1983 ANNUAL MEETING IN TAMPA
Shader Will Keynote • Fernandez To Host

Program Chairman, Barry Fenton, has announced that the 1983 Annual Meeting of the Association for Academic Psychiatry will be held at the Harbor Inn, Tampa, Florida from March 3-5. Richard Shader, M.D., Professor and Chairman of Tufts University Department of Psychiatry, will deliver the keynote address. Bob Fernandez will coordinate local arrangements and serve as host for the sponsoring department at the University of South Florida.

The theme for this year's meeting is The Role of Psychiatry in Medical Education. Dr. Shader will speak on integrating biologic and psychodynamic theory in the teaching of psychiatry, and will be available throughout the meeting to facilitate discussions of this topic in a variety of informal group settings.

A new feature of the Tampa meeting will be the scheduling of Development Workshops. These workshops are planned to promote the development of skills needed for educational problem solving. Participants will be asked to select a workshop prior to the meeting and then to attend two sessions at the meeting. Workshop selection will be based on the desire of participants to solve a pre-selected educational problem which will be assigned to a workshop group. Among the problems will be: The Biopsychosocial Model, Yes or No; The Role of the Behavioral Sciences in the Psychiatric Curriculum; and Schools of Psychiatry and Residency Education.

In addition to the Development Workshops, the Annual Meeting will highlight a wide selection of new Free University offerings and a full schedule of Section activities. A preliminary program and a CALL FOR PRESENTATIONS form are included with this copy of the Newsletter. The deadline for abstracts is January 15 but Bill Erickson will happily receive them.

More on the AAP Fellowship

Paul Fink, Chairman of the Fellowship Committee, announced early this summer that there had been success in obtaining $5,000 from SKF for an AAP fellowship. The fellowship, which still lacks an official name, was Carol Nadelson's brainchild brought to life by Paul and the Committee. Five fellows will be funded for the 1983 meeting. These five will be selected from applicants submitted by institutional members. The strategy behind this selection process was aimed at providing an increased incentive for obtaining institutional membership. Whether this policy will be changed to include applicants from all residency programs is a decision currently before the Committee. Dr. Fink requests advice from the membership on application eligibility as well as comments on the overall goals and purposes of the Fellowship. Write or call him at Jefferson.

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NEWS OF THE ASSOCIATION

From the President's Desk

I am delighted to begin with good news. There is now a fellowship to encourage the interest of residents in the AAP. Paul Fink and the Fellowship Committee have successfully engaged Smith Kline and French to underwrite the expense of selected residents for attending the Annual Meeting. Criteria for the fellowship along with application information and selection procedures were sent to all institutional members in early August. I know you share my excitement about this award and I welcome your thoughts and suggestions about how it may best be used.

Don Lipsitt and company are hard at work on the establishment of a central AAP office in Boston with an executive secretary and computer. The office, in addition to functioning as organizational headquarters, will smooth the flow of administrative work and enhance communication among the membership. Hopefully it will not increase our costs.

The Program Committee under Barry Fenton’s able leadership is planning for the Annual Meeting in Tampa. Bob Fernandez will be the busy man who handles local arrangements. There will be some innovative program changes as well as some of the old favorites such as the Free University. Save the dates — March 2-5, 1983 — and think about how you would like to participate.

The Regional Network under the direction of John Goethe has continued to expand. This is an important undertaking which will acquaint medical students with the AAP and with psychiatry. If you would like to help John, contact him directly at Tulane, or write to your regional representative.

The spirit and enthusiasm of AAP are wonderful. The future of our organization is bright. I welcome your participation and look forward to hearing from you with your ideas, activities and interests.

Carol Nadelson, M.D.
Tufts University

Regional Representatives Spread AAP Wealth

The idea for a national network of psychiatrists at each of the U.S. medical schools to further the goals of academic psychiatry was spawned during Pat McKeegney’s tenure as AAP president. The goals include improving the quality of psychiatric education, increasing the visibility of psychiatric faculty, and encouraging residents to train for careers in academic psychiatry. Pat appointed John Goethe of Tulane to the position of Regional Network Coordinator and John named ten regional representatives to begin the work at the grassroots level. The representatives are:

Region I:
Andrew Morrison, M.D.
(Harvard—Mass. Mental)
Maitre, Vermont, New Hampshire, Massachusetts, Rhode Island, Connecticut

Region II:
Veva H. Zimmerman, M.D. (NYU)
New York, New Jersey, Puerto Rico

Region III:
Thomas N. Wise, M.D.
(Georgetown—Fairfax)
Pennsylvania, Delaware, Maryland, D.C.

