2004 ADMSEP Annual Meeting

The 30th annual ADMSEP meeting will be held at the Ritz Carlton Montreal, Montreal, Quebec, Canada. The meeting begins on Thursday, June 24, 2004, and concludes on Saturday, June 26, 2004. The Ritz Carlton is conveniently located in downtown Montreal's business district near boutiques, museums, restaurants and nightlife. It is about 20 minutes from Dorval International Airport. The hotel offers many amenities, including fireplaces in some rooms and refined French cuisine. The rate for a single/double room is $295 (Canadian) per night. (The conversion rate in effect at the time of the conference will apply.) Make your reservations directly with the Ritz Carlton at 800-241-0366 or (514) 842-4212, referencing the name of the event. Information about the Ritz Carlton Montreal is available on the web at http://www.ritzcarlton.com.

The meeting program is educational, stimulating, and fun. The highlights of the meeting include plenaries on new directions of interdisciplinary teaching, integrating neuroscience in psychiatry, clinical competencies and curricular innovations in psychiatry. In addition, we offer several interactive workshops that would enhance your teaching and prepare you for 21st Century psychiatry. We also have several stimulating posters which guarantee lively interactions. CME credit will be available.

We encourage you to register as soon as possible and have an invigorating experience with your colleagues. Meeting registration forms are available at our website at http://www.ADMSEP.org.

See you in Montreal!

Nutan Vaidya, M.D., Program Chair
Myrl Manley, M.D., Facilities Chair

ADMSEP 30th Annual Meeting Program
June 24 – 26, 2004
Ritz-Carlton Montreal
Montreal, Quebec

Thursday, June 24
12:00 – 7:00 p.m. Registration
12:00 – 3:00 p.m. Council Meeting (lunch)
3:30 – 5:00 p.m. Task Force Meetings
6:00 – 7:00 p.m. Cocktails
7:00 – 10:00 p.m. Dinner

Friday, June 25
7:00 – 11:00 a.m. Registration
7:00 – 7:45 a.m. Continental Breakfast
7:45 – 8:00 a.m. Welcome: Myrl Manley, MD
8:00 – 9:15 a.m. Plenary Session 1: New Directions in Interdisciplinary Teaching
Chair: Theodore Feldmann, MD
The Physician Patient Communication 401: Teaching Advanced Communication Skills to Senior Medical Students
D. Walter Hiott, MD
Motivational Interviewing in Medical Student Education
Roy Stein, MD
Can We Teach Empathy in Medical School? Efficacy of the Doctor-patient Relationship Course at Penn
Benoit Dube, MD, FRCPC
Katherine Margo, MD
Anthony Rostain, MD

Medical Practice in the 21st Century: Development of a New Broad-Based Interdepartmental Course in the First Year
James M. Youakim, MD
Mitchell J.M. Cohen, MD

9:15 – 9:45 a.m. ADMSEP Survey
9:45 – 11:00 a.m. **Workshop Session I**
Fun and Games: Teaching Applied Psychopharmacology in the Basic Sciences
* Renate H. Rosenthal, PhD  
* Jerry D. Heston, MD  
* Trevor W. Sweatman, PhD  
* Marie B. Tobin, MD  
* Kristin S. Beizai, MD

Integrating Neuroscience Education into Undergraduate Psychiatric Education
* David C. Dunstone, MD

Moving from the Extraordinary Routine to Objective Evaluations
* Brenda Roman, MD  
* Justin Trevino, MD

Faculty Development Mini-Retreat
* E. Cabrina Campbell, MD  
* Anthony L. Rostain, MD

11:00 – 11:30 a.m. **Posters**
Evaluation of a Psychotherapy Module for Medical Students
* Jennifer Brasch, MD

A Psychotherapy Training Module for Medical Students
* Jennifer Brasch, MD  
* Laurence M. Mynors-Wallis, MD

Psychiatry Clerkship Grading and Grade Inflation: A Case Report of Adjustment
* Dennis P. McNeilly, PsyD  
* Steven P. Wengel, MD

The Shrinking Clerkship or When All You Have is Lemons, Make Lemonade!
* Renate H. Rosenthal, PhD  
* Kemal Sagduyu, MD  
* Janeta Fong Tansey, MD  
* Peter Halperin, MD  
* Lowell Tong, MD

A National Survey of Medical Students’ Exposure to and Attitudes About Drug Company Marketing
* Frederick S. Sierles, MD  
* Amy Brodkey, MD

Evaluation of Attitudinal Changes Regarding Mental Disorders Among Third-Year Medical Students Following the Psychiatry Clerkship
* Chriissoula Stavrakaki, MD, PhD  
* Clare Gray, MD  
* Allison Freeland, MD  
* Kathy Braidek, MD

11:30 – 12:45 p.m. **Plenary Session II:**
Integrating Neuroscience in Psychiatry Education: Something Old, Something New
* Chair: Anthony L. Rostain, MD

Integrating Neuroscience into Undergraduate Psychiatric Education: Deconstructing DSM-IV and Reviving the Biopsychosocial Model
* Julia Frank, MD

Teaching Clinical Neuroscience in a DSM World: Have Your Cake and Eat It Too
* Nutan Atre Vaidya, MD

Neuroscience as Foil for Phenomenology
* Mitchell J.M. Cohen, MD  
* James M. Youakim, MD

12:45 – 1:45 p.m. Lunch
12:45 – 1:45 p.m. Lunch with new Clerkship Directors
* Jonathan Polan, MD  
* Janis Cutler, MD

1:45 – 2:45 p.m. Special Presentation: Capitalism, Health and Psychiatric Education
* Frederick S. Sierles, MD  
* (introduction by Jonathan Polan, MD)

2:45 – 7:00 p.m. Free Time
7:00 – 10:00 p.m. Dinner

Saturday, June 26
7:00 – 8:00 a.m. Continental Breakfast
Council Breakfast Meeting
8:00 – 9:15 a.m. **Plenary Session III: Objectives and Competencies in Psychiatry Teaching: What Do We Know, What Do We Need to Know**
* Chair: Amy Brodkey, MD

Comparison by Specialty of National Learning Objectives and Curriculum Guidelines for Undergraduate Medical Student Education
* Michael J Burke, MD

The ADMSEP Psychiatry Clerkship Objectives: Then and Now
* Amy Brodkey, MD  
* Frederick S. Sierles, MD

Clinical Competencies: One Medical School’s Model of Objectives, Teaching Methods, and Assessments Across Disciplines
* E. Cabrina Campbell, MD

Clinical Competencies for Medical Students: What We Know and What We Need to Know
* Julia Frank, MD

