

## **The Association of Directors of Medical Student Education in Psychiatry**

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**T**he Association of Directors of Medical Student Education in Psychiatry is a 32-year-old, 163-member organization of psychiatric educators dedicated to medical student education in psychiatry and behavioral sciences. Most members have been directors or assistant directors of medical student education in psychiatry or clerkship directors. A small, pivotal number of members and meeting attendees represent other major psychiatric educational organizations.

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### **Brief History of ADMSEP**

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Eight east coast psychiatric educators conceived the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) during meetings in Virginia in 1974 (1). Our first national meeting was in June 1975, attended by 60 people at Chicago's O'Hare Hilton. Our founding occurred during and in response to a time of great promise and uncertainty for psychiatric educators. The National Institute of Mental Health (NIMH) was providing departmental grants for "behavioral science" programs, and the National Board of Medical Examiners (NBME) initiated a Part 1 behavioral science section. For the first time, large proportions of women entered medical school, psychiatry clerkships were required nationally, internships were discontinued, and there were 30 new medical schools.

Summarizing the founders' meetings, ADMSEP's first president wrote, "While there have been contributions by individuals and groups to (solving) undergraduate education problems, the need exists for continuous, exclusive focus on these problems by the group most informed of the scope and complexity of undergraduate programs, and

most directly responsible for them—directors of undergraduate education" (2).

The next 20 years were devoted to presenting new developments in psychiatric education and developing an organizational identity, initially centering on outside expert plenary presentations during national meetings. Over the years, there have been scores of outstanding annual meeting presentations, of which several were uniquely influential. In 1984, we were urged to "take the high ground" and teach about modern neuroscience and psychopharmacology and not try to teach everything related to behavior. In three presentations that took place from 1990 to 1994, another presenter took a similar stance:

During the period of social unrest in the late 1960s and early 1970s, a confluence of events . . . profoundly altered psychiatry teaching in medical schools. The changes, as much the result of hubris and wooly thinking as good intentions, included large increases in preclinical teaching time, overreliance on the theoretical models of personality development, and efforts to "humanize" the rest of medicine. We are just beginning to recover from these missteps (3).

In 2000, a presentation on drug companies identified educators' conflicts of interest and set ADMSEP's tone of noninvolvement with industry (4). Our first newsletter was produced in 1987. Our listserv was created in 1993; our Web site, in 1999.

At the 1984 meeting in Chicago, planners erred by having members stay at an international dormitory—so spartan that participants escaped to hotels. Subsequently, we decided meetings should be at lovely locations. The new tradition's breakthrough was in 1990 at Tucson's Ventana Canyon Resort, and in 1992 we joined Canada's undergraduate directors in Banff. The 2007 meeting will be in Park City, Utah.

Recruitment reappeared center stage in the early 1990s. ADMSEP drafted the position that

Excellent teaching and faculty availability create an atmosphere of admiration for psychiatry among medical students that encourages their choosing our specialty. . . . At the

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same time, we recognize that as recruiters we represent the interests of a profession in need of manpower, while as educators and advisers, we represent the personal interests of interested students. This potential conflict must be acknowledged and respected (5).

At 1992 and 1993 meetings, colleagues spoke persuasively of the importance and value to medicine of medical students choosing psychiatry. Simultaneously, ADMSEP's president was invited to join APA's Council on Medical Education, and ADMSEP members eventually became major participants in psychiatry's workforce coalition.

During the 1980s and 1990s, progressively more women joined and dramatically improved ADMSEP and its leadership. Although many women had major ADMSEP council roles in its early years, no woman became ADMSEP president until Deborah Roth's 1989 election. Women now comprise the majority of ADMSEP's council members.

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### ADMSEP's Missions

ADMSEP's missions are to 1) "champion" excellence in medical student psychiatric education; 2) support, develop, and disseminate research and innovation in teaching methods, content, and evaluation; 3) develop goals and objectives for medical student psychiatric education; 4) foster the professional development and career satisfaction of medical student psychiatric educators; 5) collaborate with other psychiatric and medical education organizations to pursue common interests; and 6) provide support, guidance, and resources to medical students considering psychiatric careers (6).