Region IV:
Daniel Schubert, M.D.
(Case Western—Clev. Meth.)
Ohio, Kentucky, West Virginia, Virginia

Region VI:
Donald C. Fidler, M.D.
(N. Carolina)
N. Carolina, S. Carolina, Georgia, Florida

Region VII:
Joseph Flaherty, M.D.
(Western)
Wisconsin, Michigan, Illinois, Indiana

Region VIII:
Russell Cardner, Jr., M.D.
(N. Dakota)
N. Dakota, S. Dakota, Nebraska, Kansas, Minnesota, Iowa, Missouri

Region IX:
Paul Mohl, M.D.
(UT—San Antonio)
Texas, Oklahoma

Region X:
Claude T. Friedman, M.D.
(California—Irvine)

Representatives have begun to contact liaison faculty members at each of the medical schools in their respective regions. Eventually every medical school will have an AAP contact at the resident and student levels.

The immediate goal of the Network is the establishment of annual fall meetings during the first semester of every academic year where medical students can get to know the psychiatry faculty at their institution. This meeting will have the endorsement of the AAP and hopefully will lead to the formation of student initiated psychiatry clubs and interest groups.

Regional representatives are using all avenues to make contact with medical students including other organizations: AADPRT, ADMSEP and AMSA. AAP members who want to reach a regional representative can find his/her address and phone number in the Membership List or by calling John Goethe in New Orleans (504-586-5236).
States took the 1982 edition of the Psychiatry Resident-In-Training Examination. This year the number of participating programs increased to over 170, including affiliated child psychiatry programs, and the number of residents tested exceeded 3,200. The phenomenal growth in the use of the PRITE is a clear demonstration of the need for this type of annual evaluation. With over 80% of the physicians in psychiatry residency participating, the examination has now come of age. While data from the 1982 examination is not yet available, data from the 1981 residents' satisfaction questionnaire demonstrates that the PRITE is well received, and is viewed by residents as an important part of their educational development.

One of the new features of the 1982 edition of the examination was the revised scoring categories. For the first two years of the examination a total of seven subtests and one combined scale for General Psychiatry were used with the examination. The 1982 edition reports a total of thirteen scores including General Psychiatry and the following subtests: Neurology and Neurosciences; Growth and Development; Adult Psychopathology; Emergency Psychiatry; Behavioral Science and Social Psychology; Psychosocial Therapies; Somatic Treatment Methods; Patient Evaluation and Therapy Selection; Consultation-Liaison Psychiatry; Child Psychiatry; Alcoholism and Substance Abuse; and Miscellaneous.

The increasing acceptance of the examination has provided enough income to offset increasing production costs, and the examination has been able to maintain the same price for two years. The low price of this examination is only possible because many academic psychiatrists volunteer their time and efforts to the annual writing project. In looking ahead to the 1983 examination the PRITE executive board is again soliciting the help of the membership of the Association for Academic Psychiatry. Several thousand new items are needed in order to construct a new examination. Potential items should be sent to: PRITE, One Garrison Place, Newtown, PA 18940.

**AAP at AAMC**

The AAP will sponsor a symposium at the annual meeting of the Association of American Medical Colleges. Veva Zimmerman, Associate Dean at NYU, has organized a panel on the "Administrative Use of Psychiatric Information" in medical schools. The symposium will be held in the Georgetown East Room of the Washington Hilton Hotel on Wednesday, November 10, 1982, from 3:00 to 5:00 PM. A list of the participants and the topics they will be presenting is printed on the last page of this Newsletter.

**An Invitation to Join**

Membership in the Association for Academic Psychiatry is open to psychiatric educators involved full-time or part-time in teaching medical students, residents, and faculty and/or practitioners. Affiliation with a teaching hospital (university or non-university) is the only formal requirement. There are two types of membership: individual and institutional. Institutional membership covers a departmental chairman and one other faculty member, as well as annual meeting registration for two persons.