9:15 – 9:45 a.m. Poster Session II/Break
(as listed on Friday’s schedule)
9:45 – 11:00 a.m. **Plenary IV: Curriculum Innovation: What Works, What Does Not**
* Chair: Tamara Gay, MD
A Subinternship in Psychiatry: Curricular Innovation or Folly?
   Ruth Lamdan, MD
   Pietro Miazzo, MD

President’s Commission Calls for Psychiatry “Transformed” Towards “Recovery.” What are the Training Implications?
   Michael Schwartz, MD
   Amy Hoffman, MD
   Scott Waterman, MD

The Most Effective Innovation I Ever Made to My Clerkship: Team Learning
   Ruth E. Levine, MD

11:00 – 12:15 p.m. Workshops Session II

Team Learning: An Innovative, Interactive, Effective and Fun (really!) Alternative to Conventional Lectures
   Ruth E. Levine, MD
   Michael M. Stone, MD

Create an Online Electronic Survey
   Greg Briscoe, MD
   Lisa Fore Arcand, EdD

Motivational Interviewing: Practical Issues in Teaching Medical Students
   Roy M. Stein, MD

How to Make Your Web Based Educational Project a Success
   Joseph Kithas, MD
   Gina Perez, MD

Unprofessional Behavior Among Medical Students: Models of Identification and Intervention
   Aurora J. Bennett, MD
   Brenda Roman, MD

Objective Task Force Meeting
12:15 – 1:15 p.m. Business Meeting
1:15 – 2:45 p.m. Council Meeting

The ADMSEP Web Page
Greg Briscoe, MD
ADMSEP Webmaster

In the past year new information has been added to the ADMSEP website (http://www.admsep.org/). For example:

Information regarding the ‘04 National ADMSEP Meeting in Montreal, CA (June 24-26, 2004): e.g. the registration form, Program Agenda, info regarding the conference site (Ritz Carlton in Montreal, Quebec), Membership Renewal Application (all can be found at http://www.admsep.org/meetings.html).

The article “Expectations of and for Clerkship Directors: A Collaborative Statement from the Alliance for Clinical Education” from Teaching and Learning in Medicine (in “Members Only” section, http://www.admsep.org/members/).

The article “Abstracts From the Proceedings of the 2001 Annual Meeting of the Association of Directors of Medical Student Education in Psychiatry”, from Teaching and Learning in Medicine (in “Members Only” section).

The latest ADMSEP membership directory (in “Members Only” section).

Photos from 2003 ADMSEP meeting in Jackson Hole, WY (in “Members Only” section).

Can’t find that listserv discussion that you are looking for in your e-mail inbox? The past ADMSEP listserv messages are now available for on demand browsing and key word searching. You may review the past 5 years of listserv discussions online (in “Members Only” section).

If you have forgotten your “Members Only” web site password, please send an e-mail request to: brisc4@cox.net. We welcome new and/or updated material for our site. 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!
ADMSEP President’s Column
Myrl Manley, MD
NYU School of Medicine

Recruitment Redux

This has been a good year for psychiatric education. The number of U.S. medical graduates matching PGY-I positions in psychiatry reached 641, the highest in 13 years, continuing a six year trend of steady growth. Should medical student educators take credit?

This issue has been bandied about for as long as ADMSEP has been in existence. During the 1990’s as the numbers were falling every year, many of us argued that our responsibilities as directors of medical student education in psychiatry did not include recruitment. By the time the number reached an all-time low of 428 in 1998, that position sounded increasingly defensive. We were often seen, I’m afraid, as wanting to disavow responsibility for something we weren’t very good at. Now that recruitment numbers are at an all-time high we can speak from a position of strength, and I believe it is useful to revisit the issue yet one more time.

We know that many things affect medical students’ career choices: national trends in specialist training, changing patterns of reimbursement, and local admissions policies. Study after study, however, has shown that the single greatest factor is the quality of teaching, particularly during the clerkship. If this is what is meant by “recruitment”—providing the highest quality, most exciting clinical training that we can—I’m for it. Who wouldn’t be? Quality education is what we devote our careers to.

But the discussions of recruitment often carry an undertone of something more coercive—not simply making it easy and exciting for students to choose a career in psychiatry, but trying to persuade specific individuals, and this is more problematic. Most of us serve not only as teachers, but also as academic and career advisors. Indeed one of the most enjoyable parts of my job (and I suspect for many others) is the teacher-student relationship that develops over 2 to 3 years. Not all of these students end up going into psychiatry; many do not. I’m convinced it’s my openness to all of their different choices that makes the relationships possible in the first place.

What a conflict of interest would be posed if my job performance were judged by the number of students going into psychiatry. Could I honestly say to the student torn between surgery and psychiatry, “I love psychiatry, but let’s see if we can figure out what’s best for you.” (She chose surgery and is flourishing; four years later, she still stops by my office to chat.) Would I not feel at some level some pressure to persuade her to do what was in my interest and not necessarily hers? I am delighted when students are enough taken with psychiatry to want to enter the field themselves. I want to be just as delighted when students I have worked with for 2 or 3 or 4 years find the right niche in something else.

Our constituency is not the 3% or 5% of any one class who will go into psychiatry, but 100% of all our students in all our classes. We do something that no one else does: we prepare the psychiatric literacy for the next generation of American physicians. I’ve sometimes thought that a wildly, implausibly successful program would be the one in which psychiatry is every student’s second choice.

Spoken from a position of strength.

ADMSEP News

Amy Brodkey was invited to debate the topic, "Resolved, that schizophrenia research is in bondage to the pharmaceutical industry." (She assures us she did not pick the title!) Her partner was Dr. David Healy, and their opponents were Dr. Tim Fox and Dr. Arvid Carlsson (2000 Nobel Prize winner).The debate was held at the Biennial Schizophrenia Winter Workshop, held in Davos, Switzerland, in February, 2004.

Mitch Cohen was selected by the Class of 2004 at Jefferson Medical College for their Class Faculty Portrait denoting him as the faculty member who most influenced their development over their 4 years at Jefferson. The Faculty Portrait selection is a 150-year-old tradition, and Mitch was chosen from a faculty that numbers in the hundreds. Mitch says that sitting for a portrait that will hang on a wall with other oil portraits of faculty long deceased was a novel experience for him. His sons unveiled the portrait at the Class Portrait Presentation Ceremony on 3/17/04, and the Dean and others lauded his accomplishments.
Psychiatry Learning Objectives: ADMSEP Task Force Update
Michael Burke, MD, PhD
University of Kansas School of Medicine

In 1995, ADMSEP members developed a set of educational objectives to guide learning in the junior psychiatry clerkship. At the Jackson Hole meeting in June 2003, a Taskforce was convened to review these learning objectives and make recommendations for revision and update. Also at that meeting, input from the membership was solicited in the form of a survey regarding use of the 1995 learning objectives and opinions about how to make them more serviceable.

