Mitch Cohen was appointed to the NBME Step II Committee and the Psychiatry Item Development Team but he won’t tell… He was also a recent recipient of the Dean’s Award for Excellence and Service to Education at Jefferson Medical College, which states, “Your presence has enriched the lives of students and served as an example for all.” Mitch recently passed the accreditation examination in Pain Medicine.

Maybe not exactly what we had in mind, but…

Mitch Cohen also felt compelled to confess that his sons consider him a failure at snowboarding.

Julia Frank reported she has Karl Cassell’s recorded message on her answering machine (ask her about it).

Finally, well-known liberals Irv Hasenfeld, Fred Sierles and Amy Brodkey were honored by requests to become members of the Republican Party Senatorial Inner Circle, an “exclusive group comprised of strong, conservative, common-sense leadership.” Former members include both President Bushes, VP Dick Cheney, Norman Scharzkopf, and former British Prime Minister Margaret Thatcher! The recipients wonder whether this reflects the intelligence capabilities of the current administration…

ADMSEP Council

Front Row: Tony Rostain, Jon Polan, Amy Brodkey, Tamara Gay
Back Row: Nathan Wadga, Ted Eikmann, Myrl Manley, Janis Cutler, Carl Greiner, Darlene Shue

Faces from the 2002 ADMSEP meeting

2003 ADMSEP Annual Meeting

The 2003 ADMSEP meeting will be held from June 12 – 14 at the Jackson Lake Lodge in Jackson Hole, Wyoming. The setting, in Grand Teton National Park overlooking Jackson Lake with the Rocky Mountains as a backdrop, is spectacular, and the resort offers many recreational activities, including golf, tennis, hiking, boating, fishing, and horseback riding. The program will be educational and stimulating. Plenary presentations will focus on a range of topics, including assessment of students and approaches to teaching psychotherapy to medical students. Hands-on workshops include making the best use of new technology and pointers from the editor of Academic Psychiatry on writing for publication. Registration materials for the meeting were mailed to ADMSEP members in late February. If you did not receive the mailing please contact me at cutlerj@pi.cpmc.columbia.edu or (212) 543-5552. I look forward to seeing you in Jackson Hole!

Janis Cutler, M.D.

ADMSEP 29th Annual Meeting Preliminary Program

June 12 – 14, 2003

Jackson Lake Lodge • Jackson Lake, Wyoming

Thursday, June 12

2:00 – 6:00 p.m. Registration
2:00 – 5:00 p.m. Council Meeting
6:00 – 7:00 p.m. Cocktails
7:00 – 10:00 p.m. Dinner

Friday, June 13

7:00 – 11:00 a.m. Registration
7:00 – 7:45 a.m. Continental Breakfast
7:45 – 8:00 a.m. Welcome Jonathan Polan, M.D.
8:00 – 9:00 a.m. Special Address
• Contributing to the Psychiatric Education Literature: A Down-to-earth Look at the Process of Getting Published
  Laura Weiss Roberts, M.D.

9:00 – 10:15 a.m. Workshops
• Clerkships: Going Paperless
  Aurora J. Bennett, M.D., Lowell Tong, M.D., Kemal Sagduyu, M.D.
• (Down-to-earth) Writers’ Workshop: Writing Manuscripts for Publication
  Laura Weiss Roberts, M.D., John Coverdale, M.D., Alan Louie, M.D.
• Using Guided Role Plays to Prepare Students for Standardized Patient Experiences
  Julia Frank, M.D.
• Task Forces
  To Be Announced

Friday, June 13

10:15 – 10:45 a.m. Posters
• Pre-clinical Medical School Education: The Patient Perspective
  Lois E. E. Krahn, M.D.
• Psychiatrists Compared to Other Specialists on Performance Before, During and After Medical School: Over Three Decades of Data from the Jefferson Longitudinal Study
  Frederick S. Sierles, M.D., Michael J. Vergare, M.D., Mohammadreza Hojjat, M.D., Joseph S. Gonnella, M.D.
• Professional Development Groups for Medical Students
  Julia Frank, M.D.
• Dimensions of First Year Medical Student Religiosity and Correlation with Attitude Towards Psychiatry and the Behavioral Sciences
  W. Grady Carter, M.D., Larry E. Robinson, M.D., Yashica Marshall, M.D.
• Patient Acceptance and Comfort Level Regarding Medical Students in Psychiatric Outpatient Clinic
  Tarak Nasravad, M.D., Kristi O’Dell, M.D., Bidik Smith, M.D.
• A Computerized Self-assessment Module for Psychiatry Medical Students
  Simon Kang, M.D., Marin I. Lapid, M.D., Lois E. E. Krahn, M.D.
• Supervising the Supervisors: A Group for Faculty and Resident Development in the Education of Medical Students
  Ruth M. Lamdan, M.D.

