I am honored and humbled to serve as the President of APAHC for 2012-2013. I am also thrilled to have such a dedicated group of APAHC Board and Committee Members working with me. I have been a member of APAHC (and AMSP as it was formerly known) since I first began my career in an academic health center twenty years ago. APAHC has been vital to my professional development and I can assure you that the APAHC Board is and will continue to work hard to ensure APAHC is a useful resource for its members, especially those early in their careers.

I would like to highlight just a few of our new initiatives in this article. In January, two Presidential Task Forces were created. The concept behind both task forces is to facilitate identification of resources for APAHC members and insure that timely topics are integrally woven into APAHC activities (e.g., considered in elections/awards, conferences, publications, research). The first task force, Diversity and Health Disparities, chaired by Dr. Alfiee Breland-Noble, was given the charge of:

- advising APAHC about how best to recruit and retain a more diverse membership;
- insuring that APAHC publications and presentations regularly address health disparities and contributing factors (e.g., racial and cross-cultural differences, literacy, economic factors, social stress); and
- creating a list of resources or tools for APAHC members to help in the elimination of practices that can lead to disparity in care.

The second task force, Behavioral and Social Science Foundations for Physicians, chaired by Dr. Cheryl Brosig Soto, was given the charge of:

- creating alliances with organizations invested in medical education (e.g., Association of American Medical Colleges [AAMC], Association for the Behavioral Sciences and Medical Education [ABSME]) to insure that AHC psychologists contribute their knowledge and skills in the education of medical students regarding behavioral and social sciences; and
- developing a repository of materials that would be helpful to APAHC members, especially early career psychologists teaching within medical schools.

While all AHCs have slightly different promotion criteria, and all AHCs’ psychologists have slightly different visions of their careers, virtually all AHC psychologists benefit from having someone, such as a mentor, help them get started, especially given the challenging tasks of finding a suitable position in an AHC and then navigating the promotion process. APAHC is especially dedicated to its early career psychologists, and is working hard to identify ways to insure

continued on page 2
The 2013 APAHC Conference is being held at the Hutton Hotel in Nashville. Located in the popular West End, it is the ideal base for exploring all the city has to offer including Vanderbilt University, Music Row, Sommet Center, LP Field and the Tennessee Capital. Guest rooms and suites are casually elegant, and offer lavish granite showers, plush bedding, wireless Internet, and flat screen televisions with media hubs. Register early to get all this and more for $159.00 per night (includes WiFi). Find more about the conference and registration on our APAHC webpage at: http://www.div12.org/section8/index.html. Hotel information at http://www.huttonhotel.com.

♦ Greetings from the President...continued

that psychologists succeed in AHCs. Activities such as the Consultation Program and the Early Career Boot Camp are continuing and being strengthened. New resources are also under development. Drs. Ed Christophersen and Zeeshan Butt are diligently working on a Promotion Primer for APAHC that goes way beyond what the requirements are for promotion—and focuses on how a faculty member successfully meets the requirements for promotion. APAHC mentors, under a new program developed by Dr. Cathy Schuman, will be offering reviews of curriculum vitas for Early Career as well as Mid-Career members at the APA convention in August 2012 and the APAHC conference in January 2013.

It is also noteworthy that our APAHC Research Committee, under the guidance of Dr. Jerry Leventhal, is working on three important projects with the AAMC. The first is related to adding Psychology as a faculty category for the AAMC surveys. I recently submitted a formal request to this effect with the support of the APAHC Board. The second is a project utilizing the AAMC workforce database to create a more thorough understanding of the number, roles, activities, rank, salaries and other characteristics of AHC psychologists. We hope to get this analysis underway once IRB approval is received. The third project involves recent conversations with AAMC Director for Primary Care Affairs, Dr. Scott Shipman. He is directing a project that is examining inter-professional service delivery within primary care settings; particularly how these models are developed, supported, and sustained, as well as the impact of these models on productivity and efficiency.

As you can see from just these few examples of new activities within recent months, APAHC is a vital organization that serves the interests of psychologists in AHCS. In so doing, APAHC needs increased membership and active involvement of the membership for future growth. If you would like to know more about APAHC activities or become a more central part of APAHC and its endeavors please don’t hesitate to contact me at cubicba@evms.edu. Also, we would appreciate your getting the word out to your psychologist colleagues about APAHC to help them understand the unique ways in which APAHC is serving their interests and merits their support.