At the first Taskforce meeting there was lively discussion that generated questions about the scope of the project (e.g., should the focus be on the third-year clerkship only or the entire four-year curriculum; should educational objectives be tied to cases, ACGME competencies, study guides, etc.). There was consensus among the group that ADMSEP endorsed, national standards for psychiatry education are important and have utility.

A plan was set to review the results of the membership survey and to examine the approaches used by other specialties in developing learning objectives and curriculum standards for undergraduate medical education. On Saturday at the Montreal meeting, these data will be presented in a plenary session followed by a workshop where ADMSEP members are invited to provide input to help further guide the process.

Resource Allocation: ADMSEP Task Force Update
Ted Feldmann, MD
University of Louisville School of Medicine

A common theme at recent ADMSEP meetings has been that we, as psychiatric educators, are faced with the daunting task of doing more with less. Shrinking departmental budgets, increased demands on faculty to generate clinical revenue, and the closing of hospital units and clinics have created significant challenges for us. How do we maintain quality educational programs for medical students when the resources available to us are diminishing?

In order to address this issue, ADMSEP has formed a Resource Allocation Task Force. Initial discussion of the task force began at the Key Biscayne meeting in 2002. Additional work took place last year at Jackson Hole. The mission of the task force is to survey what tangible resources are allocated to medical student teaching in psychiatry. Information obtained in the survey will provide a baseline measure of educational resources. Other members of the task force include Darlene Shaw (co-chair), Mitch Cohen and Greg Briscoe.

During the past year we have been working on a survey to distribute to the membership. The survey will examine the availability of multiple educational resources including personnel, support staff, financial support, technical support, classroom space, and other related areas. The survey will also examine the departmental decision-making processes that influence educational programs. Our goal is to use the information obtained in the survey to develop guidelines for medical student education resources. The task force will present at the Montreal meeting a further update about our work.

Outcome Measures: ADMSEP Task Force Update
Martin Leamon, MD
University of California, Davis

The committee has “met” via email chain since last year’s annual meeting. In addition, Drs. Vaiyda and Leamon met at the fall Council meeting. As several ADMSEP members have already initiated surveys that overlap with the information needed by the committee, further planning will be coordinated at the Annual Meeting in Montreal.
The National Board of Medical Examiners Subject Examination Update
Aggie Butler, PhD
Associate Vice President, Medical School Programs
National Board of Medical Examiners

The National Board of Medical Examiners (NBME) provides subject examinations to all of the 126 US medical schools accredited by the Liaison Committee on Medical Education (LCME), and eight Canadian, five osteopathic and ten medical schools or institutions outside the United States, Puerto Rico, and Canada. Eighty-five percent of LCME accredited US medical schools currently administer the Psychiatry Subject Examination. Input on a wide variety of issues related to the Subject Examination Program was solicited from focus groups and surveys. As a result, the following enhancements and initiatives are underway.

Web-based Score Reporting
Medical schools that use subject examinations are now able to download scores and analytical reports. The schools have direct access to the scores and reports on the website, which will assist the schools in processing and disseminating scores and reports to faculty and departments.

Analytical Reports
Year-end reports containing information on performance for the major content categories in each clinical subject exam have been developed. Summary performance information is included for all examinees from the current academic year. National norms are also provided for each quarter as well as the entire academic year since scores in certain clinical exams are progressively higher for students of equivalent ability who take the relevant rotation later in the academic year. The report also provides information regarding the performance of comparison group examinees by the most common clerkship lengths among students taking the test.

Clerkship Surveys of Curriculum and Subject Examination Use
A series of surveys has been sent to clerkship directors to solicit participants to develop new grading guidelines, to determine what assessments are used for student evaluations, to assess how clerkships use the subject examinations for grading, to evaluate the usefulness of the subject exam reports, and to assess what other assessment tools may be needed. A survey will be sent to Psychiatry Clerkship Directors by fall 2004. The NBME plans to share the summary data from the surveys with medical schools.

Grading Guidelines
The NBME provides schools that use Subject Examinations with grading guidelines to assist clerkship directors in determining passing and honors grades for their students. These guidelines are based on the results of studies conducted by NBME, using a national sample of medical school faculty as judges. The NBME periodically reviews standards for pass/fail exams. The grading guidelines for several clinical examinations are being updated via web-cast conferences with faculty. A series of Psychiatry grading guidelines sessions is planned for fall 2004.

ADMSEP News (Cont.)

Julia Frank received the George Washington University Medical Center distinguished teacher award for designing curricula for courses in problem based learning, psychopathology, and the clerkship seminar.

Bob Gois was promoted to Associate Professor of Psychiatry, Harvard Medical School. He remains Director, Residency Training and Medical Student Education at Massachusetts Mental Health Center.

Ruth Lamdan received the Regional Teacher of the Year Award, Association for Academic Psychiatry, Fall, 2003, and the Nancy C.A. Roeske, M.D., Certificate of Recognition for Excellence in Medical Student Education.

Judith Neugroschi received the Nancy C. A. Roeske Certificate of Recognition for Excellence in Medical Student Education. She also became the Director of the Geriatric Psychiatry Fellowship at Mount Sinai School of Medicine. In addition, she coauthored two books:

Darlene Shaw received the Outstanding Teacher of Psychology Award presented by the South Carolina Psychological Association. April 2003.
Beginning June 14, 2004, a test of clinical skills will be included in the USMLE as part of the Step 2 examination. The purpose of this test is to assure that examinees have the information gathering and communication skills necessary to enter supervised postgraduate education.

The examination will be administered at Clinical Skills Examination Centers located in Philadelphia, Atlanta, Chicago, Houston and Los Angeles. Students at LCME and AOA accredited medical schools in the Class of 2005, and all international candidates for licensure will be required to complete the examination as a condition of eligibility for the Step 3 examination.

The examination consists of 12 encounters between candidates and Standardized Patients, lay persons trained to accurately portray one or two clinical situations, and to record a candidate’s performance with a high degree of reliability. Each encounter lasts 25 minutes. Candidates are graded on their ability to communicate with the standardized patients, perform a focused history and physical examination, and to use spoken English effectively. As part of the encounter, candidates must write or type a post-encounter note describing their findings, listing up to five possible diagnoses, and indicating next steps in diagnostic assessment. The examination is graded Pass/Fail.

The cases in the clinical skills examination represent conditions commonly encountered in the primary practice of medicine. These include such complaints as headache, fatigue, abdominal or chest pain, forgetfulness, and back pain. Case scenarios may call for patients to be anxious, irritable, depressed, or poorly focused. In every case, the focus of the examination is on establishing rapport, communicating effectively, and gathering the appropriate information necessary to plan further assessment.