Requests for membership applications should be addressed to Patti Tighe, M.D., Membership Secretary, University of Chicago School of Medicine, 950 E. 59th Street, Box 411, Chicago, IL 60637. Applications will be complete upon receipt of the form with the sponsoring signatures of two active members, a curriculum vitae, and annual dues of $50 individual and $175 institutional. A complete membership list accompanies the application form for applicants seeking member-sponsors.

New members' names are forwarded to Section Chairs and others in the Association with special interests corresponding to those of the new applicant. New members receive the Newsletter and all other general mailings.

**New Members**

Three new members joined the AAP in June and July. They are: Craig C. Beesley, M.D. (University of Miami); Fernando Rodriguez-Villa, M.D. (Harvard); Lisa Shulman, M.D. (Harvard).

**SECTION ACTIVITIES**

**Education & Research**

In this issue of the Newsletter, the Section on Education and Research features two book reviews. The first by Ed Fink critiques three new psychiatric texts. The second, written by Warren Procci, takes a look at a volume on psychonephrology. The Section welcomes the submission of books and monographs for review. AAP members who have had their own books published or who know about texts that might be of interest to psychiatric educators are asked to contact Warner Johnson. The review panel, headed by Warner, is also open to AAP members. Don Fidler is the chief reviewer for audio-visual materials. Members with an interest in film and tape reviewing can contact Don at the University of North Carolina.

The Section will host a forum formini-presentations on research and/or education at the Annual Meeting in Tampa. Dick Bernstein and Steve Scheiber will describe the results of the "Cost/Benefit Matrix" survey which was sponsored by the Section and presented as part of the AAP symposium at the APA in Toronto. Other offerings are invited. A workshop entitled "Evaluating Clinical Performance" will also take place in Tampa under the aegis of the Section. Participants at this workshop will be asked to develop a form for the clinical evaluation of students and residents in psychiatry. Another workshop on the role of behavioral science teaching within the psychiatric curriculum is tentatively scheduled. Members are asked to call Warner if they are interested in moving this increasingly controversial topic out of the planning stage.

**BOOK REVIEWS**

**Introductory Psychiatric Textbooks**


The book contains 20 chapters on topics such as interviewing, psychopathological syndromes, drug therapy and psychotherapeutic technique. Also included are 8 useful appendices covering tests for intellectual dysfunction, scales for measuring mania, depression, etc., DSM-III classification and others. This text, written by one author, is concise, with excellent syndrome descriptions. The fact that it was written all by one author adds continuity and readability. The degree of detail is appropriate for a medical student and nonpsychiatric house staff officer, in contrast to numerous other texts available. The references are very adequate and current and provide a good resource for further reading.
Clinical Psychiatric Medicine is divided into 5 sections (and 35 chapters) presenting psychiatric history and theory, clinical assessment, and major psychiatric syndromes, psychiatric treatment and general topics (including psychopathology of children, geriatrics, and forensic and ethical issues). This text represents an effort to present psychiatry and psychopathology in the medical model. The text is heavily organic and research oriented. Strengths: Good emphasis and descriptions of psychopharmacology, research in psychobiology, and descriptions of biological theories. Weaknesses: Little DSM-III emphasis, weak on syndrome description, especially organic syndromes.

This text contains 15 chapters directed to developing skills for diagnosing common psychiatric disorders occurring among children and adults. The text format is new, attractive and exciting, provides for a very gradual introduction for students early in their training. Particular strengths include the wide range of topics covered, the statement of clear learning objectives for each chapter, and the inclusion of self-assessment questions and feedback. A concern about this book is that it may be too brief in some topic areas such as alcoholism and treatment of psychiatric syndromes. More detail may be appropriate even for the second and third year student.

Sub-Specialty Texts


This volume is a collection of papers based on the First International Conference on Psychonephrology held in New York in the fall of 1978. The book is organized into 24 chapters with 13 different disciplines represented. The quality of papers is uneven but several are outstanding. After reading this book, I was left with the feeling that a sense of diffusion characterizes this area, e.g. each of the different disciplines sees itself as having a "special" relationship with the renal failure patient. However, this is a very good and up-to-date summary of current knowledge of the psychological complications of uremia. It is of interest to all health care professionals who work with renal patients and especially to C/L psychiatrists and residents.

