Welcome to AADPRT

To better meet the nation’s mental healthcare needs, the mission of the American Association of Directors of Psychiatric Residency Training is to promote excellence in the education and training of future psychiatrists.

The American Association of Directors of Psychiatric Residency Training (AADPRT) is an association of professionals committed to psychiatry graduate medical education. AADPRT supports quality medical education in psychiatry in the United States in collaboration with national and international colleagues. We participate in setting national standards and preparing programs for future needs in psychiatry training, and support members in developing their unique programs as well as helping them adhere to regulatory training requirements.

Membership

AADPRT is comprised of more than 700 physician members representing general psychiatry and subspecialty program directors, chairs of departments of psychiatry, and other psychiatric educators from nearly 200 institutions. More than 300 program administrators are affiliated. AADPRT promotes inclusiveness and members are encouraged to take an active role. More than half of our members participate in the leadership, committees, and task forces of our organization.

Technology

We have embraced technology in enhancing our communication. Membership uses a listserv to develop their knowledge in regards to running their training programs as well as learning about developments relevant to graduate medical education. There also is an active website (aadprt.org) which contains valuable information for members including educational tools and resources such as model training curricula and content from annual meetings.

Journal

AADPRT, along with The American Association of Chairs of Departments of Psychiatry, The Association for Academic Psychiatry, and The Association of Directors of Medical Student Education in Psychiatry support the journal, Academic Psychiatry.
Collaboration and Advocacy

We partner with a number of organizations including the Accreditation Council for Graduate Medical Education (ACGME), the National Resident Matching Program (NRMP), and the American Board of Psychiatry and Neurology (ABPN). Collaborations have included developing core competencies and milestones with the ACGME and creating a new system of board certification with the ABPN, which now includes clinical skills evaluations while in training.

Annual Meeting

AADPRT’s annual meeting brings together more than 700 members as well as others interested in psychiatric education. Our annual meeting is an opportunity for a group of individuals with a common mission to share their perspectives, experiences, frustrations, and successes with fellow training directors from across the country. It is an opportunity to reflect on best practices, to learn from colleagues, and to consider how best to move the field of psychiatric education forward. The meeting offers a number of learning environments, including plenary speaker presentations; large group meetings with representatives from the ACGME and ABPN; intimate workshop sessions which utilize techniques based on adult learning theory; poster presentations; caucus and task force meetings, a new training director orientation; a program administrator symposium; and informal social and educational activities.

Additionally, multiple awards are given to residents and fellows in training encouraging them to become involved in psychiatric education. Information regarding past and future meetings can be found at our website.

Support for Program Administrators

In keeping with the core values of AADPRT’s mission of excellence in educating and training future psychiatrists, the Program Administrators’ Caucus is equally dedicated to the professional growth of its members. Their mission is to better educate our members in the administration and management of residency training programs and allow for more opportunities in professional growth, which will enhance their ability to work collaboratively with program directors to strive for excellent quality training in our programs.

Leadership

The organization is led by a president who has a term of one year, with guidance from a steering committee comprised of past presidents and upcoming officers and from a larger body, the executive council, which offers perspectives and provides stability in leadership.
Sandra DeJong, MD (President, 2017-18)

Given the addictions crisis facing American society and healthcare systems, I have appointed an Addictions Training Taskforce with the goal of elucidating the gap between current training practices across programs and current services needs as described by national experts. Two surveys will be distributed to members in 2017, one for general psychiatry training directors and a second for Child/Adolescent Psychiatry directors; they seek to describe current training practices and what kinds of obstacles programs face in providing training in addictions/dual diagnosis. In partnership with the American Psychiatric Association, the American Association for Addictions Psychiatry, the American Academy of Child and Adolescent Psychiatry, the National Institute for Drug Abuse, and the Substance Abuse and Mental Health Administration, we seek to provide educational and training resources to fill the training-service need gap. In order to better disseminate educational resources and to meet the growing needs of the organization, I have also appointed an Information Technology (IT) Taskforce. This group is tasked with assessing our current IT infrastructure and make recommendations for short-term and long-term improvements to our digital capacity. These efforts reflect a key role of AADPRT that is our 2018 Annual Meeting theme: Shaping the Future of Psychiatry.