Initial release of results will be delayed until an adequate number of examinees complete testing at each of the five testing locations to permit equating of examination data within and across test sites. Because of the uncertainty surrounding test center scheduling and the potential challenges of implementing the test with new systems, a specific reporting date cannot be guaranteed, regardless of the date on which Step 2 CS is taken. While the NBME expects to begin reporting Step 2 CS performance late in the fall of 2004, delays may be encountered during the first year. These delays could extend beyond deadlines for the 2005 NRMP Match.

Residency program directors are encouraged not to require reporting of Step 2 CS results for students in LCME and AOA accredited medical schools as a condition of application for a residency position or for ranking in this year’s NRMP. As a condition of participation in the NRMP 2005 Match, international medical graduates (IMGs) will continue to be required to have passed either the Educational Commission of Foreign Medical Graduates (ECFMG) Clinical Skills Assessment (CSA™) or USMLE Step 2 CS. The NBME and ECFMG have assigned high priority to providing reports for IMGs participating in the 2005 NRMP who test before January 1, 2005.

Ted Smith received the Nancy C.A. Roeske Certificate of Recognition for Excellence in Medical Student Education.

Margaret Stuber was selected to be a Fellow in the Executive Leadership in Academic Medicine program for women, Drexel University, 2002-2003. In 2003, she was named to the Jane and Marc Nathanson Chair in Psychiatry at the UCLA Neuropsychiatric Institute. In 2004, she was selected to be a member of the American College of Psychiatrists. Since 2003, she has coauthored three book chapters, including: Stuber, M.L. & Stangl, S., The Patient. In The Behavioral Sciences and Health Care, edited by O. J. Z. Sahler and J. E. Carr; W. B. Saunders Company, New York, 2003.

In addition, in the past year, Margaret has authored or coauthored eight peer-reviewed papers, including being the first author on:
I am pleased to inform you that Dr. Michelle Riba, APA President, will be convening an educational summit on medical student education in psychiatry. The summit, scheduled for April 29 to May 1, 2005, in Arlington, VA, aims to achieve consensus among leaders in the field on how best to reconceptualize and restructure medical student education in the time of shrinking resources for teaching in medical schools. The conference title is "Educating a New Generation of Physicians in Psychiatry" and will focus on five key topic areas:

a) curriculum content  
b) educational methodology  
c) mentoring (for research careers and recruitment into psychiatry)  
d) health disparities and minority representation  
e) funding medical student education in psychiatry  

This invitational summit will include participants from ADMSEP as well as other allied education organizations such as AAMC (co-sponsor), AACDP, AADPRT, AAP, ABPN and APA. The APA has not had a summit focused mainly on undergraduate education for many years, although there is a long history of productive joint APA/AAMC conferences in psychiatric education. We hope to achieve some consensus about what future physicians need to know about psychiatry and how it should be taught, with special emphasis on mentoring and under-represented minorities. We plan to disseminate recommendations from the conference about how to achieve the goals, and follow-up with publications and a follow-up conference. We would like to submit a summary of the proceedings for presentation and discussion at the 2005 ADMSEP meeting.

In other APA news, I am happy to announce that Annelle Primm, MD, has joined the APA staff this month. Formerly at Johns Hopkins, Dr. Primm will be the head of the Division of Minority and National Affairs and will be a tremendous asset to the APA.

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**Academic Psychiatry Call for Papers**

*Academic Psychiatry* is seeking manuscripts in three theme areas:

**Best Evidence Medical Education**  
Deadline: February 1, 2005

**Psychiatric Education for Medical Students: Challenges and Solutions**  
Deadline: April 1, 2005*

**Cross-Cultural Issues in Psychiatric Education**  
Deadline: June 1, 2005**

*Priority will be given to empirical manuscripts.*

When submitting manuscripts, please use the online submission system at: http://appi.manuscriptcentral.com. For more information, go to the *Journal* web site at ap.psychiatryonline.org.

*Questions on the submission process can be directed to Krisy Edenharder, Editorial Assistant in the Milwaukee office, at: kedenhar@mcw.edu or (414) 456-8965.*

*Janis Cutler* will be the guest editor of *Psychiatric Education for Medical Students: Challenges and Solutions*. This special issue will offer a wonderful opportunity for the ADMSEP membership to contribute to the first theme issue devoted to medical student education since ADMSEP became a sponsoring organization of *Academic Psychiatry*. Possible topics include approaches to the challenges of tightening resources (time and money) and new technology, as well as curricular and assessment innovations, strategies for educator career development, and “tried and true” teaching methods that have retained their usefulness. Authors should not feel limited by these suggestions and should feel free to discuss possible topics with Janis.

**Francis Lu** will be the guest editor of *Cross-Cultural Issues in Psychiatric Education*. 
Points of Interest Culled From AAMC STAT* and Other Sources
Darlene Shaw, PhD
Medical University of South Carolina

• The Institute of Medicine (IOM) released a report, “Improving Medical Education: Enhancing the Behavioral and Social Science Content of Medical School Curricula.” The report outlines the core behavioral and social science content medical schools should provide. (AAMC STAT, 3/29/04). For additional information go to http://www.iom.edu.

• The March 2004 issue of Academic Medicine includes an article entitled, “Unprofessional Behavior in Medical School is Associated with Subsequent Disciplinary Action by a State Medical Board.” For information: www.academicmedicine.org.

• According to AAMC data, the number of registrants for the April 2004 administration of the MCAT was up more than 7% from last year. The increased number of registrants strongly suggests that the number of applicants to the 2005 medical school entering class will continue the upward trend that began with the 2003 application cycle. (AAMC STAT, 4/26/04).

• The November 2003 issue of The Chronicle of Higher Education (Vol. 50)14, (pp A18) includes an interesting article entitled, “Physician, Teach Thyself.” The article describes the travails of medical school faculty across the country as they attempt to recruit their colleagues to teach students. Factors associated with reluctance to teach include greater pressure to generate clinical revenue and research grants and the relative lack of incentives (raises and promotions) for teaching. The article discusses new approaches to attracting teachers, including Deans requiring department chairs to spend a certain percentage of their funding allocations on teaching salaries and other educational expenses, seeking additional (outside) funds to incentivize teaching, and awarding faculty “productivity credits” for their teaching time. For more information: http://chronicle.com/weekly/v50/i14/14a01801.htm.

• The AAMC has released a new report on “Medical School Tuition and Young Physician Indebtedness,” which provides a historic perspective on rising tuition and student debt, and examines the availability of loans, the value of medical education as an economic investment, and the ability of young physicians to service substantial debts. (AAMC STAT, 4/26/04). For information: http://www.aamc.org/publications.

