admsep association of directors of medical student education in psychiatry

2007 Newsletter

Volume 19, Number 1 Spring 2007

2007/2008 Membership Renewal Forms Enclosed! Deadline for Renewal is July 1, 2007!

Annual Meeting 2007: Park City

Ruth Levine, M.D., Program Chair
University of Texas Medical Branch, Galveston
Nutan Vaidya, M.D., Facilities Chair
Rosalind Franklin University of Medicine and Science

Please join us for the 33rd Annual ADMSEP Meeting at The Canyons resort in Park City Utah, beginning Thursday, June 21, 2007 and concluding Saturday, June 23, 2007.

The program will be educational, stimulating, and fun. Plenary presentation topics include information about preparing for the LCME, culture and stigma, innovative media in psychiatric education, and educational research. Hands-on workshops include treating the mental health needs of students, strategies for career development, mindfulness training, curriculum and course development, cultural competence, creating an OSCE and others. We'll also have numerous posters and an opportunity to meet with Laura Roberts from *Academic Psychiatry* to discuss ideas for publications. CME credit will be available.

For those who want to come a little early, a pre-meeting faculty development workshop will be available on Thursday, June 21st titled "A Toolbox of Skills for Early Career Educators." Though this is designed for early career educators, all attendees are welcome.

The members' Business Meeting that concludes the Annual Meeting will again feature lunch and will include liaison organization updates, task force reports, and a preview of the 2008 meeting site.

Registration materials and hotel/travel information are available at the "National Meetings" link on the ADMSEP website, www.admsep.org. Please note that hotel reservations must be made by May 6th and meeting registration materials must be received by May 15th to qualify for the advance registration discount.

We look forward to seeing you in Park City!

The Canyons Grand Summit Lodge

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From the Editor

by Janis Cutler, M.D.; Columbia University

This issue of our newsletter is the longest and most professionally formatted ever, thanks to our many contributors and our new administrative coordinator, Gary Beck. It includes many of the features seen in previous newsletters, including liaison organization updates, a president's column, listserv summary, members' news, book reviews, and personal essays, as well as the complete program for our upcoming annual meeting, anticipated highlights of the meeting provided by the program and facilities chairs, and the business meeting agenda.

We've added a new feature: three workshop leaders from last year's annual meeting provide summaries of the content of their informative workshops for those of us who attended other workshops. We have also included a reprint of general interest from the New England Journal of Medicine, co-authored by our president-elect Dr. Amy Brodkey.

Happy spring to all, enjoy the newsletter, and I look forward to seeing everyone in Park City!

Annual Meeting 2007 Highlights: Park City, Utah

by Ruth Levine, M.D., Program Chair; UTMB Galveston

We anticipate an exciting program with a diversity of speakers and topics. The program will begin with a keynote address by Dr. Robert Eaglen, Interim LCME Secretary for the Association of American Medical Colleges. Dr. Eaglen will discuss the sometimes confusing and often frightening topic of the "LCME review" and outline ways you can prepare for it. This will be followed by a plenary in which members of the 'ED-2" task force will share highlights of their findings and field commentary and questions along with Dr. Eaglen.

The morning poster session will be 1 hour in duration to give plenty of time for attendees to review and discuss the variety of submissions. In addition, members will have an opportunity to meet with Dr. Laura Roberts, Editor-in-Chief of *Academic Psychiatry*, and ask questions about publishing in the journal.

The morning finishes up with a variety of interesting workshops. Attendees can choose between sharpening their skills in teaching normal development, to focusing on the assessment of competencies.

The afternoon plenary focuses on educational research. Dr. Roberts will discuss what makes a good publishable research study and then each of the presenters will provide a discussion of a project illustrating excellent educational research.

On Saturday, the program will begin with a special presentation by Dr. Carl Greiner titled, "Steinbeck: A Moral Vision for Medical Teachers." This will precede a plenary focusing on Culture and Stigma, in which each presentation illustrates an aspect of these themes.

The fourth and final plenary highlights "Innovative Media in Psychiatric Education" with discussions of how one can use art, music, and technology to enhance teaching.

Saturday workshops include a diverse selection of topics ranging from mindfulness training to how to design a cultural competence workshop.

All in all, the program is packed with exciting opportunities to improve your knowledge and skills, while enjoying the beautiful Park City resort with your colleagues!

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For your convenience, the
Annual Meeting 2007 Program Guide Summary
is in the center of the newsletter,
which can be pulled out easily to bring to the meeting.

From the President's Desk

by Theodore B. Feldmann, M.D.; University of Louisville

The past year has certainly flown by! It seems like only yesterday that I was preparing my first "President's Column" for the *ADMSEP Newsletter*. Now, as I approach the end of my term as President, it is time to reflect on everything that has been happening with our organization. It has certainly been a busy year as well as a very productive one. I would like to use this opportunity to share with you some of the activities that ADMSEP has been involved in and also to update you on some of the important changes and issues that we are facing.

Organizational Liaisons

ADMSEP continues to maintain important relationships with many academic and professional organizations. Our liaison with APA remains extremely important. We are represented on the APA Council on Medical Education and Lifelong Learning, which meets at the annual meeting each spring and again at the fall component meetings in Washington, D.C. ADMSEP will also be represented at a workshop presented at the 2007 APA meeting in San Diego entitled "How to Become a More Creative Teacher: Winning Strategies for Residents and Faculty."

During the past year I have also had the opportunity to represent ADMSEP at the Association for Academic Psychiatry (AAP) meeting in San Francisco and the American Association of Directors of Psychiatric Residency Training (AADPRT) meeting in San Juan. Nurturing these relationships is an important part of ADMSEP's mission of providing quality educational experiences in psychiatry for medical students.

Review of ADMSEP Activities in 2006-2007

Our 2006 annual meeting in Annapolis was successful and well received by all who attended. This year's meeting in Park City, Utah, June 21-23, should be equally exciting. Ruth Levine, Program Chair for the 2007 meeting, has put together an interesting and stimulating program. The beautiful mountain scenery in Park City will certainly complement what is already exciting meeting agenda. I look forward to seeing all of you in the mountains!

During the past year ADMSEP members have continued to work on two important projects. The Learning Objectives Task Force, led by Michael Burke, has completed a revision of our clerkship learning objectives. The draft of these revisions is available in the "Members Only" section of our website. If you have not done so already, please take a few minutes to review the draft and send your comments to Michael. The LCME Task Force for Clinical Encounters, headed by Ruth Lamdan and Greg Briscoe, has also been busy examining the LCME requirement that clerkship directors specify the kinds of patients seen during the clerkship and the numbers of patients seen. The task force is proceeding with the compilation a web-based resource center of standardized patient encounters to meet the LCME requirement. This resource center will ultimately be available to medical students to supplement their clinical encounters during the Psychiatry Clerkship.

The past year also saw a change in the ADMSEP administrative office. As many of you know, Lucille Meinsler has stepped down as our Administrative Coordinator. The Council has hired Gary Beck to take over that position. Gary is at the University of Nebraska Medical Center in Omaha. Please welcome him to our organization.

There are three major items that will be discussed during the business meeting in Park City. I will mention the first two just briefly

President (Cont. on page 4)

There are three major items that will be discussed during the business meeting in Park City.

I am struck by the level of dedication possessed by our members.

President (Cont. from page 3)

since they are posted elsewhere in the newsletter. First, the membership needs to vote on a proposed change in our bylaws. The bylaws currently set our fiscal year from January 1 to December 31. In reality we operate in a time frame that corresponds more closely to the academic year. For this reason the Council is proposing that the bylaws be amended to change the fiscal year to July 1 to June 30. This change will make it much easier to keep track of membership renewals and other organizational business. The second issue for the business meeting is the election of new officers and one council member. The officer and council slate is posted elsewhere in the newsletter.

The other business meeting item needs more explanation. At the council meeting last fall we decided to propose a dues increase. The increase, which will take effect on July 1, 2008, would raise our dues to $295 per year. I think it is important for our members to understand how our organization operates financially and why a dues increase is necessary. ADMSEP has two primary sources of revenue: dues and registration fees for the annual meeting. Over the years we have tried very hard to make sure that all expenses for the annual meeting are covered by the registration fee. At the same time, we have strived to keep the registration fee affordable. We have been successful in making sure that our meetings "break even," which has become increasingly difficult because hotel costs have risen steadily in recent years. Although dues income has not been necessary to supplement annual meeting costs, ADMSEP has also faced other rising expenses, all of which must be covered by dues. As mentioned earlier, ADMSEP has become increasingly active on a national level with other academic and professional organizations. These relationships, such as our co-sponsorship of *Academic Psychiatry*, often require a financial commitment from ADMSEP. Travel expenses to other meetings, hotel costs for the fall council meeting, web site expenses, and printing costs all go up each year. The establishment of an ADMSEP Administrative Office, an absolute necessity if we are to continue to grow as an organization, also requires an added expenditure. All of these factors led to the Council's decision to propose a dues increase. Dues are very much like taxes – no one likes to pay them! The Council was very concerned about the effect a dues increase might have on our members. In the end, however, we realized that the increase, no matter how unpleasant, is necessary in order to maintain the current level of service to our members. A full treasury report will be made at the business meeting prior to voting on the dues increase. In the meantime, I hope that all of you will carefully consider the proposal.

