



AADPRT Executive Council Meeting Minutes May 15, 2011

Present: Rick Summers, Adrienne Bentman, Sheldon Benjamin, Bob Boland, Sid Zisook, Art Walazek, Sahana Misra, Adam Brenner, Bob Rohrbaugh, Lucille Meinsler, Donna Sudak

Present by phone: Gene Beresin, Jeff Hunt, Michael Jibson

The minutes of the March, 2011 Executive Council were approved.

RRC Task Force, PIF Survey (Gene Beresin, Adrienne Bentman, Jeff Hunt, Victor Reus)

Results of the PIF/Site Visit Survey are being collated. A summary of the results will be sent to the Task Force members for comment. A draft letter of recommendations to the RRC will be sent to Steering for approval and then on to the RRC and to membership. A significant minority of program directors report difficulty completing the PIF. Problems include confusing questions, the length of the process, technical difficulties, and problems completing the faculty CV portion.

A letter collating the results of the RRC General and Child/Adolescent Psychiatry Essentials was sent to the RRC in the fall, 2010. The coordinators have requested that this letter include a section on coordinator time and work responsibilities. Input from the Coordinators Group will be solicited, and an addendum to that letter sent to the RRC.

The RRC will release its draft of the revised Essentials for General and C/A Psychiatry in June, 2012. A second survey will be sent to membership and AADPRT's response will be summarized and sent to the RRC.

The ACGME/ABPN, in keeping with the process followed for pediatrics, internal medicine, and surgery; will be forming two arms of the Psychiatry Milestones Task Force comprised of stakeholders in psychiatric education. One arm will be conceptual and the other will attend to implementation. As a central stakeholder, AADPRT will want to participate in the nomination of task force members. The RRC Task Force's input into this process will become clearer as the Milestones Project gets underway.

Several EC members pointed out that as the ACGME takes a larger role in the life of residencies, the import of communication has become more important.

This has emerged with unannounced changes in the Site Visit process, in the Resident Survey content shift to resident “satisfaction,” and in the introduction of the Faculty Survey. This difficulty with communication seems to be shared at times by our RRC and by other residency RRC’s. We will hear from Catherine Woodman, our representative to OPDA, on this issue later this year.

We thanked Dr. Reus for the RRC’s flexibility in constructing its recommendations regarding direct and indirect supervision and for fostering the establishment of a transparent and collaborative relationship with AADPRT. We look forward to continuing this relationship with Chris Thomas, the incoming RRC Chair. We are especially appreciative of our RRC’s willingness to be flexible and less prescriptive in the writing of the specialty-specific requirements for the new duty hours and for progression from one supervisory level to the next. The collaboration between our RRC and the Duty Hours Task Force has enhanced the Task Force’s ability to respond to the questions raised by members and our program directors’ ability to grapple with these issues expeditiously.

Action Item:

- (1) Input from the Coordinators Group will be solicited and an addendum to the original letters to the RRC will be crafted and sent to the RRC.
- (2) Rick Summers will participate in the initial planning process for the Psychiatry Milestones Project and will nominate key AADPRT members to serve on the working groups to make sure that we have a central role in the development of the milestones.

Pre-Meeting (Sid Zisook)

Pre-meeting finances, planning, and division of responsibilities were discussed. The 2012 Pre-meeting marks a return to the requirement that attendees pay for the meeting at a cost of \$125. Money saved from the 2011 Pre-meeting will be used to support next year’s Pre-meeting, including the cost of new research resident (fellow) participation, to extend the fellowships of some of the 2011 fellows for a second year, and to pay a portion of Tracy Riley’s salary for this event.

The 2012 topic will be PTSD and will include a topic update, evidence-based training, the use of online resources for treatment, and a segment on how to teach.

As regards the division of labor, Lucille will manage the logistics of the Pre-meeting including the banquet and meals, AV needs, conference rooms, and the number of rooms reserved at the hotel for Tuesday/Wednesday. Sid, Tracy, and the Committee will take responsibility for the curriculum, the faculty, the fellowships, and CME. Logistical needs will be transmitted to Lucille in advance in order to avoid last minute charges. The Program content will be solidified and made available to the members with adequate time for them to consider the cost

and their attendance. Sid and Lucille will collaborate on a maximum number of attendees and the refund policy. Sid will clarify the number of hours Tracy will spend on this project in order that reimbursement is clear.