• The November 2001 issue of The Chronicle of Higher Education (Vol. 49) has a “must-read” article entitled “Litigious Students and Academic Disputes” by Scott D. Makar. The article tells of a former medical student in Florida who sued his college in 1993, after he was given a failing grade in the final course that he required to graduate. The jury ruled that the institution had breached an implied contract with the student and that its decision to give him a failing grade was “arbitrary.” The Florida Supreme Court upheld a ruling by a State Appeals Court that touched on many issues affecting universities and their students. As the article notes, the Court’s decision reflects the judiciary’s growing tendency to view colleges as similar to commercial ventures. This article is available online at the following address: http://chronicle.com/weekly/v49/i11/11b02001.htm.

• The AAMC and 24 other physician groups have urged Congress to increase the annual Stafford subsidized loan limits for graduate and professional students from the current $8,500 to at least $12,000. Loan limits have not increased since 1992. This initiative also calls for an extension of the allowable economic hardship deferment to the length of a required residency. The deferment is currently available for only three years. (AAMC STAT, 4/26/04).

• Each year the AAMC issues a call for submissions to participate in the Innovations in Medical Education (IME) exhibits, which are held at the AAMC annual meeting. These exhibits provide a forum for the exchange of ideas and activities in medical education. Participants are invited to exhibit work “still in progress,” recently introduced innovations, or established projects. Although it is too late for this year’s meeting, keep it in mind for next year. (AAMC STAT 4/18/04).


More points of interest on page 14.

*AAMC STAT: Short, Topical and Timely news from the Association of American Medical Colleges is an electronic newsletter provided by the American Association of Medical Colleges.
Greetings from the Editorial Staff of *Academic Psychiatry*! We are pleased to have an opportunity to reach our colleagues at ADMSEP with the introduction of this column. This is our chance to offer you regular updates and to highlight new developments within the *Journal*.

We are thrilled with the recent addition of ADMSEP as a sponsoring organization for *Academic Psychiatry*, and we have already benefited greatly from the advice, collegiality, energy and expertise of ADMSEP members. Our recent “call for reviewers,” advertised on the ADMSEP listserv, was met with overwhelming enthusiasm.

**Bimonthly Publication Schedule**

All of the three parent organizations for the *Journal* (ADMSEP, AAP and AADPRT) have voted to approve “concept clearance” for the transition to a bimonthly publication schedule for *Academic Psychiatry*. Currently the *Journal* is published on a quarterly schedule. However, recent surges in our manuscript submission rate have made it possible to support the publication of two more issues each year. We now look forward to collaborating with APPI and our three parent organizations to define the next steps for working toward this goal. A target start date for this publication schedule change has been set for July, 2005.

**The Changing of the Boards**

**Governance Board**

As part of our effort to streamline policies and procedures for the *Journal*, it was recently decided that the Governance Board for *Academic Psychiatry* would consist of the editorial staff and one representative from each of the three sponsoring organizations. In our old structure, the president of each organization automatically held a position as a Governance Board member for the *Journal* during his or her one-year term as president. However, because each organization changes presidents annually and operates within different annual cycles, Governance Board continuity became difficult to maintain.

Governance Board members are now appointed from each parent organization to serve a term of up to four years. In select cases, a term may be renewed for another four years for maximum service of up to eight years.

The current Governance Board consists of:

- **AAP Representative**: Donald Hilty, MD
- **AADPRT Representative**: Bruce Levy, MD
- **ADMSEP Representative**: Myrl Manley, MD
- **Associate Editor**: Alan Louie, MD
- **Associate Editor**: John Coverdale, MD, FRANZCP
- **Editor-in-Chief**: Laura Roberts, MD

Thank you to all of the representatives who accepted a position on our Governance Board. We are pleased and excited to work with you on behalf of the *Journal*.

**Editorial Board**

*Academic Psychiatry* extends a warm welcome to three new Editorial Board members:

- **Dr. Peter Buckley** joins us from the Department of Psychiatry and Health Behavior at the Medical College of Georgia.
- **Dr. Theodore Feldmann** joins us from the Department of Psychiatry & Behavioral Sciences at the University of Louisville School of Medicine
- **Dr. Darlene Shaw** joins us from the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina

Thank you all for your willingness to serve on our Editorial Board. We look forward to tapping into your expertise and enthusiasm as we move forward in the next few years.

**New Features in *Academic Psychiatry***

In the Summer 2004 issue of *Academic Psychiatry*, the editors will publish an editorial entitled, “How to Review a Manuscript: A ‘Down to Earth’ Approach.” This will be the first in a series of articles that will address a fundamental skill in academics for our readers. We are hopeful that this series will provide useful and practical tips for professionals in academic psychiatry.

In addition to this editorial series, *Academic Psychiatry* plans to introduce a new teaching resource column as a regular feature of the *Journal*. This column will allow us to highlight pieces containing model curricula, innovative program descriptions, and collections of valuable teaching materials.

**Infrastructure Year**

The year 2004 has been declared “infrastructure year” for our *Journal*. The addition of ADMSEP as a third sponsoring organization for the *Journal*, a new system for appointing Governance Board members for each parent organization, three new Editorial Board members and several new staff members, have necessitated some revision of existing policies and documents. It is our intention, with these revisions, to provide a solid structure and framework for future *Journal* development. We are grateful to our Governance Board members and Editorial Board members for helping us to think through important issues such as term limits for editorial staff and members of both boards, the feasibility of a new publication schedule, and guidelines for frequency of special issues within the *Journal*.

The last few months have been extremely productive and exciting for us at *Academic Psychiatry*. We would like to express our sincere appreciation to all ADMSEP members for their support and patronage. We look forward to working with all of you as authors and reviewers in the future! Together, we can accomplish great things for our field!
INTEGRATED VS. SPLIT THERAPY - PROS & CONS
Irv Hassenfeld, MD
Albany Medical College

INTEGRATED THERAPY (a.k.a. medical psychotherapy, psychotherapy plus medication management, 90805, 90807)

History: Ever since Freud and Breuer invented or rather popularized "talking therapy," psychiatrists have been treating patients with psychotherapy and adjunctive medication. Until the early 1960s, the conventional wisdom was that giving medication interfered with psychotherapy. In the 1960s Lithium became available and it became apparent to many psychiatrists that, at least for Bipolar patients, medication actually made the patient more available for psychotherapy. Since then, other effective medications for depression and OCD and Panic Disorder have become available, converting the majority of psychiatrists to this point of view. Studies have shown that medication plus psychotherapy is in many cases more effective than either alone, and that they complement each other. Medication acts relatively quickly to alleviate symptoms while psychotherapy acts later to improve relationships and quality of life.