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Association of Directors of Medical Student Education in Psychiatry

c/o Amy Brodkey, M.D.
Friends Hospital
Department of Psychiatry
4641 Roosevelt Blvd.
Philadelphia, PA 19124


The above two books are invaluable for teachers of psychiatry and behavioral science. Since they are both geared to primary care physicians, psychiatric educators garner information, which is basic in nature for medical students, and provide evidence to students that psychiatry is important to all fields of medicine. The medical student will also find that these are important resources for residency and practice.

The foreword to The MGH Guide to Psychiatry in Primary Care points out that "fifty percent of visits to primary care offices are for psychiatric rather than medical problems." The 78 chapters are organized in an outline format to facilitate ease of use in a practice setting. Chapters focus on symptom presentation such as: “Approach to the Patient with Depression,” “Approach to the Obese Patient,” and even “Approach to the Patient with Hallucinations and Delusions.” In the "Approach to the Patient with Depression," the authors start with definitions & epidemiology, progress to diagnosis and evaluation, treatments including medication, psychotherapy, ECT, and light therapy. There are also sections on misconceptions, compliance, changing and maintenance of therapy. This chapter concludes with a section on when to refer to a psychiatrist. The authors discuss all the symptoms or disorders in a similarly highly organized and practical manner.

Many of the other chapters deal with social problems (homelessness, celebrity patients, domestic violence), psychological issues (grief, addictive disorders including smoking, stress of medical practice), and even overviews on psychotherapy and cognitive behavioral therapy. There are also chapters on screening tests for psychiatric disorders, “quick diagnostic probes at the bedside,” and psychiatric issues in relation to management care. The educator likewise finds wealth of information in an easily organized manner. The outline format helps to distinguish the most important information to impart to the student in the most time-efficient manner. I used the chapters on sexual dysfunction and impotence when lecturing on human sexuality. I also used the chapters on compliance, smoking cessation, weight loss, and healthier living in other lectures to freshmen behavioral science students. The chapters on psychopharmaceuticals including disorder personality disorders and the psychotherapies would provide a brief overview for students to use in the clinical years. This is probably my favorite resource, and in reviewing this book, I would recommend it to psychiatric residents!

Behavioral Medicine in Primary Care: A Practical Guide includes 35 chapters divided into 5 sections: The Doctor & Patient, Working with Specific Populations, Health-Related Behavior, Mental & Behavioral Disorders, and Special Topics. This book also includes information about empathy, physician well being, and difficult patients. The chapter on “Sexuality and Professionalism” discusses a topic that may not be commonly discussed among non-psychiatry residents, but I think it is important to discuss sexuality regarding peers, patients, boundary issues, and sexual harassment. There is even a discussion on shame and humiliation. The chapters on special populations and health-related behaviors are also an excellent resource for teachers. I was not familiar with the concept of the stages of behavioral change until I started teaching the Behavioral Science course and read that this was a topic covered on Step I of the NBME! Like many of you, I have found resources and enough information to teach the classes in a short amount of time. This book also includes case illustrations that can be used to illustrate concepts. The chapter, “Mistakes in Medical Practice,” discusses individual and institutional responses to physician mistakes. There are suggestions for dealing with mistakes of other physicians. Though I did consider this book to be an excellent resource for psychiatric and even primary care educators, I do not think that I would suggest students buy this volume. I realize that many of you may not buy books on psychiatry after completing medical school, so I would recommend the first book as one that would provide a valuable reference in the future. Behavioral Medicine in Primary Care is more “icing on top of the cake.” Neither book focused a great deal on DSM criteria, so they will not meet the needs of the educator who wants the medical students to memorize criteria. The latter book has been revised with a new edition this year, however, I did not have a copy of the latest edition to review. While the MGH Guide is several years old, the basic information is still valid. I certainly hope that it will be updated in a timely manner. Both books are probably available on interlibrary loan if the educator would prefer to borrow instead of buying.
ADMSE News (cont.)

David Schilling is the proud (and well-deserved) recipient of the APA’s Nancy Roese award for his contributions to the education of medical students at Loyola University of Chicago.

Michael Burke received the 2002 Resident’s Recognition Award for Outstanding Teacher from the Department of Psychiatry, and the 2001 FT. Kemper Fellowship for Teaching Excellence from the Office of the Chancellor, at the University of Kansas. He will also be honored with election to Distinguished Fellow status at the 2003 APA meeting.