Action item:

- (1) Sid will develop a budget for the pre-meeting including an estimate for the cost of Tracy's time to support the pre-meeting.

Finance (Mike Jibson via speaker phone)

The finances of the organization are in good shape. Currently, we have assets of \$481K which represents 127% of our current operating budget. Our aim is to cover the meeting expenses with meeting changes and we have come very close to this. The 2011 Annual Meeting expenses were below budget and the meeting registration and fees were above budget (\$213K registration + \$7.5K exhibits + Alonso payments pending). We continue to subsidize some of the meeting from general expenses as we always have. Thus, once the final bills are paid we will likely have assets 120-125% over budget. Though the recommended excess is 150% to cover growth, investments, and unexpected problems, the organization remains in good shape.

Money for the 2012 Pre-meeting will be saved because the costs will be limited to the cost for 3-4 residents and a few per diem faculty. There will be no honoraria, travel.

General (Adult) CSV Task Force (Mike Jibson via speaker phone)

The plan is to use the ABPN money for higher quality videos to train evaluating faculty and to develop several publications about the CSV development and standardization. The hope is to replace the original videos with 3 new ones on the boundary of passing. There have been impediments to progress including resident reluctance to participate and the judgment by some institutions that the consent forms are inadequate for use beyond the protected AADPRT website. Questions include whether we want the new videos to be more realistic e.g. conducted on an inpatient or more sanitized and done with an actor. Additionally, where should the Task Force go with validation studies as the 2012 Annual Meeting CSV education will be directed to a smaller group of new training directors.

CAP CSV Task Force (Jeff Hunt)

Using ABPN monetary support, six professional videos have been completed, two pre-school, two school age, and two adolescent using a combination of actors and patients. Residents have not been reluctant to participate though have voiced concern about faculty at other institutions viewing their work and holding their limitations against them. The Task Force has used

the Adult CSV consent form and the filming institution's consent form. The Adult CSV form requires that all participants sign an agreement allowing indefinite use of the video nationally for training on a closed website. Questions remain regarding whether consensus ratings need to be achieved internally or whether this should be obtained externally as part of the distribution. The EC consensus is that AADPRT and the home filming institution should retain copies of the consent forms.

Action item:

- (1) AADPRT will request the consent forms used in those videos already filmed and for those filmed in the future. AADPRT will obtain a copy of the ABPN consent forms and look to attain a consistent form and request process.

Development Committee (Art Walazek)

Our COI policy for exhibitors includes a mandate that attendees be queried regarding their assessment of a conflict of interest by an exhibitor. Data collection from Annual Meeting has been reviewed. A few respondents suggest there was a COI. Art and Lucille will review the comments from these individuals. COI information for AADPRT officers and Committee and Task Force chairs is nearly complete.

Donations will be sought to support the Ginsberg and the IMG Fellowships. Two sample letters were reviewed, one for members of AADPRT and the other addressed to national organizations invested in psychiatric care e.g. NAMI, the Depression & Bipolar Alliance, etc.

Psychiatry Milestones Project (Gene Beresin via speaker phone)

Psychiatry will embark on its Milestones Project sometime in 2011. The Milestones Project represents the ACGME's good faith effort to maintain the quality of resident graduates in the face of pressure to do so from external sources. Internal Medicine, Pediatrics, Surgery, and Ob/Gyn have completed their process or are well underway. Internal Medicine's Milestones are available on the web. Each field has taken a slightly different approach. The discussion included the need for ours to be simple, achievable, and affordable. This represents an opportunity to identify the core competency values in our profession and to identify "adequacy".