Final Thoughts

As I mentioned earlier, this is my final column as ADMSEP President. As I reflect on the past two years and think about all of the projects we have undertaken, I am struck by the level of dedication possessed by our members. We have grown tremendously since I attended my first ADMSEP meeting in 1985. Although we will always face challenges, such as curriculum reform and funding for psychiatric education, our future looks very bright. It is our dedication to our students and each other that makes ADMSEP special. I have truly enjoyed working with all of you over the past two years. Thanks for all of your help and support. I look forward to seeing all of you in Park City!

American Psychiatric Association Update

by Deborah J. Hales, M.D.
Director, Div. of Education

PsychSIGN (the Psychiatry Student Interest Group Network) will hold the second medical student conference at this year's APA Annual Meeting in San Diego, CA. PsychSIGN is run by medical students to serve their peers interested in psychiatry. In addition, PsychSIGN seeks to promote the establishment of new psychiatry student interest groups (PsychSIGs), support and encourage activity in existing groups, and provide resources to pursue a broad range of activities in medical schools, including community service projects focused on mental health. The conference will provide time for students to meet and share their experiences with one another. In addition, the students themselves organize workshops - for example, developing leadership skills and increasing students' knowledge of the breadth and depth of psychiatric research and practice. Seven new regional representatives and a new chairperson will be elected at this conference. APA supports the meals and accommodations; we ask departments or medical schools cover the cost of travel to San Diego. Last year more than 80 medical students came to the first PsychSIGN meeting in Toronto.

We are unable to fund a faculty development pre-meeting at the ADMSEP Annual Meeting this year, but are planning to resume this in 2008. We envision an annual pre-meeting to support Faculty Development for Medical Student Educators, alternating between ADMSEP and AAP. Please give your input on topics of most importance and service to ADMSEP members.

The APA is pleased to present MINDGAMES, a national team competition for residents at the APA Annual Meeting. Residency program teams completed a preliminary online knowledge test to qualify for the final competition. It is intended to be a fun and educational activity that tests medical knowledge and patient care. The top three teams advance to the final competition held at the APA meeting in San Diego on May 22 at 5 pm.

The 100% club continues to increase. All psychiatry training programs with 100% membership in the APA receive a textbook of their choice from APPI press, a poster created specifically for them, a photo of their program featured in Psychiatric News and free online subscription to FOCUS for all their residents. More than 30 residency programs are currently in the club.

The 2005-2006 Census of Residents is now available. The census data was based on the data we received from AAMC's GMETrack. As in previous years, this report will contain demographics of all psychiatry residents and fellows in the United States for the residency year that started July 1, 2005 and ended June 30, 2006.

The importance of educating medical students in psychiatry is paramount to the Chairs.

American Association of Chairs of Departments of Psychiatry Update

by David Baron, M.S.Ed., D.O.; Temple University School of Medicine

The importance of educating medical students in psychiatry is paramount to the Chairs. A number of Chairs have gotten directly involved in developing new, innovative medical school curriculum, and the topic continues to play a prominent role in all of the Chairs meetings. Funding medical student education programs and rewarding excellence in teaching, are among the most discussed topics at our biannual meetings.

The ability to accurately document the total amount of time spent in educational activities, including non-psychiatric teaching such as Doctoring courses, is very important to the Chair when negotiating with the Dean for additional departmental support. We need to continue to work together to ensure high quality educational programs for our medical students. This is an exciting time for our field, despite the

AACDP (Cont. on page 7)

American Association of Directors of Psychiatric Residency Training Update

by Ronald F. Krasner, M.D., President; Northwestern University

AADPRT has had a very busy and productive year. I would like to highlight just a few major developments in both the interior workings of the organization and its interface with the entire field. Internally, our annual meeting (held in San Juan, PR March 8 – 11, 2007) - through its committees, workshops, taskforces, caucuses, fellowships, and awards - continues to address the pedagogical, administrative, curricular, and everyday needs of program directors, residents, and coordinators. The R-13 Pre Meeting Program Grant is in its 2nd year and has been very highly acclaimed. The title of this year's (held on March 7) is "Round 2---Evidence-Based Psychiatry: More to Learn, More to Teach." Our Webpage continues to grow in its usefulness to members and the organization. In March 2006, there were more than 12,000 clicks and, this year, a new electronic workshop abstract submission system has been put into place. This year also saw the successful installation of an entirely new accounting system for the organization, which includes accounting and financial auditing systems for improved record keeping and budgeting purposes.

Our interface with the world of organized medicine and psychiatry this year was focused, primarily, on two major projects: the Revision of the RRC Essentials and the collaboration with the ABPN regarding their decision to end the Part 2 "live-patient" examination. AADPRT was able to interact exceedingly effectively with the RRC to affect the outcome of the new RRC Essentials, which will take force in July 2007.

The ABPN is in a time of rapid change. AADPRT was consulted and approved of the Board's request to move Part 1 (the written examination) to the PGY 4 year.

With the Board's decision to end Part 2's live patient exam by 2010, there have been a series of intense discussions and pilots to determine whether the evaluation of the doctor-patient relationship, interviewing, and case presentation skills should be moved into residency training programs. At a recent meeting convened by the ABPN in San Diego, the immense complexity of this task, along with the difficult issues of standardization and liability, was spelled out to the Board by the leadership of AADPRT, the leadership of AAP, and the AACDP. The Board will announce its final decision regarding this issue at the AADPRT annual meeting.

PsychSIGN functions as a central hub for the exchange of ideas, information and resources among medical students interested in pursuing a career in psychiatry

PsychSIGN Update

by Jonathan Amiel, PsychSIGN Region 2 Co-Chair; Class of 2007, Columbia University College of Physicians and Surgeons; Jeanne Goodman, PsychSIGN National Chair & Region 2 Co-Chair; Class of 2007, Mount Sinai School of Medicine

PsychSIGN, the Psychiatry Student Interest Group Network, is a national group of medical students interested in pursuing careers in psychiatry. The group was founded in 2005 with the support of the Education Office of the American Psychiatric Association and has grown over the past two years to include students from over 100 medical schools across the United States and Canada.

The group functions as a central hub for the exchange of ideas, information and resources among medical students interested in pursuing a career in psychiatry, improving educational exposure to psychiatry in the lecture as well as clerkship setting, developing strong support networks with school administration for the promotion of student physical and emotional well-being, and increasing awareness of the disparities in availability and quality of mental healthcare.

Since its inception, PsychSIGN has held a number of conferences for its members, including a national conference in conjunction with the APA

PsychSIGN (Cont. on page 7)

ADMSEP's New Administrative Coordinator

by Amy Brodkey, M.D.; University of Pennsylvania

When the post of ADMSEP administrative coordinator suddenly became vacant, I immediately thought of Gary Beck as an ideal candidate for it. Several of us in ADMSEP had gotten to know Gary well in his role as Executive Director of the Alliance for Clinical Education (ACE), the organization of the seven major discipline's clerkship educators, of which ADMSEP is a member. We had been impressed by his ability to be a creative, proactive, contributing member of ACE while seeming effortlessly to fulfill his more mundane duties. So we were delighted when he accepted the role of ADMSEP's administrative coordinator, and he has already jumped into the position feet first. We hope you will make him welcome when you meet him at the annual meeting in June.

Since 1997, Gary has worked as the education administrator and curriculum administrator for the Department of Pediatrics at the University of Nebraska Medical Center. He came to UNMC in 1995, where he functioned as residency coordinator for the Department of Surgery. As education administrator, he has developed a reputation as a skilled researcher, co-authoring several manuscripts as well as presenting original research at the AAMC Central Group on Educational Affairs annual meetings.

In 1998 he became the executive director for ACE. As a result of this work, he and several colleagues authored a chapter for clerkship administrators in The Guidebook for Clerkship Directors, 3rd Edition. In 2004, the Central Group on Educational Affairs asked him to develop a certificate program for clerkship administrators, which is offered at each annual meeting. He and his co-presenters have conducted this program at the University of Iowa and University of Texas Medical Branch.

Gary has a masters degree in mathematics, with special emphasis in statistical analysis. In August, he begins his doctoral studies in educational psychology.

Welcome Gary Beck to ADMSEP!

We had been impressed by his ability to be a creative, proactive, contributing member of ACE while seeming effortlessly to fulfill his more mundane duties.

PsychSIGN (Cont. from page 6)

annual meeting in Toronto and regional conferences in Boston and New York City. The group is currently in the process of planning its second annual national conference which will take place in San Diego just preceding the APA annual meeting.

PsychSIGN aims to have a student from every medical school attend the May meeting. Housing and program costs will be covered by the APA and transportation is to be funded by individual schools. Students will attend a day-long conference consisting of small-group workshops book-ended by lectures from influential figures within the field of psychiatry. The meeting is aimed at fostering student leadership and generating excitement and discussion about the multifaceted career of psychiatry. At the conference, students will elect new regional representatives as leaders of PsychSIGN to carry on the mission of this new ambitious student network.