♦ Letter from Editor...continued

In this issue of Grand rounds you’ll be introduced to our new board, and you’ll hear from our president Barbara Cubic about exciting new initiatives within AP-AHC. Barry Hong informs us about a new emphasis on the MCAT and it’s impact on psychology. Barry and Brent VanDorsten also write about issues relating to promotion and tenure (these issues have led to the collaborative development of a new APAHC promotion and tenure primer—look for an excerpt in the Fall ’12 issue of Grand rounds). In addition you’ll read about new ideas for career paths (Danny Wedding, Kelly Foran Tuller and Sarah Miller). You’ll find yourself being taken out to the ballgame as you read Jerry Leventhal’s update regarding APAHC’s Research Committee, and thinking about membership as you read the reflections of John Wryobeck. Additionally, we have a new Tribute column and past president Dr. Bill Robiner writes an eloquent and moving tribute to Dr. William Schofield.

If you find yourself inspired by spring or by the Spring issue of Grand rounds, I hope you’ll share your thoughts. If there is something you’d like to read about or even better, if there is something you’d like to write about, please email me with your ideas. The Fall issue of Grand rounds is underway, and we’re seeking articles of approximately 500-900 words by September 1. If you’d like to contribute, please email: mooremel@email.chop.edu.
Tale of Two PsyD’s

♦ Kelly Foran-Tuller, Psy.D., VA Connecticut Healthcare System
♦ Sarah Miller, Psy.D., Mount Sinai School of Medicine

Upon its inception in the early 1970s, the PsyD degree was developed to provide practical training to students seeking predominantly clinical careers. Over the last 40 years, many PsyD programs have expanded upon the traditional model and have developed training programs that emphasize conducting clinically-informed empirical research. It is important for early doctoral graduates to understand the complete menu of career opportunities available to them, including those in Academic Health Centers (AHCs). This article outlines two real-life descriptions of less traditional career paths for early career PsyDs.

PsyD Graduates: Dr. Behavior-Change and Dr. Biopsychosocial

Dr. Behavior-Change and Dr. Biopsychosocial were attracted to LaSalle University’s (Philadelphia, PA) APA accredited PsyD model that boasts the integration of research and clinical practice. While at LaSalle University, both women matched at APA accredited health psychology internships and subsequently sought careers in AHCs. AHCs afforded these women the unique opportunity to integrate research, teaching, and clinical practice. The remainder of this article outlines the current positions held by these early career psychologists and places an emphasis on the similarities and differences between two career paths available in AHCs.

Dr. Behavior-Change completed her APA accredited internship in health psychology at Yale University School of Medicine and went on to complete her APA accredited post-doctoral residency at VA Connecticut Healthcare System (VACT). Upon the completion of her residency, she accepted a Staff Psychologist position in Integrated Primary Care at VACT. She is actively engaged in clinical service, teaching and supervision, and expanding her program of research in the primary care setting.

Dr. Behavior-Change: Roles & Responsibilities Including Percent Time Spent

♦ Clinical Service (55%)
  - Providing brief assessment and therapy to veterans with a wide range of mental health problems
  - Providing consultation and coaching for physicians/nurses/social workers
♦ Teaching and Supervision (20%)
  - Developing lectures on health psychology and primary care psychology topics
  - Teaching medical students, residents, and psychology trainees via lectures and modeling
  - Evaluating and supervising trainees
♦ Research and Scholarly Inquiry (15%)
  - Writing small grants
  - Working with the IRB
  - Preparing presentations (professional conferences, grand rounds, specialty seminars)
  - Presenting professional talks
♦ Administrative/Other (10%)
  - Attending departmental faculty meetings
  - Attending doctoral and resident psychology trainee meetings
  - Professional service and participation in professional organizations

In 2015 medical student applicants will be taking the new revised Medical College Admission Test (MCAT). The MCAT exam has been in use since 1928 and the current version (fourth revision) has not been modified since 1991. This “high stakes exam” has been a major factor in determining an applicant’s readiness for medical school. The current changes reflect topical changes in medicine as well as changes in the perceived qualities of ideal physicians. In addition to the traditional areas of biology, physics and chemistry, questions will reflect newer areas of study such as cell and molecular biology, genetics and genomics. What will be surprising to students and to more than a few pre-med advisors is an added emphasis on psychology, behavioral science, statistics and research design. The new MCAT will consist of four parts assessing knowledge in 1) biological and biochemical foundations of living systems, 2) chemical and physical foundations of biological systems, 3) psychological, social and biological foundations of behavior and 4) critical analysis and reasoning skills. Psychology and behavioral science will receive as much attention as biology/biochemistry. These major test sections correspond to the knowledge and skill base that physicians need, and the most excellent physicians will be the ones who can integrate each of these areas in their practice of medicine.