ADMSEP fulfills its missions well. Its members produce and present, at ADMSEP and other meetings, a large proportion of the papers and chapters on medical student psychiatric education in U.S. journals like *Academic Psychiatry* and *Teaching and Learning in Medicine* and texts like the *Handbook of Psychiatric Education* (7). Multiple members have produced behavioral science or psychiatry texts for students (8–12). At annual meetings and members' publications, center stage is given to "how to" aspects and critiques of curricular innovations like practice-based learning, team learning (13), patient-based teaching (14), interdisciplinary courses, creative clerkships (15–17), objective structured clinical examinations (18), computer-based education (19), objectives and competencies (20), research strategies (21), evaluation (22), and summaries of curricular trends (23).

In 1997, ADMSEP published psychiatry clerkship objectives (20) and is now revising these with ADMSEP's

competencies task force. ADMSEP successfully supports members' career development in multiple ways, including the publication of standards for psychiatry clerkship directors (24) and, in partnership with clerkship directors in other specialties, "generic standards" for all clerkship directors (25). Our listserv fosters timely, lively discussion of pragmatic and philosophical questions. Our Web site contains membership information, key documents, and links, and our newsletter interestingly addresses major themes. At our annual June meeting, members share information; provide advice, empathy, and consensual validation; and initiate and refine projects. Through recommendation letters, members support colleagues' promotions, tenure, and awards. Periodically, a member is invited to review another member's psychiatry clerkship.

We collaborate closely with other psychiatric and education organizations, including APA, the American Association of Directors of Psychiatric Residency Training (AADPRT), the Association for Academic Psychiatry (AAP), the American Association of Chairs of Departments of Psychiatry (AACDP), Canada's Council of Undergraduate Psychiatric Educators (COUPE), and the Alliance for Clinical Education (ACE). Another pivotal collaboration is in two crucial education-related journals, *Academic Psychiatry* and *Teaching and Learning in Medicine*.

We play an important role in medical students' career choice of psychiatry, through school programs, participation and leadership in psychiatry's multiorganizational workforce coalition, meeting presentations, and publications (26). Although most psychiatry clerkship directors hope to continue in that capacity for the rest of their careers (27), multiple members have become assistant or associate deans, chairpersons (28), or leaders in other organizations.

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### How ADMSEP Influenced Me

My unfocused youthful ambition to write a book crystallized during 1977 ADMSEP meeting presentations by authors of behavioral science texts then in print. My first behavioral science book (29) caught the eye of a colleague, who fostered my developing a leadership role in ADMSEP. ADMSEP's 1993 behavioral science text (12), which I edited, was pivotal for my career: I asked many ADMSEP members to be chapter authors, and through intensive copy-editing communications, quite a few of them became close professional colleagues. ADMSEP colleagues wrote letters to support my 1994 selection as department chair

and contributed to other professional recognition I have received.

Probably the most enjoyable of all my professional experiences was participating for 13 years in ADMSEP's executive council meetings. Council members' empathy for one another, pragmatism, and sense of humor made meetings hilariously funny and productive. Examples of the pragmatism included council decisions not to assign titles to annual meetings (national meeting titles tend to be clichéd, and few presentations fit the titles) and to be extremely selective in inviting "outside inspirational plenary speakers." Mentorship from council members was precious: many council members have been outstanding role models for me. In turn, I've been a mentor for some and a recommendation letter-writer for many ADMSEP members.

I eagerly look forward to each ADMSEP annual meeting—I never miss one—and I try to give a presentation every year. I rely heavily on the listserv to learn how my colleagues at other schools handle situations that are novel and complex for me. To an extraordinary extent, my career has been enhanced and my life enriched by my 30 years in ADMSEP, which has been—in essence—my professional family. I cannot imagine a group of colleagues more warm, funny, inspiring, unpretentious, articulate, supportive, and helpful.

Because I have benefited so much from my ADMSEP membership, I expect to stay a good ADMSEP citizen for the rest of my career, and well into retirement.

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