization, which may not strictly adhere to the IMRAD format. Columns may include a text box titled either “Implications for Educators” or “Implications for Academic Leaders,” depending on the focus of the paper, that includes 3-5 concepts in “bullet point” formatted, complete sentences (rather than infinitive constructions, such as “To...”).
4.1. **Media**: The media column includes original papers regarding the relationship between media and psychiatry and, more generally, the health professions at large. Papers focus on media in psychiatric education, the impact of media on mental health and illness, how mental illness and psychiatry are portrayed in media, and how media may be used for public education, among other topics. These papers are encouraged to be evidence-based, educational, creative, innovative, or exploratory. Queries about this column may be addressed to Deputy Editor Eugene Beresin (eberesin@partners.org) and/or Associate Editor Steven Schlozman (sschlozman@mgz.harvard.edu).

4.2. **“Down to Earth” Academic Skills**: The down-to-earth column offers authors an opportunity to provide practical, useful knowledge for our readers who are approaching the many tasks related to psychiatric education and research, or more generally, academic behavioral health or the health professions. These pieces are meant to be user-friendly. As such, they often provide “tips,” use tables and figures, and summarize processes in a step-by-step fashion. They usually do not follow the typical IMRAD format; rather, they clearly and comprehensively outline or highlight topics that are of particular salience to our readers.

4.3. **Literary Resources**: These thoughtful, usually invited, pieces review recently published books relevant to the mission of Academic Psychiatry, providing a constructive overview of the book’s objective, content, intended audience, scope, clarity of material and writing, and potential use to our readers. Reviews of distinctly published books that have not been reviewed before may be considered if attention to the work would be appreciated by our readers and if aligned with the missions and scope of the journal.

Note: Occasionally, we may consider a book review directly from our readership; please contact the editorial office to check whether a topic is of interest and fits our mission. Queries about this column may be addressed to Deputy Editor Richard Balon (rbalon@wayne.edu).

4.4. **Educational Resources**: Manuscripts in the educational resource column fall under the six themes of learning, learning assessment, teaching/mentoring, curriculum design, educational leadership/faculty development, and educational research. Articles encourage interdisciplinary sharing, for example, bringing more literature and authors from education, psychology, and business into academic psychiatry. Articles focus on topics with an associated evidence base (or emerging evidence base). The series allows for mixed research methods (quantitative and qualitative). Articles should add features to assist application of the information to academic settings, including, but not limited to, annotation of key references (e.g., top five), providing a short recommended reading list for novice educators, addition of a text box outlining practical tips/example or a case report/study. Queries about this column may be addressed to Deputy Editor Alan Louie (aloome@stanford.edu).

4.5. **Educational Case Reports**: The educational case report column includes papers that are practical in nature and might analyze, whether descriptively or ethnographically, how a particular teaching practice was applied in a specific setting. Examples of topics include the unexpected and subtle discoveries made during the development of an innovative teaching method, repetitive attempts to reform a curriculum, or the launching of a new course. The editorial process will take into account that case reports in education tend to be naturalistic and relatively lacking in empirical data and that they are valuable as qualitative and descriptive pieces. Such articles might serve as precursors to more robust empirical studies.

5. **Features**

5.1. **Missions**: The Missions feature highlights articles about the journal’s five-fold mission. The five missions encompass (1) Academic Leadership and Administration; (2) Innovative Education; (3) Academic Professional Development; (4) Professionalism and Ethics; and (5) Health and Well-Being, across psychiatry, behavioral sciences, and the health professions at large. These papers are encouraged to be evidence-based, educational, creative, innovative, or exploratory. The abstract may be structured or unstructured, depending on the manuscript’s organization, which may not strictly adhere to the IMRAD format. Submissions may include one text box titled either “Implications for Educators” or “Implications for Academic Leaders,” depending on the focus of the paper, that includes 3-5 concepts in “bullet point” formatted, complete sentences (rather than infinitive constructions, such as “To…”).

5.2. **Letters to the Editor**: Submissions to the editor should be responses to specific articles published in the journal or thought pieces that raise an issue to which the editor and/or editorial board may respond. Queries about letters may be addressed to Associate Editor Michelle Goldsmith (michelle.goldsmith@stanford.edu).

5.3. **Poetry and Other Creative Works**: The journal encourages creative works of self-expression by trainees, clinicians, educators, researchers, administrators, or retirees.

5.4. **Perspectives**: The journal welcomes expressions from a particular point of view in academic psychiatry. Trainees, teachers, and leaders in the health professions are encouraged to submit “Perspectives.” Submissions may include one text box titled either “Implications for Educators” or “Implications for Academic Leaders,” depending on the focus of the paper, that includes 3-5 concepts in “bullet point” formatted, complete sentences (rather than infinitive constructions, such as “To…”).