The preliminary work and input to the MCAT Revision Committee (MR5) was comprehensive and exhaustive. The diverse 21-member committee included deans, educational affairs, student affairs, undergraduate faculty, premed advisors,
Dr. Biopsychosocial matched at an APA accredited internship at the VA New York Harbor Healthcare System—Manhattan Campus. Her internship underscored her commitment to working with underserved, medically compromised populations. In pursuit of her academic interests, in the fall of 2010, Dr. Biopsychosocial accepted a 2-year postdoctoral research fellowship at Mount Sinai’s School of Medicine.

### Dr. Biopsychosocial: Roles & Responsibilities Including Percent Time Spent

- **Clinical Service (15%)**
  - Serving as a clinical interventionist on an intervention study designed to manage radiotherapy-related side effects in breast cancer patients
  - Serving as a clinical interventionist on a pilot study designed to increase minority patients’ cancer screening uptake
- **Teaching & Supervision (0%)**
  - None
- **Research and Scholarly Inquiry (75%)**
  - Writing grants
  - Conducting pilot studies
  - Disseminating research results at national and international conferences
  - Publishing peer reviewed manuscripts
- **Administrative/Other (10%)**
  - Attending research didactics and grand rounds
  - Participating in research Work In Progress (WIP) meetings
  - Participating in Community Advisory Board (CAB) meetings
  - Attending meetings with mentors and research collaborators

These job descriptions are not representative of all health psychology positions at VACT or Mount Sinai School of Medicine. It is beneficial, however, for both PsyD and PhD graduates to have a comprehensive understanding of the different options that may be available to them after graduation. As the job market continues to become more competitive, there is value in training students for a variety of different settings and encouraging a balance between developing a niche and remaining flexible. Dr. Behavior-Change and Dr. Biopsychosocial both agree that with a career roadmap, excellent mentorship, and a passion for health psychology, your dream job is within your reach.

### New MCAT...continued

and two psychologists (a neuroscientist and a clinical psychologist-BAH), which was meant to insure that the new MCAT would be a valid, balanced and comprehensive test.

The information and data which drove the recommendations came not only from MR5 but also from undergraduate and medical school faculty, basic and clinical faculty, medical students and residents. Input from other sources including the AAMC—Howard Hughes Medical Institute report on the Scientific Foundations for future physicians, the AAMC Behavioral and Social Sciences Expert Panel, the AAMC Holistic Review Project, and the 2004 Institute of Medicine report—which recommend that behavioral and social science be enhanced in the medical school curriculum were considered. All of this information was supplemented by data gained through 2,700 surveys of medical students, residents, medical faculty and administrators, asking what they believed to be essential areas of medical education. Thus, there was an overwhelming amount of data and information supporting the new changes in the MCAT.

The focus of these MCAT changes has been not the accumulation of additional knowledge, but in contrast, the integration of all areas which influence health and illness behavior. There has been a mistaken notion that the psychology/behavioral science part of MCAT will measure personality and psychopathology; however, psychological concepts such as altruism, cooperativeness and extroversion will not be measured. This section of MCAT will measure knowledge and the integration of biology and social science.

The importance of the inclusion of psychology and behavioral science on the MCAT cannot be minimized. Students who aspire to a career in medicine will be alerted to the fact that psychosocial/cultural issues matter and are as important as the biological and physical sciences. Additionally, the level of undergraduate psychology education will be raised, as knowledge of the scientific aspects of psychology will need to be attained by pre-med students. Indirectly, the MCAT will help raise the awareness that psychological science is an embedded, essential aspect of health care.

Note: Dr. Barry Hong has been a member of the twenty-one member MR5 Committee since 2008, representing clinical faculty members in medical schools. His membership on the committee is ongoing. He was the previous representative of APAHC to the Council of Academic Societies (CAS) of the AAMC and has served on various AAMC committees.
Challenges of Promotion and Tenure in the “New Millennium” of Medical Schools

♦ Brent Van Dorsten, Ph.D., University of Colorado School of Medicine
♦ Barry Hong, Ph.D., Washington University School of Medicine

In the current climate of most U.S. medical schools two things are certain in the areas of promotion, tenure and salary. One is that tenure is becoming increasingly rare. Two is that tenure, promotion and salary are linked by a complicated set of guidelines and criteria which differ for each medical school. Movement from one academic rank to another is not as straightforward as it has been in the past when promotion and tenure were most commonly a simultaneous and intertwined evaluation. Faculty members on appointment tracks which are centered on clinical, research or teaching/scholar activities may now find movement from one rank to another quite different. In addition to highly variable promotion and tenure criteria, psychologists often encounter an additional layer of complexity in the promotion review process in that there are infrequently “peer” (e.g., psychologist or mental health specialist) reviewers. Psychologists are most often reviewed via the identical criteria of their physician and basic research colleagues, and must be prepared to present promotion materials which accentuate their unique skill sets, accomplishments and contributions to fulfilling the mission of the school. While this may not sound challenging, one must realistically consider presenting this information to promotion and tenure review boards without a senior ranked psychology professor involved in the process.