Warner Johnson, M.D. Chairman

Consultation-Liaison Psychiatry

At the next Annual Meeting of AAP, the Section of C/L Psychiatry will focus both sessions on Cost Offset/Benefit Studies: How to Do Them and How to Use Results. A hypothetical problem will be mailed to members prior to the meeting for development and solutions in the first session. The second session will focus on critique, assessment and modification of methodology and design, with Zeb Taintor serving as onsite consultant to participants in the sessions. As funding for training and service programs in consultation-liaison psychiatry becomes more scarce, it will be imperative that psychiatrists in this subspecialty discipline learn to utilize research data to underscore liaison psychiatry's contribution to medical education and optimal health care.

BROOK LODGE CONFERENCE ON CONSULTATION LIAISON PSYCHIATRY: FOLLOWUP

Several members of AAP participated in the Brook Lodge Conference on C/L psychiatry held in the winter of 1981, to assess the present and future state of C/L psychiatry and to develop resolutions for improving funding, teaching and research in this important field. A strategy was endorsed to promote increasing awareness of the problems of the field by urging the American Psychiatric Association to provide increased recognition of the role of C/L psychiatry in medical care and education. Specific resolutions include:

• Develop a position statement of the definition, activities, funding, and training goals of C/L psychiatry.
• Promote consumer group advocacy for inclusion of liaison psychiatry as a reimbursable service in comprehensive medical care.
• Emphasize the importance of fellowship, residency and medical student training in liaison psychiatry; develop proposals for funding such training.
• Support the formation of regional societies and Committees of C/L psychiatry through District APA branches.
• Compile a Director of Consultation Liaison psychiatrists for utilization in educational, research and promotional efforts.
• Urge inclusion of psychosocial aspects of medical care in medical school, postgraduate and continuing education programs.
• Explore reimbursement models for C/L services and interact with third party insurers to promote this.

The APA, through the Office of Education, the Council on Medical Education and Career Development, the APA Reference Committee and the Board of Trustees, has already shown its support by:

• Changing the name of the Committee on Psychiatry and Primary Care Education to the Committee on Consultation-Liaison Psychiatry and Primary Care Education.
• Approving addition to Committee of Consultants on funding (Fred Guggenheim), research (Don Kornfeld) and Education (Jim Strain, Jim Eaton).
• Accepting proposal for conference on curriculum development to be jointly organized by American Academy of Family Physicians and APA.
• Including questions on C/L psychiatry in current Manpower Survey.

With the help of many liaison psychiatrists currently in key roles in the APA, it appears that C/L psychiatry may achieve it proper recognition.

PUBLICATIONS BY C/L SECTION MEMBERS


This paper represents some of the work of the C/L Section Task Force on Funding, chaired by Fred Guggenheim.


This paper represents the distillate of extensive work by the C/L Section Task Force on Training Objectives in C/L Psychiatry, chaired by Steve Cohen-Cole.

This paper represents the expanded version of the report given at the recent annual meeting by Pat McKegney of THE C/L Section Task Force on Research and Outcome chaired by Jeff Houpt.

Don Lipsitt, M.D.
Chairman

Child & Adolescent Psychiatry

The Section on Child and Adolescent Psychiatry is preparing a report on curriculum planning and development in child psychiatry. Paul Gabriel has written the first draft of a position paper which includes an optimal child psychiatry curriculum for residents in general psychiatry and has sent it to members of the Section. A second draft with bibliography will be prepared for discussion at the Annual Meeting in Tampa. The paper also addresses recruitment needs in child and adolescent psychiatry. Section members who did not attend the Section meeting last year in Washington and who want to review the paper prior to its revision should contact Paul.

H. Paul Gabriel, M.D.
Chairman

TRAINEE'S COLUMN

IPT

I have decided to devote this column to the rigors of learning psychotherapy. The nuances—both philosophical and practical—of doing psychotherapy have been formidable to grasp. The questions have been nettlesome:

• If our personalities dictate how and with whom we begin new relationships, then wouldn’t transference by a significant factor from the very start of therapy?

• Similarly, is countertransference the feelings created in me by what my patient says or does, or is it my innate biases that are triggered in the therapy situation? (Or, is it an amalgam of both?)