Interested students may apply to attend the San Diego annual PsychSIGN meeting by downloading the forms available at www.psychsign.org. We are grateful to ADMSEP for its continuing support and hope you will encourage your students to apply via our website so we can meet them in San Diego!

AACDP (Cont. from page 5)

ongoing financial challenges experienced at academic medical centers. We need to demonstrate our enthusiasm for the specialty and attempt to avoid overly negative discussions when students are present. In the long run, attending to internal and external "politics" in a constructive, problem-solving fashion will benefit us all. Please continue to keep us up to date on important issues in medical student education as they come up. It is not an overstatement to proclaim that the future of psychiatry rests in our hands.

The ADMSEP Newbie

by Steven Schlozman, M.D.; Massachusetts General Hospital

Hello, my name is Steve, and I am an ADMSEP novice.

This may seem a strange declaration. I mean, c'mon, I've been to three meetings already. I feel at home with the organization, even *cozy* at times. At some point, you have to stop being a novice, right? *At some point you are experienced*.

But, here's my point. Teaching is creating. It is a genesis of ideas, represented and re-represented, changing with the inevitable ebb and flow of popular opinion, new discoveries, and reintegrated analyses. Teaching at its best is always the work of a novice, because it seems to me that the best teachers always teach as if they are looking through the eyes of their students. And, in this sense, the ADMSEP meeting makes all of us students again. When I attended my first meeting in Monterey three years ago, I knew that this was an altogether different sort of academic gathering. Each meeting since then has been similarly unique.

So, through the eyes of a relative newcomer, through the eyes of a *true novice*, here is what the ADMSEP Annual Meeting is like:

It feels like the first day of class.

People walk quickly with an almost old fashioned spring to their step. We who teach psychiatry can feel pretty beat up throughout the year, but at ADMSEP, there is unbridled optimism and affirmation for the importance of teaching itself. Teaching is not an afterthought. Educational programs are not add-on's to already burdened schedules. Teaching is central to every single attendee's life, and in this sense there is a synergism of creative spirit that invigorates without feeling corny. So what if we are under-paid and over-worked. It is clear and fundamental to all of us that what we do as teachers matters, and that is the central gestalt of the ADMSEP meeting.

But, as with all good teaching, details matter, and the particulars of this meeting are no exception. Those who attend the annual ADMSEP gathering cannot help but to notice that these are hardly the typical digs of the academically bedraggled. Monterey? Annapolis? Up 10,000 feet in the Utah mountains? We dive headlong into the meeting in part because the location of the meeting reflects the respect that teaching deserves. If we treat ourselves to beautiful locations, it is because what we do is important and true. Add to these mountains and oceans many wise and excited colleagues, a seamless mixing of pedagogy and politics, and a gathering that is both national and intimate, and you have an antidote to all that ails the downtrodden educator. I find the meetings genuinely rejuvenating.

When I began teaching medical students, I did not even know that ADMSEP existed. It is now my favorite meeting, the gathering I anticipate most of all. As curriculum time shrinks and our patients' needs grow, our work could not be more important. The ADMSEP Annual Meeting keeps these priorities at the forefront of what we do and love.

Teaching is creating. It is a genesis of ideas, represented and re-represented...

Psychiatry and the Cinema
Medical Humanities Selective

by Howard Wong, Class of 2007; University of Texas Medical Branch, Galveston

Offered for your consideration: a typical student, busy selecting the courses for his final year of medical school. He comes across a course offering titled, "Psychiatry and the Cinema" and feels the electrifying surge of satisfaction that accompanies a eureka moment. Yes, there really is such a course, and not only is it a valid elective, it can also fulfill a specific type of required credit needed for graduation. Discovering that the course has not yet filled, he quickly registers, never realizing that he has just unwittingly entered ... the best medical humanities course ever conceived.

Hyperbole aside, several seniors from the previous year had

Cinema (Cont. on page 11)

Psychiatry Learning Objectives Task Force Update

by Michael Burke, M.D., Ph.D.; University of Kansas

Over the last four years what started as revising a set of Psychiatry Clerkship Learning Objectives from 1995 evolved into developing a Clinical Curriculum Resource Guide for Undergraduate Psychiatry Education. The basis for this evolution has been the goal to provide a meaningful support resource for clerkship directors in the field and to create a venue that will facilitate sharing and development of educational resources. This trend from listing recommended learning objectives to developing educational resource guides has been consistent across all medical specialties since 2000.

Following the annual ADMSEP meeting in Annapolis, a completed draft of the Learning Objective Resource Guide was posted on the ADMSEP web page to solicit membership feedback. A number of members reviewed the draft and provided feedback, which has been incorporated. A vote for membership endorsement of the new learning objectives is planned for the next ADMSEP meeting in Utah. In preparation for the Utah meeting, review and feedback on the current draft document is being solicited from a variety of sources including again the general membership of ADMSEP, outside organizations including the Association for Academic Psychiatry (AAP), and an internal review committee composed of established and new ADMSEP members. All ADMSEP members are encouraged to review all or selected parts of the learning objectives draft and provide feedback comments to the Taskforce. The learning objectives draft can be found in multiple formats on the ADMSEP web page under the "member's only" section. A link is provided on the web page, mjburke@kumc.edu, to submit feedback to the Taskforce. All reviewers who submit feedback comments will be acknowledged as contributing reviewers in the final document.

It's been a long road for the Learning Objectives Taskforce, involving countless hours donated by numerous members, but the best is yet to come. We look forward to feedback from the membership on the current draft, endorsement of the revised document in Utah, and membership participation in related future projects.

Current Taskforce Members: Drs. Michael Burke, Ruth Lamdan, Cabrina Campbell, Renate Rosenthal, Scott Waterman, David Dunstone, Ruth Levine, Brenda Roman, (Fred Sierles and Amy Brodkey-ex officio).

A vote for membership endorsement of the new learning objectives is planned for the next ADMSEP meeting...

LCME Task Force Update

by Ruth M. Lamdan, M.D.; Temple University

The Task Force has continued to work together to discuss minimum requirements and tracking methods for medical student clinical encounters. We will present data on student encounters from at least ten of our respective schools at the upcoming ADMSEP annual meeting. We have considered the addition of two categories of encounters and experiences to our existing list. All encounters are expected to be under the direct supervision of a Psychiatry faculty member and attainable for most clerkship rotations:

1. Evaluation and management of a suicidal patient
2. Evaluation and management of a patient with
   - psychosis – a patient with schizophrenia is preferred but may not be universally attainable
   - major mood disorder – a patient with major depression is preferred as well as one with a bipolar mood disorder, but may not be universally attainable.
   - anxiety disorder – comorbid illnesses with the above may be seen in any setting and would

LCME (Cont. on page 11)

ADMSEP Members' News

- Dr. Amy Brodkey published a *Perspectives* essay in the *New England Journal of Medicine* (reprinted in the newsletter).

- Dr. Michael Burke received a "Teacher of the Year" award from the Department of Psychiatry at the University of Kansas School of Medicine.

- Dr. Ruth Levine was appointed inaugural director of the UTMB Academy of Master Teachers. She first-authored 3 *Academic Psychiatry* papers: "Peer evaluation in a clinical clerkship: Students' attitudes, experiences, and correlations with traditional assessments;" "A cautionary tale: On becoming an "unmasked" reviewer;" "An evaluation of depressed mood in two classes of medical students." She is a contributing author to the following *Medical Education* paper: "Team-based learning at ten medical schools: two years later."

- The second edition of Dr. Myrl Manley's *The Psychiatry Clerkship Guide* will be published this spring or early summer.

- Dr. William Miles was a recipient of the Rush University Medical Center Phoenix Award, which is voted on by the graduating medical class and awarded to the faculty member who "has exhibited excellence in medical education and has the professional and personal qualities medical students would like to achieve as physicians," i.e. essentially Teacher of the Year, and the first psychiatrist at Rush to ever receive it.

- Dr. Brenda Roman of Wright State University was recently elected as a faculty member to the Epsilon Chapter of the Alpha Omega Alpha medical honor society.

- Dr. Renate H. Rosenthal received the "Distinguished Teacher Award" for the Department of Psychiatry at the University of Tennessee Health Science Center and is President Elect of the Faculty Organization of the College of Medicine.

- Dr. Steven Schlozman of Harvard University was a Nancy C. Roeske Award recipient at last year's APA Annual Meeting.

- An upcoming issue of *Teaching and Learning in Medicine* will include proceedings from the 2006 ADMSEP Annual Meeting. Edited by Dr. Ruth Levine, the proceedings include "ADMSEP Task Force Recommendations to Fulfill LCME ED-2 Requirements" and "Update from the ADMSEP Learning Objectives Taskforce," first-authored by the LCME and Learning Objectives task force chairs Drs. Ruth Lamdan and Michael Burke, respectively, and co-authored by the task force members (see complete list of task force membership included with task force updates elsewhere in the newsletter). Abstracts authored by the following ADMSEP members will be included: Drs. Michael Burke, Greg Briscoe, David Carlson, Kathy Clegg, Lisa Fore-Arcand, Tamara Gay, Robert Goisman, Ruth Levine, Christopher Pelic, Brenda Roman, and John Spollen.