In the future, APAHC will be featuring a resource concerning promotion, tenure and salary. In this newsletter brief, we would like to outline some of the challenges that psychologists may face when considering any of the issues interrelating to tenure, promotion and salary.

Clinical challenges: For clinical professionals within a school of medicine, moving from assistant to associate professor is often a readily achievable task as medical schools are compelled to retain a subset of excellent clinicians to compete for clinical practice dollars with their community competitors. However, it is well known that reimbursement rates in most all medical schools are constrained by the patient populations they are intended to serve. Without regard for the amount charged, few individuals or insurers pay the full amount and Medicaid and Medicare pay a fraction of most charges. This presents difficulty as faculty psychologists’ entire caseloads may be limited to these populations and severely limited collection rates. For an experienced clinician, this translates into difficulty trying to meet their increased salary costs with less money from clinical practice, and equally great challenges for those who strive to be scientists/practitioners by “turning research into practice.”

Research Challenges: Research psychologists are readily aware of the increased competition for ever declining federal research funds. This has made research careers ever more challenging and financial coverage between funded projects all the more daunting for administrators. In many tenure/promotion environments, only funded grants on which the psychologist is Principle Investigator may be counted towards “scholarly activity” for promotion. This happens at the time when more collaborative and multicenter grants occur. In these instances, key personnel—a role often filled by psychologists—may not fulfill the Principal or Co-Principal Investigator criterion.

Teaching Challenges: Medical school faculty from diverse professional backgrounds are critical components to providing well-rounded education for multi-disciplinary trainees. Whether this instruction occurs in classrooms, grand rounds, resident training seminars, clinical or bedside consultation, formal supervision sessions, or post-doctoral training—all trainees benefit from multidisciplinary instruction. With ever increased reductions in state and private schools, educational funding for many medical schools is an increasing challenge for all faculty. Teaching is a mission of medical schools but is generally underfunded. This is an important activity but may be undervalued since it does not produce an income stream.

Education Funding Reductions: In recognition of the challenges above, medical schools have received Medicare funding to offset the cost of providing clinical care for uninsured/poorly insured patients, teaching, supervision time, unreimbursed clinical time (e.g., time spent attending multi-disciplinary staffing). These funds are primarily for resident physician training and support some faculty. With ever common funding reductions, many psychology faculty find it challenging to perform the “unreimbursed” duties which add to the rich fabric of medical school careers. All psychology organizations will necessarily be forced to continue to creatively combat reductions in funding to allow psychology faculty to fulfill these unreimbursed—yet important—duties while keeping an eye on our costs. The Medicare/General Medicare Education (GME) funds seldom benefit psychologists, though our MD colleagues may mistakenly believe we receive those funds. Even those of us in state funded medical schools may find the educational efforts are unfunded as well.

Many medical schools possess an “under-coordinated” psychology presence, without a unified constellation of providers
Upbeat Update from the APAHC-RC Team

Jerry Leventhal, Ph.D., Chair, APAHC, Research Committee, University of Medicine and Dentistry, New Jersey

The APAHC Research Committee’s (RC) continues to build on results from its 12/9/2011 meeting with the Director of AAMC Data Operations and Services (AAMC-DOS) at AAMC Washington HQ.

It’s only the first inning, but RC members are swinging hard and connecting; we’re running the bases and scoring. The scoreboard shows one run in and three “runners” on base, one on 3rd and two on 1st—with no errors to date. Though it’s early in the season, odds-makers say APAHC-RC looks like a “good bet,” with possibilities of reaching the .01 level sooner than expected. Playback details follow.

Basic stats...

The APAHC-RC team’s 11 members held 3 monthly conference calls since January 1. Thanks to Zeeshan Butt and Donna LaPaglia for keeping stats and tracking developments. Good luck to Drs. Hong, Cubic, Edenfield, & Leventhal!

Three projects currently under way...

