

A Reflection on Our History

Dr. Iago Galdston, the driving force behind the creation of the AADPRT would be very pleased with the development of the Association today—according to Dr.

William Zeller, first Executive Secretary of AADPRT. In an interview taped for the 25th Anniversary of the Annual Meeting, Dr. Zeller shared his memories of the early days of AADPRT and commented on the future of the Association.

New members of AADPRT are often curious about how the association was formed, why it was located in Connecticut, and who the early leaders of the group were. We hope to answer some of these questions for you.

In the early 1960's Dr. Zeller was the Director of Medical Education and Psychiatric training at the Institute of Living in Hartford, Connecticut. It was in that role that he met Dr. Galdston, a New York City psychoanalyst who had recently retired to his farm in Connecticut. Galdston, described as a visionary and renaissance man, was extremely interested in the interface of history, sociology, and psychology and how it pertained to medical education. Through his role in the New York State Academy of Medicine he was involved in education and was influential in developing visiting professor programs at many of the teaching hospitals. After his move to Connecticut and retirement from his psychoanalytic practice, Galdston became head of Psychiatric Education for the State of Connecticut. He developed educational conferences and brought leading experts in psychiatry and mental health to Connecticut. His primary intent was to educate residents and those interested in psychiatric education conducted his programs. A meeting at the University of Connecticut in Storrs formed the nucleus of a new group of training directors and professors in psychiatry and neurology. This new group met twice a month at the Yale Faculty Club—with Dr. Galdston leading the discussions. He became the self-appointed "teacher of teachers" and inspired all who attended. After about six years of holding meetings in Connecticut, Galdston decided the next step would be to develop a national meeting that would include attendees from university hospitals, state institutions, and private hospitals.

At the request of Dr. Galdston, Bill Zeller took a more active role in the group. This group of about 100 educators met at the University of Chicago in Illinois. It was a "show & tell" meeting where individuals shared their problems and concerns and talked about the process of education. A slate of officers was developed with Paul Wachter, M.D., of California being named the first president and Bill Zeller the Executive Secretary/Treasurer. Dr. Zeller became involved with the meeting management and membership recruitment. Subsequently, Dr. Galdston asked Bill Zeller if the Institute of Living would provide space for the Executive Office— where it remained until the merging of the Institute of Living/University of Connecticut Psychiatry Residency Program at which time it moved to the University of Connecticut Health Center in Farmington. The Executive Office

moved to Lebanon, PA in July 2005 and then to Indianapolis in June, 2015.

The second meeting was scheduled the next January in New Orleans. Almost 200 educators attended the New Orleans Meeting—a city that became a favorite site for meetings. At first the meeting drew only training directors, but soon training directors were bringing associate directors and faculty members to learn and share in the educational process of training residents. The meetings provided an opportunity for training directors from around the country to develop friendships and contacts, to learn, and to share what they were doing in their training programs. In the late 1990's fellowship directors joined the organization. The New Training Directors Symposium was developed to help training directors learn the basics. With the introduction of core competencies and an increase in evaluation and teaching mandates, the importance of the coordinator role grew. To meet the need for expanded expertise, a separate Coordinator's Symposium was established at the Annual Meeting followed by an invitation of membership.

The early days of AADPRT found members more involved in training issues than in political issues. One of the first major political issues that the group became involved in was the discontinuation of the internship year. There were many concerns from training directors on how residency programs would be able to pick up the lag in training between body and mind—how in a logical system that aspect of training could be preserved. However, through compromise and much discussion, an amenable solution was found.

AADPRT, while not a political entity in its early years, did provide the training ground for psychiatric educators to become leaders. A look at the list of former presidents confirms this. Liaisons were developed with the American Medical Association (AMA), American Psychiatric Association (APA), American Board of Psychiatry and Neurology (ABPN), and Residency Review Committee (RRC)—which continue today. Dr. Galdston's greatest wish for the association was to strengthen the educational training of residents and to develop leadership in education. These two goals remain the mission of AADPRT.