ADMSE News

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Psychiatry Recruitment: Cautious Good News (and Thanks), Yet Again

Frederick S. Sierles, M.D.
Chair, Psychiatry Workforce Coalition

For the fifth straight year, the NRMP Match results indicate a considerable increase in the number of U.S. medical graduates matching into psychiatry residencies. Specifically, for 2003, 597 seniors matched into psychiatry, compared to 564 in 2002, 524 in 2001, 481 in 2000, 462 in 1999 and 428 in 1998 (1). Since the number of U.S. graduates matching into psychiatry is the indicator of psychiatry’s desirability, which to some extent reflects the quality of psychiatrists’ professional lives, this is great news. To view the Match data for the specialties for the last five years, check out the website of the Association of American Medical Colleges www.aamc.org.

It is hard to predict whether the upward trend will continue during the next five years, and what I’m going to say is somewhat impressionistic. To me, the single best short term indicator of future recruitment has been the availability of good jobs for graduating residents. If the good jobs still seem to be there, in terms of good income (2), the opportunity to spend considerable time with patients (3), and the chance to practice an intriguing specialty. The availability of jobs for psychiatrists is, in turn, an indicator of the economic demand — the willingness of the system to pay — for them.

Interestingly, economic demand and clinical-medical need are not necessarily the same. During the next decade, the population will continue to increase, and there will be larger total numbers of persons with psychiatric disorders, but there is no indication as yet that the number of U.S. medical school graduates, and the number of residency positions in psychiatry, will change during the next decade. If the number of U.S. medical school graduates increases, it is possible that even the larger numbers of graduates match into psychiatry, the proportion of U.S. graduates choosing psychiatry will not increase.

Also uncertain is the extent to which the National Generalist Initiative, which has been so closely tied to managed care, will continue to lose ground (4). Simultaneous with the increase in U.S. graduates matching into psychiatry during the past five years has been a dramatic decrease in U.S. graduates choosing family medicine, and it is highly likely that there is a relationship between the two trends. Conceivably during the next decade, there could be a national specialist initiative. As an example, for the past five years, 60% of graduating seniors at the University of Michigan (an institution with an excellent school of medicine and an excellent medical school), and former dean at the Medical College of Wisconsin, has reasoned that the greatest economic demand has been for specialists, not generalists. In a specialist-oriented medical environment, probably psychiatry will recruit well.

Could managed care make a comeback, and with it, less fraught circumstances for psychiatric recruitment? President Bush has been “advocating for pervasive” Medicare (i.e., more care in a for-profit HMO-oriented system), and we know how persistent he can be. I doubt if a revitalized managed care-oriented system can see the Match data for the New Mexico psychologist-prescribing initiative? When the U.S. medical attempted it, it was unsuccessful and the program closed. Even if eventually, a limited number of psychologists can prescribe, the economic demand and medical need for psychiatrists will remain strong, because psychiatrists will remain better-qualified to care for most of the patients.

I’ve just completed my three year stint as Chair of the Workforce Coalition. Linda Andrews, M.D., from Baylor, will take my place. But as long as I can write, I will continue to study, and to prognosticate (or is it pontificate) about recruitment. And I’d like to thank Drs. Sidney Weisman, Deborah Hales, Francis Lu, Nyapat Rao, Ken Thompson, Carl Greiner and Nancy Delanoche for their wise and stalwart involvement in the recruitment scene.

And more important, thanks to you all — ADMSEP’s members — for your devotion to teaching and advising medical students which, as you all know, is crucial for medical student career choice of psychiatry (6).

Medicai Student Education in Psychiatry and Neurology
Curriculum reorganization in the clinical years has involved the pairing of the Integration of disciplines at many schools. Poorly planned mergers however, undermine the effectiveness of the separate components. The Association of Directors of Medical Student Education in Psychiatry (ADMSEP) and the American Academy of Neurology Undergraduate Education Subcommittee (AAN-UES) issue the following statement concerning psychiatry and neurology collaboration as:
• Psychiatris and neurologic disorders are common in the general population. Both psychiatry and neurology should be required to clinical clerkships in all U.S. medical schools. Time for a separate clerkship in one discipline should not be taken from an existing clerkship in the other.
• Some neuropsychiatric disorders such as cognitive disorders, somatoform disorders, and psychiatric symptoms secondary to an underlying neurological condition, are seen by both neurologists and psychiatrists. These disorders can be taught to medical students in joint interdisciplinary conferences and may involve the collaboration of the clerkship directors of psychiatry and neurology.
• The method of collaboration must be decided by the individual medical school in order to find a model best suited to its resources and curriculum.

