teach verb. (a) to cause to know something; (b) to cause to know how; (c) to accustom to some action or attitude; (d) to guide the studies of; (e) to instruct by precept, example, or experience.

lead verb. (a) to guide on a way especially by going in advance; (b) to direct on a course in or in a direction; (c) to serve as a channel for (a pipe leads water to the house); (d) to go through, to live (lead a quiet life); (d) to bring to some conclusion; (e) to assume a position at the front, especially on the vanguard; (e) to have a margin over (led his opponent); (f) to assume a principal role in a dramatic production.

profession noun. (a) an act of openly declaring or publicly claiming a belief, value, faith, or opinion; (b) a calling requiring specialized knowledge and often long and intensive academic preparation with duties of self-discipline and self-governance and often in the service of others; (c) the whole body of persons engaged in a calling.

Adapted and embellished definitions Webster’s Universal Encyclopedic Dictionary, 2002

Teachers teach people who will become leaders. Teachers become and are themselves leaders. In their work, teachers share, instruct, profess, exemplify, and serve. They shape the values, knowledge, and actions of others and, as such, they are agents of great but often unrecognized influence.

As an organization of professional colleagues who define themselves first, joyfully, and most resiliently as teachers, the Association for Academic Psychiatry has an important contribution to make within the profession of medicine. It is not only through what we do — for example, mentoring, creating innovative educational approaches, enhancing skills, inviting dialogue, offering collegial support and friendly criticism, and networking — but in what we affirm, what we choose for our committed emphasis, or not, what we assume, and what we quietly insist upon that our contributions are made.

The aim of the upcoming annual meeting is to link the concepts of teaching, leading, and professionalism in a manner that is intentional and explicit. I invite you to think about these concepts — not for their merit as individual ideas, but for their meaning as a set. For the more practical of us, we will think about how to apply these connected ideas — building the right suite of skills in our students for future leadership tasks and translating these concepts to action in our everyday work. For others of us, talking with thoughtful colleagues about this triad will result in greater clarity about our current and potential roles.
EDITOR’S COLUMN

Joan Meyer Anzia, M.D.

MUSINGS OF A PSYCHOTHERAPY SUPERVISOR

Many thanks to Mary Haley and Carole Berney, as well as all of the Executive Council of AAP, for helping me put together the fall edition of the newsletter. I’m very grateful that this team took my periodic reminders as encouragement and not harassment!

Observations from a number of different work arenas have led me to focus recently on the topic of longitudinal psychotherapy experiences during residency training. Why do most of us consider the longer-term case(s) an essential learning experience for the psychiatry trainee?

Let me describe my musings. First, I’ve been a psychotherapy supervisor for twelve years, and have noted certain de...

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Schlesinger, Pato (continued from page 13)


This study suggests that one rating group is not enough to properly measure the humanistic qualities of a resident physician. Lipner, RS, Blank LL, Leas BF & Forta GS. The value of patient and peer ratings in recertification. Academic Medicine. 2002; 77:10 Oct Supp: 566-567.


A study of 360 evaluations for practicing rheumatologists. The entire multidisciplinary team, more similar to what exists on an inpatient psychiatry unit, were raters. Ramsey PG, Carlne JD, Blank LL, Wenrich MD. Feasibility of hospital-based use of peer ratings to evaluate the performances of practicing physicians. Academic Medicine. 1994; 70:626-30.


This is a feasibility study of peer ratings. The article has a nice description of an instrument to measure physician attributes, as well as information on implementation. Sargant JM, Mann KV, Fentor SN, Langille DR, Muchhead PD, Hayes VM & Sinclair DE. Responses of rural family physicians and their colleagues and coworker raters to a multi-source feedback process: a pilot study. Academic Medicine. 2003; 78(10):S42-S44.

This study assessed factors that affect the scores that different groups give practicing physicians. They found that familiarity is positively correlated with scores, and that attention must be paid to finding raters who have worked with the physician enough to provide a reliable evaluation of their skills. Viskato C, Marin A, Toews J, Lockyer J & Bidler F. Feasibility and psychometric properties of using peers, consulting physicians, and co-workers and patients to assess physicians. Academic Medicine. 1997; 72:10 Oct Supp: S82-S84.

This study describes the development of different instruments for peers, coworkers, and patients to assess physician performance.


This study compared nursing and peer physician ratings for humanistic and clinical skills of 175 practicing internists. The nurses ratings differed from peer ratings and appeared to be a reliable and feasible way to measure communication and humanistic skills of physicians.


This study of 360 degree feedback for internal medicine residents suggests that a large number of attending and patient raters are needed to achieve reproducibility, but smaller numbers of program supervisors and nurses are necessary.

CHART STIMULATED RECALL


This article describes the development of chart-stimulated recall as a part of competence measurement for licensing in Canada.


This study utilized chart stimulated-recall interviews to assess the clinical performance of practicing family physicians in Montreal.


This article discusses the use of chart-stimulated recall as one measure of clinical competence in Alberta.


This article compares reliability and correlation scores between charts on chart stimulated recall, oral examination, standardized patients, multiple choice exams and Observed Structured Clinical Exams.


This article has a pragmatic description of implementing chart-stimulated recall in an occupational therapy program.


This study assessed factors that affect the scores that different groups give practicing physicians. They found that familiarity is positively correlated with scores, and that attention must be paid to finding raters who have worked with the physician enough to provide a reliable evaluation of their skills.

IMG mentorship program is a good model and outcomes for it need to be measured. With regard to advocacy, training is indicated to develop media literacy as a core competency. The APA has materials.

**Topic #4: Mentoring and Professional Development, by Michele Riba, Carolyn Nguyen, Mary Tammurriano, Joan Anzia, and Carl Greiner**

The group focused on teaching methods; learning styles; evaluation; and outreach/integration to psychiatry/neurology, primary care, and allied fields. Issues vary for parties involved, as decisions need to be made about undergraduates’ curriculum (e.g., how much neuroscience, who teaches behavioral science, and how much leadership does psychiatry have?). There was consensus that the clerkship should be maintained in the 3rd year, preferably 8 rather than 6 weeks. For graduates, there is interest in what programs do about failure and how to teach residents how to handle. The APA has a Practical Guide and Directions, UCEP has written on this. Faculty issues include longitudinal learning, skill development, and measurement of skills. Scholarship can be enhanced by ELAM and participation in AADPRT, ADSEP, and the RRC. Leadership development programs include a faculty scholars program at UCD, academies at UCSF and Harvard, and ELAM. AAP could help by developing a teaching skill series; AADPRT could formalize education of training directors, in a competency sense. Academic societies (e.g., Society for Teachers in Family Medicine, STFM) in other specialties may provide information. (Because of overlap in interests, this group may combine with that of competencies.)