Advantages: Integrated therapy, as the name suggests, allows the psychiatrist or psychiatric nurse practitioner or physician assistant to use medications in a measured manner to fine tune them in order to maximize beneficial effects while minimizing detrimental side effects on psychotherapy. I was surprised to learn that the only two studies of cost effectiveness found that integrated therapy was less costly to insurers than split therapy. There are no controlled studies that I was able to find on their comparative efficacy for treatment outcome. For patients it is less costly in time and transportation and they spend less time away from their job and family. No opportunity for therapist "splitting" exists. For patients who have major comorbid medical conditions it is obviously an advantage to be treated by a psychiatrist whether or not they need psychiatric medications. For patients needing frequent hospitalizations having two clinicians can be cumbersome.

Disadvantages: There is an acute shortage of psychiatrists in many areas of the country, making it "desirable" for psychiatrists to "see" as many patients as possible. In order for this to happen, psychiatrists have to shorten visits to as little as ten minutes if possible.

SPLIT THERAPY (a.k.a. collaborative treatment, combined treatment, psychotherapy and medication backup, parallel treatment, 90806 + 90862)

History: Long before managed care came to dominate the scene, licensed psychologists and social workers who provided psychotherapy would recognize that some of their patients would benefit from the addition of psychotropic medication. These therapists would then seek out a psychiatrist, usually someone they already knew and perhaps had worked or trained with, who agreed to evaluate the patient and, if indicated, prescribe medication and monitor the patient during monthly or less frequent visits. It is difficult to know how frequent this arrangement was used prior to managed care but in my experience most psychiatrists engaged in at least such arrangement. I remember discussions among psychiatrists of the malpractice implications of these arrangements. In addition, community mental health center directors increasingly found that it was easier and less expensive to hire social workers to do psychotherapy and reserve the scarcer and more expensive psychiatrists for medication back-up. As we all know, split therapy has become the modal arrangement in those areas where managed care has penetrated and dominated the market.

Advantages: It stands to reason that, in those areas where there is a shortage of psychiatrists, non-psychiatrists should provide psychotherapy to those patients who need it and for whom a psychiatrist is not available. Should the patient need psychotropic medicine, it could be provided in consultation with the patient's primary care physician or with a psychiatrist. Split therapy may also make sense where cognitive-behavior therapy is thought to be helpful and the psychiatrist doesn't have the training and expertise to provide it. In such cases referral to an appropriate non-psychiatrist therapist can be made for this time-limited adjunctive experience. The psychiatrist may or may not reduce the frequency and/or length of sessions depending upon the patient's need for support, availability and financial resources.

Disadvantages: In my informal, non-systematic survey of psychiatrists, there doesn't appear to be a consensus about split therapy. Younger psychiatrists are more likely than older psychiatrists to like the practice. A possible explanation for the difference may lie in the changes in residency training. Younger psychiatrists are likely to have trained in settings where split therapy was common, and doing medication management without psychotherapy became comfortable for them. In New York City where managed care has only limited penetration, psychiatrists have mixed practices in which only a minority of their patients are split. They seem to experience few problems with the practice even where their contact with collaborating therapists is relatively infrequent. They attribute this lack of problems to being selective in choosing patients and therapists with whom to collaborate.

My own experiences with split therapy have been less than satisfactory. The half a dozen times that I agreed to do this in private practice before the advent of managed care in my area were a mixed experience for myself and the patient. I would see the patient monthly or bi-monthly after the initial evaluation period for my customary 50 minute hour. After discussing the effects, both therapeutic and side-effects, of the medication that I had prescribed, patients would often proceed to talk about their lives and about their problems in living. I was never sure whether or not they had discussed the same issues with their other therapist and would feel that I should ask about this, while also feeling that asking might be experienced by the patient or the other therapist as controlling or intrusive. Perhaps I was mistaken in seeing these patients for as long as 50 minutes.

Since I began working in a hospital outpatient mental health clinic, virtually all of my patients receive split therapy. I have no choice as to whom my patients are assigned. One of the problems that has developed has to do with bonding. Frequently, I will be asked to see a new patient before she is seen by her social worker because the patient was deemed by the intake worker to be urgently in need of medication. Several such patients have bonded with me and fail to keep appointments with the assigned social worker. Another problem is when patients complain to me about their assigned social worker. On such occasions I find myself trying to convince the patient that the social worker has his best interest at heart and to talk to the social worker about his concerns about and disappointment with therapy. They rarely do.

CONCLUSIONS

Is there a problem here? I happen to think there is, although I also realize that many disagree. The most serious problem is for the future of our profession. Because 90862 has no minimum time requirement (the same reimbursement applies whether the patient is seen for 5 minutes or for an hour), there is, therefore, a strong financial incentive on the part of clinics, insurance companies, and psychiatrists themselves to see for medication management the greatest number of patients in the shortest amount of time, similar to the situation in which primary care and other medical specialists find themselves. Psychiatrists have until now prized themselves on the uniqueness of our specialty among medical specialties in spending the time with patients necessary to get to know them as persons and to establish therapeutic alliances with them. This endeavor is central to our discipline and what attracted me and many of you to the field. Its loss will, in my opinion, be fatal to our profession.

What can be done to fix the problem? Perhaps nothing until the reimbursement system undergoes a major change. Meanwhile, we as individuals need to take a stand about the minimum time we need to diagnose and treat patients effectively, and not compromise patient welfare by going below this minimum. When we do engage in split therapy it might be helpful for the assigned social worker to see the patient first to increase the possibility that bonding will take place between them. It is also important for as much communication as possible to take place between therapists. Most importantly, we need to talk and write about this issue and to keep it from becoming business as usual.
A Potent Spell: Mother Love and the Power of Fear, Janna Malamud Smith (Houghton Mifflin, 2003)

The author explores the implications of mothers’ universal anxiety over the possibility of losing a child. She builds on Oscar Wilde’s insight that children are “hostages to fortune.” Mothers, in their turn become hostages to the cultures on which they depend for the resources, relationships, and knowledge that will enable them to avoid such terrible loss. As something of an anxiety specialist myself (as a mother I would have to be), I found her perspective professionally chastening and personally enlightening. I hope it will ultimately enhance my work as a teacher.

Smith is a psychotherapist with a strong background in literature, fine arts and social science. With wit and careful scholarship, she traces anxiety over child loss through Western history, including the history of psychology and psychiatry. Her primary sources are historically influential books of advice for mothers, beginning with a seventeenth century Puritan tract and carried through to contemporary psychoanalysis and psychiatry.

Smith’s strongly feminist convictions inform her analysis. She reminds us that psychology has largely superseded religion in explaining human motivation, purpose and capacities. As child death has decreased (at least in parts of the world), mothers fear instead causing lasting harm to their children through not being “well attached” or “good enough” or adequately supportive of “separation individuation.”

Well meaning, apparently benign modern writers from Winnicott and Mahler to Brazelton and Sears all manage to reinforce the distortion that mothers, as individuals, are both necessary and sufficient to ensure child survival. “Expert” interpretation of limited facts obscures the social context that exploits mothers’ fears to deprive them of crucial resources and frustrate their attainment of critical personal goals. In passing, Smith also warns us that uncritical interpretations of neurobiology are as likely as psychology to reinforce rather than challenge these deeply held social arrangements.