The ADMSEP Web Page
Greg Briscoe, M.D.
ADMSEP Webmaster
In the past year a few features have been added to the ADMSEP Web Page. For example,
• Can’t find that listserv message that you were looking for? The past ADMSEP listserv messages are now available for online browsing and searching. You may view the past 5 years of listserv discussions online. You may also do key word/phrase searches of the site (www.admsep.org). This includes the upcoming 2003 National ADMSEP Meeting Registration form, Program Agenda, Jackson Hole Resort (Jackson Lake Lodge) details, Membership Renewal Form (all at www.admsep.org/meetings.html).
• The article “Clerkship Directors’ Perceptions of the Effects of Managed Care on Medical Students’ Education” (Academic Medicine, Nov 2002; 77:1112-1120) by Brodkey and Sierles is available for reading (see pw protected area link above).
• Our new ‘Clerkship Directors’ Perceptions of the Effects of Managed Care on Medical Students’ Education” (Academic Medicine, 26:1.2002). All of ACE’s constituent organizations’ executive councils have endorsed this paper which, like the ADMSEP version, calls for adequate supervision of teaching and an administrative, clinical and educational atmosphere that encourages an active and collegial relationship between faculty and residents. We welcome new and/or updated material. If you have something you would like to share with fellow ACE members, please refer to our resource page (http://www.acemembers.org). We need you to share your ideas, not just us.

ACE Update
Amy Brodkey, M.D.
ACE is the acronym for the Alliance for Clinical Education. ACE is composed of representatives from seven sister organizations of medical student educators directing the core clinical clerkships: Academic Poster Group of Organizations, ACE of the Association of Chairs of Internal Medicine (ACIM), (internal medicine), CNCD (neurology), COMSEP (pediatrics), and SFPM (family medicine). ACE’s mission is to foster collaboration among the sister organizations to improve in the clinical education of medical students. ADMSEP’s delegates to ACE are Darlene Shaw, Fred Sierles, newly-appointed Julia Frank, and myself, the current Chair of ACE at the AAMC meeting, teleconference four times yearly, and work on various projects together via email and telephone.

This has again been a very busy year for ACE. Our collaborative research on clerkship directors’ perceptions of the effects of managed care on medical students’ education was published in the November issue of Academic Medicine and received a fair amount of publicity. 500 clerkship directors from six specialties (including many of you) participated in this survey which shows that, uniformly across specialties, medical student educators perceive that managed care is negatively impacting the educational environment. We are hopeful that the publication of this paper will help to substantiate problem of diminished resources for medical student education.

Another ACE project which has continued to develop is the project “Women’s Health Care Competencies for Medical Students.” We published in the website (www.APGO.org). Both behavioral science and psychiatry objectives are well represented in this document, which is being circulated to the USMLE, AAMC, and LCME as well as to medical school deans. The project is now in its implementation phase, in which various schools are developing tools and modules for this project, which will be in place at the same time as the ADMSEP meeting in June. However, psychiatry will be capably represented by Dr. Nada Stotland.

A paper entitled “Expectations of and for Clerkship Directors,” collaboratively authored by an ACE committee consisting of a representative of each of its constituent organizations, has been accepted for publication by Teaching and Learning in Medicine (TLM). This is due to be in print this summer or fall. This paper defines the role of CDI across disciplines and is modeled on similar statements by CDIM and the ADMSEP-sponsored paper, “Standards for Psychiatry Teaching: Clerkship Directors” (Academic Psychiatry 26;1.2002). All of ACE’s constituent organizations’ executive councils have endorsed this piece which, like the ADMSEP version, calls for adequate supervision of teaching and an administrative, clinical and educational atmosphere that encourages an active and collegial relationship between faculty and residents. If you have something you would like to share with fellow ACE members, please refer to our resource page (http://www.acemembers.org). We need you to share your ideas, not just us.
The The Development of a Joint Position Statement

Myer Malaney, M.D.

The accompanying statement on joint medical student teaching in psychiatry and neurology has been passed by the ADMSEP council and will be put to a vote by the general membership at the next annual meeting in Jackson, Wyoming.

The statement is a collaborative effort between ADMSEP, for which I have served as the representative, and the undergraduate medical education subcommittee of the American Academy of Neurology (AAN), the group comparable to the American Psychiatric Association. It resulted from a series of meetings over the last year and a half, and it has now been approved by the board of the AAN.

I was impressed in my meetings with the neurologists at the extent to which our concerns and concerns are shared. While the discussions were full, interesting and at times impassioned, there was in fact relatively little disagreement on the main points of the final statement. We strongly favored the retention of separate clerkships in all cases where pediatrics and psychiatry and particularly opposed mergers forced against the wishes and experience of individual departments. While we favored increasing the collaboration between psychiatry and neurology teaching, we believed that the nature and pace of that collaboration must be determined at the local level; we were opposed to a single top-down model being imposed through accrediting agencies without regard for the idiosyncratic circumstances of specific institutions. If the position statement is accepted by the ADMSEP membership, it will strengthen the hand of individual course directors in negotiations with curriculum committees and Deans' offices since it represents two large, national professional organizations.

