

Here is an example of a Ginsberg Fellowship nomination packet – remember a range of applications may fall within the "model" concept and this one isn't definitive but may help you as a guide. The application has been "de-identified" and the awardee has given permission for its use.

Program Director Nomination letter

Attention: Ginsberg Fellowship Selection Committee.

To whom it may concern:

It is my pleasure to nominate xxxx for the George Ginsberg Fellowship Award with the American Association of Directors of Psychiatric Residency Training. As Program Director and Chief of Inpatient Psychiatry, I have worked directly with xxxx since he began his General Psychiatry Residency.

Dr. X distinguished himself as an Intern with his passion for learning and zest for psychiatry. But his most striking characteristic has not been his drive to personally excel, but rather his tireless efforts to ensure our entire program and his fellow residents excel with him. He does this through active mentoring, formal and informal teaching, curricular development, collaborative publishing and presenting with junior colleagues and actively seeking educational engagements with other medical specialties, facilities, and academic institutions. A senior faculty member recently stated, "Dr. X's thirst for knowledge, drive to hone his personal clinical skills and his desire to be a leader within our field motivate me every day to improve my own game. "

CLINICAL SKILLS

Dr. X possesses impressive clinical skills. He excels at building patient rapport, bio-psycho-social-cultural-spiritual formulations, and developing patient-centered care plans that expertly incorporate psychotherapy, diagnostic studies, and psychotropic medications. Residents and faculty who have the opportunity to view Dr.X's patient interactions routinely comment on his polished approach, therapy skills, and thoughtful treatment plans. Faculty, peers, and medical staff routinely highlight Dr. X's attention to detail, leadership and teamwork, interpersonal communication skills, motivation to learn, genuine care for patients, and teaching abilities. More objectively, he routinely demonstrates his excellent medical knowledge by annually scoring above the national average percentile among residents on the Psychiatry Residency In-Training Examination.

Dr. X demonstrated a high level of expertise in systems-based practices. Hospital leadership chose him to be the Resident Representative for a hospital-wide process improvement (PI) project whose aim is to improve emergency department throughput. His knowledge base and can-do attitude earned him hospital level recognition for his positive contributions. He took from this experience an understanding of hospital systems that has benefited his work on departmental PI projects.

Beyond direct patient care, Dr. X has a friendly, open communication style that puts others at ease and encourages all to contribute. He is well known and well liked beyond our program allowing him to serve a major role in nurturing and improving relationships with outside departments and clinics.

EDUCATIONAL ACTIVITIES AND LEADERSHIP IN EDUCATION

As early as his PGYII year, Dr. X began his journey toward a career in academic psychiatry, initially as a teacher and later by helping to revamp our Psychiatry Medical Student Clerkship curriculum. Medical student exit surveys have since shown significant improvement in satisfaction with the clerkship's academic experience. This involvement in medical student education earned him a teaching appointment.

Dr. X's PGYIII year was notable for the number of oral and poster presentations he authored, both individually and with others. It was also during his outpatient experience that he advocated for senior residents to have training in clinic management. To support his vision of residents graduating with administrative leadership skills, he developed goals and objectives for an intensive PGYIV Outpatient Behavioral Health Leadership rotation and worked with the outpatient medical director to make it a reality. Already, this rotation is proving valuable to all involved – from the Senior Resident on the rotation to the PGYIIIs learning to be outpatient clinicians to the clinic staff.

As a PGYIV, Dr. X is our Academic Chief Resident. We choose the Academic Chief through resident, faculty, and department leadership consensus. Dr. X won the position by a landslide. Although we are only a few months into this academic year, we are already benefiting from his efforts and leadership. By working with the Program Evaluation Committee to identify learning gaps, Dr. X created a multi-faceted Milestone-focused curriculum using the daily 45-minute morning report educational forum to reach all training levels. This curriculum includes neuroscience, ethics, clinical practice guidelines, and statistical analysis along with topics such as TED Talk Tuesdays, Freud Fridays and case reviews. Residents with faculty support are the primary instructors for this curriculum. The secondary effect is that residents are honing presentation skills and learning curricular development while the anticipated third order effect is that this approach to learning will inspire more residents to academic leadership. The new energy is palpable and infectious, and the feedback from residents and faculty has been overwhelmingly positive. Additionally, Dr. X is working with our Research Psychologist to spearhead the remodeling and rejuvenation of the Department's Journal Club, making it multi-disciplinary, multi-focused, educational, clinically based, fun and well-supported at all levels.