Salary Data for AHC Psychologists

We have a “runner” on third with respect to collection of salary data. The AAMC’s Director for Data Operations and Services forwarded our request to include psychology in the AAMC annual Salary Survey to AAMC’s compensation studies group. Our request has advanced from 2nd to 3rd base, and appears well-positioned to score. Thanks to Bill Robiner, Barbara Cubic, Teresa Edenfield, and others for good teamwork.

To show respect for the big leagues of academic medicine, as well as psychologists’ desire to be team players, we put out a feeler regarding lending a top research hitter to work with the AAMC compensation studies group on methods to improve data collection for academic medicine professionals, not just psychologists.

The ball is still up in the air on our Psychology Salary Data initiatives; we don’t know if we’ll get base hits or “outs,” but “No spray, no gain” is the baseball game.

Tracking Growth of AHC Psychology

Stepping up to the plate on the AAMC/APAHC playing field is the RC project team of Drs. Hong, Cubic, Edenfield, & Leventhal. They will collaborate with AAMC-DOS staff using data from AAMC’s Faculty Roster to track changes in the numbers and distributions of medical school psychologists over a time span of the past 20-30 years. We are preparing an IRB application to advance this project.

Inter-Professional Teams in Primary Care

The most recent play in progress is our unfolding collaborative effort with AAMC’s Director for Primary Care Affairs. The focus is on quality and efficiency of inter-professional services in primary care settings. It’s too early to call the play on this initiative, but know that RC team members are on the move, and monitoring developments. Good luck to Drs. LaPaglia, Cubic, and Leventhal!

If you’re thinking about joining the RC team, spring training is coming fast—so please contact team manager, Jerry Leventhal, at jerryumdnj@aol.com or team owner, Barbara Cubic, at cubicha@evms.edu. We need talent and energy, especially from psychologists new to the AHC playing field! Even if uncertain, don’t hesitate to contact us to discuss what’s possible.

Challenges of Promotion and Tenure...continued

knowing how you and where you fit and obtaining guidance in achieving the missions of your school are the most important issues. This summary review of the contemporary challenges encountered by medical school psychologists preparing for promotion and/or tenure review also underscores the importance of organizational resources like the Association of Psychologists in Academic Health Care that can provide additional insight and consultation when navigating these issues.

August 2-5, 2012
APAHC at the 2012 APA Convention in Orlando, FL
Program Chair: Ron Brown, Ph.D., ABPP
APAHC 2011 Ivan Mensh Award Winner for Distinguished Achievement in Teaching
Richard Seime, Ph.D., Mayo Medical School
It’s a Wonderful Life: Life As an Academic Health Center Psychologist and Educator
APAHC 2011 Winner of the Bud Orgel Distinguished Achievement Award in Research
Dorothy Hatsukami, Ph.D., University of Minnesota—Twin Cities
Future Direction in Disease Prevention: Tobacco Control As a Case Example
APAHC 2011 Winner of the Matarazzo Award for Distinguished Contributions to Psychology in Academic Health Centers
John Robinson, Ed.D., Howard University
But You Don’t Act Like a Psychologist
International Education in Psychology

Danny Wedding, Ph.D., M.P.H., California School of Professional Psychology

After 30 years of teaching in four different medical schools, I gave up medical education to become the Associate Dean for Management and International Programs for the California School of Professional Psychology (CSPP) at Alliant International University. This new role involves direct oversight for CSPP’s three established international psychology training programs: an MA in clinical psychology in Tokyo, an MA in counseling psychology in Mexico City, and a PsyD program in clinical psychology in Hong Kong. I have the privilege of teaching psychopathology in both Hong Kong and Mexico City, and I have some managerial responsibilities for numerous CSPP programs distributed across the six California campuses.

Perhaps the most interesting part of my new job involves exploring opportunities for developing new international initiatives, and CSPP is currently exploring the potential for international partnerships with universities in Taiwan, China, Korea, Singapore, Israel, Brazil and Ethiopia. In addition, individual CSPP faculty have developed collaborative research projects and/or student immersion projects with university colleagues in India, Sweden, Thailand, Korea, Germany and Vietnam—and no doubt dozens of other programs that I simply have not yet learned about.

It is an exciting time to be an international educator. In the 2009-2010 academic year, over 270,000 US students studied overseas for academic credit, and the number of US students studying abroad has tripled in the past two decades (Fischer, 2011). Still more impressive, well over a half million international students come to the United States each year to enroll in institutions of higher education (Wedding, McCartney & Currey, 2009). It has been a genuine privilege for me to work with some of these students. I especially enjoy working with CSPP students participating in the Mexico City immersion program where they are exposed for the first time to liberation psychology, and I relish the time I spend with our students in Hong Kong who are some of the best trained clinical psychologists in Asia.