Medical Student Education in Psychiatry and Neurology

Curriculum reorganization in the clinical years has involved the pairing of the integration of clerkships at many schools. Poorly planned mergers have undermined the effectiveness of the separate components. The Association of Directors of Medical Student Education in Psychiatry (ADMSEP) and the American Academy of Neurology Undergraduate Education Subcommittee (AAN-UES) issue the following statement concerning psychiatry and neurology clerkship collaboration.

• Psychiatry and neurology have been historically separate disciplines, with common roots, and sharing the same organ of clinical concern and the same certification board, the American Board of Psychiatry and Neurology (ABPN).
• The spectrum of neurologic and psychiatric disorders remains separate and distinct, with different approaches to the diagnosis and treatment of those conditions. Psychiatry and neurology should be taught in separate clerkships with separate and distinct faculty and residents.

The ADMSEP Web Page

In the past a few features have been added to the ADMSEP Web Page. For example,

• Find's that listerv message that you were looking for? The past ADMSEP listerv messages are now available for on-demand browsing and searching. You may review the past 5 years of listerv discussions online. You may also do key word searches of the archives. Since the listerv is for members only, the archive begins in our pw protected members-only area (http://www.admsep.org/members_only.html)
• If you need the password, just notify us.
• The article 'Clerkship Directors' Perceptions of the Effects of Managed Care on Medical Students' Education" (Academic Medicine, Nov 2002; 77:112-1120) by Brodkey and Sierles is available for reading (see pw protected area link below).

Of course you can still review the current material and resources of the site (http://www.admsep.org/). This includes the upcoming '03 National ADMSEP Meeting Registration form, Program Agenda, Jackson Hole Resort (Jackson Lake Lodge) details, Membership Renewal (all at http://www.admsep.org/meetings.html).
• Welcome new and/or updated material. If you have something you would like to share with fellow ADMSEP members, please refer to our resource page (http://www.admsep.org/resources.html). It is actually as simple as sending a single email. Happy browsing!

ACE Update

Amy Brodkey, M.D.

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This has again been a very busy year for ACE. Our collaborative research on clerkship directors' perceptions of the effects of managed care on medical student education was published in the November issue of Academic Medicine and received a fair amount of publicity. 500 clerkship directors from specialty areas (including many of you) participated in this survey which shows that, uniformly across specialties, medical student educators perceive that managed care is negatively impacting the educational environment. We are hopeful that the publication of this paper will help to substantiate problem of diminished resources for medical student education.

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ACE News (cont.)

Bob Goisman won the Massachusetts Psychiatric Society's Outstanding Psychiatrist Award for Public Sector Services in 2001. Bob is the Director of Residency Training and Medical Student Education at the Massachusetts Mental Health Center in Boston.

Author! Author! Myer Malaney edited the Psychiatry Clerkship Guide which was published by Mosby. Previous notable books by ADMSEP authors include the third edition of Persuasion and Healing: A Comparative Study of Psychotherapy by Julia Frank and her father, Jerome Frank (JHU Press, Baltimore 1991) and the textbook "Comparative Study of Psychotherapy Education at the Massachusetts Mental Health Center in Boston.

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Janis reports the Italian edition was published this year.

Janis Cutler also received two teaching awards in 2002: Columbia University presented her with an award for "distinguished contributions to teaching in the past five years", and the Columbia Analytic Institute presented her an award for “medical student teaching by a psychoanalyst.”
ADMSE News (cont.)

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President's Column

H. Jonathan Polan, MD

Psychiatric Recruitment: Cautious Good News (and Thanks), Yet Again

Frederick S. Sierles, M.D.

Chair, Psychiatry Workforce Coalition

For the fifth straight year, the NRMP Match results indicate a considerable increase in the number of U.S. medical graduates matching into psychiatry residencies. Specifically, for 2003, 597 seniors matched into psychiatry, compared to 564 in 2002, 524 in 2001, 481 in 2000, 482 in 1999 and 428 in 1998 (1). Since the number of U.S. graduates matching into psychiatry is an indicator of psychiatry’s desirability, which to some extent reflects the quality of psychiatrists’ professional lives, this is great news. To view the Match data for the specialties for the last five years, check out the website of the Association of American Medical Colleges www.aamc.org

It is hard to predict whether the upward trend will continue during the next five years, and what I’m going to say is somewhat impressionistic. To me, the single best short term indicator of future recruitment has been the availability of good jobs for graduating residents. If the good jobs still seem to be there, in terms of good income (2), the opportunity to spend considerable time with patients (3), and the chance to practice an intriguing specialty. The availability of jobs for psychiatrists is, in turn, an indicator of the economic demand—the willingness of the system to pay—for them.