In providing a framework for interpreting the cultural context of some of our professional concerns, A Potent Spell has particular utility for those of us who present specialized knowledge to skeptical others. Too often, our descriptive, objective, stance (embodied in DSM IV, biology, and behaviorism) strikes students as relevant only to a small group of highly abnormal individuals they will never see “in real life.” Urging trainees and colleagues to apply our perspective to “normals” does little to make it relevant. Our narrowness of vision renders the phenomena we study meaningless, in the broadest sense, to anyone outside our field. Restoring meaning requires restoring perspective and placing information into context. For example, to teach about gender differences in the expression of hormones on the brain to talk, as Smith does, about the impact on women’s psychology of their critical evolutionary role as mothers and the social context that may modify or exaggerate basic gender differences.

Our students always hunger for meaning, to turn what they learn from rote knowledge into wisdom. Books like this, which build bridges from the specialized concern of our profession to the culture that supports us, may help us to become more inspirational teachers, and also, perhaps to avoid serious error in transmitting to the next generation the weird mix of fact, theory and exhortation that comprises our field.

Julia Frank, MD
George Washington University MFA

Book Reviews

A Fan’s Notes, Fred Exley (Vintage, 1998)

As a second year medical student with two years of recovery from alcohol and drug addiction, I read A Fan’s Notes by Fred Exley expecting another personal account of the misery of alcoholism and the miraculousness of recovery from it. With those expectations in mind and our common plight of addiction, I found myself rooting for Exley from the very beginning. However, instead of recovering, Exley never comes to realize the true nature of his condition.

Exley shows us that an alcoholic can be intelligent, methodical, even likeable, but helpless nonetheless. His downfall is that he, like other alcoholics I know, would sooner ascribe his troubles to the faults of other people or even to his own insanity than to his drinking. Indeed, Exley is coolly accepting of his unusual scuffs and repeated institutionalization.

The title of the book comes from his growing obsession with drawing parallels between his life and the athletic career of legendary Giants’ quarterback, Frank Gifford. He writes “Whatever it was, I gave myself up to the Giants utterly. The recompense I gained was the feeling of being alive.” With episodes of intense depression superimposed on his alcoholic binges, following Giants’ football became his only link to sanity.

The great achievement of this book is its accurate portrayal of the helplessness of an alcoholic to recognize his condition. Although Exley had some unusual experiences in his childhood, the onset of true unmanageability in his life is so insidious as to leave even the reader wondering what went wrong. He shows us that the delusions of an alcoholic mind are present in the absence of intoxication, making it a challenging diagnosis for physicians.

I am thankful that this book was recommended to our second year medical class. Although alcohol and drug addiction is such a prominent disease, it is underrepresented in the curricula of many medical schools. Although A Fan’s Notes is not likely to help a student who is in the throes of addiction, it would help other students to recognize the disease in their colleagues and their patients. The book unfortunately does not educate students about the recovery process which is equally important in order for them to intervene appropriately with a patient.

A Fan’s Notes is a poignant reminder of the devastation that the disease of alcoholism can cause. For my classmates who read the book, I can only imagine that it was a frustrating, perplexing look at the mental derangement that is alcoholism. I read elsewhere that Fred Exley’s life continued its downward spiral, A Fan’s Notes being his only real success before an early death. In the end, Exley left us with an unforgettable look into the madness of the alcoholic mind.

Eli Penn, COM2
Medical University of South Carolina


Trish McLeod, MD is a professor of psychiatry at a southern medical school. She finds a body in the bathtub at the local mental health center and helps to solve the crime. Fran Hagaman, the author, is a retired professor of clinical psychiatry. Fran is also one of my best friends. The book is entertaining, and most readers do not guess the murderer until the end. The book is available from Amazon.com for $15.

Mary Jo Fitz-Gerald, MD
Louisiana State University HSC
Book Reviews

**Psychiatry, Janis L. Cutler, M.D., and Eric R. Marcus, M.D. (Eds.)** (W.B. Saunders: Philadelphia, 1999; 351 pp.)

As course and clerkship directors who select textbooks for students, we are often stuck on the horns of a dilemma. Do we select the slim inexpensive text that presents an introductory overview in the hope that the students will actually buy and read the book, even though it may be of limited use outside of our course? Do we select the more comprehensive one which will have a life span into a student’s internship, even though such a tome will be more expensive and a more daunting read to the beginner? Psychiatry, a volume in the Saunders Text and Review Series, bridges this divide nicely. Drs. Cutler and Marcus enlisted an excellent group of clinician educators from Columbia University to author the chapters, then organized the book in a way that is readable and inviting. The text makes liberal use of case vignettes throughout, providing a grounding and immediate clinical relevance to the material.

The book’s first section, Assessment (two chapters), includes extra material on case formulation, the role of assessment in overall treatment planning, and on the interview process itself. Sample interview questions and interview sections give direct examples that are useful for medical students.

The second section, Psychopathology (eleven chapters), presents the core psychiatric disorders using the standard DSM IV organization. The editors nicely maintain the same organization for each chapter, making comparison across the disorders easier. Each chapter also contains subheadings on the recommended general medical evaluation for the disorder and on the particulars of the clinical interview for the disorder. Treatment subheadings are divided into psychotherapy and pharmacotherapy (plus others as indicated), with good balance given to both modalities. This text is the first introductory text that I’ve used where the chapter on substance related disorders presents the Twelve Steps, acknowledging the role of non-professional groups in recovery. Also included is a chapter on suicide and violence and one on life development. This last is placed interestingly at the end of the section, instead of it’s usual place at the beginning. This placement makes the developmental information more relevant to clinical situations.

The third section, Treatment (three chapters), starts with a chapter on treatment settings and how this variable affects the therapeutic relationship, the focus and methods of the assessment and the choice of treatment options. The psychotherapy chapter has an excellent diagram placing the different psychotherapeutic modalities in relationship to each other and to the treatment planning process. While it is simplified, it is a good cognitive organizer for a topic that many students have difficulty grasping. The psychopharmacology chapter is the blandest in the book, being completely adequate, except for the developments that have occurred since the text’s publication.

I’ve used this text for the past two years in my second year course introducing clinical psychiatry, and the text has been well received. The negative feedback has been either about the publisher’s decision to use an unusual shade of purple for some highlighting or about the usual text criticisms (too complex, too superficial, why do we need a textbook at all). The positive feedback has appreciated the book’s clarity, salience and organization.