Deborah Hales (APA)

Maintenance of Certification (MOC) practice materials are available on the APA website. The APA has resurrected its efforts to improve recruitment into psychiatry through their support of PsychSign at the APA Annual Meeting and through its collaboration with organizations such as AMSA and AADPRT. There

will be an Ethics Track at the Annual Meeting where Sandra DeJong will present the work of her AADPRT Task Force. Deborah suggested that AADPRT consider the idea of an AADPRT-sponsored symposium at the APA annual meetings. An idea to consider for an upcoming meeting is “professionalism and the internet”.

Duty Hours Task Force (John Young)

The focus of the Task Force has shifted to the July, 2011 new ACGME requirement for organized handoffs. There has been a request for best practices including current practices, curriculum, and assessment tools. The Task Force has collected data from hospitals with a reputation for patient safety initiatives and oversight. These materials are being reviewed and include information from other fields. The Task force members will then decide the best way to present this information to the members and on the website. The goal is to offer a standard slide set which members can use to educate faculty, trainees, and other stakeholders. In reviewing the literature, most of it focuses on end of shift handoffs. There is little written neither on the varied settings nor on permanent (end rotation, transfer of outpatients) vs. temporary (holding only vs. moving care forward) coverage.

Many are aware of the July, 2011 ACGME mandate to “credential” incoming PG1’s movement from direct to indirect supervision. There is also a mandate to assess more advanced resident’s capacity to supervise more junior trainees.

Action Item:

- (1) This Task Force will expand its purview beyond handoff’s to include examination of the knowledge, skills and attitudes necessary to provide supervision to more junior residents.

Recruitment Committee (Sandra DeJong via speaker phone)

Discussion in the Committee has focused on the issues of recruitment into psychiatry in the era of healthcare reform. We are asked to “predict the future” by medical students and applicants. The Committee will assist by sharing evolving models, supporting mentor relationships, and providing “talking points” for program directors and those who coordinate medical student education.

Task Force on Professionalism and the Internet (Sandra DeJong via speaker phone)

The Task Force has been extremely successful and its work well-received. Dissemination of the work to a broader audience has become the focus of their work. Members have submitted an article to ***Academic Psychiatry***; they will make an AADPRT-sponsored APA Program submission and conduct a Case

Conference at AACAP. Professionalism is the focus of the American College of Psychiatrists 2012 Annual Meeting and the work of the Task Force will be represented. There is also interest from the Center for Bioethics at Penn and from the APA pre-meeting program group. The curriculum is applicable to other specialties and the members are writing with those interests in mind. This success makes it unclear just where things will go. In this context, Sandra recommended that the Steering Committee discuss the possibility of selling this work as a product.

Membership Committee (Isis Marrero)

The members of the Committee met at the Annual Meeting. They will continue the initiatives of timely dues payment, and management of the New Program Directors Symposium and Break-Out Groups (Tami Benton). The new member mentorship program transferred from Paul Mohl to Joan Anzia. They will review and revise the Adult and Child/Adolescent Program Director Calendars, and the new member introduction to AADPRT. As the Coordinators are working on a calendar of annual residency tasks for their members, this Committee will await that product before embarking on an independent effort.

Psychotherapy Committee (Adam Brenner & Donna Sudak)

The Committee will take the work done thus far on common competencies and develop PG-level expectations across the various modalities and arenas of care. They will work to make them coherent and relevant, and will then move to evidence-based measures of progress. Many medical students remain interested in the fate of psychotherapy training in residency and in the new health care models. The Committee will link up around this issue with the Recruitment Committee.

2011 Annual Meeting (Chris Varley)

Review of attendee feedback reveals that this was a valuable and successful meeting as was the choice of Austin as a new site. Other than Orlando in 2010, attendance continues to increase by about 20 attendees per year. Summary of the evaluation scores follow: for the meeting overall, Austin as a site, and the hotel – 4-4.3, for the program – 4.4, for the individual presenters – 4.2-4.4, and for the plenaries and workshops – 4.2-4.4. This was the first meeting to end on Saturday and there was concern about the number of attendees who would stay for the plenary following the Saturday workshops but over 400 people stayed.