Interestingly, economic demand and clinical-medical need are not necessarily the same. During the next decade, the population will continue to increase, and there will be larger total numbers of persons with psychiatric disorders, but there is no indication as yet that the number of U.S. medical school graduates, and the number of residency positions in psychiatry, will change during the next decade. If the number of U.S. medical school graduates increases, it is possible that even the smaller number of graduates match into psychiatry, the proportion of U.S. graduates choosing psychiatry will not increase.

Also uncertain is the extent to which the National Generalist Initiative, which has been closely tied to managed care, will continue to lose ground (4). Simultaneous with the increase in U.S. graduates matching into psychiatry during the past five years has been a dramatic decrease in the number of persons choosing family medicine, and it is highly likely that there is a relationship between the two trends. Conceivably during the next decade, there could be a national specialist initiative. As an example, for the past several years, Dr. Francis Lu, the former dean at the Medical College of Wisconsin, has reasoned that the greatest economic demand has been for specialists, not generalists. In a specialist-oriented medical environment, probably psychiatry will recruit well.

Could managed care make a comeback, and with it, less fortuitous circumstances for psychiatric recruitment? President Bush has been promoting “pro vatizing” Medicare (i.e., more care in a for-profit HMO-oriented system), and we know how persistent he can be. I doubt if a revitalized managed care-oriented system can ever match the New Mexico psychologist-prescribing initiative? When the U.S. medical attempted it, it was unsuccessful and the program closed. Even if eventually, a limited number of psychologists can prescribe, the economic demand and medical need for psychiatrists will remain strong, because psychiatrists will remain better-qualified to care for most of the patients.

I’ve just completed my three year stint as Chair of the Workforce Coalition. Linda Andrews, M.D., from Baylor, will take my place. But as long as I can write, I will continue to study, and to prognosticate (or is it pontificate?) about, recruitment. And I’d like to thank Drs. Sidney Weissman, Deborah Hales, Francis Lu, Nyapati Rao, Ken Thompson, Carl Greiner and Nancy Danleucho for their wise and stalwart involvement in the recruitment scene. And more important, thanks to you all—ADMSEP’s members—for your devotion to teaching and advising medical students which, as you all know, is crucial for medical student career choice of psychiatry (6).


It has been one of the great privileges of my professional life to serve ADMSEP as your president these past two years. So many things have changed in medical student education since I became a director in the late 80s, both for the better and the worse, so that what we do and talk about at ADMSEP constantly changes. More on this in a minute. Yet what hasn’t changed are ADMSEP’s essences: a time and a place to express the value of education in medicine, and a way of expressing that value through fellowship, friendship, and plain old helpfulness.

Teaching is essentially altruistic profession, perhaps even more so than any other. Psychiatrists who are updating one of our altruistic branches of medicine. What does that say, then, about us as a group, to have chosen one of the most altruistic niches with an altruistic profession? It’s not just recruitment question? I believe that we are all suffering from a new Axis II Entity: Altruistic Personality Disorder. Personally, I would diagnose some other Axis II entities: futility, hopelessness, and depression. Unless I adjudge that one. Maybe our choice of teaching in medicine and psychiatry is really self-serving in a certain kind of way: that, when we teach, while we are outwardly directing the students’ focus on the disorder, illness, and suffering of our graduating residents, we are really teaching our own personal health, and renewal of hope that we see in our students. Thus, teaching becomes the day’s oasis from our otherwise untreated attention to illness and suffering. As much as some of our students want to show us their patients through the lens of our experience, probably we equally welcome seeing those same people through the lens of the students’ experience. We are concerned that psychiatrists will continue to much to celebrate our good fortune at having this teacher’s calling, as to discuss its problems, and maybe that is why our meetings are so rewarding.

Now, what about the changes, the better and the worse? I’ll speak to the “worse” first. If I had to pick a theme for my term, it would be “the crisis,” the crisis in resource allocation to medical student education. My first fall Council meeting as president was just after “nine-eleven,” and during my last meeting as president in June our country will be grappling with its newest crisis, either the current one in the Middle East or the next one, which we will have fought one or two wars, depending on how you count them. While it may seem outlandish to juxtapose the education crisis with these others, they are not unrelated. The crisis of resources in medical student education has been evolving for a decade, but in the past two years the country’s attention has turned to terrorism, war, and a sluggish economy, and our federal and state governments are now facing some of the biggest budget deficits in years. These are tough times to get people to care about the problems of the peaceful pursuit of undergraduate medical education.