Art Walaszek, MD (President, 2016-17)

Among the many challenges faced by those who help prepare the next generation of psychiatrists, two stand out for me: resident wellness (within a broader context of physician wellness) and faculty development (in particular, those faculty interested in teaching residents). We have appointed two task forces to make recommendations to residency and fellowship program directors regarding strategies to address these critical areas. In addition, we continue to share the wisdom and experience of our program directors by means of our Annual Meetings, including the vaunted Brain conference, and our Virtual Training Office. We share our passion for medical education with many other organizations, and so we partner with the Association for Academic Psychiatry, American Psychiatric Association, Association of Directors of Medical Student Education in Psychiatry, and others. Through all of these efforts, we hope to support our mission to “promote excellence in the education and training of future psychiatrists.”

Bob Boland, MD (President, 2015-16)

I have reflected on the major themes and concerns of psychiatric education, rising above the usual day to day minutiae of our busy lives. Of course there are many, but at least two things that came up a lot are the themes of wellness: both that of our residents and/or ourselves. Despite the many well-meaning attempts to improve the lives of our residents, we seem to hear about the problem of burnout more than ever. And that burnout isn’t limited to the years of training: faculty seem increasingly stressed but such
things as productivity, administrative and other demands, and even those who love to teach are finding it more difficult to find the time. No, we cannot solve these things quickly or alone. But we have already done a good job of putting the focus on different aspects of these issues (note the many workshops directly related to these themes) and I think we can continue to expand our involvement in these issues, both within our organization, and by collaborating with interested partners. Building on the work of my predecessors, I hope to increase our involvement in these issues.

Christopher Varley, MD (President, 2014-15)

Our primary responsibility is to train the psychiatrists of tomorrow. Our graduates will become the care providers for those with severe mental illness, will advance our scientific knowledge base, and define our best understanding of the nature and description of mental illness. In order for us to be successful in this task, we must understand each resident as an individual, appreciate and nurture their interests and passions, and provide a training environment which best suits their individual needs. We promote individual self-definition and adherence to a rapidly emerging evidence base so that our graduates provide the best care, reach out to those most in need, recognize the field's research needs, and define our field. In order to be most effective, we cultivate and nurture the passions of our residents and to inspire them to do their best. In turn, we are at our best when we believe that our work is compelling and that we are making a difference in advancing psychiatric education.


In these times of change and transition, we must be mindful of the need to innovate and develop without losing sight of the basic elements at the heart of our work -- ailing patients, caring doctors, dedicated teachers, and the creation of a community of learners. These are the sustaining aspects of our endeavors. The links between the old and the new, foundational ideas and real experience continue to influence and inform us.

Kathy Sanders, MD (President, 2012-13) Me, Thee, We

When welcoming our Class of 2016, I came up with a motto for residency training: Me, Thee, We, a simple description of the transformation from medical student to independent practicing psychiatrist. What is the mystery, the magic, the challenge of going from medical student to independent practitioner who bears a societal mantle to care, to heal, to tender through the adversity of illness? The professionalism of the physician psychiatrist is one of compassion, integrity, respect for others, sensitivity to diverse patient populations and adherence to ethical principles while being accountable to self, colleagues, and the profession. When I welcome in the new interns, my task is to
frame and make sense of what lies ahead for each of them as they traverse this journey. Residency training/education is a four year journey of transformation from the medical student full of ambition and desire for an idealized life of the doctor through engagement in numerous relationships in a variety of settings to emerge as the professional who knows how to lose self-interest for the good of others.

Richard F. Summers, MD (President, 2011-12) Are We Getting Better?

I have been trying to envision the residency training program of the future. We will have an opportunity to shape this view, although broader forces will surely have a great impact on it. But, if we imagine things as we would like them to be, we will have a roadmap to the future.

I envision a residency training program with strong core value of professionalism and service, structured educational goals with few but quite meaningful assessment procedures, flexible requirements, easy to use learning platforms and information systems, ready availability of decision support systems, less interruption by communication technology, a focus on the needs of our patient populations, seamless transitions from medical school to residency to lifelong learning, and training directors who are freed up by less bureaucracy to spend more reflective time thinking about educational content and the individual developmental trajectories of their residents.

AADPRT –A HOME FOR PROGRAM DIRECTORS

Members have a special fondness for AADPRT. There is camaraderie in our organization as we share the unique and important responsibilities of educating the next generations of psychiatrists. We appreciate the opportunity to orient and welcome new members. For many of us it has not only afforded important professional and collegial relationships, but also many lifelong friendships.