• Doesn’t psychotherapeutic ontogeny recapitulate its phylogeny (or is it the other way around?) in the sense that we go from establishing a history to making historical connections to forming personal interpretations both in the process of learning psychotherapy as well as in the process of doing psychotherapy?

The human mind can adapt itself to such a sensory overload in a variety of ways. Perseverance and mental discipline are, of course, the traditional compulsive adaptations of medicine. A more radical approach would be the short circuit, in which the brain dumps the input en masse in preparation to receive new stimuli.

And then there is inspiration, the process by which the problem at hand is suddenly and irrevocably seen in a new light, and the solution, once so mysterious, is revealed. Such an adaptation happened to me during a blearly on-call night two weeks ago. And its name is IPT.

As with all revelations, the core concept behind IPT—Intensive Platitude Therapy—is a remarkably simple one. In the course of my admittedly brief clinical experience, it has become clear that many persons seek psychiatric treatment because they are platitude-deficient. They have missed out perhaps on the needed consoling phrase (there, there), well-timed bit of wisdom (“Don’t put all your eggs in one basket”), or sympathetic existential explanation (“Different strokes for different folks”). Although we live in a platitude-dinous world—“Little House on the Prairie” and “That’s Incredible”; “Mary Worth,” “Dear Abby,” and George Will, Ronald Reagan, and Leo Buscaglia—many of us miss or have become inured to its message. The goal of IPT, the motto of which is “Changes in Platitude, Changes in Attitudes,” is to help such persons achieve a corrective platitude experience. How this is to be accomplished is not yet fully worked out, but I have high hopes.

I also have high hopes for my developing psychotherapeutic skills, the cynicism behind IPT notwithstanding. Learning to do psychotherapy is a grueling, heady task, and if shortcuts are not available or inappropriate—well, fantasy helps ease the strain. Anyway, should IPT prove unworkable, I’m prepared. What do you think of “Rent-A-Yenta”?

M.S.

New Readers

This edition of the AAP Newsletter is being sent to all chief residents whose directors of residency training are members of the AADPRT. Although we do not like this second-hand method for delivering the mail, it was the only way available to us since we do not know your names. The AAP warmly invites resident participation. After you read the Newsletter, you might want to post it or pass it on to others in your program. The Annual Meeting is a good way to get to know the organization better. Residents are welcome. Your communications to this publication are also welcome.

SECTION ON THE MEDICAL STUDENT

Name _______________________________________
Institution ___________________________________
Address ______________________________________
Phone Number _________________________________

Please rank 3 topics with 1 being of most interest:

_____ Preclinical Curriculum
_____ Clinical Curriculum
_____ Mental Health of Students Including the Problem Student
_____ Male-Female Differences in Medical Students
_____ Socialization in the Medical School
_____ Innovative Teaching Techniques (e.g., Simulation, Computers)
_____ Teaching of Interviewing
_____ Other ______________________________________

Cut out this card, Add an ENVELOPE and POSTAGE and mail to David Preven

ADDRESS ENVELOPE TO:
DAVID W. PREVEN, M.D.
Dept. of Psych.
Albert Einstein Col. of Med.
1300 Morris Park Avenue
Bronx, New York 10461
Tardiff Heads Task Force on Seclusion and Restraint — Asks AAP Input

Associate Newsletter editor Ken Tardiff, Dean of Student Affairs at Cornell, has been appointed as Chairman of the APA Task Force on Seclusion and Restraint. The Task Force which is comprised of psychiatrists and lawyers, has been charged with formulating clinical guidelines for those physicians who are asked to manage the violent and disruptive behaviors sometimes associated with psychiatric illness. It is work which, because of its legal, ethical and political aspects, is very much in the public spotlight.

A first draft of the Task Force Report is now being written. State mental health commissioners have been surveyed and an extensive literature review is underway. Ken welcomes input from interested AAP members who have experience or expertise in this area. Clinical vignettes which exemplify both proper and improper use of seclusion and restraint would be most helpful. All material submitted will be edited to protect patient confidentiality and provide anonymity for the physician.