Yet, we have actually succeed at this. Indeed, we have gained national attention among the psychiatry chairs, within the American Psychiatric Association, our colleagues in the Association of Clinical Educators (ACE), and others in the wider world of academic medicine, concerning our perceptions of this crisis. To now begin to influence tangible responders, we should heed some of the verbal responses I have received from our friends in those groups who are hearing us. Namely, that we need to data to document the crisis – i.e., quantify in terms of its speed and magnitude. Thus, we have appointed three task forces, to survey our members on 1) the actual allocation of resources to their programs, 2) how we measure the success of our programs, i.e., what our students actually learn, as a measure of what impact the crisis has on their education. We are also updating two of our ADMSEP-endorsed teaching objectives, which could become a national standard by which we measure the teaching product. The data gathered by these task forces over the next year or two will enable us to make a strong case for what we need to our deans, hospital administrators, national professional organizations, and legislators. I am very grateful that a number of you have volunteered to work on these tasks, which takes a chank of your valuable time that you really don’t have. With a little luck I hope I can report to you in June on progress that these task forces have made and their plans.

Finally, the last thing about teaching, of course, the teaching of psychiatry to medical students will never go away; it is only a question of how and how well it will be done. The days of full-time curricular dominance in psychiatry, by whom of us were trained, will probably not return. Thus, those of us who hope to be career teachers will have to invent effective and satisfying combinations of teaching, research and practice. We are grounded in clinical work or research. I see this as a creative challenge for us as individuals and for all academic departments of psychiatry. I would like to know more about how our members are meeting this challenge by exploring professional development more at our meetings. Finally, there is the clearly “better”, which I saved for last. The traditionally humanistic and interpersonal emphases in psychiatry, which most see as special, will never go away. Medical technology is giving us teaching tools and molecular neurobiology is giving us teaching content that makes going to work more exciting almost every day. Now, there are opportunities to be creative as teachers as never before by rising to the pleasant challenge of grasping enough of the new technology and biology that we can integrate it meaningfully into our curricula. We have been exploring models of how to do this at ADMSEP for some time, and I am eager to see these themes continue to flourish at our meetings.

I am very honored in medical student teaching and helpful to ADMSEP even as my own career becomes increasingly involved in research (my solution to the career combination issue). I thank you for the once-in-a-lifetime opportunity you have given me to lead this wonderful group.
The above two books are invaluable for teachers of psychiatry and behavioral science. Since they are both geared to primary care physicians, psychiatric educators garner information, which is basic in nature for medical students, and provide evidence to students that psychiatry is important to all fields of medicine. The medical student will also find that these are an important resource for residency and practice.

The foreword to The MHG Guide to Psychiatry in Primary Care points out that “fifty percent of visits to primary care offices are for psychiatric rather than medical problems.” The 78 chapters are organized in outline format to facilitate ease of use in a practice setting. Chapters focus on symptom presentation such as: “Approach to the Patient with Depression,” “Approach to the Obese Patient,” and even “Approach to the Patient with Hallucinations and Delusions.” In “Approach to the Patient with Depression,” the authors start with definitions & epidemiology, progress to diagnosis and evaluation, treatments including medication, psychotherapy, ECT, and light therapy. There are also sections on misconceptions, compliance, changing and maintenance of therapy. This chapter concludes with a section on when to refer to a psychiatrist. The authors discuss all the symptoms or disorders in a similar highly organized and practical manner.

Many of the other chapters deal with problems (homelessness, celebrity patients, domestic violence), psychological issues (grief, addictive disorders including smoking, stress of medical practice), and even overviews on psychodynamic/psychotherapy and cognitive behavior therapy. There are chapters discussing “audience of one,” a new student perspective, and “Be Your Own Spielberg,” the nuts and bolts of home digital video production. The educator likewise finds a wealth of information and resources for psychiatric and even primary care educators, many of whom may not have the time to search through other books. The educator finds that these are an important resource for residency and practice. The MHG Guide to Psychiatry in Primary Care is more “on the top of the cake.” Neither book focused a great deal on DSM criteria, so they will need to be updated in a timely manner. Both books are probably a copy of the latest edition to review.

Book Review
Mary Jo FitzGerald, M.D.

The MHG Guide to Primary Care is several years old, the basic information is still valid. I certainly hope that it will be updated in a timely manner. Both books are probably available on interlibrary loan if the educator would prefer to borrow instead of buying.
Mitch Cohen was appointed to the NBME Step II Committee and the Psychiatry Item Development Team but he won't tell... He was also a recent recipient of the Dean’s Award for Excellence and Service to Education at Jefferson Medical College, which states, “Your presence has enriched the lives of students and served as an example for all.” Mitch recently passed the accreditation examination in Pain Medicine.