**OFFICER REPORTS**

**PRESIDENT-ELECT**

Don Hilly, M.D.

**UPDATE FROM THE APA EDUCATIONAL CONFERENCE PLANNING MEETING**

American Psychiatric Association, January 30-31, 2004

Michelle Riba and Debbie Hales co-led a planning meeting for the next APA Educational Summit, an ongoing tradition of the APA. The most recent summits occurred in 1951, 1966, and 1996 in collaboration with AADPRT, AAP, ADMSEP, and other organizations. Summaries of the summits in the form of books are available at the APA. The goal of this meeting was to identify key issues in psychiatric education, prioritize the issues, and consider funding for a summit to further discuss them.

Speakers highlighted a number of important topics and themes in psychiatric education. Deborah Danoff, AAMC, discussed trends in medical education. One key issue is whether or not, and to what degree, psychiatric education is integrated with other fields for longitudinal teaching. The group perceived many benefits with regard to integrated learning, but had concerns about how education would be funded. Nathan Vaidya, ADSEP, spoke of challenges for educators: growing knowledge; increasing demands of patient care; decreasing government funding; reliance on pharmaceutical companies; and a perception of students in some areas as semi-enthusiastic. Lowell Tong, UCSF, discussed model curricula. UCSF has also discontinued pharmaceutical funding for grand rounds and is using a less didactic, more interactive, case-based format with a moderator to look at the process of learning and learner needs. Michele Riba, AAP, reviewed the IOM Report on Enhancing Residency in Academic Psychiatry Residency Training. The focus is on: developing literacy and interest; the process of role-modeling; funding; getting residency training directors “comfortable” with research, recruitment, and its potential indirect impact on other training initiatives (e.g., will it de-emphasize psychotherapy?). Francis Lu, UCEP, provided an overview of the President’s Commission on MH and APA Report. He suggested aligning our goals with these reports because of their importance and the overlap in interests, particularly helping the underserved populations. Nyapati Rao reviewed issues specific to foreign medical graduates, including: unfamiliarity with, lack of interest in, or lack of belief in psychotherapy; stigma leading to fear and a possible trend toward working elsewhere; and the need to adapt curricula in residency and medical school.

Discussion led to five areas of priority in what will be a multi-year process of conferences and follow-up collaboration with institutions to effect change. The topics below will be discussed further at a meeting, perhaps in January. Efforts are in place to attempt to secure funding. White papers will come shortly to flesh out the issues, build consensus on problems, and develop principles and protocols for change.

**Topic #1: Research in Residency Training, by Michael Bradley, MD**

The implications of the report for students, residents, and faculty were discussed. For the undergraduates, they suggested a major marketing/recruitment drive and increased activity on the Council of Medical Education and Council of Student Education. The APA could collate research opportunities for students, as well as models to use. Funding might be possible from the APA or APF. For graduates, the APA Council on Research and CME may play important roles. The APA and AADPRT could contribute by building skills of training directors and faculty.

**Topic #2: Core Competencies, by Stephen Schecter, Abigail Schlessinger, David Huang, and Nathan Vaidya.**

In order to meet the needs of undergraduates, core psychiatric knowledge and skills will have to be delineated and pre- and post- clerkship assessment (e.g., OSCE) will measure change. Resources will be needed to train and train faculty. ACE and ADSEP could provide curriculum. Current effort is in place to implement and evaluate the ACGME core competencies, including psychotherapy. Implementation and evaluation tools may be availed by AADPRT, AAP, and the RRC. Core competencies for faculty as teachers will need to be developed with regard to lecturing, small groups, knowledge base, and clinical care. Resources will be necessary from AACCP, ADSEP, and AAP in the development of core competencies. Sources of other funding will be necessary, like private foundations, companies, APA, and APF. Adjustments may be necessary for all parties and endeavors to adapt programs for IMG, other minorities, and other needs.

**Topic #3: Vision Statement/Health Disparities and Underserved Populations, by Francis Lu, Nyapati Rao, Joan Lang, Joyce Tinsley, and Carolyn Robinowitz.**

Underserved populations include a set of “essentials” including evidence-based curricular materials & experiences to address cultural competence, disparities and stigma. MH issues on general medical practice; and teaching and delivery of care in the public sector. For residency education, more attention is needed for cultural formulation, systems-based theory, public sector psych/public health, advocacy, and IMG residents (to reduce marginalization and increase cultural competence to all aspects of American culture). Likewise, faculty need to become aware of the importance of the overlap in interests, particularly helping the underserved populations. Nyapati Rao reviewed issues specific to foreign medical graduates, including: unfamiliarity with, lack of interest in, or lack of belief in psychotherapy; stigma leading to
Edward Silverman, M.D.

After being a full-time academic faculty member for the past 22 years, I have resigned my position and planned to move to our dream house on the Massachusetts coast, without first finding another job. While I don’t anticipate that this mid-life adventure will entail panhandling in downtown Boston, it may mean giving up my primary identity as an academic psychiatrist.

The possibility of such a transition focuses the mind wonderfully. Every day, in my dealings with students, residents, and colleagues, I find myself reflecting on what I might be leaving behind and how I might feel about it. My ruminations naturally sort into those aspects of academic life that I would miss and those that I would not.

First, the things I would not mind leaving behind: Never feeling I have enough time to devote proper attention to the things I do; trying to balance the multiple, often conflicting expectations of students, residents, service chiefs, department administrators, deans, patients, and family; devoting more and more effort to demonstrating to external overseers that I am training residents and students appropriately, ethically in my conduct of research, and honest in my report of clinical activities; trying to manage things that are beyond my control; and pursuing multiple goals at the expense of any single clear and consistent goal.

Next, the things I would miss greatly: Having an influence on education in my own department and nationally; fostering the development of junior colleagues; having the opportunity to learn through teaching; being surrounded every day by people who enrich me professionally and personally; being able to meet and spend time with colleagues across the country who are stimulating, supportive, and fun.

Having wiped the slate clean, I am now challenged to reformulate my career in a way that will satisfy both my advantage of the discounted members’ rate, please make sure your 2004 dues have been paid.

Please note for your records that the AAP Executive Office is now located at: Suite 2100, 725 Concord Ave., Cambridge MA 02138. (Our phone, fax, and email address have not changed.)

Philip Muskin, M.D.

This is not good-bye, as we will still have the fun of seeing each other at annual meetings. This is the final time I will share my thoughts in the Bulletin. What we do is extremely valuable. How we develop, what we develop into, and whom else we aid in developing will shape the field. If you can think of another profession’s most commendable ideals? With time for such high vision. Is there a greater legacy than assisting young people to become eminent? Effective coaching of Generation X...