Among the points of controversy about which the Task Force wants comment and advice are the following: 1) Should seclusion or restraint be used only in emergency situations in response to imminent danger, or can these interventions be clinically sanctioned for use to maintain a clinical environment, for instance as part of a behavioral n-odification program? 2) Who should be responsible for authorizing the use of seclusion or restraint? 3) How frequently should a patient in seclusion or restraint be observed and what kind of observation is best? 4) For how long should an order for seclusion or restraint be in effect and when should it be reviewed? 5) Should seclusion or restraint be ordered for a patient who will voluntarily take medicine? 6) What special provisions should apply to the use of seclusion or restraint with children and elderly patients?

Ken can be contacted by writing to him at Cornell University Medical College, 1300 York Avenue, New York, New York 10221.

AAP, SREPCIM, NAPCRG, STFM, APA
It All Translates to Liaison

Troy Thompson, whose text on The Education of the General Internist was recently published by the University of Colorado under sponsorship of the Kaiser Family Foundation, is an associate editor of the Newsletter and the AAP liaison to SREPCIM, the Society for Research and Education in Primary Care Internal Medicine. The Society, which was described in the last issue of the Newsletter, is to primary care medicine what the AAP is to psychiatry. It is one of a number of such organizations that serve specialty and subspecialty interest groups. Through his liaison efforts with SREPCIM, Troy has become convinced of the importance to AAP members of learning about these other groups.

Why should academic psychiatrists want to learn an alphabet soup of acronyms about other specialties? Troy's first answer is that these organizations have educational and research interests that parallel AAP's. He feels that there are important overlapping areas of concern that would benefit us mutually as educators, and enhance our research efforts, if we could talk with each other about them. Second, he underscores the need for psychiatry to continue its move back toward the mainstream of medicine for political and economic reasons. Liaison through professional organizations is an effective method for maintaining this momentum. Troy's own efforts to make contact with other non-psychiatrist physicians has been both personally and professionally rewarding.

He profiles three other groups for us:
The North American Primary Care Research Group (NAPCRG) is almost the same age as the AAP and also holds an annual (spring) meeting. In addition to physicians its membership includes sociologist and anthropologists. It is a potential source of co-researchers for collaborative multi-center studies. Contact: David I. Cohen, M.D., 3395 Scranton Road, Cleveland, OH 44109.
The Society for Teachers in Family Medicine (STFM) attracts young academicians in family medicine who are interested in clinical teaching. Contact: Sam Putnam, M.D., 4200 Pine Street, Philadelphia, PA 19104.
The Ambulatory Pediatric Association (APA) holds an annual meeting in May. This is an active organization with a well-balanced focus on education, patient care and medical politics. Contact: Robert H. Fletcher, M.D., Medical School, 207H Chapel Hill, NC 27514.

“The Administrative Use of Psychiatric Information”

AN APP SYMPOSIUM AT THE ANNUAL MEETING OF THE AAMC
WEDNESDAY, NOVEMBER 10, 1982
WASHINGTON HILTON HOTEL
3:00 to 5:00 P.M.

I 3:00 INTRODUCTION OF PANEL AND PRELIMINARY REMARKS
Veva H. Zimmerman, M.D. - Associate Dean, New York University School of Medicine; and Associate Professor of Clinical Psychiatry, N.Y.U.

II 3:15 DEVELOPMENT OF AN ADVISORY SYSTEM IN THE MEDICAL SCHOOL
Carol Nadelson, M.D. - Vice Chairman of Psychiatry, Tufts University School of Medicine.

III 3:45 THE DEAN'S PERSPECTIVE
Steven L. Dubovsky, M.D. - Associate Dean for Academic Affairs; and Associate Professor of Psychiatry, University of Colorado Health Sciences Center (formerly School of Medicine)

IV 4:00 CREATING THE CONFIDENTIAL STUDENT PSYCHIATRIC TREATMENT UNIT IN A MEDICAL SCHOOL
Burton A. Lerner, M.D. - Assistant Clinical Professor of Psychiatry; and Associate Director of Student Health Services, Health Sciences Campus, Columbia University College of Physicians and Surgeons.

V 4:30 PSYCHIATRIC ILLNESS AND THE DOCTOR'S PROFESSIONAL CHARACTER
Brian B. Doyle, M.D. - Associate Clinical Professor of Psychiatry and Behavioral Science, George Washington University School of Medicine

VI 4:45 SUMMARY OF ISSUES AND CLOSING REMARKS
David W. Preven, M.D. - Associate Professor and Director of Medical Student Education in Psychiatry, Albert Einstein College of Medicine