6. **Special Elements**

6.1. **Position Statements/Task Force Reports**: The journal will consider comprehensive descriptions of policies and recommendations from key organizations in academic psychiatry.

6.2. **Annotated Bibliographies**: Annotated bibliographies present a summary of resources compiled on a topic specific to the scope and mission of Academic Psychiatry. Annotated bibliographies should support our readers in their academic development, teaching efforts, or development of leadership skills, for example, supporting material for designing a course on ethics for child and adolescent psychiatry fellows, programs on leadership in the health sciences, or promotion of well-being among clinicians. The annotations should provide the reader with a summary and an evaluation of the source. Each concise annotation should capture the source’s central idea and the content that can be found. The abstract may be structured or unstructured, depending on the manuscript’s organization, which may not strictly adhere to the IMRAD format. Submissions include one text box titled either “Implications for Educators” or “Implications for Academic Leaders,” depending on the focus of the paper, that includes 3-5 concepts in “bullet point” formatted, complete sentences (rather than infinitive constructions, such as “To…”).

6.3. **Black and White Art**: Original art pieces may be considered if they pertain to and advance our journal’s mission. Art pieces must be black and white only. Authors are encouraged to contact the Editor-in-Chief prior to the submission of an art piece.

6.4. **Other**: Other kinds of articles will be considered if they pertain to and advance the journal’s mission. Authors are encouraged to contact the Editor-in-Chief (acadpsych@gmail.com) before manuscript submission.
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<tr>
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* A structured abstract, if appropriate to the particular manuscript format, includes information under the following headings: Objective: the primary purpose of the article. Methods: subjects, design, setting, interventions if any, measurements, data analysis; for review articles: data sources, study selection, data extraction. Results: key findings. Conclusions: potential implications, future directions. Authors should use the active voice and third person.

* Depending on the submission type, the journal may request a text box titled “Implications for Educators” or “Implications for Academic Leaders,” each with 3-5 concepts in “bullet point” format. The goal of the boxes is to put “in a nutshell” what key stakeholders should take away from the paper. These will be called out in the paper before the References section to draw attention to the content. Authors may think in terms of clinical pearls or learning objectives but use complete sentences rather than infinitive constructions (i.e., avoid "To...").
Academic Psychiatry
Volume 38 · Number 2 · March–April 2014

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The University of Hawaii/University of Indonesia Collaboration to Build and Sustain a Child Psychiatric Workforce

Anthony Guerrero · Tjin Wiguna · John McDermott

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Abstract The authors describe the University of Hawaii/University of Indonesia collaboration, which introduced the specialty of child psychiatry to Indonesia in the early 1970s via a specially designed program, based in Hawaii, for five jointly selected Indonesian psychiatrists. All five graduates remained in Indonesia to practice and establish their own training program, which has since trained all of the “newer generation,” such that there are currently 40 child and adolescent psychiatrists in Indonesia. Since 2009, collaboration between the two institutions has been renewed and modernized through videoteleconferencing, jointly conducted with teaching sessions. The authors present this program as an example of a collaboration that developed the local workforce and that has utilized modern technology in international, bidirectionally beneficial education.

Keywords Child and adolescent psychiatry · Workforce · Teleconference · Videoconference

The University of Hawaii/University of Indonesia collaboration took place in two stages: Stage 1 (1972–1974) focused on training the first Indonesian child and adolescent psychiatrists, whereas Stage 2 (2009–present) focused on renewed educational and scientific collaboration assisted by modern communication technology.

Stage 1

Dr. John F. McDermott, Jr., then Professor and Chair of the Department of Psychiatry at the University of Hawaii, founded the University of Hawaii/University of Indonesia collaboration at the request of, and in partnership with, Dr. Koeseomarto Setyonegoro, then Professor and Chair of the Department of Psychiatry at the University of Indonesia in Jakarta and Director of Mental Health for the country (dually responsible, in these roles, for both psychiatric training and workforce distribution). This program aimed to introduce the specialty of child and adolescent psychiatry to Indonesia, with a large (ranking fifth at the time) and rapidly growing population.

The project trained five jointly selected Indonesian general psychiatry graduates in a 1-year Hawaii-based rotation that was supported, in part, through a private grant foundation that emphasized child development principles and clinical problems relevant to future practice in Indonesia and that provided training on how to organize a child and adolescent psychiatric training program. Following the 1-year training in Hawaii, the graduates returned to Jakarta and received an additional year of supervision and mentorship from a visiting University of Hawaii faculty.