There are numerous faculty exchange opportunities open to psychologists, and medical school psychologists interested in teaching abroad should investigate the various Fulbright programs. There are a variety of Fulbright options open to US scholars, but the best fit for many medical school psychologists will be the US Scholar Program, which offers generous funding to support faculty from the United States who are interested in spending up to a year studying and/or conducting research in countries around the globe. Almost 300,000 people have participated in this program since it was established in 1946. I’ve participated twice in the Fulbright Senior Scholar program; my first Fulbright allowed me to teach psychotherapy to psychiatry residents at Chiang Mai University School of Medicine in Thailand for six months; the second Fulbright, ten years later, supported an entire year spent teaching at Yonsei University in Seoul, Korea. The Fulbright program also provides generous funding to support regional travel for senior scholar: My Thailand Fulbright supported a series of lectures in Australia and New Zealand; my Korea Fulbright funded a lecture tour in Tokyo, Osaka and Okinawa, as well as lectures in many of the country’s leading universities and medical schools. While arranging for a protracted period away from grants, teaching obligations and university responsibilities is challenging, the rewards amply justify the effort.

There are many other international opportunities for medical school psychologists. For example, Ken Freedland, a Professor of Psychiatry at the Washington University School of Medicine, received funding from the NIH’s Fogarty International Center to analyze data from a multicenter trial working with Japanese colleagues at Shiga University of Medical Sciences in Otsu, Japan. Ken spent three weeks in Japan, and he reports that this was one of his most rewarding professional and personal experiences.

The status of psychology as a profession in 27 countries around the world is reviewed in The Handbook of International Psychology (Stevens & Wedding, 2004). Working on this book made me appreciate how variegated and vibrant our profession is, and how many opportunities there are for psychologists willing to give up the routine security of their professional life in order to seek out international opportunities. Many of these opportunities are found in medical schools and medical settings, and my advice to anyone considering such a move is simple—go for it! You won’t regret your decision.

References


A Tribute to William Schofield

♦ William Robiner, Ph.D., A.B.P.P., L.P., University of Minnesota Medical School

It is a great honor to be the first to contribute to the new APAHC Tribute Fund, and it is personally gratifying to do so in memory of William Schofield, Ph.D. I met Dr. Schofield as a supervisee during my internship at the University of Minnesota Medical School. Over time, he became a mentor and dear friend. He encouraged me to join APAHC when it was still the Association of Medical School Professors of Psychology (AMSP), a suggestion I delayed acting on until the organization changed its name to the Association of Medical School Psychologists (AMSP) when I thought I could join as a true member rather than a poser (i.e., it was only later that I was granted an academic appointment and became a professor).

Dr. Schofield (or Schof as his friends and colleagues referred to him) had a distinguished academic career, and left a deep imprint on the field, most notably in terms of spurring on the creation of Health Psychology through his 1969 American Psychologist article on the role of psychology in the delivery of health services. He recognized that psychologists had vital roles to play in helping people cope with health problems, from changing behavior to contending with their demoralization when facing illness. His visionary insights led him to chair the APA Section on Health Research, serving as its first President. That group was the precursor to APA Division 38 (Health Psychology). He also played a vital role in the creation of our organization, APAHC, serving as one of the inaugural members of AMSPP’s Executive Committee.

Schof’s scholarship included authoring the 1964 classic Psychotherapy: The Purchase of Friendship. He observed that therapists essentially served as culturally sanctioned substitute friends and noted that therapists were inclined to treat YAVIS patients (i.e., youthful, attractive, verbal, intelligent, and successful). He later wrote the Pragmatics of Psychotherapy, which Sol Garfield described as presenting, “the reflections and judgments of an individual who has thought seriously and deeply about the field of psychotherapy, its theories, techniques and therapists…a guide to how to think about psychotherapy in all its rich complexities.”

Schof was active in diverse professional affairs. He was a remarkable role model, activist, and thoughtful, engaged contributor to our profession. He was known for his integrity, objectivity, thoroughness, and teaching. He had an active clinical practice and was known as a “therapist’s therapist.” He served as a Representative to the APA Council, President of the Minnesota Psychological Association, Chief Psychologist of the University of Minnesota Hospital and Clinics, a member of the Minnesota Board of Psychology, and more.