Without question, I unequivocally recommend Dr. X for the George Ginsberg Fellowship Award with the American Association of Directors of Psychiatric Residency Training. He will undoubtedly take his passion for teaching, and inextinguishable thirst to help others grow with him throughout his career. I firmly believe he will soon be a recognized name within our academic psychiatry community. If accepted for this award, our Department will gladly support Dr.X's attendance at the 2017 AADPRT Annual Meeting.

Summary of Nominee Teaching Philosophy

Executive Summary-1

I have come to abhor PowerPoint presentations. I do not like preparing them, and I certainly do not like enduring them. Through what was initially a regressive act of rebellion, I learned that foregoing such stereotyped presentations is far more engaging to my audience and enjoyable for me to present. Feedback from audiences of various areas and experience levels has shown that I am not alone in my near-sacrilegious disdain of the practice to inflict death-by-Power Point.

Given the improbable task of forcing others to learn, I have adopted a personal set of guiding principles that have improved my ability to impart knowledge to those who may not initially be interested in what I have to say. On the surface, these principals seem overly-simplistic, but since consciously incorporating them into my teaching method, I have noticed vastly improved audience participation, attention and satisfaction.

Principle One: Like psychotherapy, adult education should take place between consenting parties.

As such, I use learning objectives, short introductory surveys, and numerous other techniques to observe how my audience reacts, verbally and non-verbally to the various aspects of my presentations. I can conduct such a survey for any type or size of the audience, from small-group lectures to a packed conference room, to even 1-2 curious conference attendees viewing my poster presentation. I can then tailor the subject matter and its salient points to my audience's needs and interests, allowing learners to genuinely engage in the information exchange and access what they want to receive. I have given oral and poster presentations on the same topics numerous times. By following this principle, I have avoided the drudgery of repeated performances, and honestly do not feel that I have ever given the same presentation twice.

Principle Two: There are only two types of audience members; participants and chairs.

An unengaged audience member is equally benefiting and contributing as an empty chair. As such, I interact with my audience early and frequently. In smaller didactic sessions, I choose a seminar format. When speaking to a large group, I take my cues from audience members, paying attention to the more active participants. Humor, abstract references, and tangentially related analogies keep my audience intrigued and stimulate questions that provide me feedback as to how well the audience is following, and

how to spontaneously tailor the presentation to their needs. As a result, I only have actual empty “chairs” in my audience and remarkably few learners that are checking Facebook or chasing Pokémon.

Principle Three: Enjoy the experience.

I find poster presentations to be the most anxiety-provoking form of presenting. There is no telling with whom I will be talking from one moment to the next, and I find it tedious to present the same case over and over again. By asking approaching learners who they are, their areas of specialization, and what attracted them to my presentation, I can follow my first two principles and easily achieve the third: I connected with my audience, provided them with a valuable service and enjoyed the experience in the process! I have no better example of this principle’s importance than when I presented the exhilarating “Medical Documentation” lecture to numerous cohorts of Third-year Medical Students over an entire academic year.

When I am mandated to use PowerPoint, I minimize what my audience must read or have read to them. A most respected mentor warned me “No more than 3-4 lines of text per slide.” It is safe to say I have taken his advice to the extreme, as I now eschew all text whenever possible. You will find an example of this presentation format within my accompanying sample teaching materials. The presentation proposes a potential alternative analgesic for our inpatient psychiatric unit.

I sincerely enjoy teaching and presenting and will pursue an academic psychiatry career. My goal is to be a teaching faculty member as soon as possible, and ultimately serve as a Program Director and/or Professor of Psychiatry. Regardless of when these come to fruition, or whether AADPRT honors me as a Ginsberg Fellow, one certainty is that I will, in one form or another, remain engaged in education and scholarly activity throughout my career.

Teaching Feedback

Our program collects feedback each year from medical students regarding our Resident Educators, and Dr. X consistently ranks very highly with our students. Additionally, his methods have garnered highly positive feedback from faculty, peers, and junior trainees. He is a highly animated and engaging presenter.

Dr. X predominately teaches using Socratic questioning in a seminar format. It is difficult to capture the essence of his presentations given that he rarely uses tools other than multiple colors of dry-erase markers and a white board. Below you will find:

- A draft for an educational mnemonic Dr. X created with a member of our faculty, and is preparing for publication
- A copy of a Departmental Grand Rounds PowerPoint presentation that is highly prized by Dr. X for its lack of any text required for to be read by attendees. Of note, he received significant praise for the presentation, which garnered interest from various residents and faculty members
- A Clinical Pearl that Dr. X published with a former faculty member for the education of healthcare providers across various specialties
- An outline of the Journal Club curriculum that Dr. X developed for our residency program and department.