LCME (Cont. from page 9)

- include patients with PTSD, OCD, etc.
- personality disorder
- substance use disorder, intoxication or withdrawal syndrome
- cognitive disorder

Added are:

- somatoform disorder and

3. Observation of the administration of ECT in a live or videotaped format.

Encounters could be overlapping, but each should be comprehensive, allowing the student to have a one-to-one clinical experience with patients. It is also recommended that students see patients across the lifespan, but this may not be universally attainable due to site variability. It is recommended that encounters with children, adolescents and older adults be logged as well so that appropriate remediation can be explored with the students.

Recognizing that many schools or sites may not be able to give students this diverse, though limited, clinical experience, we continue to explore opportunities for encounter remediation. We are working together to develop a link to the ADMSEP web site, to house streaming videotaped clinical encounters and other case-based instructional materials. We are exploring the development of our own Resource Peer Review Committee to edit submissions to ensure quality or to join with the AAMC's MedEdPortal. We have received permission from Temple University to use their server so that we can have sufficient electronic space to support high quality supplements to the live clinical encounters of our medical students.

Task Force Members: Drs. Ruth M. Lamdan, Aurora J. Bennett, Greg Briscoe, David L. Carlson, Benoit Dube, Lisa Fore-Arcand, Julia Frank, Derreck Hamaoka, Dilip Ramchandani, Renate Rosenthal, Steve Schlozman, Quentin T Smith, Lisa A. Spurlock, Andree Stoves, Janeta F. Tansey, James M. Youakim.

Cinema (Cont. from page 8)

informed me that "Psych and the Cinema" was a great course. The course objectives were straightforward and designed to impart a better appreciation for how Hollywood movies create cultural stereotypes, romanticize boundary violations, and perpetuate misinformation about the profession of psychiatry and psychiatrists. And the methodology – reading selected articles, chapters from <u>Psychiatry and the Cinema</u> by Gabbard, and watching and discussing movies - seemed more like a hobby than a scholastic endeavor. Not only were the movies interesting, but you learned about the extent of media influence on your own, as well as the public's opinions. The course was edutainment - informative and enjoyable - the Holy Grail of learning.

There is no better route to comprehension and retention than entertaining visual and audio stimulation – the reason that movies make money is exactly what makes their messages so powerful. When the message is misinformation (e.g., identifying a character with DID as schizophrenic), it is accepted without question. Just as surely as the coding TV patient will be resuscitated by CPR and suffer no sequelae, so too will the mass murderer be an escaped mental patient, paranoid schizophrenic, or delusional psychotic (not a person suffering from mental illness, schizophrenia or psychosis). Witnessed many times over a lifetime of media exposure, such scenes and depictions have become part of America's psyche.

While the course content highlighted many negative portrayals, it also showcased performances with realistic and even optimal treatment of psychiatric illness. "Psych and the Cinema" showed how strongly the depiction of the psychiatric field in print, film, and television affects attitudes about psychiatry and mental illness. For good communication, one must be an active listener to ensure the message is received; with good entertainment, one must be vigilant to ensure the message is even perceived.

...the reason that movies make money is exactly what makes their messages so powerful.

Book Reviews

Women's Mental Health

by Julia Frank, M.D.; George Washington University

As a medical student educator, I enjoy the privilege of interviewing residency applicants. Many, especially the women, express interest in women's mental health, only to find that few departments, including my own, offer any defined experiences in this area. Yet, as Kornstein and Clayton's Women's Mental Health: A Comprehensive Textbook (NY: Guilford Press, 2002) demonstrates, a sound scientific basis exists for making this a central educational topic, if not a clinical subspecialty.

This book complements Stotland's and Stewart's Psychological Aspects of Women's Health Care (Washington DC: APA Press, 2001) by discussing not only psychiatric conditions related to reproductive biology but also conditions that afflict women differently from men, including rheumatologic conditions, HIV/AIDS, ASCVD, migraine headaches and so on. It includes chapters on women's psychosocial development and special populations such as the elderly, women of color and lesbian women. Each review is thorough, grounded in the empirical (as opposed to the theoretical or fanciful) medical and psychiatric literature. With books like these to guide us, a more rational medical system would take into account women's particular social and psychological needs in relation to health care generally.

I heartily recommend these texts as a blueprint for the programs that our younger colleagues, with their clear-sighted grasp of where our field should be going, having been seeking from their mentors.

Many... express interest in women's mental health, only to find that few departments... offer any defined experiences in this area.

The Tender Bar

by Mitchell J.M. Cohen, M.D.; Jefferson Medical College

J.R. Moehringer's *The Tender Bar* (Hyperion, 2006) is a compelling, instructive account of the developmental, psychodynamic and genetic roots of alcoholism. Moehringer provides students with descriptions of the culture of alcoholism, various emotional issues that can provoke and sustain it, and case histories of the colorful patrons of a bar that serves as a primary setting for this memoir. With nuanced details of personalities and context that betray the book as the unvarnished recounting it is, this teaching tool provides the equivalent of a few months of empathic listening with an articulate alcoholic patient or a few hours of didactics on causes, emergence, and individual mastery of addiction.

Moehringer is the son of an alcoholic radio personality, who displays mood lability and violent rages during his brief appearances in the author's life. He longs for intimacy with his father, who he listens to on various radio stations while a boy, often the only connection he has with him. The bar, its patrons, the bar owner, and a bartender Charlie, also Moehringer's alcoholic maternal uncle, all serve as partial father surrogates.

Moehringer describes other critical surrogates, including older male bookstore clerks, who expose him to literature, advisors at Yale, and his mother. The psychodynamic complexity is exemplified by androgynous paternal introjects, embodied in Moehringer's mother and his first major lover, a woman who is one of the few characters given a pseudonym--"Sydney." The elegance and instructive value of the psychodynamics in *Tender Bar* lie in their anchoring in the reality of the narrative, the absent jargon, and Moehringer's literary gifts. Genetics, psychodynamics, and life narrative unfold with great clinical accuracy as contributors to the author's alcoholism and the addictions of relatives and friends.

The Tender Bar is that rare, fortuitous publication, not written by a clinician or medical educator, but as valuable a teaching tool as the best examples written from within our ranks.

Annual Meeting 2007: Park City

by Nutan Vaidya, M.D., Facilities Chair; Rosalind Franklin University of Medicine and Science

I know most of you need no coaxing to come to the ADMSEP Annual Meeting to see old friends, meet new ones and, in the process, learn and teach about medical student education. However, to make it a little bit more enticing, let me tell you about Park City and The Canyons resort.

Long before Park City became a world class mountain resort and venue for the 2002 Olympic Winter Games, it was famous as a silver mining town, and boasts a lively and colorful past. Founded by prospectors in the late 1860's, Park City continued to mine silver until the early 1970's. The mining company, Park City Consolidated Mines, started the ski business in 1963, when they built the first lifts on what was then called Treasure Mountain. The Park City area now has three world class resorts: Park City Mountain Resort, Deer Valley Resort, and the Canyons Resort

Take the historical homes tour while you are in Park City.

The Canyons is one of North America's largest single ski and snowboard resorts, providing you with an endless number of options even in summer. With three world-class lodging properties, 8 mountains, 3,700 acres of diverse terrain, and 152 trails, The Canyons, which is considered the "Ultimate Winter Playland," promises to be equally fun in the summer.

Enjoy biking on the many paths during a break!

In Park City variety is the spice of life and the town really likes to heat things up. Although Park City's many award-winning restaurants are among the finest in the Intermountain West, reflecting many different culinary styles and influences, you would not want to miss the banquets at the meeting.

The variety offered by The Canyons Resort matches all that you can find in the city along with the camaraderie of your colleagues. Receptions before the dinners will offer various hot and cold appetizers. We will be having chicken and mahi-mahi, miso rubbed salmon or grilled rack of lamb at the dinners.

After dinner you may want to wind down with an evening of contemporary jazz, or wind it up at local dance club. You'll find no bedtimes around this place.

Visit the Swaner Nature Preserve to see a variety of indigenous plants and animals, including this sandhill crane.

Park City is a vibrant mountain town with a strong local economy. With so many shops, galleries, restaurants and businesses here, you will find that which you are looking for and more. From designer clothing to sports gear, leather shops to fine jewelry, there is something for everyone. Shopping is a short walk from The Canyons Resort, making the offerings of this meeting location ideal for all tastes.

For more ideas for activities in Park City, you may learn more at www.parkcityinfo.com.

Please note that hotel reservations must be made by May 6 in order to receive the conference rate. Meeting registration materials must be received by May 15 to qualify for the advance registration discount.

See you in Park City!

Park City continued to mine silver until the early 1970's.