Carole Berney, M.A., Administrative Director

So in October we will be returning to Albuquerque, the site of my first AAP Annual Meeting, in 1996. Now, eight years later, my AAP role feels somewhat like an old, comfortable shoe, and the years have taught me that AAP folks are warm, dynamic, involved.

We are providing this brief partially annotated bibliography to facilitate widespread use of these, and other effective measuring outcomes in psychiatric education is a work in progress. At the 2003 competency workshop we focused on the current use of portfolios, 360 degree evaluations, chart and stimulated recall - as tools in monitoring general competencies in residency programs. As we discussed, we are trying to keep the momentum going in measuring and achieving the general competencies by providing a bibliogra-

In mentoring Generation Xers, the following techniques have also been found to be helpful:

• Share both common ground and differences. Begin the initial interaction by taking a few minutes to share information about backgrounds and important influences, hence, opening the door to a productive discussion of differences and trying to prevent erroneous assumptions from arising.
• Create a clear picture of what needs to be accomplished, and divide that into achievable goals.
• Focus on outcomes, being clear about what needs to get done but leaving some of the how to them.
• Give conscientious feedback. Generation Xers tend to look for and appreciate frequent, frank feedback.
• Use a participative approach that incorporates teaching, information sharing, and engagement in problem solving; this style is likely to be more successful than one that relies on authority.
• Encourage the protagonist to mentor others, especially if the protagonist is taking the mentoring relationship for granted and underestimates the time and patience involved.

Ideally, your protégé acquires that combination of support and challenge which effectively fosters the growth of their own vision. Is there a greater legacy than assisting young people to face their challenges with courage while living up to our profession’s most commendable ideals? With time for such high vision, supportive mentoring at a premium, the thoughts offered here may assist you in maximizing your impact.

Janet Bickel, M.A., Career Development Coach and Faculty Career and Diversity Consultant, Janetbickel@cox.net www.janetbickel.com

FROM THE WORKSHOP ON COMPETENCY

Abby Schlesinger and Michele Pato

The development of effective and efficient outcome measures in psychiatric education is a work in progress. At the 2003 competency workshop we focused on the current use of portfolios, 360 degree evaluations, chart and stimulated recall - as tools in monitoring general competencies in residency programs. As we discussed, we are trying to keep the momentum going in measuring and achieving the general competencies by providing a bibliography for members about existing data, on the use of these tools. At the 2004 annual meeting (October 6-9, in Albuquerque, New Mexico) there will be another workshop whose continuing goal will be to track the progress we have all made in using these tools and to facilitate widespread use of these, and other effective measures.

We are providing this brief partially annotated bibliography for reference when implementing 360 degree evaluations or chart stimulated recall. Hopefully in the next issue of the newsletter we can provide some of your feedback about which articles you found helpful as well as a bibliography on portfolios.

Please feel free to use this bibliography and provide comments to: apsptl@yaho.com or cmpato@aol.com. This column, and the annual workshop during AAP meeting, can hopefully serve as a launching point to help us move the scholarly activity related to outcomes measurement in psychiatric education to the next level! Looking forward to seeing all of you in Albuquerque.

360 degree evaluation references

Butterfield PS, Mazzaferri EL, Sachs LA. Nurses as evaluators of the humanistic behavior of internal medicine residents. Journal of Medical Education. 1987; 62:942-9.


Review article pertaining to the data on the reliability of global rating scales performed by peers, faculty, self, patients, and program directors. Limited information regarding nurse evaluation of residents. Discusses the process of rater training, and implementation of rating scales.

GUIDING AND SUPPORTING THE NEXT GENERATION OF ACADEMIC PSYCHIATRISTS

Janet Bickel

Faculty face many challenges in “being there” for the trainees and junior members of the academic looking to them for support and guidance. Many academics wish they could be more effective role models and able to be more available but feel overburdened by other increasing demands on them. Being a mentor and advisor now is also extra challenging by virtue of the characteristics of Generation X.

This brief article suggests strategies by which you can maximize your impact in the limited time you have available.

The next generation of faculty

Today’s trainees and junior faculty include more women and ethnic minorities than did previous generations. Many women and minorities experience cumulative career disadvantages un familiar to most white males, such as limiting stereotypes, which are often subtle such as being assumed to lack leadership potential. Not seeing others “like themselves” in senior academic positions, they are very aware of the imbalance in power that never seems to be in their favor. At the same time, even when their potentials and credentials are excellent, many women and minorities tend to be more hesitant to seek career advice and to draw appropriate attention to their achievements. Thus ethnic minorities and women of color are less likely than white men garnering mentoring and building their networks.1 To assist them in realizing their potentials, many senior faculty need to become more careful and adept at mentoring these protégés.

Another set of challenges springs from generational differences which sociologists and demographers have studied in depth2; By and large, department heads and senior faculty are Baby Boomers (born 1945-1962). Today’s residents and junior faculty are Generation Xers (1963-1982). The following general differences between these two generations are especially germane.

Generation X
• Work hard if balance allowed
• Expect many job searches
• Self-sacrifice may have to be occasionally endured
• Question authority

Generation X is the first one in which both parents were likely to work outside the home and where parental divorce was prevalent. In reaction to these experiences, Generation Xers are seeking a greater sense of family and are less likely to put jobs before family, friends or other interests. In contrast to their parents, many of who appear to suffer from “vacation deficit disorder” and who “live to work,” Generation Xer’s “work to live.” Most expect to have more than one career, and so the concepts of “delayed gratification” and “tenure” hold little meaning; also if being on “tenure track” means extra pressures, Generation Xer’s are likely to say “I don’t need that in my life.” Generation Xers also reject the message that success necessarily means “sacrifice.” They are actively seeking different models of career management and role models of successful integration of life and work, be more effective role models and able to be more available but feel overburdened by other increasing demands on them. Being a mentor and advisor now is also extra challenging by virtue of the characteristics of Generation X.

Beyond Detachment and Value Judgments

Years ago during a discussion of professionalism, I heard a medical student pipe up, “We [medical students] are learning when you least expect it.” Students learn most powerfully from how faculty act and how faculty treat them. Unfortunately, even in a department as renowned as the Johns Hopkins Department of Medicine, house staff rated only 42% of attending physicians as being excellent role models; this study revealed a disturbing degree of faculty detachment from the needs of their patients and students.3 These investigators also found that most minority trainees reported that the lack of same-race role models impeded their development. But less than half of even the most highly regarded attending physicians acknowledged that role modeling for learners from different cultures represents a challenge.