Maybe not exactly what we had in mind, but…

Mitch Cohen also felt compelled to confess that his sons consider him a failure at snowboarding.

Julia Frank reported she has Karl Cassell’s recorded message on her answering machine (ask her about it).

Finally, well-known liberals Irv Hasenfeld, Fred Sierles and Amy Brodkey were honored by requests to become members of the Republican Party Senatorial Inner Circle, an “exclusive group comprised of strong, conservative, common-sense leadership.” Former members include both President Bushes, VP Dick Cheney, Norman Scharzkopf, and former British Prime Minister Margaret Thatcher! The recipients wonder whether this reflects the intelligence capabilities of the current administration...

ADMSEP Council

Front Row: Tony Rostain, Jon Polan, Amy Brodkey, Tamara Gay
Back Row: Nathan Volova, Ted Ehdmann, Myrl Manley, Janis Cutler, Carl Greiner, Darlene Shew

ADMSEP News (cont.)

Faces from the 2002 ADMSEP meeting

2003 ADMSEP Annual Meeting

The 2003 ADMSEP meeting will be held from June 12 – 14 at the Jackson Lake Lodge in Jackson Hole, Wyoming. The setting, in Grand Teton National Park overlooking Jackson Lake with the Rocky Mountains as a backdrop, is spectacular, and the resort offers many recreational activities, including golf, tennis, hiking, boating, fishing, and horseback riding. The program will be educational and stimulating. Plenary presentations will focus on a range of topics, including assessment of students and approaches to teaching psychotherapy to medical students. Hands-on workshops include making the best use of new technology and pointers from the editor of Academic Psychiatry on writing for publication. Registration materials for the meeting were mailed to ADMSEP members in late February. If you did not receive the mailing please contact me at cutlerj@pi.cpmc.columbia.edu or (212) 543-5552. I look forward to seeing you in Jackson Hole!

Janis Cutler, M.D.

ADMSEP 29th Annual Meeting Preliminary Program

June 12 – 14, 2003

Jackson Lake Lodge • Jackson Lake, Wyoming

Thursday, June 12

2:00 – 6:00 p.m. Registration
2:00 – 5:00 p.m. Council Meeting
6:00 – 7:00 p.m. Cocktails
7:00 – 10:00 p.m. Dinner

Friday, June 13

7:00 – 11:00 a.m. Registration
7:00 – 7:45 a.m. Continental Breakfast
7:45 – 8:00 a.m. Welcome Jonathan Polan, M.D.
8:00 – 9:00 a.m. Special Address
• Contributing to the Psychiatric Education Literature: A Down-to-earth Look at the Process of Getting Published
• Laura Weiss Roberts, M.D.
9:00 – 10:15 a.m. Workshops
• Clerkships: Going Paperless
  Aurora J. Bennett, M.D., Lowell Tong, M.D., Kemal Sagulak, M.D.
• (Down-to-earth) Writers’ Workshop: Writing Manuscripts for Publication
  Laura Weiss Roberts, M.D., John Coverdale, M.D., Alan Lonie, M.D.
• Using Guided Role Plays to Prepare Students for Standardized Patient Experiences
  Julia Frank, M.D.
• Task Forces
  To Be Announced

2:00 – 6:00 p.m. Registration
2:00 – 5:00 p.m. Council Meeting
6:00 – 7:00 p.m. Cocktails
7:00 – 10:00 p.m. Dinner

10:15 – 10:45 a.m. Posters
• Pre-clinical Medical School Education: The Patient Perspective
  Lois E. Krahn, M.D.
• Psychiatrists Compared to Other Specialists on Performance Before, During and After Medical School: Over Three Decades of Data from the Jefferson Longitudinal Study
  Frederick S. Sierles, M.D., Michael J. Verpaele, M.D., Mohammadreza Hojat, M.D., Joseph S. Gonnella, M.D.
• Professional Development Groups for Medical Students
  Julia Frank, M.D.
• Dimensions of First Year Medical Student Religiosity and Correlation with Attitude Towards Psychiatry and the Behavioral Sciences
  W. Grady Carter, M.D., Larry E. Robinson, M.D., Yashica Marshall, M.D.
• Patient Acceptance and Comfort Level Regarding Medical Students in Psychiatric Outpatient Clinic
  Tarak Nsawara, M.D., Krist O’Dell, M.D., Ridki Smith, M.D.
• A Computerized Self-assessment Module for Psychiatry Medical Students
  Simon Kang, M.D., Martin I. Lapid, M.D., Lois E. Krahn, M.D.
• Supervising the Supervisors: A Group for Faculty and Resident Development in the Education of Medical Students
  Ruth M. Lamdan, M.D.