Although AADPRT had a long history of having a Central Office with an Executive Director located at that office, the need for this position became less important as the day to day running of the organization moved to the hands of a newly created Steering Committee. It was felt the growth of the organization and its many projects necessitated that its leaders maintain regular communication (~ once/month). In order to have continuity of issues/projects from one year to the next a Steering Committee was formed consisting of current officers, the immediate past president and the executive administrator. This enabled several people to share the work of the organization, have designated projects lasting several years and facilitated the professional development of the incoming presidents, allowing several years to understand all of the issues facing the organization. Email allowed regular communication within the Committee and the

AADPRT website and ListServ facilitated the same with and among the membership. As the Steering Committee concept proved very successful, the need for an Executive Director became superfluous.

AADPRT's relationship with its national partners has shifted in recent years from one of liaison to advocacy. AADPRT actively collaborates with the ABPN around credentialing and preparation for the board certification examinations and with the RRC in defining the essential requirements for residency training programs and the accreditation and site visiting process. We liaison with the Association of Directors of Medical Student Education in Psychiatry (ADMSEP) about joint medical student and residency educational initiatives and with the American Association of Chairs of the Departments of Psychiatry (AACDP) about leadership, organizational, and funding issues. We interface with the RRC in their five year cycle of revising the Essential Requirements for Residency Training Programs, and provide input about the Program Information Form (PIF). A recent area of intensive collaborative work was in shaping and interpreting the new ABPN Clinical Skills Assessment and developing guidelines for training directors on how to implement the new requirements.

It is important to maintain a historical understanding of where we came from, where are now, and where are we going. Actively participating in AADPRT will provide members with the tools to move ahead in the 21st century.

AADPRT Presidents

1. 1970-71 Iago Galdston, MD
2. 1971-72 Paul I. Wachter, MD
3. 1972-73 Daniel Offer, MD
4. 1973-74 Harvey D. Strassman, MD
5. 1974 Harvey Shein, MD
6. 1974-76 Sherwyn M. Woods, MD
7. 1976-77 Philip Woollcott, Jr., MD
8. 1977-78 Gary Tucker, MD
9. 1978-79 Zebulon Taintor, MD
10. 1979-80 Joel Yager, MD
11. 1980-81 Seymour Halleck, MD
12. 1981-82 Stephen C. Scheiber, MD
13. 1982-83 Gene Abroms, MD
14. 1983-84 Peter B. Henderson, MD
15. 1984-85 Normund Wong, MD
16. 1985-86 Stefan Stein, MD
17. 1986-87 William H. Sledge, MD
18. 1987-88 George L. Ginsberg, MD
19. 1988-89 Jerald Kaye, MD
20. 1989-90 Mina K. Dulcan, MD
21. 1990-91 Gordon Strauss, MD

22. 1991-92 Sidney Weissman, MD
23. 1992-93 Ronald O. Rieder, MD
24. 1993-94 Allan Tasman, MD
25. 1994-95 James W. Lomax, II, MD
26. 1995-96 Kailie Shaw, MD
27. 1996-97 Carlyle Chan, MD
28. 1997-98 Eugene Beresin, MD
29. 1998-99 Paul Mohl, MD
30. 1999-00 Michelle Riba, MD
31. 2000-01 John Herman, MD
32. 2001-02 Martin J. Drell, MD
33. 2002-03 Bruce R. Levy, MD
34. 2003-04 Sandra B. Sexson, MD
35. 2004-05 David A. Goldberg, MD
36. 2005-06 Lisa Mellman, MD
37. 2006-07 Ronald Krasner, MD
38. 2007-08 Mark Servis, MD
39. 2008-09 Deborah S. Cowley, MD
40. 2009-10 David L. Kaye, MD
41. 2010-11 Sheldon Benjamin, MD
42. 2011-12 Richard F. Summers, MD
43. 2012-13 Kathy Sanders, MD
44. 2013-14 Adrienne Bentman, MD
45. 2014-15 Chris Varley, MD
46. 2015-16 Bob Boland, MD
47. 2016-17 Art Walaszek, MD
48. 2017-18 Sandra DeJong, MD, MSc
49. 2018-19 Donna Sudak, MD
50. 2019-20 Adam Brenner, MD
51. 2020-21 Melissa Arbuckle, MD, PhD
52. 2021-22 Mike Travis, MD
53. 2022-23 Sallie De Golia, MD, MPH

Executive Directors

- 1970-77 William Zeller, MD
1977-87 Charles Boren, MD
1987-90 Peter Zeman, MD
1990-92 Cynthia D. Conrad, MD, PhD
1992-02 David A. Goldberg, MD
2002-05 Joyce A. Tinsley, MD
2005 position eliminated