These gaps between what trainees are seeking and what they too often can not receive are likely to continue with their recruitment into academics. Moreover, young persons’ goals for work/life balance are frequently met with defensiveness and value judgments about their commitment to the profession. Indeed, academic medicine does reward unrestrict availability to work, leading to neglect of personal life. In a field as demanding as medicine, it makes more sense to adopt a long-term view and to support the integration of personal and professional life.

Adding flexibility and alternatives to the traditional career pathways are necessary to encourage both the development of women and men Gen Xers into faculty positions. At least senior faculty need to refrain from negatively labeling Generation Xer’s determination to have a personal life as “uncommitted to medicine,” because such polarized thinking only interferes with communications and mentoring. As one resident asked me, “Why are the older faculty so defensive— as if the way things were for them was the best of all possible worlds? If they really cared about us, they’d be trying to make life easier instead of hanging on to the past. Or maybe it’s that they just want to preserve their own privileges.”

TREASURER

Linda Worley, M.D.

If you’re already in your membership dues, thank you. You enable the AAP to continue to be vibrant and to convene invaluable annual meetings.

If you haven’t paid yet, please do. Approximately 35% of member dues are outstanding as of May 1, 2004.

It’s easy to pay your dues on line by going to www.academicpsychiatry.org

You may pay by either going to the “Non-Members” section or by going to the “Members Only” section and:
1. Using the email address you listed with AAP and “password” as the password the first time you can then change your password to your own choice.
2. Using “password” as your email address and “sole” as the password

If you prefer to send in a check, mail it to:
Carole Berney, AAP Administrative Director
725 Concord Ave., Suite 2100
Cambridge, MA 02138

We do need your help. The long standing support that we’ve enjoyed for various teaching awards from pharmaceutical company sponsorships is beginning to become difficult to sustain in the face of evolving pharma guidelines. The executive committee is responding to this change by forming a fund raising task force to explore various long term strategies to support the ongoing fiscal stability of the AAP. It is essential to keep our membership expenses affordable. If you have thoughts regarding fundraising, please e-mail me at WorleyLindal@uams.edu with any ideas and suggestions that you can think of.

I look forward to seeing you in Albuquerque, October 6 – 9, 2004!
MEDICAL STUDENT EDUCATION

RESIDENCY TRAINING

WORKSHOP SUBMISSIONS TOP 35 FOR THE 2004 ANNUAL MEETING
Michele Pato and Susan Lieff

The program committee is thrilled to report that we had an overwhelming response to our request for workshop applications. There will be 35 workshops presented at this year’s meeting! The topics range from the presidential theme of leadership to student wellness, teaching methods (including the use of games), technology in teaching, as well as our usual mainstays in curriculum, teaching skills, writing skills, and competencies. This year’s keynote speaker will be Jon Borus, MD (Professor and Head Department of Psychiatry, Brigham and Women’s Hospital, Harvard Medical School). A longtime member and friend of AAP, Jon has graciously accepted our invitation to provide the keynote on “Leadership: Preparing, Becoming and Being a Leader.” Jon’s experience both as a training director and chair, as well as his expertise in community psychiatry, should provide an interesting backdrop for his comments. We are also hoping that Jon will provide some of his personal insights on long-term career planning, challenges and opportunities in becoming a leader. Jon has also agreed to be the discussant for our plenary panel presenters on Friday morning. The three panel members will each tackle one of the three components of our theme: Preparing, Becoming and Being a Leader.

I have had several wonderful telephone conversations with Rachel Ballard recently. Rachel is a student at Meharry Medical College and the psychiatry interest group leader for both the AAMC and the SNMA. It seems that Rachel had never heard of AADPRT or ADMSEP. Now, some might wonder aloud as to why a medical student would have heard of our organizations anyway, but I would venture that this is an important, though currently abandoned, means of creating or continuing med student interest in psychiatry as a career. In that case for an issue? Anyone who has seen the flurry of listserv items in the past few months regarding recruiting students into psychiatry need not ask that question.

Another conversation happened recently that I find relevant to this matter. Jeremy and Tricia, clerkship students attending my Friday noon teaching session, stayed afterward to discuss psychiatry as a career. It seems that they are both intrigued by the idea, but quite perplexed as to why most psychiatrists actually do. They offered urology as an example of one specialty wherein they felt pretty confident about their understanding of “a day in the life.” We went on to discuss the breadth of behavioral health care (The currently PC delineation in place in Texas, “a day in the life.” We went on to discuss the breadth of behavioral health care (The currently PC delineation in place in Texas, “a day in the life.” We went on to discuss the breadth of behavioral health care (The currently PC delineation in place in Texas, “a day in the life.” We went on to discuss the breadth of behavioral health care (The currently PC delineation in place in Texas, “a day in the life.” We went on to discuss the breadth of behavioral health care (The currently PC delineation in place in Texas, “a day in the life.” We went on to discuss the breadth of behavioral health care (The currently PC delineation in place in Texas, “a day in the life.” We went on to discuss the breadth of behavioral health care (The currently PC 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AAP NEW MEMBERS • AUGUST 2003 - APRIL 2004

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(continued on page 15)
AAP members have always been adventurous, but now we have the chance to live out some “city slicker” dreams at Los Amigos Roundup in New Mexico.

This year at AAP in Albuquerque, the Night Out will be on Thursday evening instead of Friday. The reason? To give new AAP attendees a chance to mingle with long-time members earlier in the course of the meeting, and encourage further get-togethers on Friday and Saturday nights. The site of the October 2004 Night Out is uniquely “Southwestern”, informal, and promises to be loads of fun!

At 6:00 p.m. on Thursday evening, we’ll board chartered buses for a 30-minute trip to Los Amigos Roundup, a ranch surrounded by giant cottonwood trees in the midst of the Rio Grande Bosque, in the Sandia Indian Reservation. We’ll feast on a Southwestern barbeque menu of hickory grilled steaks, chicken breasts, and veggie burgers accompanied by dutch-oven biscuits with green chili stew, ranch-style beans, several salads, and flan brownies. Beer, wine and margaritas will flow freely (soda and coffee will also be provided.) An exciting performance by a Mexican dance troupe will begin the entertainment, followed by a western dance band. Then a western dance troupe (with instructions and a little encouragement) should have most of us line-dancing by mid-evening. Non-dancers (are there any at AAP?) can enjoy the large outdoor pinon wood fire.

Buses will depart for the hotel at 9:30-10:00 p.m. (The Sheraton is a 20-minute cab drive away, if you don’t plan to stay for the entire evening.)

Don’t miss this unique Southwestern adventure at AAP in Albuquerque!

Welcome to New Mexico for AAP 2004!