ADMSEP Annual Meeting 2007 At-a-Glance

Thursday, June 21

12:00-3:00 p.m. Council meeting
3:00-7:00 p.m. **Registration**
3:30-5:00 p.m. LCME Task Force Meeting
Ruth Lamdan, M.D.
3:30-5:00 p.m. Workshop: Toolbox of Skills for Early Career Educators
Brenda Roman, M.D.; Nutan Vaidya, M.D.
6:00-7:00 p.m. **Reception**
7:00-10:00 p.m. **Dinner & Introductions**

Friday, June 22

7:00-7:45 a.m. **Breakfast**
7:45-8:00 a.m. **Welcome**
Theodore Feldmann, M.D.; Ruth Levine, M.D.
8:00-8:45 a.m. **Special Presentation**
LCME Issues
Robert Eaglen, Ph.D.
8:45-9:45 a.m. **Plenary 1: LCME Issues**
Results of ED 2 Adherence in 10 Medical Schools
Ruth Lamdan, M.D.; Dilip Ramchandani, M.D.; Gregory Briscoe, M.D.
Commentary and Questions
Robert Eaglen, Ph.D.
9:45-10:45 a.m. **Posters & Snacks**
"Meet the Editor"
Laura Roberts, M.D.
Narrative Therapy Exercise
David Garrison, M.D.
A Mandatory Palliative Care Week for Seniors: Student perceptions about end-of-life care.
Renata Rosenthal, Ph.D.; Kimberlee Norwood, M.A.
Moving from a Didactic to a Socratic Clerkship Paradigm: The Ups, Downs, and In Betweens
Mary Jo Hanigan, M.D.
What is the best way to study for the NBME Subject Exam in Psychiatry?
Gregory Briscoe, M.D.; Lisa Fore-Arcand, Ed.D.; Cheryl Al-Mateen, M.D.; Dave Carlson, M.D.; Ruth Levine, M.D.; Chris Pelic, M.D.; John Spollen, M.D.
Impact of Formative Feedback on Summative Evaluations in a Psychiatry Clerkship
Aurora Bennett, M.D.; Linda Goldenhar, Ph.D.
Attitudes about ECT in Third Year Medical Students
Lori Moss, M.D.; Nutan Vaidya, M.D.
Usefulness of Grand Rounds for Medical Student Education
Dilip Ramchandani, M.D.
The Psychiatry Institute for Medical Students: A Novel Recruitment Strategy
Jodi Lofchy, M.D.
A School Based Mental Health Recovery Effort
Leslie Lawrence, M.D.; Mark Viron, M.D.; Janet Johnson, M.D.; Amy Hudkins, M.D.; Griffin Sample.; Geilbert Kliman, M.D.; Patrick O'Neill, M.D.
12- Step Meetings (AA or NA) as Part of the Medical School Educational Experience
Lisa Fore-Arcand, Ed.D.; Kathleen Stack, M.D.
Is there Sponsorship Bias in the Scientific Program of the Annual Meeting of the APA?
Frederick Sierles, M.D.; Tejinder Gill
The Effect of an Educational Intervention on Medical Students' Attitudes Regarding Interaction with Pharmaceutical Company Representatives
Justin Sanders; Kevin Keet; G. Scott Waterman, M.D.
Portals Into Child Psychiatry Training
Doug Gray, M.D.; Deborah Bilder, M.D.
10:45-12:00 p.m. **Workshops 1**
Treating the Mental Health Needs of Medical Students: Opportunities, Challenges, and Rewards
Aurora Bennett, M.D.; Lowell Tong,M.D.; Ruth Lamdan, M.D.; Diane Gottlieb, M.D.; Rachel Goldstone, M.D.; Laura Wexler, M.D.; Julia Fraga, Psy.D.
Teaching Normal Development To Medical Students Using Stimulus Videotape

Geri Fox, M.D.
The Curriculum After Next Project: Piloting Competency Assessments
Tamara Gay, M.D.
Strategies for Success for Early Career Academic Psychiatrists
Laura Roberts, M.D.

12:00-1:30 p.m. **Lunch / New Clerkship Director's Meeting**

1:30-2:45 p.m. **Plenary 2**
Educational Research Plenary
Introduction: What makes a good publishable research study
Laura Roberts, M.D.
Does the Lake Wobegon Effect Explain Medical Students' Perceptions that They Cannot be Influenced by Pharmaceutical Marketing? A preliminary study
Maciej Witkos; Michelle Uttaburanont; John Tomkowiak, M.D.; Frederick Sierles, M.D.
Research: A Psychiatry OSCE: Do Students Accurately Judge Their Communication Skills?
Phebe Tucker, M.D.; Sheila Crow, Ph.D.; Jo Ana Fields, M.D.; Anne Cuccio, Ph.D.
Behavior Change Counseling Training for Medical Students: An Example of Randomized Controlled Trials in Education
John Spollen, M.D.

2:45-7:00 p.m. **Free Time**

7:00-8:00 p.m. **Reception**

8:00-10:00 p.m. **Dinner**

Saturday, June 23

7:00-8:00 a.m. **Breakfast / Council Meeting**

8:00-8:30 a.m. **Special Presentation**
Steinbeck: A Moral Vision for Medical Teachers
Carl Greiner, M.D.

8:30-9:30 a.m. **Plenary 3**
Culture and Stigma
Pedagogic Affirmative Action-Strategies for Combating Prejudice and Stigma in Medical Student Psychiatric Education and Curriculum
Steven Schlozman, M.D.
Cultural Competence in Medical Student Education
Hendry Ton, M.D.
Literalism and Metaphor in Medical Education
Julia Frank, M.D.

9:30-10:15 a.m. **Posters** *(see above)*

10:15-11:30 a.m. **Plenary 4**
Innovative Media in Psychiatric Education
A Virtual Reality Educational Environment for Schizophrenia
Martin Leamon, M.D.
Mental Illness and All That Jazz: Using the Arts to Reduce Stigma
Sergio Hernandez, M.D.; Linda Pessar, M.D.
Technology to Enhance Medical Student Diagnosis of Major Depression
Douglas Hughes, M.D.
Psychopathology in Pop Music
Vilma McCarthy, M.D.

11:30-12:45 p.m. **Workshops 2**
Creative Training Opportunities in the Aftermath of a Natural Disaster
Janet Johnson, M.D.; Patrick O'Neill, M.D.
Mindfulness Training:-Does it have a role in Medical Education?
Greg Franchini, M.D.
Teaching Medical Neuroscience: The Evolution at UCLA
Margaret Stuber, M.D.
New Developments: Creating a Psychiatry OSCE For Student Assessments and Educational Research
Phebe Tucker, M.D.; Sheila Crow, Ph.D.; Jo Ana Fields, M.D.; Anne Cuccio, Ph.D.
How to Design a Cultural Competency Workshop
Hendry Ton, M.D.

12:45-2:15 p.m. **Business Meeting (with light lunch)**
Theodore Feldmann, M.D.
Elections
Organization reports
Presentation regarding next years meeting
Ruth Levine, M.D.

2:15 p.m. **Meeting Ends**

2:15-3:30 p.m. **Council meeting**

ADMSEP Business Meeting Items

The following items will be acted upon by the membership at the business meeting at the conclusion of the annual meeting in Park City, Utah on June 23, 2007. All ADMSEP members should make every effort to attend the business meeting so we can discuss these important issues.

1. <u>Proposed Bylaws Change</u> The Council proposes that the fiscal year for ADMSEP be changed from January 1 – December 31 to July 1 – June 30. This change corresponds to the academic year and will enable more efficient tracking of membership dues. The change will take effect on July 1, 2007.
2. <u>Dues Increase</u> The Council proposes that ADMSEP dues be increased to $295.00 per year effective July 1, 2008. The dues increase is needed to offset increasing administrative and meeting expenses, as well as increased expenses related to ADMSEP's involvement with other liaison organizations. For more information regarding the expenses incurred by ADMSEP please refer to the "President's Column" in this issue of the newsletter.
3. <u>Elections</u> Elections of Officers and Council members will take place at the Business Meeting on June 23, 2007. Jonathan Polan will rotate off the Council as Second Past-President. Myrl Manley will become Second Past-President and Ted Feldmann will become Immediate Past-President.

The officer slate that will be voted on is:

- President Amy Brodkey
- President-Elect Darlene Shaw
- Treasurer Janis Cutler
- Secretary Tamara Gay

One open Council seat will be voted on:

- Council Greg Briscoe

Please make plans to attend the business meeting to vote on the new Officers and Council position.

The Council proposes that ADMSEP dues be increased...

Alliance for Clinical Education Update

by Darlene Shaw, Ph.D.; Medical University of South Carolina

The Alliance for Clinical Education's (ACE) mission is to foster collaboration across medical specialties to promote excellence in the clinical education of medical students. ACE's goals include fostering innovation in medical student education based on well-designed interdisciplinary research projects and sharing resources among educators in different clinical disciplines. ACE is comprised of up to five representatives from each national organization for medical student education in the areas of OB/Gyn, Internal Medicine, Neurology, Pediatrics, Family Medicine, and Psychiatry. ADMSEP's representatives are Amy Brodkey, M.D., Julia Frank, M.D., Marty Leamon, M.D., Darlene Shaw, Ph.D., and Fred Sierles, M.D.