His students revered Schof as a learned teacher and scholar. He taught and supervised graduate students, interns, psychiatry residents, and made it a point to mentor early career psychologists. When I joined the faculty, I met weekly with Schof and my colleagues Drs. John Hung and Kate Hathaway for peer consultation. We continued to meet with him monthly for years beyond his retirement to discuss a range of clinical and professional issues, until his stroke.

As I write this tribute, a photograph of Schof’s daughter gave me watches over my desk, as if gently reminding me to remember to be wise in my words and deeds. I have no doubt that if there is a place where extraordinary humanitarians and psychologists go after departing this Earth, he is there, trying his utmost, still, to patiently guide me through life’s perplexing circumstances and to help me sort through professional conundrums. It is comforting to reflect on Schof’s patience and empathy, and to imagine his bemused expression. My contribution to the APAHC tribute fund in his name is a small way to express my admiration and abiding gratitude.
I was introduced to APAHC shortly after I took my first academic position in the Department of Psychiatry at the University of Toledo College of Medicine. Cheryl King, Ph.D., then APAHC president, invited me to join given this was my first job in an academic health center (AHC). After joining, I decided to use the consultation service provided by APAHC. Through this service I had access to an APAHC member to discuss some of the issues I was facing as a new faculty member as well as just another psychologist to communicate with, being I was in a medical school with few psychologists. This early contact raised professional issues that I would need to be thinking of if I were to be successful as a psychologist working in academic medicine (e.g., decisions about committee membership, joining research teams, initiating my own research, clinical practice, establishing professional identity). This gave me a sense of focus during my first year as an assistant professor when I felt torn in many directions.

It was at my first APAHC conference that I began to appreciate what APAHC had to offer me as an AHC psychologist. I was not very active in that first conference, but what I remember most was how I began to see that my teaching of the behavioral sciences needed to be different when working with medical students and residents. While my first year student and resident evaluations were okay, they improved substantially as my pedagogy began to change; incorporating ideas learned from presentations at that conference. I began to see my need to acculturate, or to be bicultural if you will—one foot in psychology and one in medicine. During this first conference, I also attended an informal discussion group for early career psychologists and received some invaluable information from senior APAHC members and other early career psychologists. I began to feel connected.

As a subscriber to the APAHC listserve since day one, I was kept informed of what was happening in the world of medicine and psychology and how I might be affected. To be sure, some of the information was scanned and forgotten, but there was much that was useful in keeping me informed of the things my physician colleagues were aware of (“Tony News”) and offered an opportunity for me to request help from APAHC colleagues and to offer help to them when I had it. Seeing what other physicians and AHC psychologists were interested in and found important helped me in acculturating and feeling connected. If you have not subscribed to the APAHC listserve, I encourage you to do so (contact me).

I was more active as a participant in my second APAHC conference, getting to know board members as well as APAHC colleagues. Dinner out offered some social time as well as opportunities to learn. The dinner conversation initiated my seeking board certification in clinical psychology, and this certification later had a positive impact on me professionally (both in reputation with some physicians and enhancing my material for promotion to associate professor). After this conference I was asked to run for an APAHC office—I did—I lost. However, I was later approached to chair the Membership Committee by the former APAHC president, Bill Robiner. Since that time I have assisted the APAHC board in growing membership and developing the new APAHC website and its Members Only section. On these sites you can keep up with some APAHC news, minutes from APAHC board meetings as well as take advantage of viewing presentation material from the last APAHC National Conference. I attended my third APAHC conference last year where I gave a presentation for APAHC’s first Early Career Boot Camp.

I hope my story conveys how APAHC can serve its members: keep them informed, provide them professional guidance, educate them in areas important for a member’s professional development, and an opportunity to give back to the profession—on a national level—to name a few. I recently went up for promotion to associate professor and APAHC helped prepare me for this in many ways. For me, as the result of the knowledge shared, advice given, and personal involvement in this national organization, my promotion materials were made stronger than had I not been exposed to APAHC. I am happy to report the promotion with tenure was approved. I realize we are all in different places in our career and have differing needs. I encourage you to take advantage of what APAHC has to offer you, and, if you have the time, I encourage you to share the expertise you have gained working in AHCs with those of us who want to learn from you.