In planning the 2012 meeting the following issues should be considered: 1) the meeting was packed, and this left less free time to talk with colleagues, 2) the E*Value evaluation system was awkward and inefficient and many reminders were required to get responses. 3) The minimum number of questions to meet

CME requirements and to meet AADPRT's need for feedback should be used, 4) as the meeting will end in San Diego on Saturday next year, thought should be given to east coast flight times. Currently the last Southwest flight departs at 11AM. Departures for other airlines run as late as 3PM. Those who live in the middle of the country seem not affected. 5) Presenters need to make their disclosure more visible. 6) There needs to be greater transparency regarding workshop and poster selection and there will be no presentations by the program chair.

2012 Annual Meeting (Adrienne Bentman)

Three plenary speakers have been chosen, Jonathan Cohen, M.D., PhD a neuroscientist at Princeton University; William Iobst, M.D. a rheumatologist, and member of the Internal Medicine Milestones Project; and Sean Kernan, teacher and internationally-acclaimed photographer. Some changes will be made in the program. At the same time as the NTD Symposium, there will be workshops for more experienced members who attended the pre-meeting or arrive early. Other forms of tinkering will allow for a bit more time to mingle and for an earlier departure for East Coast attendees. Lastly other small changes will save money.

Information Committee (Bob Boland)

We began a discussion regarding which aspects of the website should remain closed to members and which additional parts to open. This has been discussed before but is an active issue now with the success of the Model Curriculum Committee and some of its products which would be of interest to program directors from other fields and to those who teach medical students. Membership fees support the website, making access a privilege of membership. The coordinators are active website users and have an ambitious coordinator's calendar project. They have asked for \$800 the cost of development. Update of the website for maintenance of membership, meeting registration, the auditor, and salaries for Rick Brandt and San will also cost money.

Action item:

(1) The EC approved \$800 for the development of a coordinator's calendar.

Regional Representative Meeting Report (Sahana Misra)

Regional representatives identified the following issues as important: 1) Programs which admit a greater number of IMG applicants are concerned about the NRMP's decision to go "all in" in the 2013 Match. 2) There is a request for a Supervision and Handoff Curricula, models of use, and evaluation standards. 3) They felt that programs without the ability to conduct the PRITE on computers which met the standards of exam administration would be substantially

hampered. 4) They felt that the new Resident Survey was a “satisfaction” survey.

Questions which might be explored at the next annual Meeting include: progress and problems with the new Duty Hours, utilization of the website tools, value of the regional listservs, and the impact of the changes in healthcare on residency education.

Subspecialty Caucus (Bob Rohrbaugh)

The Caucus had few attendees as few subspecialty program directors attend the AADPRT Annual Meeting. As is the case in their subspecialty annual meetings, the focus of the conversation was on recruitment into the subspecialties. The question was raised about resident entry in their PG4 rather than PG5 year. Should the PG4 General Psychiatry Milestones be achievable during fellowship? Perhaps an argument could be made for a PG4 entry year.

Action Item:

AADPRT will sponsor a survey of its members regarding the issue of recruitment into fellowships.

Other Agenda Items (Rick Summers)

Match Violation

It has been alleged that a NRMP Match violation occurred where an applicant alleged that they had been pressured by a program to reveal the other programs to which they had applied. At the moment this remains an issue of what one person said and the other person heard. Rick will reach out to the program director to discover the details and AADPRT will provide members with information to avoid such allegations during the 2011-12 recruitment cycle.

Global Mental Health

Discussion began on this topic regarding the need for a separate listserv or a caucus. There will be a caucus at the 2012 meeting. The larger membership remains interested in this topic on the general listserv. The ACGME will begin to accredit international programs.

EC Meeting

The May Executive Council Meeting in Honolulu was poorly attended. Was this because of distance or cost? The APA will be held in Philadelphia next year. We will get the APA start date and schedule of events early so as to choose EC meeting dates which do not conflict with EC member APA presentations.

ATD Caucus

A new Assistant/Associate Program Director Caucus Co-chair will be appointed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Adrienne Bentman, M.D.", with a stylized flourish at the end.

Adrienne Bentman, M.D.
2012 Program Chair