<u>Guidebook</u>

Last year ACE's Guidebook for Clerkship Directors (3rd edition) was published. To date approximately 540 copies of the guidebook have been sold and additional copies are available for purchase from ACE. Individual sections can also be downloaded from the ACE website http://www.allianceforclinicaleducation.org/. The guidebook addresses administrative topics important to clerkship directors, including curriculum development, course evaluation, and faculty development. A copy of the guidebook will be available for review at the annual ADMSEP annual meeting.

<u>AAMC Presentation</u>

As has been its tradition, ACE hosted a panel discussion at the annual meeting of the Association of American Medical Colleges (AAMC) in November 2006. Marty Leamon, M.D., represented ADMSEP. The panel discussed the incorporation of longitudinal themes into the medical school curriculum and provided recommendations for clerkship directors. ACE has established an ad

ACE (Cont. on page 18)

Resident as Educator Curriculum
Annual Meeting 2006 Workshop Report

by Ruth M. Lamdan, M.D., Diane Gottlieb, M.D. and Autumn Ning, M.D.; Temple Univ. School of Medicine

In 2003 we developed a formal program to enhance resident teaching skills. It is given annually to all classes. Using adult learning theory and direct feedback to residents of their teaching efforts as the core of the program, a Chief Resident for Education is appointed annually to co-teach the course and pave her/his way to an academic career.

Week 1: Begin a discussion of the specific elements of residents' best, worst, and most satisfying teaching and learning experiences. Homework: Clerkship Orientation Package.

Week 2: Review of the literature of residents teaching medical students across the country, other disciplines, and trends in undergraduate medical education. Discuss the influence of managed care and the pharmaceutical industry. Definitions of our alphabet soup: RRC, LCME, APA, ACGME, AADPRT, ADMSEP Homework: "Educational Objectives for a Junior Psychiatry Clerkship; Development and Rationale," Brodkey AC, Van Zant K, Sierles FS; Academic Psychiatry 1997.

Week 3: Basic tenets and history of adult learning theory and issues specific to psychiatry. Homework: "Psychiatric Residents as Teachers: A Practical Guide," APA Committee on Graduate Education 2001-2002.

Week 4: How should we actually teach our students? Discussion of APA guidelines and specific problems in resident interactions with medical students, including specific resistances of students to learning about psychiatric patients and psychiatrists towards teaching disinterested, unmotivated, and hostile students. Homework: "Residents as Teachers: A Guide to Educational Practice," Schwenk TL &Whitman NA.

Week 5: Teaching junior residents in psychiatry and other disciplines. Do your learners determine how and what you teach? Discuss specific "cases" or situations, and review forms to give feedback to residents.

Using a Videotaped Patient Interview
Annual Meeting 2006 Workshop Report

by Timothy W. Lineberry, M.D. & J. Michael Bostwick, M.D.; Mayo Clinic

A significant part of the evaluation of our third-year clerks used to be an end-of-rotation observed clinical interview. A staff psychiatrist would procure from our inpatient units an inpatient unknown to either the staff or the student, watch the student take a history and perform an exam, and expect the student to organize that material into a presentation on the spot. From the student's perspective, the experience depended not only on their skills developed during the psychiatry rotation, but also on the luck of the draw, both in terms of the faculty testing them and the patient selected for them. From the clerkship coordinator's point of view, there was standardization neither with the tester nor the patient. The experience seemed more appropriate to an oral board examination at the end of residency, replete with the same lack of standardization for which that exam is criticized.

Our workshop at the Annapolis meeting last year focused on the development of an alternative model, a video-based examination in which all students watch a 30-minute interview performed by 4th year medical students interviewing the same partially scripted standardized patient. Students then have until the next morning to produce a write-up of what they have observed, including a biopsychosocial formulation, a treatment plan, and a list of additional questions they would have asked to solicit information not present in the videotape. Just as they would be able to do in the clinical setting, they are able to

Video (Cont. on page 18)

From the student's perspective, the experience depended not only on their skills developed during the psychiatry rotation, but also on the luck of the draw...

ACE has developed an interdisciplinary survey to assess what resources (support structures, dedicated faculty time, etc.) are available to clerkship directors.

ACE (Cont. from page 16)

hoc committee to publish the recommendations in Teaching and Learning in Medicine.

Interdisciplinary Project

ACE has developed an interdisciplinary survey to assess what resources (support structures, dedicated faculty time, etc.) are available to clerkship directors. ADMSEP's membership was notified of the online survey through the ListServ. As of mid-March, 38 ADMSEP members have responded to the survey. We are eager to improve our response rate and encourage all psychiatry clerkship directors to complete the survey by going to http://ocrme2.medicine.uiowa.edu/cgi-bin/rws3.pl?FORM=ace. The survey takes less than 30 minutes to complete and the results will allow comparison across disciplines of the resources allocated to clerkships.

Collaboration with AAMC

The AAMC is collaborating with ACE to determine how best to provide training for medical schools about the Careers in Medicine Program designed to provide information to students as they decide what discipline to pursue. The president of ACE, Louis Pangaro, M.D., is also collaborating with the AAMC Organization of Student Representatives (OSR) to learn about students' perceptions of clerkship needs. OSR has traditionally been focused upon issues of advocacy for students, including consistency of grading across departments.

Working Committees

ACE has formed three working committees. The communications committee will focus upon how to best promote awareness of ACE within the constituent organizations. The research committee will promote interdisciplinary research projects by soliciting project proposals and determining which projects best fit the organization's mission. The publications committee will provide oversight for ACE's current publications and prioritize the preparation of future publications. ADMSEP will have a representative on each of these committees.

Organizational Issues

During the past year ACE created bylaws to clarify various internal issues including membership qualifications, terms of officers, and finance-related issues. In addition, ACE proposed an increase in its annual dues to $1,000.00 per organization. The ADMSEP Council has voted in favor of the dues increase.

ACE is a valuable resource to ADMSEP members in forming linkages with educators in other specialties. Please contact one of ADMSEP's representatives to ACE if you would like to discuss ACE's objectives or have interdisciplinary projects you think might be of interest to ACE.

Video (Cont. from page 17)

consult textbooks, on-line references, and colleagues. One student even cited the wise counsel of a fellow student in his write-up!

Our deliberations prior to creating this model included the realization that we did not need – as clerkship directors – to observe students performing *in vivo* interviews. We base our grades for the rotation on a combination of the interview write-up, a shelf exam, and observations from their faculty preceptors after the four-week clerkship. Preceptors' comments invariably reference how students act with patients. We realized that the skills we wished the interview to measure summatively at the clerkship level related to formulation and treatment planning – "managing" the case in RIME (record/interpret/manage/expert) parlance. Thus we came up with the videotape idea. We evaluate each write up on a 10-point checklist, with scoring heavily weighted toward formulation, treatment plan, thoroughness, and safety concerns. Students appear to be satisfied with the fairness of this standardized approach, and we no longer have to contend with the technical challenge of coordinating schedules of faculty, students, and patients for what gave us a substandard result. Along the way, we have gained great experience in managing the challenges of producing a technically acceptable and educationally useful video.

The Use of Team Based Learning in a Final Examination

Annual Meeting 2006 Workshop Report

by Douglas Hughes, M.D.; Gail March, Ph.D.; Boston University School of Medicine

The Psychiatry Course for second-year medical school students at Boston University School of Medicine employed team based learning and used a final examination that was partially team based. We believe that this is the first use of a team based approach to final examinations in medical school.

The final exam was designed as a team exercise for several reasons. One was to reduce test or performance anxiety. This was a result of experience with the fall 2005 Human Behavior in Medicine Final Exam for first-year medical students. The students requested that the first ten questions of the final could be a team experience. Before the exam, the students were nervous and agitated by the thought of a final; but after the initial team activity, the students seemed to relax and were able to proceed forward with the individual portion of the exam. With this success, the instructor felt that the second year students who were anxiously preparing for the USMLE Step 1 Exam would benefit from a team final exam for all the questions. The second reason for the Team Final Exam was to extend the team performance skills into the final exam. In the Psychiatry-2 class, the instructor felt that the students were very skeptical about the importance of teams. The grade weights for the course still favored the individual as individual quizzes were worth 40% of the grade and team quizzes were worth 10%. The Student Advisory Committee strongly recommended that stressing the team effort on the Final Exam would emphasize the importance of teams. Once the instructor announced the Team Final Exam, the team discussions become more animated and the individual quiz grades improved.

Formation of the Teams: The second year medical school students were assigned to 17 teams grouped alphabetically according to their last names. Each team selects a facilitator to assist in collecting student answer sheets into the team folder.

The Team Exam: After five class sessions of Psychiatry-2, the students had a final exam in the same lecture hall as the lectures, individual and group quizzes, and their team exercises. The teams were located in specific areas of the tiered, fixed-seat lecture hall. During the closed-book exam, the teams could not communicate and share their answers with other teams. The exam had 20 multiple choice questions, 10 based on factual information from the lectures, syllabus and textbook, and 10 were clinical applications of the course material. Individual team members were told that they can record any answer they want whether it is theirs or from the team consensus.

<u>*Conclusions*</u>

The Team Final Exam reinforced the importance of team performance skills to students who were previously individually motivated to succeed throughout their education. The Final Team Exam grades were between 96% and 74% with a mean of 86% and standard deviation of 4.48. This class mean score was higher then the previous three years for this course. Although the medical students rated their exam and quizzes more critically then in previous years when TBL was not used, the class improved in their ability to acquire knowledge as shown by the final exam results.