October in Albuquerque promises to be beautiful. Average daytime October temperatures are in the high 60’s to low 70’s, dipping down in the evenings to the low 40’s. Rain showers are uncommon, and usually brief, but can occur. Half of the days in October are sunny. We’ll be meeting during the Albuquerque International Balloon Fiesta (www.abzf.org), so the usual UFO’s will be walking the skies with flocks of hot-air balloons. You’ll especially like the ‘special shapes’ – castles, tea-pots, pumpkin, beer bottles, aliens, and assorted fantastic creatures.

New Mexico is home to over 30 different Native American groups, many Hispanic cultures, small but significant Southeast Asian populations, and assorted Anglos, providing a rich cultural diversity for you to enjoy.

We’ll have information on restaurants and local attractions available at the meeting. In the interim, here are some resources to give you an introductory glimpse of New Mexico:

- I think that these books especially convey the spirit and culture of New Mexico.
- Bless Me, Ultima, by Rudolfo Anaya – the trials and triumphs of a young Chicano boy growing up in 1940’s New Mexico.
- The Milagro Beanfield War, by John Nichols – the first volume of Nichols’ New Mexico trilogy, it addresses the struggles between classes, between cultures and between tradition and growth, while maintaining humor and optimism throughout.
- Red Sky at Morning, by Richard Bradford – a beautiful, moving novel of a young boy’s coming of age in rural New Mexico (I use this book when teaching about adolescence).
- West of the Thirties: Discoveries Among the Navajo and Hopi, by Edward T. Hall – an autobiographical reminiscence by the famous anthropologist, writing about his youth in New Mexico as well as his later life in anthropology.
- (A literary aside - Art Garfunkel recently purchased the movie rights to Gravity’s Rainbow, in the process ‘outing’ Thomas Pynchon, who had been living quietly and privately in Deming, New Mexico.)

- Books about specific interests:
  - Navajo Rugs: How to Find, Evaluate, Buy and Care for Them, Don Doderer.
  - Southwest Gardening, Rosalee Doolittle.
  - Roadside Geology of New Mexico, Hakla Chronic.
  - Fly Fishing in Northern New Mexico, Craig Martin.
  - Best of the Best from New Mexico Cookbook: Selected Recipes from New Mexico’s Favorite Cookbooks, Gwen McKee.
  - Georgia O’Keeffe: A Life, Roxana Robinson.
  - Southwestern pottery: Anasazi to Zuni, Allan Hayes, John Bloom.
  - Best Hikes With Children in New Mexico, Bob Julyan.
  - Moon Handbooks New Mexico, Stephen Metzger - you’ll find the usual travel books – Frommer’s, Lonely Planet, and such – but I like this one.

If you like mysteries, you’ll find many novels located in New Mexico. Try the following New Mexico mystery authors:

- Kirk Mitchell, Aileen Schumacher, and Aimee & David Thurlo.
- Author’s note: There are days (I know you’ve had them, too) where this is just the best (perhaps sole) definition!

Burritos (continued from page 6)

the need for travel expenses and there may be ways to help defray even the cost of meeting registration, which is necessary to cover the expense of the food and drink provided on a per-head basis. With only a little effort, mentors could be recruited from within the ranks of the association so that a student was assigned someone to shepherd him/her through the meeting. This would provide a friendly face to seek out and go a long way towards avoiding that awkward feeling of being a misfit at a meeting where you don’t know anyone. Food for thought.

At a minimum, when an interested student stops us after lecture or rounds, we could occasionally mention the organization of academic psychiatry as a resource for further exploration into the field. Why can’t a clerkship student form a career interest in academic psychiatry early on? Sure, they may change their minds ten times between now and then, but we should not dissuade the student by that. After all, I was a general surgery resident before seeing the light!
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ACADEMIC PSYCHIATRY UPDATE

Laura Roberts, M.D., Editor
John Coverdale, M.D. Alan Louie, M.D.
Co-Editors

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GUIDING AND SUPPORTING THE NEXT GENERATION OF ACADEMIC PSYCHIATRISTS

Janet Bickel

Faculty face many challenges in “being there” for the trainees and junior members of the academic looking to them for support and guidance. Many academic psychiatrists wish they could be more effective role models and able to be more available but feel overburdened by other increasing demands on them. Being a mentor and advisor now is also extra challenging by virtue of the characteristics of Generation X.

This brief article suggests strategies by which you can maximize your impact in the limited time you have available.

The next generation of faculty

Today’s trainees and junior faculty include more women and ethnic minorities than did previous generations. Many women and minorities experience cumulative career disadvantages unfamiliar to most white males, such as limiting stereotypes, which are often subtle such as being assumed to lack leadership potential. Not seeing others “like themselves” in senior academic positions, they are very aware of the imbalance in power that never seems to be in their favor. At the same time, even when their potentials and credentials are excellent, many women and minorities tend to be more hesitant to seek career advice and to draw appropriate attention to their achievements. Thus ethnic minorities and women have a harder time than white men garnering mentoring and building their networks. To assist them in realizing their potentials, many senior faculty need to become more careful and adept at mentoring these protégés.

Another set of challenges springs from generational differences which sociologists and demographicists have studied in depth. By and large, department heads and senior faculty are Baby Boomers (born 1945-1962); today’s residents and junior faculty are Generation Xers (1963-1982). The following general differences between these two generations are especially germane.

Generation X
- Work hard if balance allowed
- Expect many job searches
- Does not believe self-sacrifice has to be occasionally endured
- Question authority
- Self-sacrifice is virtue
- Respect authority

Generation X is the first one in which both parents were likely to work outside the home and where parental divorce was prevalent. In reaction to these experiences, Generation Xers are seeking a greater sense of family and are less likely to put jobs before family, friends or other interests. In contrast to their parents, many of who appear to suffer from “vacation deficit disorder” and who “live to work,” Generation Xer’s “work to live.” Most expect to have more than one career, and so the concepts of “delayed gratification” and “tenure” hold little meaning, also if being on “tenure track” means extra pressures, Generation Xers are likely to say “I don’t need that in my life.” Generation Xers also reject the message that success necessarily means “sacrifice.” They are actively seeking different models of career management and role models of successful integration of life and work, but what they too often witness instead are very tired faculty. Most women and minorities are also looking for mentors of the same race and gender.

The historically large Baby Boomer generation will soon begin retiring, creating unprecedented numbers of vacancies. Academic psychiatry, as all specialties, is dependent on Generation X as the next generation of faculty and leaders. What will become of academic medicine if too many Gen Xers conclude that faculty appointments lack sufficient options for work-life balance? And if women and minorities conclude that it’s unlikely they will achieve the fit and connections necessary for success?

