

Medical Student Training

AACAP collaborates with the Klingenstein Third Generation Foundation (KTGF) to evaluate the effectiveness of medical student recruitment at medical schools across the country. The KTGF sponsors eleven Medical Student Training Fellowship Programs to foster interest in child and adolescent psychiatry among medical students through mentorship and by providing unique opportunities for exposure to the field. Evaluations have provided critical information on medical student interest in child and adolescent psychiatry, barriers that prevent medical students from choosing child and adolescent psychiatry, medical student understanding of the field, and the areas in which medical students would like more information.

Jeanne Spurlock Minority Medical Student Fellowships

The Jeanne Spurlock Minority Medical Student Clinical Fellowship, sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services, and the Jeanne Spurlock Minority Medical Student Research Fellowship, sponsored by the National Institute on Drug Abuse, provides medical students with the opportunity to gain clinical and research experience in the field of child and adolescent psychiatry. After completing the summer fellowship, medical students participate in the AACAP Annual Meeting activities and provide a poster presentation on their experience. In 2007, a ten year longitudinal study was conducted to evaluate the outcomes of previous award recipients. Twenty-two percent of Jeanne Spurlock Minority Medical Students participating in the program from 1995 through 2005 have gone on to pursue careers in child and adolescent psychiatry.

A MEDICAL STUDENT'S REFLECTIONS ON PARTICIPATING IN AACAP'S MENTORSHIP PROGRAMS

By Wendy Caceres



At the time I received the invitation to attend the AACAP's Annual Meeting, I was pretty lost. How, you may ask? Currently in my second year of medical school, I was finding myself doing just what I had hoped I would never do—getting so involved in the details of what we are asked to memorize and learn in the preclinical years that I was starting to forget what medicine was about. I think any second year medical student across the country could sympathize with that feeling, especially as the boards approach.

However, I was fortunate enough to receive generous support from the Klingenstein Third Generation Foundation to attend the meeting as a student leader of our Klingenstein group at Stanford. The Klingenstein Fellowship is a mentoring program designed to provide medical students with clinical exposure to the field of child and adolescent psychiatry. When I first arrived at medical school, I had the opportunity to meet and shadow **Hans Steiner, M.D.**, who at the time headed the Stanford Klingenstein group which he invited me to join. A group of students met throughout my first year and read *Child Development: A Practitioner's Guide* by Douglas Davies. These meetings were great both for exploring the field of child and adolescent psychiatry by focusing on normal child development and for meeting other students who shared our interest. The text was so well-written I came away thinking that every medical student considering a career working with children should read it!

At any rate, a few months into second year, after trudging along under the weight of Robbins and renal physiology, I was happily reminded of the excitement of working with children and psychiatry when **Shashank Joshi, M.D.**, who is now heading our Klingenstein group, informed me about the AACAP Annual Meeting. As I looked over scheduled symposia and workshops I felt, as he put it, "like a kid in a candy store." At the conference I would not only have an opportunity to participate in mentorship groups daily, but I could learn about topics I rarely hear about at this point in my training. Aware that professional conferences can be overwhelming, I planned to attend sessions on both familiar and unfamiliar topics, because I think that keeps the creative juices flowing. However, I found myself getting the most from a source I did not expect—the Karl Menninger Plenary.

At the plenary session, I got a good feel for where the profession stands as a whole. Prior to the session, I had not been aware that there was a shortage of child and adolescent psychiatrists. I was acutely aware of the shortage of mental health professionals in low income communities, but did not have a perspective on how large that shortage is. With only 7,000 child and adolescent psychiatrists, it is no wonder that these vital services are not available where resources are scarce. I think there is a large irony here: a population that could benefit from what psychiatry has to offer is cut off from it for numerous social, economical, political, and cultural reasons, while at the same time child and adolescent psychiatrists are increasingly stuck in the role of the tertiary psychopharmacologist or distant

consultant, as pointed out by AACAP President **Robert L. Hendren, D.O.** During the plenary, Dr. Hendren also shared with us his experience meeting Dr. Karl Menninger; and I am grateful to Dr. Hendren for sharing something he heard from Dr. Menninger: "A psychiatrist should be interested in all that is human." This point was driven home to me as I heard about the lives of members of the child and adolescent psychiatric community who had passed away in the past year: **Stella Chess, M.D., Henry Work, M.D., Henrietta Leonard, M.D., and Melvin Lewis, M.D.** They were such driven and compassionate people who displayed in their lifetimes "an interest in all that is human" and were a huge source of inspiration that I will carry on with me.

Elsewhere at the conference, I was very much heartened to attend a session on advocacy and the child and adolescent psychiatrist. I am definitely keeping in mind the importance of being organized as a profession and having our voices heard on issues that come to Congress as it relates to the mental health of the patients we serve. Also, the opportunity to meet other young people interested in this profession through the mentorship groups (which met daily at lunch time) and to hear their hopes and dreams for what can and should be done for our patients was unparalleled; many thanks to mentors **Michelle Horner, D.O., and James Leckman, M.D.,** for leading our group! We not only spoke about the definition and importance of mentorship, we also experienced mentorship happening live as fellows reached out to residents and residents reached out to medical students. This experience gave me a glimpse into what life could be like forging partnerships with colleagues in psychiatry and beyond.

Back at school now, with finals fast approaching, there is a different quality to the fury with which I study, read, think, and dream of the possibilities within psychiatry. This is a field all of our colleagues in medicine should be familiar with. Getting together with classmates Larry Ozowara and Chantal Forfota, who are also interested in psychiatry, we are planning to organize a series of events to raise awareness of the field amongst our classmates and, who knows, maybe even get one of them newly interested! Let us not forget that there is still stigma out there surrounding psychiatry, especially as relates to children, and medical students are not immune. Information and clear illustrations of how salient the issues we deal with are to the whole of medicine will be the focus of this year for the general medical student population, with focused groups to expose students already interested to all facets of psychiatry, including child and adolescent psychiatry.



Wendy Caceres (right) with classmates Larry Ozowara (left) and Chantal Forfota (center). Together they are planning a series of events to raise awareness of the field of child and adolescent psychiatry.