The final exam was designed as a team exercise for several reasons.

For all your educational needs, go to www.admsep.org!

Scenes from Annapolis

Christopher Pelic, M.D. and Darlene Shaw, Ph.D.

Frederick Sierles, M.D.

Lowell Tong, M.D.

Amy Brodkey, M.D.; John Racy, M.D.; Myrl Manley, M.D.

Renate Rosenthal, Ph.D. and David Dunstone, M.D.

Nutan Vaidya, M.D.

Judith Lewis, M.D.

Ruth Levine, M.D. and Ruth Lamdan, M.D.

Brenda Roman, M.D.; Martin Leamon, M.D.; Michael Burke, M.D., Ph.D.

Steven Schlozman, M.D.

John Spollen, M.D.

Scott Waterman, M.D.

Perspective: Personal Responsibility and Physician Responsibility — West Virginia's Medicaid Plan

by Gene Bishop, M.D., Pennsylvania Hospital; Amy C. Brodkey, M.D.; University of Pennsylvania

As part of a trend emphasizing "personal responsibility" for health status, the plan has implications far beyond its effects ...

Mary Jones is your 53-year-old patient with diabetes and obesity. These conditions developed after she began to take an atypical antipsychotic drug for schizophrenia. Jones signed a treatment contract stating that she will keep all her medical appointments, attend diabetes education classes, and lose weight. She attended one class but became paranoid and left halfway through it, and she has gained 5 lb. You gave her educational materials to read, but you have discovered that she doesn't understand them. She has just missed her second consecutive appointment with you; last time, she didn't have bus fare. Neither her glycated hemoglobin nor her blood lipids are at target levels. You are now legally obligated to report this information to your state Medicaid agency, and Jones may lose her mental health benefits and some of her prescription coverage as a result.

This scenario is no Orwellian fantasy: West Virginia is planning to ask residents who are eligible for Medicaid because of low income to sign documents outlining "member responsibilities and rights." By signing these documents, they agree, among other things, to take their medications, keep their appointments, and avoid unnecessary emergency room visits. Patients who don't uphold their end of the bargain will have some benefits reduced or eliminated. In the first year, the state will track four indicators: whether patients participate in health care screenings and adhere to health improvement programs as directed by their health care providers, whether they keep their medical appointments, and whether they take their medications.[1] The plan does not specify standards for determining successful adherence to these criteria.

As part of a trend emphasizing "personal responsibility" for health status, the plan has implications far beyond its effects on needy West Virginians. This strategy will have important consequences for practicing physicians. Its speedy approval by the Centers for Medicare and Medicaid Services (CMS) demonstrates the agency's enthusiasm for such an approach. Under the Deficit Reduction Act of 2005, Idaho and Kentucky have submitted plans with similar philosophies. When the West Virginia plan was approved, CMS administrator Mark McClellan stated, "Medicaid enrollees in West Virginia will now become part of an emerging trend in health care that empowers patients to make educated, consumer-driven decisions related to their own treatment."[2]

Personal responsibility is a laudable goal with intuitive appeal and an established place in the lexicon of American culture and values, but used in this context, it is at odds with current models of the doctor-patient relationship. Physicians and patients negotiate treatment, taking into account the dynamic tension between desirable behaviors and achievable ones. Failure leads to renegotiation. Reasons for missed appointments are many - sick children, depression, business meetings that run late, and just plain forgetfulness. An exploration of the reason may improve future behavior, whereas humiliation and punishment may result in decreased adherence to treatment. Treatment negotiations are both individual and ever changing. The West Virginia plan is a blunt instrument that takes the therapeutic contract outside of the medical encounter, and there is a paucity of evidence to support this approach to improving health related behaviors.

The plan also raises fundamental issues of fairness. First, it places responsibility on patients for factors that may be out of their control. Persons who depend on public transportation or transportation provided by Medicaid can attest to the unreliability of these systems. Primary care offices have limited evening and weekend hours, forcing patients to visit emergency rooms.

NEJM (Cont. on page 23)

NEJM (Cont. from page 22)

And at least 75 percent of the beneficiaries who may be affected are children, who will have to depend on their parents or guardians for adherence to the rules.

Second, the plan holds Medicaid patients to a standard of behavior that is not required of other patients. An editorial in a West Virginia newspaper said, "All the state is asking is that patients take their medications, follow their doctors' orders, and show up on time for their appointments."[3] As physicians, we know how rare such behavior is. Even under the ideal circumstances of a clinical trial, the rate of compliance with medication ranges from 43 percent to 78 percent, and there is no consensual standard for what constitutes adequate adherence.[4] Privately insured patients may reject their physicians' advice without losing their health benefits - and they may have the confidence to express that disagreement overtly, leading to renegotiation - whereas poorer and often less well-educated Medicaid patients may simply choose silently not to comply.

There are well-understood reasons why Medicaid beneficiaries have poorer health indicators and higher rates of noncompliance than many other patients. Poverty results in reduced access to child care, transportation, healthful foods, and exercise facilities, as well as lower literacy, more life crises, and higher rates of untreated psychiatric illnesses. People with fewer experiences of success are less likely than others to believe that they can change their health status. This plan asks the most vulnerable population to do more with less ability to accomplish what we ask of them.

The plan makes explicit the belief that persons must behave according to set norms in order to deserve health care and health insurance. What physician has not sighed in frustration over the patient who continues to smoke after angioplasty? Yet while promoting healthful behaviors, we continue to offer care. The West Virginia plan risks the application of an actuarial value to every behavior. Is riding a bicycle to work good for your health because of exercise or bad for your health because of the risk of accidents? Is it irresponsible to refuse to take a medication if it makes you ill and you cannot reach your physician to ask for advice?

The plan asks physicians to violate all three fundamental principles enumerated in the Physician Charter on Medical Professionalism: the primacy of patient welfare, the principle of patient autonomy, and the principle of social justice.[5] It raises potential conflicts by placing physicians in a reporting situation in which the public health is not at issue, possibly asking them to harm their patients or their relationships with patients. As physicians become agents of the state, poor patients' distrust of the medical system can only increase. Although the plan's member agreement mentions the patient's right "to decide things about my health care and the health care of my children," it does not recognize that noncompliance can be an expression of disagreement with the physician. The plan promotes discrimination not only on the basis of socioeconomic status, but also on the basis of diagnosis: surely, people with mental illnesses who have trouble managing activities of daily living such as keeping appointments will be discriminated against under a plan that rescinds their mental health benefits because of such lapses.

It is unclear what steps will be taken if physicians do not comply with reporting requirements. The four indicators require data collection from physicians' offices. This requirement for additional documentation is an unfunded administrative mandate that could actually decrease physician participation in the Medicaid program.

In the face of both increasing health care costs and numbers of uninsured persons, states will continue to seek ways to control Medicaid costs. Clinicians often abstain from policy discussions until it is too late for them to have an impact. But who is better able to provide evidence of the

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The plan makes explicit the belief that persons must behave according to set norms in order to deserve health care and health insurance.

ADMSEP Listserv: A Year in Review

by Lisa Fore Arcand, Ed.D.; Greg Briscoe, M.D.; Eastern Virginia Medical School

The ADMSEP listserv provides a means for group discussion regarding issues in medical student education in psychiatry. All ADMSEP members may participate. If you are a member and not getting listserv email messages, please contact Dr Briscoe (briscogw@evms.edu). The complete unabridged version of the listserv archives can be obtained from the "Members Only" section of ADMSEP's website (www.admsep.org).

<u>*Recent changes to listserv usage*</u>

When replying to a listserv message, both the listserv address AND the sender's address will be listed in the "TO" field. If your goal is to respond only to the sender (and not the entire listserv), then <u>*delete the listserv address*</u>, leaving only your intended individual recipient. All members should be receiving a copy of their own "posts," so you know your message "went out" properly.