Beyond Detachment and Value Judgments

Years ago during a discussion of professionalism, I heard a medical student pipe up, “We [medical students] are learning when you least expect it.” Students learn most powerfully from how faculty act. Unfortunately, even in a department as renowned as the Johns Hopkins Department of Medicine, house staff rated only 42% of attending physicians as “excellent role models; this study revealed a disturbing degree of faculty detachment from the needs of their patients and students.” These investigators also found that most minority trainees reported that the lack of same-race role models impeded their development. But less than half of even the most highly regarded attending physicians acknowledged that role modeling for learners from different cultures represents a challenge.

These gaps between what trainees are seeking and what they too often feel they may interfere with their recruitment into academic medicine. Moreover, young persons’ goals for work/life balance are frequently met with defensiveness and value judgments about their commitment to the profession. Indeed, academic medicine does reward unrestricted availability to work, leading to neglect of personal life. In a field as demanding as medicine, it makes more sense to adopt a long-term view and to support the integration of personal and professional life.

Adding flexibility and alternatives to the traditional career pathways are necessary to encourage both the development of women and men Gen Xers into faculty positions. At least senior faculty need to refrain from negatively labeling Generation Xer’s determination to have a personal life as “uncommitted to medicine,” because such polarized thinking only interferes with communications and mentoring. As one resident asked me, “Why are the older faculty so defensive—as if the way things were for them was the best of all possible worlds? If they really cared about us, they’d be trying to make life easier instead of hanging on to the past. Or maybe it’s that they just want to preserve their own privileges.”

TREASURER

Linda Worley, M.D.

If you’ve already sent in your membership dues, thank you. You enable the AAP to continue to be vibrant and to convene invaluable annual meetings.

If you haven’t paid yet, please do. Approximately 35% of member dues are outstanding as of May 1, 2004.

It’s easy to pay your dues on line by going to www.aacpacy.org

You may pay by either going to the “Non-Members” section or by going to the “Members Only” section and:
1. Using the email address you listed with AAP and “aapguest” as the password the first time you can change your password to your own choice
2. Using “aapguest” as your email address and “sole” as the password

If you prefer to send in a check, mail it to: Carole Berney, AAP Administrative Director 725 Concord Ave., Suite 2100 Cambridge, MA 02138

We do need your help. The long standing support that we’ve enjoyed for various teaching awards from pharmaceutical company sponsors is beginning to become difficult to sustain in the face of evolving pharma guidelines. The executive committee is responding to this change by forming a fund raising task force to explore various long term strategies to support the ongoing fiscal stability of the AAP. It is essential to keep our membership expenditures affordable. If you have thoughts regarding fundraising, please e-mail me at Worley.lindal@umsmed.edu

We welcome input from the membership about issues that you would be interested in the geriatric section addressing in the future.

An enthusiastic group of attendees met for the geriatric section luncheon at the annual meeting in Philadelphia. The section felt that it was important to focus on an area that was not being dealt with by the Teaching and Training committee of the American Association of Geriatric Psychiatry (AAGP) so as not to duplicate efforts. Since the AAGP focuses primarily on subspecialty education, the section determined that a focus on education of generalists in geriatric psychiatry would be unique and of value to the AAP membership. The section proposed a first project of developing a workshop on teaching geropsych assessment. Since then an enthusiastic group of residents and fellows met at the AAGP annual meeting to develop this workshop which they have submitted for the annual meeting in Albuquerque.

Proposed geriatric psychiatry core competencies for training have been drafted and submitted for publication. This project involved members of the subspecialty, ABPN and ACGME. We await a response from the journal reviewers. Our members continue to be active on the Teaching and Training Committee of the AAGP and the APA Council on Aging. Various subcommittees of the AAGP Teaching and Training Committee have been working on a curriculum resource for geriatric training directors. This will be web based and include sections as knowledge resources, teaching methods, suggested settings and evaluation. It is anticipated that this will be launched on the AAGP website within the next 6 months.

We welcome input from the membership about issues that you would be interested in the geriatric section addressing in the future.
PAST PRESIDENT
Edward Silberman, M.D.

After being a full-time academic faculty member for the past 22 years, I have resigned my position and planned to move to our dream house on the Massachusetts coast, without first finding another job. While I don’t anticipate that this mid-life adventure will entail panhandling in downtown Boston, it may mean giving up my primary identity as an academic psychiatrist.

The possibility of such a transition focuses the mind wonderfully. Every day, in my dealings with students, residents, and colleagues, I find myself reflecting on what I might be leaving behind and how I might feel about it. My ruminations naturally sort into those aspects of academic life that I would miss and those that I would not.

First, the things I would not mind leaving behind: Never feeling I have enough time to devote proper attention to the things I do; trying to balance the multiple, often conflicting expectations of students, residents, service chiefs, department administrators, deans, patients, and family; devoting more and more effort to demonstrating to external overseers that I am training residents and students appropriately, ethically in my conduct of research, and honest in my report of clinical activities; trying to manage things that are beyond my control; and pursuing multiple goals at the expense of any single clear and consistent goal.

Next, the things I would miss greatly: Having an influence on education in my own department and nationally; fostering the development of junior colleagues; having the opportunity to learn through teaching; being surrounded every day by people who enrich me professionally and personally; being able to meet and spend time with colleagues across the country who are stimulating, supportive, and fun.

Having wiped the slate clean, I am now challenged to reformulate my career in a way that will satisfy both my aspirations for the future. Making a radical change has helped me to be clear about what I have valued about being a teacher, and what I am prepared to do to preserve teaching as part of my professional life. Although one need not do so dramatically, I believe that this kind of periodic reappraisal is necessary for each of us in order to maintain our balance and focus in our complex working environments. I look forward to sharing the results of my own reappraisal and hearing about those of others at AAP in the year ahead.

SECOND IMMEDIATE PAST PRESIDENT
Philip Muskin, M.D.

This is not good-bye, as we will still have the fun of seeing each other at annual meetings. This is the final time I will share my thoughts in the Bulletin. What we do is extremely valuable. How we develop, what we develop into, and whom else we aid face their challenges with courage while living up to our profession’s most commendable ideals? With time for such high quality, supportive mentoring at a premium, the thoughts of- aver the protégé recognize areas of weakness. Since psychiatrists are specialists, they are expected to be aware of the latest research, avoiding assumptions, and reflecting back, these practices should come relatively naturally.

In mentoring Generation X, the following techniques have also been found to be helpful:

- Share both common ground and differences. Begin the initial interaction by taking a few minutes to share information about backgrounds and important influences, hence, opening the door to a productive discussion of differences and trying to prevent erroneous assumptions from arising.
- Create a clear picture of what needs to be accomplished, and divide into achievable goals.
- Focus on outcomes, being clear about what needs to get done but leaving some of the how to them.
- Give conscientious feedback. Generation X tends to look for and appreciate frequent, frank feedback.
- Use a participative approach that incorporates teaching, information sharing, and engagement in problem solving; this style is likely to be more successful than one that relies on authority.
- Encourage the protégé to mentor others, especially if the protégé is taking the mentoring relationship for granted and underestimates the time and patience involved.