**Martin H. Leamon, MD**
University of California, Davis


Many of us who are "mid-career" or beyond and struggle to incorporate findings from the molecular revolution in the neurosciences within our clinical ken might appreciate Larry W. Swanson's *Brain Architecture: Understanding the Basic Plan*. I found this reviewed in *Science*, and use it now in our neurosciences curriculum. The book is a meditation on neuroanatomy by a long-time student, enthusiast, and investigator, who mixes the history of discovery with a neo-Darwinian approach about the development of systems to create a series of models of how the brain creates the mind. Written for the lay public, it is nonetheless serious and works to understand and display complexity, rather than simplify it.

Some samples:

“... Thus, one would suspect that there are neuroendocrine central pattern generators, just as there are somatomotor and autonomic motor pattern generators. Actually, such a network has recently been characterized in the medial hypothalamus, in the periventricular region between the neuroendocrine motoneuron pools and the medial nuclei thought to be involved in the highest levels of the somatomotor control system...” (pp 129-130)

The book might not fit everyone's description of a suitable read for the beach or the cabin in the woods, but it can be read and incorporated in bits and snatches, is small and compact, is sensitive to the nuances of the science it reveals, and makes a fine companion!

**David Dunstone, MD**
Michigan State University, Kalamazoo Campus

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*University of California, Davis* (Eds.) (W.B. Saunders: Philadelphia, 1999; 351 pp.) Psychiatry, Janis L. Cutler, M.D., and Eric R. Marcus, M.D. Since the text's publication, the negative feedback has been either about the publisher’s decision to use an unusual shade of purple for some highlighting or about the usual text criticisms (too complex, too superficial, why do we need a textbook at all). The positive feedback has appreciated the book’s clarity, salience and organization. The third section, Treatment (three chapters), starts with a chapter on treatment settings and how this variable affects the therapeutic relationship, the focus and methods of the assessment and the choice of treatment options. The psychotherapy chapter has an excellent diagram placing the different psychotherapeutic modalities in relationship to each other and to the treatment planning process. While it is simplified, it is a good cognitive organizer for a topic that many students have difficulty grasping. The psychopharmacology chapter is the blandest in the book, being completely adequate, except for the developments that have occurred since the text’s publication.

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**David Dunstone, MD**
Michigan State University, Kalamazoo Campus
**Book Review**

Educational Series, Neal Whitman, Ed.D.

*Creative Medical Teaching* (2nd ed., 1993)  
*Residents as Teachers: A guide to Educational Practice* (2nd ed., 1993)  
*The Chief Resident as Manager* (2nd ed., 1993)  
*There is No Gene for Good Teaching: A Handbook on Lecturing for Medical Teachers* (1999)

All published by the University of Utah School of Medicine.

Neal Whitman, Ed.D., is a member of the Department of Family and Preventive Medicine at the University of Utah School of Medicine. He authored or co-authored a series of books which include the above. This series of books is invaluable for Directors of Medical Student Education. Even though you may not need the books, they are a good resource for new faculty and residents. I routinely gave the books on resident teaching to the incoming residents when I was training director.

His small book, *There is No Gene for Good Teaching*, is easy to read in one sitting. Dr. Whitman addresses subject organization, teaching techniques, and speaking skills. He describes ways to keep the students’ attention, such as questioning, brainstorming, demonstrating, and role playing. Although the experienced teacher may not need such a resource, the novice teacher will find the book a useful resource to start thinking about his teaching skills.

*The Ward Attending: The Forty Day Month* discusses subjects from responsibilities to assessment, feedback, and evaluation. This is a very practical book in which Dr. Whitman reminds the attending of what it is like to be a learner.

Dr. Whitman has many books available. His phone is (801) 587-3393. He is happy to fax a current price list.

His mailing address is  
Department of Family and Preventive Medicine  
University of Utah School of Medicine  
375 Chipta Way, Suite A  
Salt Lake City, UT 84108  
Fax # 801.581.2759

Mary Jo Fitz-Gerald, MD  
Louisiana State University HSC

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**Points of Interest Culled From AAMC STAT* and Other Sources (Cont.)**  
Darlene Shaw, PhD  
Medical University of South Carolina

- The December 2004 issue of the *Virtual Mentor*, the AMA’s online ethics journal for medical students and physicians, focuses on **professionalism in medical education**. It is available at: [http://www.ama-assn.org/ama/pub/category/11785.html](http://www.ama-assn.org/ama/pub/category/11785.html).

- According to a recent AAMC report, AAMC member **medical schools and teaching hospitals** had a combined **economic impact** of over $326 billion and employed one out of every 54 wage earners in the US labor force during 2002. (AAMC STAT 2/8/04). For information: [http://www.AAMC.org/publications](http://www.AAMC.org/publications).

- Each year the AAMC invites paper submissions to be presented at their Annual Conference on **Research in Medical Education (RIME)**, held in conjunction with the AAMC annual meeting. The submission deadline is typically in February for the following year. For more information: [http://www.aamc.org/members/gea/rime/start.htm](http://www.aamc.org/members/gea/rime/start.htm).

- According to a new report from the AAMC, a review and analysis of 23 studies that compared the quality of care in **teaching hospitals** to the care received in other institutions indicated that teaching hospitals, in general, **provide better quality of care** than other institutions. (AAMC STAT, 1/7/04) For information: [http://www.aamc.org/quality/surveys/start.htm](http://www.aamc.org/quality/surveys/start.htm).

- **Medical school debt** for students graduating in 2003 **rose 5.4%** from the previous year. Fifty-eight percent of students had incurred debt of $100,000 or more and 25.4% faced debt of $150,000 or more. (AAMC STAT, 12/05/03) For more information: [http://www.aamc.org/students/financing/debhelp](http://www.aamc.org/students/financing/debhelp).

- The May 2004 issue of *Academic Medicine* addressed the topic of **resident physicians** from a variety of perspectives, including arguments pro and con resident duty hours. For more information: [http://www.academicmedicine.org](http://www.academicmedicine.org).

*AAMC STAT: Short, Topical and Timely news from the Association of American Medical Colleges is an electronic newsletter provided by the American Association of Medical Colleges.*
Note about the Educational Summit
Carl Greiner, MD
UNMC Nebraska Medical Center

Dr. Nutan Vaidya and I attended the preliminary conference for the Educational Summit (see article by Deborah Hales on page 8). I will be representing the APA Committee on Medical Student Education at the Summit. ADMSEP will have the opportunity to send three representatives to the conference.

Being “at the table” has been an important goal for our group. The educational summit will allow us to speak to the broader range of educational issues and the specific concerns of medical student educators. Please contact Nutan, Myrl, or me if you have recommendations for our involvement.

Scenes from the 2003 Annual Meeting
Faces from the 2003 Annual Meeting

Association of Directors of Medical Student Education in Psychiatry

c/o Darlene Shaw, Ph.D.
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