If there is anything I might do to make the membership application and/or renewal process better or to assist you in taking advantage of members’ benefits, please e-mail me: john.wryobeck@utoledo.edu.
Barbara Cubic (APAHC President) is an Associate Professor at Eastern Virginia Medical School (EVMS) with joint appointments in the Department of Psychiatry and Behavioral Sciences and the Department of Family and Community Medicine. At EVMS, she serves as the Co-Director of the Clinical Psychology Internship Program, Director of the Integrated Care Fellowship, and Director of the Cognitive Therapy Program. She is a Certified Cognitive Therapist and Founding Fellow of the Academy of Cognitive Therapy. Her clinical and research interests are in cognitive behavioral therapy, eating disorders, psychological aspects of bariatric surgery, and primary care psychology. In 2002, she wrote one of the first funded HRSA Graduate Psychology Education (GPE) grants, and in 2007 and 2010, received subsequent GPE grants focused on training psychologists and primary care physicians to provide integrated care. In 2010 she was awarded the Cummings PSYCHE Prize by the American Psychological Foundations for her work in Integrated Care. In 2011 she served as the chair for the APA’s Board of Educational Affairs Task Force on Primary Care Training. She serves as the editor of the *Journal of Clinical Psychology in Medical Settings*.

Ron Brown, APAHC president-elect, is provost and senior vice president for academic affairs at Wayne State University in Detroit, Michigan. Dr. Brown previously was dean of the College of Health Professions and Social Work at Temple University in Philadelphia, PA. He has also held academic positions at Emory University, the University of Illinois and the University of Adelaide. He has served on the Council of Representatives of the American Psychological Association, where he also was president of the Society of Pediatric Psychology. Dr. Brown earned his doctorate from Georgia State University in 1978. His research and publications focus on clinical and pediatric psychology; he has published nine books and more than 300 articles. He is past editor of the *Journal of Pediatric Psychology* and is editor-elect of *Professional Psychology: Research and Practice*.

Dr. Kim Dixon has been a member of APAHC since 2007. After co-Chairing the 2009 Minneapolis APAHC meeting, she was elected as Treasurer of APAHC. Kim completed her doctoral training at the University of Alabama, home of the 2009 and 2011 BCS National Championship football team! She completed a two year NIMH Post-doctoral research fellowship in the Pain Prevention and Treatment Research Program at Duke University Medical Center in Durham, NC, and then joined the faculty at the Brody School of Medicine at East Carolina University. Kim returned to Tuscaloosa this past summer to assume the Health Behavior Coordinator position at the Tuscaloosa VA Medical Center. She also holds a graduate faculty appointment in the Psychology Department at UA. As a former registered nurse and clinical health psychologist, Kim’s research and clinical interests are coping with chronic disease with special interests in chronic pain and diabetes management.

Dr. Alfiee M. Breland-Noble is Director of The AAKOMA (African American Knowledge Optimized for Mindfully-Healthy Adolescents) Project and Assistant Professor of Psychiatry at Georgetown University Medical Center. Her research interests include reducing mental health disparities for African American and diverse adolescents; treatment engagement for depression in diverse adolescents; mental health stigma reduction in diverse populations, health equity in suicide prevention, Community Based Participatory Research with a specific focus on Faith Based Health Promotion and Mindfulness in diverse parenting contexts. Her research is supported by the National Institutes of Health. Dr. Breland-Noble completed her training at the University of Wisconsin-Madison, New York University, Howard University, and Duke University School of Medicine. She currently serves as member at large for APAHC where she is involved in supporting diversity initiatives within the division as well as conference planning for the section.

For board contact information, go to: http://www.div12.org/section8/index.html.
Amanda Wheat is the APAHC trainee representative, and serves as a liaison between the organization and students, interns, and postdoctoral fellows. She will be part of APAHC’s boot camp for early career psychologists at the 2013 meeting. Amanda is completing a predoctoral internship in Clinical Health Psychology at the VA Connecticut Healthcare System (VACHS) and will receive her Ph.D. from West Virginia University. Her clinical interests include the delivery of evidence-based psychotherapy to outpatients and medical inpatients. She has particular interests in multidisciplinary teams and interdisciplinary training, and she also enjoys providing clinical service within integrated primary care. Amanda's research focuses on psychophysiology and cardiovascular disease. Recent projects have included the effects of heart rate variability biofeedback on the stress response and the influence of forgiveness and apology on cardiovascular reactivity and recovery.

Dr. Cheryl Brosig Soto is an Associate Professor of Pediatrics at the Medical College of Wisconsin. A pediatric psychologist by training, she provides clinical services to children and families seen in the Hermann Heart Center at Children’s Hospital of Wisconsin. Her research interests relate to neurodevelopmental and psychosocial outcomes for children with congenital heart disease. Dr. Brosig Soto has been a member of APAHC since 2006. She has previously served on the Membership and Research committees. In her current position as Member-at-Large, she will be leading the Task Force that will be addressing ways that APAHC can follow up to the AAMC’s recent report Behavioral and Social Science Foundations for Future Physicians.