<u>*Resources*</u>

- Clinical Learning Objectives for Psychiatry Education of Medical Students. The draft of this ADMSEP document is posted on the "Members Only" section of our website, as is the Clinical Curriculum Resource Guide for Psychiatric Education of Medical Students. Both are for ADMSEP member review and feedback.
- Team based learning experiences. A general discussion of its widespread use led by Dr. Levine.
- Virtual Patient Video Bank. See LCME Taskforce Update.
- AIDS/HIV training offered through APA office of HIV Psychiatry. APA provides a qualified faculty member to come to your site and APA pays the travel costs and provides the resources. Contact Dr. Deborah Hales (DHales@psych.org) for more information.
- Discussion of ADMSEP organizing something for students akin to the APA's 'Mind Games resident competition.'
- Dr. Martin Leamon gathered input from ADMSEP members through the listserv and participated in an ACE workshop entitled 'Implementing Longitudinal Themes in Clinical Medical Education.' The presentation can be see at http://fmdrl.org/809

<u>*Announcements*</u>

- Solicitation of nominations for ADMSEP Junior Faculty Teaching Award
- The Alliance for Clinical Education (ACE) is soliciting members of its constituent organizations (including ADMSEP) for three committees-communication, publications and research. These are real career building opportunities for faculty interested in multi-site, multidisciplinary research or in publishing in educational journals. People who have questions can contact Gary Beck gbeck@unmc.edu.
- At the AAMC annual meeting, the LCME held a public hearing on three new standards and the revision of several existing standards. Those with the most immediate impact would appear to be the revisions to ED-1 and ED-2. The specifics of the new standards can be found at the LCME web site at the following link: http://www.lcme.org/hearing.htm.
- PSYCHSIGN conference and availability of medical student scholarships to attend the APA Annual Meeting in San Diego.
- *Academic Psychiatry* Call for Papers (see *Academic Psychiatry* Update)
- Second Annual AAP Medical Student Essay Contest
- APS is offering financial support to help start psychosomatic medicine interest groups at medical schools
- The APA/SAMHSA Minority Fellowship Program -Travel Scholarship for Minority Medical Students

<u>*General and Ongoing Discussions*</u>

- Integrated neuroscience (neuro/psych) clerkships, and how neurosurgery might fit in.
- Developing a new position of vice chair of education and the time allocated to such a position.

Listserv (Cont. on page 25)

All members should be receiving a copy of their own "posts," so you know your message "went out" properly.

Academic Psychiatry Update

Editor-in-Chief: Laura Weiss Roberts, M.D., M.A.
Associate Editors: Eugene Beresin, M.D.; John Coverdale, M.D., FRANZCP; Alan Louie, M.D.
Sr. Editorial Assistant: Ann Tennier, B.S.
Assistant to the Editors: Julie Ann Vass

We are pleased again to share an update on *Academic Psychiatry* with our colleagues at the Association of Directors of Medical Student Education in Psychiatry. We have enjoyed a wonderful year of growth, both as a staff and as a journal. Ann Tennier has joined us as senior editorial assistant, and we are thrilled to have her exceptional talents and enthusiasm on our team.

New Advisory Board

In keeping with our goal to enhance the international status of the journal, we have appointed an International Advisory Board. Richard Balon, M.D., has kindly agreed to serve as chairman. This board will strategize on how best to launch our international initiative. In addition, its members will be called upon to assist the editors in better supporting international authors who submit their work to our journal. The inaugural members of this board are listed below.

- Richard Balon, M.D., *Chairman*, Detroit, MI
- Mary Ann Cohen, M.D., New York, NY
- Pedro Delgado, M.D., San Antonio, TX
- Waguih William IsHak, M.D., Los Angeles, CA
- Russell Lim, M.D., Sacramento, CA
- Jed Magen, D.O., M.S., East Lansing, MI
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- Michelle Riba, M.D., Ann Arbor, MI
- Sandra B. Sexson, M.D., Augusta, GA
- Frederick S. Sierles, M.D., Chicago, IL
- Thomas W. Uhde, M.D., Hershey, PA
- Richard C. Veith, M.D., Seattle, WA

2007 Editorial Board

We were very encouraged to receive so many wonderful responses to our call for candidates for the *Academic Psychiatry* editorial board. Unfortunately, we are unable to take all the (highly meritorious!) candidates who expressed interest, and this year we had only four openings available. We are appreciative of all the helpful comments and guidance we receive from these colleagues, and we extend a hearty welcome to our newest members. Our 2007 Editorial Board members are as follows:

- Nutan Atre-Vaidya, MD, Chicago, IL
- John Barnhill, MD, New York, NY

Acad Psych (Cont. on page 26)

This board will strategize on how best to launch our international initiative.

Listserv (Cont. from page 24)

- Suggestions for developing a metric to account for the cost of faculty teaching time. Searching for an existing metric to identify fair distribution of resources from the medical school/ institution.
- Data on length of clerkship, percent of medical students entering psychiatry, and the relationship between the clerkship length and the number of students entering the field (2 studies show no relationship). Detailed information at: http://services.aamc.org/currdir/section2/courses.cfm.
- Data re: the national percentage of medical students entering psychiatry (found at http://www.nrmp.org/) and comparison of the median income for psychiatrists in the US compared to other specialties
- Data on schools with neurology clerkships, including length and if required
- Employment of fourth year medical students in the Psych ER as 'moonlighters,' including ethical and legal concerns
- SHELF test
- Frequency of faculty lectures in the clerkship
- Evaluation of clerkship: how do your students evaluate the clerkship experience?
- ED-25: "Supervision of student learning experiences must be provided throughout required clerkships by members of the medical school's faculty."
- Grading of students who fail the shelf exam, retake and pass it

ADMSEP Newsletter

Published by the Association of Directors of Medical Student Education in Psychiatry. ADMSEP is a non-profit organization of medical educators working to improve the teaching of psychiatry and the behavioral sciences to medical students.

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Acad Psych (Cont. from page 25)

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- Daniel Wilson, MD, Omaha, NE
- Daniel Winstead, MD, New Orleans, LA
- Rachel Yudkowsky, MD, Chicago, IL
- Sidney Zisook, MD, LaJolla, CA

Submissions Continue to Increase

In 2006 *Academic Psychiatry* received a total of 181 new manuscript submissions. In 2005 we had received 138 new manuscripts. For 2007 our goal is to receive 200 new manuscripts.

As the number of submissions have increased, we have increased our efforts to have new manuscripts conform to the author guidelines set forth on our website, http://ap.psychiatryonline.org/. We have noticed authors not submitting structured abstracts, not formatting references, not numbering pages, and not double spacing, for example. These minor things can cause major headaches for our peer reviewers, so we ask authors to ensure that their manuscripts conform to our guidelines prior to manuscripts being sent out for peer review. In addition, it is very important to ensure manuscripts are blinded.

If you have any questions about our guidelines, please feel free to query Ann Tennier, Senior Editorial Assistant, at 414-456-8965 or atennier@mcw.edu.

Upgrading to ScholarOne's Manuscript Central version 3.5

This spring we are scheduled to upgrade to Manuscript Central version 3.5, which has newer added benefits that will enhance our ability to process manuscripts. Ann Tennier and Julie Ann Vass are receiving advanced training from ScholarOne. One change to note with the new system: we will no longer be able to send password information via e-mail. If you lose your password, the system will send you a temporary password to use to access the site and reset your password.

Upcoming Special Features

The May/June 2007 edition of *Academic Psychiatry* will feature perspective articles reflecting on Hurricane Katrina. The July/August edition will feature articles focused on various aspects of psychiatric residency and the position of chief resident. The September/October edition will feature articles on encountering patient suicide. The November/December edition will feature articles on the personal health of medical students, residents, and practicing physicians. In the works for 2008 are special editions on innovation and inspiration in child and adolescent psychiatric education, cross-cultural issues in psychiatric education, as well as an issue sponsored by the Charles E. Kubly Foundation on reaching out to families and overcoming stigma: educating medical students, resident psychiatrists, and psychiatric practitioners to work more effectively with families and to deal with the impact of stigma on families and patients as a barrier to care.

Serina Deen, a student at Mount Sinai School of Medicine, won the 2006 Association for Academic Psychiatry's "On Becoming a Doctor" essay contest and presented her essay, "Worlds Colliding," at the AAP annual meeting. Watch for publication of her essay in one of the remaining 2007 issues of *Academic Psychiatry*.

CALL FOR PAPERS

Academic Collaboration in Mental Health: VA and Medical School Programs

Deadline: *August 1, 2007*

VAs are of growing significance in the care of people across the United States and have developed progressively more sophisticated and compassionate programs related to mental health and co-morbidities. In addition, they are vital to the development and sustenance of academic psychiatry/mental health programs, now and even more so in the future. Psychiatry training programs have found an important home and partner in the VA. This special issue seeks to explore positive collaborations between academic and VA-based training activities and to envision new approaches for the future.

In keeping with the overall mission of *Academic Psychiatry*, papers should be evidence-based, drawing upon data and outcome measures, and/or involve multiple sites. Comprehensive reviews and pilot projects are also welcome. All submissions will be peer reviewed in keeping with the Journal's policy. Submissions are due by August 1, 2007.

In addition, we continue to seek manuscripts for our regularly featured Down to Earth, Educational Resource, and Media columns.

Priority will be given to empirical manuscripts.
When submitting manuscripts, please use our online submission system at:

http://appi.manuscriptcentral.com

For more information, please visit our website at ap.psychiatryonline.org.

Please direct questions on the submission process to:

Ms. Ann Tennier
Senior Editorial Assistant
414-456-8965
atennier@mcw.edu.

NEJM (Cont. from page 23)

misguided nature of such plans? What physician would recommend that a person with diabetes who misses appointments lose the ability to attend diabetes education classes? What physician wants to be faced with a child with asthma whose benefits have been reduced to four prescriptions per month when she gets pneumonia and an antibiotic makes five? In an era of "personal responsibility," physicians must assume the responsibility of speaking out about how such policies affect their practices and their patients' health.

An interview with Dr. Bishop and Nancy Atkins, commissioner of the Bureau for Medical Services, West Virginia Department of Health and Human Resources, can be heard atwww.nejm.org.

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