During the fellowship, Dr. McDermott and collaborating University of Hawaii faculty closely monitored, through customized supervision, the knowledge, skills, and attitudes gained [1, 2]. Thereafter, the Hawaii-based faculty remained in contact with the graduates and monitored their professional development as they became successful practitioners and faculty members in their locally established training program.

Stage 2

Nearly one generation later, Dr. Anthony P. S. Guerrero, University of Hawaii Professor and Child and Adolescent Psychiatry Division Director, and Dr. McDermott invited a delegation of Indonesian child and adolescent psychiatrists (representing both the current generation trained at the University of Indonesia and the former generation trained by Dr. McDermott) to the American Academy of Child and Adolescent Psychiatry annual meeting in Honolulu in October 2009. Since then, the collaboration between the two
Institutions has grown and has focused on videoconferenced shared learning forums, discussions on cross cultural aspects of child and adolescent psychiatry, and joint research projects. Specifically, the pilot activities—which we intend to repeat in future academic years—have included the following (Table 1):

- **2011–2012 academic year**: an 8-week basic child and adolescent psychiatry seminar presented by faculty and senior fellows at the University of Hawai'i and geared towards general psychiatry residents in both Hawai'i and Indonesia (but also attended by child and adolescent psychiatry fellows in Indonesia and child and adolescent psychiatry faculty in both Indonesia and Hawai'i). These seminars aimed to engage trainees, at a formative stage of development, in a dialogue with colleagues in another part of the world: with similarities—being in the Asia/Pacific region—but important differences, particularly in terms of resources, availability of specialty practitioners, and cultural aspects of practice. The specific topics for these hour-long seminars (generally slide presentations with questions and dialogue from the collective group) were as follows: introduction to child and adolescent psychiatry; communication and learning and related disorders; intellectual disability; attention-deficit/hyperactivity disorder in children and throughout the lifespan; anxiety and mood disorders in children; miscellaneous topics—feeding, elimination, stereotyped movement, and reactive attachment disorders and practice questions; and the history and future of the specialty, with an introduction to psychotherapies in children and practical applications of child development and evidence-based medicine. Of note, Dr. McDermott taught the last (concluding) seminar.

- **2012–2013 academic year**: a vignette-based case conference that focused on pediatric mood disorders, that was presented by Hawai'i-based clinicians, that was integrated (by videoteleconferencing) into the Konferensi Nasional Psikiatri Anak dan Remaja 2013 in Jakarta, and that was attended by both faculty and residents [3].
  - Beginning in the 2010–2011 academic year, journal donation drives in which University of Hawai'i child and adolescent psychiatry fellows are encouraged (following journal clubs) to donate hardcopy scientific journals to colleagues at the University of Indonesia and elsewhere in the world where such journals (essential for maintaining evidence-based practice) may not be readily available. This ritual is designed to promote global consciousness and civic-mindedness among trainees.
  - Beginning around 2010, scientific collaboration around research projects with an Asia–Pacific focus. These collaborations have resulted, in publications and have enhanced the professional development and advancement of faculty members at both sites [4–6].

### Table 1: Table of major milestones in the collaboration

<table>
<thead>
<tr>
<th>Year</th>
<th>Milestone</th>
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<tbody>
<tr>
<td>1972–73</td>
<td>Child and adolescent psychiatric fellowship training of selected Indonesian psychiatrists in Hawai'i</td>
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<tr>
<td>1973–74</td>
<td>Mentorship—via correspondence and on-site visits—of Indonesian fellows back home in Indonesia</td>
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<tr>
<td>1974–75</td>
<td>Initial publication of program description and outcomes [1, 2]</td>
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<tr>
<td>1974–2006</td>
<td>Founding of Indonesia-based child and adolescent psychiatric training program and growth of number of child and adolescent psychiatrists in Indonesia from five to 35 [7]</td>
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<tr>
<td>2009</td>
<td>Invitation of Indonesian colleagues to AACP meeting in Honolulu, and meetings to re-initiate collaboration</td>
</tr>
<tr>
<td>2010–present</td>
<td>Collaboration around research and publications [4–6]</td>
</tr>
<tr>
<td>2010–present</td>
<td>Sending of donated journals to Indonesia and other overseas countries</td>
</tr>
<tr>
<td>2011–present</td>
<td>Joint educational sessions, including a didactic series and a case conference, via videoteleconferencing [3]</td>
</tr>
<tr>
<td>2013</td>
<td>40 child and adolescent psychiatrists in Indonesia</td>
</tr>
</tbody>
</table>

Preliminary Outcomes

The long-range outcomes of Stage 1 are as follows: all five of the original child and adolescent psychiatrists returned to Indonesia to practice and teach. Even in retirement, many of the original five continue to be involved in the training program and to be instrumental in making specialty services (e.g., in autism) accessible for the entire country.

