



## Spotlight On Shilpa Srinivasan, MD, Columbia, SC

---

**Dr. Srinivasan** is Vice Chair, Medical Staff Affairs, Behavioral Health Midlands at Prisma Health – University of South Carolina School of Medicine, Columbia, SC.

### **Why did you want to join an ABPN committee?**

Shortly after I began PGY 1 year in Psychiatry at Tulane University School of Medicine, the inpatient unit on which I was rotating was a site for the ABPN General Psychiatry Oral board exams. Although just at the beginning of my career journey in Psychiatry, I experienced firsthand how important this was to candidates, and encountered the respect and appreciation the examiners had for the patients, staff, and residents, such as myself, who assisted with exam patient logistics. During residency, several attending psychiatrists served as ABPN committee members or board examiners, and strongly encouraged residents to pursue board certification as a recognized and demonstrable aspect of the quality and strength of Psychiatric practice and patient care.



As I approached my own board certification process, I appreciated and valued the importance board certification held for my career goals in academic psychiatry. I am fortunate to have incredible mentors in General and Geriatric Psychiatry who served on ABPN committees, and guided my academic career development, as I embarked on my own lifelong learning and CC journey. Learning from them and others in the field about the rigor and process of writing exam questions, contributing to test development, and the assessment of diplomates' competency via both initial certification and CC inspired and encouraged me to join the ABPN Geriatric Psychiatry exam committee.

### **What do you want to achieve with the ABPN?**

Serving on the ABPN Geriatric Psychiatry exam committee has been a tremendous professional learning and career advancement opportunity which has simultaneously empowered me in my role as a clinician educator in General and Geriatric Psychiatry to promote and enhance the evidence-based training of the next generation of psychiatry residents and fellows. As vice chair of the Geriatric Psychiatry ABCC committee, I continue to be a part of and contribute to the process of lifelong learning, participate with dedicated committee colleagues in the selection process of articles and draft questions that inform assessment and relevance to the practice of geriatric psychiatry, and maintain professional collaboration with colleagues from other ABPN committees. As a past recipient of the ABPN Faculty Innovation in Education Award, and a current member of the Faculty Innovation

in Education Award committee, I would like to see ongoing representation and support of innovative subspecialty projects and programs, especially in Geriatric Psychiatry.

**What is the most important thing people should understand about the ABPN?**

ABPN’s mission statement reads “The mission of the ABPN is to promote and assess the competence of psychiatrists and neurologists to provide high quality patient care in an equitable and inclusive manner to diverse populations.” This is truly exemplified in many ways. For example, members serve on the ABPN committees on a voluntary basis, and there have been deliberate and strategic DEI efforts in selection to promote an inclusive and accurate representation of the Psychiatric workforce and the patient populations we serve. The thoughtfulness, deliberation, and scientific rigor that goes into developing exams and testing is embraced and universally fostered by all involved, from ABPN staff to committee members.

**Why is the patient perspective important to you and how does that connect to your work on the committee?**

The patient perspective is critical to my professional identity as a clinician-educator and directly influences and impacts my committee work. Patient encounters that call attention to clinical conditions, health care disparities, and social determinants of health, which in turn influence the choice of articles selected and questions drafted, ultimately to maintain fidelity to evidence-based approaches, enhance accuracy and applicability to the colleagues in the field who undertake the process of CC and ABCC.

**Did you have a mentor that affected your career journey?**

I have been fortunate to have mentors at various timepoints in my career journey from training to present day across institutional and professional organizations. My residency program director, Dr. Patrick O’Neill, and department chair, Dr. Daniel Winstead, were my earliest mentors in Psychiatry. Being invited to serve as an examiner on their team at a time when oral board exams were still held was a tremendous honor.

My fellowship training director, Dr. Kenneth Sakauye, another key mentor, encouraged me to pursue networking and career development opportunities in national organizations, and introduced me to the American Association for Geriatric Psychiatry, where in turn I met Drs. Iqbal “Ike” Ahmed and Josepha Cheong. They are nationally recognized clinician-educators, who are selflessly empowering, supportive, and steadfast mentors to so many within ABPN and in the Psychiatric professional community – I am indebted, fortunate, and grateful to be among their mentees!

I am also fortunate to count colleagues and leaders in the field of Geriatric Psychiatry, including Drs. Rajesh Tampi and Brent Forester, as well as my department chair, Dr. Meera Narasimhan, among my mentors. I remain deeply appreciative of the work the ABPN staff and test development team do tirelessly and enthusiastically, and in particular, my sincere appreciation to Dan Cowan, Drs. Dorothea Juul and Linjun Shen, Colleen Kave, and Patti Vondrak from whom I have learned (and continue to do so) much!

Return to the [Spotlight On web page](#).