Ideally, your protégés acquire that combination of support and challenge which effectively fosters the growth of their own vision. Is there a greater legacy than assisting young people to face their challenges with courage while living up to our profession’s most commendable ideals? With time for such high quality, support, and mentoring at a premium, the thoughts offered here may assist you in maximizing your impact.

Janet Bickel, M.A., Career Development Cooch and Faculty Career and Diversity Consultant, Janetbickel@cox.net www.janetbickel.com

EXECUTIVE OFFICE

Carole Berney, M.A., Administrative Director

So in October we will be returning to Albuquerque, the site of my first AAP Annual Meeting, in 1996. Now, eight years later, my AAP role feels somewhat like an old, comfortable shoe, and the years have taught me that AAP folks are warm, dynamic, dedicated, and supportive. And so Albuquerque will be a kind of déjà vu experience for me. If it’s your first AAP meeting, you will have as positive an experience as I did.

Please take the opportunity to register early the registration form is included in this issue, as well as online: www.academicpsychiatry.org. And if you are going to take advantage of the discounted members’ rate, please make sure your 2004 dues have been paid.

Please note for your records that the AAP Executive Office has a slight change in address, to Suite 2100, 725 Concord Ave., Cambridge MA 02138. (Our phone, fax, and email address have not changed.)

FROM THE WORKSHOP ON COMPETENCY

Abby Schlesinger and Michele Pato

The development of effective and efficient outcome measures in psychiatric education is a work in progress. At the 2003 competency workshop for evaluative purposes of portfolios, 360 degree evaluations, chart and stimulated recall - as tools in monitoring general competencies in residency programs. As we discussed, we are trying to keep the momentum going in measuring and understanding the general competencies by providing a bibliography for members about existing data, on the use of these tools. At the 2004 annual meeting (October 6-9, in Albuquerque, New Mexico) there will be another workshop whose continuing goal will be to track the progress we have all made in using these tools and to facilitate widespread use of these, and other effective measures.

We are providing this brief partially annotated bibliography for reference when implementing 360 degree evaluations or chart stimulated recall. Hopefully in the next issue of the newsletter we can provide some of your feedback about which articles you found helpful as well as a bibliography on portfolios.

Please feel free to use this bibliography and provide comments to: aspitt@yahoo.com or cmpato@aol.com. This column, and the annual workshop during AAP meeting, can hopefully serve as a launching point to help us move the scholarly activity related to outcomes measurement in psychiatric education to the next level? Looking forward to seeing all of you in Albuquerque.

360 degree evaluation references


Examined the reliability and validity of nurses evaluation of residents. Found that Five to six nurses evaluations needed to provide statistical reliability on this specific form. In addition, nurses provided a unique viewpoint from attending physicians.

Butterfield PS, Mazzaferri EL, Sachs LA. Nurses as evaluators of the humanistic behavior of internal medicine residents. Journal of Medical Education. 1987; 62:942-9.


Reviewing the instruments pertaining to the reliability of global rating scales performed by peers, faculty, self, patients, and program directors. Limited information regarding nurse evaluation of residents. Discusses the process of rater training, and implementation of rating scales.


Results of the pilot program for 360 degree evaluations of practicing physicians. Patients, peers, consulting and referring physicians.

(continued on page 15)
velopmental nodal points and processes during the years of train-
ing in our department. I’m more frequently asked (by residents and others) about the requirement for long-term cases. First, there is a common experience familiar to most teachers for the ABPNE: an experience when an intelligent candidate con-
ducts an interview in which he or she elicits presenting com-
plaint, complete list of symptoms, precipitants, etc. etc. Yet during the interview, he or she presents the information in a manner that is clear, as if each of my fellow examiners put it, “He doesn’t have a clue who this person really is, does he?”

I believe that the longitudinal, optimally year-long or longer, treatment experience with a patient - accompanied by guidance from quality supervision – can be crucial in ensuring that most of our trainees will “have a clue,” and that this will have significant impact on their effectiveness as psychiatrists, no matter what kind of practice they choose. I think this ex-
perience is even more important because of the changes in inpatient psychiatry in the past twenty years – i.e., inpatients are triaged and stabilized, not treated.) It takes several weeks and months for the new psychotherapist to divest himself or herself of the need to “do something” that constitutes so much medical training, and to sit back and really listen to, and get to know, the patient. Ideally, the resident learns to “see” more, and begins to develop an appreciation for the complexity of the patient’s inner and outer experiences, and through the therapeutic relationship, to make sense of them. This can be the most wonderful, exciting time for the trainee (one of my residents, while accompanying a medical student patient during a period of growth, stated recently, “This is the great-
est job!”), it also inevitably involves some mourning for a simpler, less complicated view of the human experience and oneself. The trainee realizes that things are far more con-
voluted, far “messier,” if you will, when it comes to human beings and the work of healing than he or she expected. And for psychiatrists, awareness of that complex, “messier” world is marvelous and it defines who we are.

In looking forward to seeing everyone at the annual meeting in Albuquerque in October!

Anzia (continued from page 2)

Academic Psych Update (continued from page 7)

demics for our readers. We are hopeful that this series will pro-
vide useful and practical tips for professionals in academic psy-
chiatry.

In addition to this editorial series, Academic Psychiatry plans to introduce a new teaching resource column as a regular fea-
ture of the journal. This column will allow us to highlight pieces containing model curricula, innovative program descriptions, and educational materials.

The last few months have been extremely productive and exciting for us at Academic Psychiatry. We would like to ex-
press our sincere appreciation to all APA members for their sup-
port and patience. We look forward to working with all of you as authors and reviewers in the future!

Hily (continued from page 3)

IMG mentorship program is a good model and outcomes for it need to be evaluated. IMG mentoring needs to be deve-
crated to develop media literacy as a core competency. The APA has materials.

Topic #4: Mentoring and Professional Development, by Michele Pate, Carolyn Nguyen, Mary Tamburrino, Joan Anzia, and Carl Greene

The focus of this issue is career choice/development, education about stigma, and exposure to mentors as key issues for under-
graduates. Graduates are faced with picking a specialty, choices with regard to career paths, and educating others (i.e., teaching, role-modeling). Faculty face issues with career development, mentoring, developing a portfolio, and marketing one’s accomplish-
ments. A common denominator among the groups was men-
tering, including principles, methods, and funding.

Topic #5: Educational Methods/Pedagogy, by Jay Scully, Lowell Tong, Don Hilly, Debbie Hales, and Bill Wood.