The original five established the University of Indonesia child and adolescent psychiatry training program, which is 2 years in duration and divided into four semesters. The first semester includes basic science and research; seminars on child psychopathology, developmental psychopathology, and psychotherapy; and clinical inpatient and outpatient rotations. The second and third semesters involve primarily outpatient clinic work with case presentations, journal readings, and a
scientific paper presentation. The fourth semester includes work in schools, the social pediatrics and pediatric neurology divisions, and community child mental health. Program graduates must pass a written and oral examination and a final research project. The child and adolescent faculty also provide training to the general psychiatry residents in a 6-month rotation consisting of the following: seminars on the child and adolescent exam, child psychopathology, child development (Erikson, Piaget, and Anna Freud), psychopharmacology, consultation-liaison psychiatry, and psychotherapy including play therapy; clinical experiences in the outpatient clinic and inpatient ward; case presentations; and three scientific paper reviews.

The University of Indonesia child and adolescent psychiatry program has since trained all of the country’s “newer generation” child and adolescent psychiatrists, such that there are currently 40 child and adolescent psychiatrists, whereas in 1972 there had been zero. In a review of psychiatry in Indonesia, Pols [7] cited the Indonesia/Hawaii collaboration as having been instrumental (“one initiative deserves special mention”) to the development of a child and adolescent psychiatric workforce in Indonesia. Counter to the “brain drain” phenomenon that has been described in the literature [8, 9], all of the graduates of this program have remained in Indonesia; one of the graduates who had obtained additional training abroad still returned to Indonesia to practice.

Although the sessions appear to be well-received thus far, formal evaluations for Stage 2 are still in development. Future Stage 2 plans include a joint case conference discussion (for the 2013–2014 academic year) of vignettes from the film series: Afflictions: Culture and Mental Illness in Indonesia (an idea based on a presentation by Lemelson and McCracken [10]); research projects with an involvement of more faculty in Indonesia and Hawaii; and specialized seminars on topics that each site can uniquely contribute to the other: for example, evidence-based psychotherapies (requested by Indonesia) and working with children who have experienced disaster (requested by Hawaii). There may also be a role for collaboration around resident competency assessment, as part of continuous program quality improvement.

Finally, there has also been recent interest, among one of the original five child psychiatrists, in expanding child and adolescent psychiatric training beyond Jakarta.

Discussion

There is a small but growing literature describing collaborative projects with overseas institutions to build and sustain the local psychiatric workforce. One example is the Toronto Addis Ababa Psychiatry Project [8], which addressed the concern of “brain drain” through building local educational capacity and creating culturally appropriate educational models. We present our program as an educational collaboration that, in Stage 1, provided specially designed fellowship training to address a clear workforce need in a populous nation outside the USA, and in Stage 2, addressed the need for colleagues and trainees in both Indonesia and Hawaii to appreciate child and adolescent mental health needs in other parts of the world, to understand the role of culture in psychiatric formulation, and to access current evidence-based literature. We believe that the program’s evolution reflects some of the strategies that have been recommended for global mental health capacity building, including dedicated faculty and resources in a high-income country’s department, organized around cultural psychiatry and global mental health (though in our case not branded as a discrete division or institute); a “twinning relationship,” geared towards training and workforce development, with a low- and middle-income country’s department; and the potential for research center development (on the basis of collaborative research projects) [10].

In reflecting on our joint experience with the program, we believe that factors that strongly contributed to positive and potentially generalizable outcomes included the following: (1) a training program with both USA-based and (supervised and mentored) home-based components; (2) specific training on how to teach and how to start a new training program; (3) the formation of long-term personal relationships and ongoing communication; (4) videoteleconferencing capability; and (5) a common goal of bi-directional benefit for students and faculty. Other factors that were perhaps more specific to our programs and our sites included the uncommonly strong ability of the programs’ founders to leverage the resources needed to initiate a trans-oceanic collaboration and shared research interests on mental health issues in the Asia/Pacific region.

When the founders first conceived of this program, they obviously did not have a crystal ball to predict the future. Nevertheless, it is significant that since then, Indonesia has grown into an economically and politically important nation in the world and a potential model for peaceful diversity, not dissimilar from Hawaii in this regard.

Implications for Educators

- Success factors in programs focused on overseas workforce development include teaching tailored to local needs, specific training on how to establish a new locally based program, and long-term mentoring relationships.
- Videoteleconferencing-based overseas educational programs should develop and emphasize bi-directional benefit.
- With a significant impact on the growth of the child psychiatric workforce in Indonesia over 40 years, the University of Hawaii/University of Indonesia collaboration is a potential model for a successful “twinning relationship,” located in the Asia–Pacific region.

Disclosures The authors have no competing interests.
References