The group focused on teaching methods; learning styles; evaluation; and outreach/integration to psychiatry/neurology, primary care, and allied fields. Issues vary for parties involved, as decisions need to be made about undergraduates’ curricu-

Don Hilly, M.D.
UPDTE FROM THE APA EDUCATIONAL CONFERENCE PLANNING MEETING American Psychiatric Association January 30-31, 2004

Michelle Riba and Debbie Hales co-led a planning meeting for the next APA Educational Summit, an ongoing tradition of the APA. The most recent summits occurred in 1951, 1966, and 1986 in collaboration with AADPRT, AAP, ADMSPE, and other organizations. Summaries of the summits in the form of books are available at the APA. The goal of the meeting was to identify key issues in psychiatric education, prioritize the issues, and consider funding for a summit to further discuss them.

Spokespersons highlighted a number of important topics and themes in psychiatric education. Deborah Daunoff, AACM, dis-
cussed trends in medical education. One other key issue is whether or not, and to what degree, psychiatric education is in-
tegrated with other fields for longitudinal teaching. The group perceived many benefits with regard to integrated training, though also had concerns about how education would be funded. Nathan Vandy, ADMSPE, spoke of challenges for educators: growing knowledge, increasing demands of patient care; managed care; decreasing government funding; reliance on pharmaceutical companies; and a perception of students in some areas as semi-
enthusiastic. Lowell Tong, UCSF, discussed model curricula. UCSF has also discontinued pharmaceutical funding for grand rounds and is using a less didactic, more interactive, case-based format with a mentor to look at the process of learning and learner needs. Michele Pate, AAP, reviewed the IOM Report on Enhancing Residency Education in Primary Residency Training. The focus is on: developing literacy and interest; the process of role-
modeling; funding; getting residency training directors “comfortable” with research, recruitment; and its potential indirect impact on other training initiatives (e.g., will it de-emphasize psychotherapy?). Francis Lu, UCSF, provided an overview of the President’s Commission on MH and APA Report. He sug-
gested aligning our goals with those reports because of their importance and the overlap in interests, particularly helping the underserved populations. Nyapati Rao reviewed issues specific to foreign medical graduates, including: unfamiliarity with, lack of interest in, or lack of belief in psychotherapy, stigma leading to fear and a possible trend toward working elsewhere; and the need to adapt curricula in residency and medical school.

Discussion led to five areas of priority in what will be a multi-year process of conferences and follow-up collaboration with institutions to effect change. The topics below will be dis-
cussed further at a meeting, perhaps next January. Efforts are in place to attempt to secure funding. White papers will commence shortly to flesh out the issues, build consensus on problems, and strategize how to effect change.

Topic 1: Research in Residency Training, by Michael Eber, Michelle Riba, and Joel Silverman

The implications of the report for students, residents, and faculty were discussed. For the undergraduates, they suggested a major marketing/recruitment drive and increased activity on the Council of Medical and Committee on Medical Education and Student Education. The APA could collate research opportuni-
ties for students, as well as models to use. Funding might be possible from the APA or APF. For graduates, the APA Council on Research and AADPRT could play important roles. The APA and AADPRT could contribute by building skills of training direc-
tors and faculty.

Topic 2: Core Competencies, by Stephen Schechter, Abigail Schlessinger, David Huang, and Nutan Vadya.

In order to meet the needs of undergraduates, core psychiat-
ric knowledge and skills will have to be delineated and pre-
and post-graduation competencies (e.g., exam, OSCE) will predict change. Resources will be needed to train and avail faculty. ACE and ADMSPE could consider a forum in which to place and implement and evaluate the ACGME core competen-
cies, including psychotherapy. Implementation and evaluation tools may be needed by ADMSPE and the RRC. The core com-
petencies for faculty as teachers need to be developed with re-
gard to lecturing, small groups, knowledge base, and clinical care. Resources will be necessary from AACCPD, ADMSPE, and AAP. Development of the RRC’s mission statement will be a major element. Other sources of funding will be necessary, like private foundations, companies, APA, and APF. Adjustments may be necessary for all parties and endeavors to adapt programs for IMG, other minorities, and others with special needs.


Undergraduate priorities include a set of “essentials” in
ccluding educational-based competencies & experiences to address: cultural competence, diversity and stigma, MH issues on general medical practice; and teaching and delivery of care in the public sector. For residency education, more attention is needed for cultural formulation, systems-based theory, public sector psych/public health, advocacy, and IMG residents (to re-
duce marginalization and increase cultural competency to all aspects of American culture). Likewise, faculty needs to become more aware of cultural needs of IMGs. For all parties, increased representation by diversity is recommended, particularly in faculty, leadership, and research positions. This includes recruitment strategies need to be enhanced by ADMSPE.

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OFFICER REPORTS

PRESIDENT-ELECT
EDITOR’S COLUMN

Joan Meyer Anzia, M.D.

MUSINGS OF A PSYCHOTHERAPY SUPERVISOR

Many thanks to Mary Haley and Carole Berney, as well as all of the Executive Council of AAP, for helping me put together the fall edition of the newsletter. I’m very grateful that this newsletter is positively correlated with scores, and that attention must be paid to the relationship between scores and the quality of the relationship that the supervising physician has with the supervisee. This study suggests that one rating group is not enough to properly measure the humanistic qualities of a resident physician. Lipner, RS, Blank LL, Leas BF & Fortuna GS. The value of patient and peer ratings in recertification. Academic Medicine. 2002; 77(10 Oct Suppl): 564-566.


A study of 360 evaluations for practicing rheumatologists. The center multidisciplinary team, more similar to what exists on an inpatient psychiatric unit, were raters. Ramsay PG Carline JD, Blank LL, Wenrich MD. Feasibility of hospital-based use of peer ratings to evaluate the performances of practicing physicians. Academic Medicine. 1996; 71: 364-70.


This is a feasibility study of peer ratings. The article has a nice description of an instrument to measure physician attributes, as well as information on implementation. Sargen JM, Mann KV, Ferrier SN, Langille DB, Muihead PD, Hayes VM & Sinclair DE. Responses of rural family physicians and their colleagues and coworker raters to a multi-source feedback process: a pilot study. Academic Medicine. 2003; 78(10) 842-844.

This study assessed factors that affect the scores that different groups give practicing physicians. They found that familiarity is positively correlated with scores, and that attention must be paid to finding raters who have worked with the physician enough to provide a reliable evaluation of their skills. Viakato C, Marin A Toews J, Lockyer J & Fidler H. Feasibility and psychometric properties of using peers, consulting physicians, and co-workers and patients to assess physicians. Academic Medicine. 1997; 72:10 Oct Suppl: S82-S84.
We look forward to seeing you in Albuquerque in October!