

**AADPRT Executive Committee Meeting  
New Orleans, Louisiana  
Wednesday March 12, 2008**

**Present:** M. Servis, D. Cowley, C. Varley, S. Sexson, D. Stubbe, L. Ascherman, B. Levy, A. Bentman, A. Louie, D. Katz, D. Rosen, D. Goldberg, J. Layde, M. Jibson, K. Sanders, S. Benjamin, R. Summers, L. Mellman, L. Meinsler

**Call to order 6:32 pm**

1. **Update on R. Krasner.** M. Servis announced that Ron Krasner had medical issues in December and has been recuperating, hence unable to attend the meeting. Ron has appreciated all the well wishes from members in the organization.
2. **Minutes of September meeting.** Approved as written.
3. **Annual Meeting.** Sheldon Benjamin reported that registration is well over 500. Over 100 submissions for workshops and posters this year. Process of online submissions further refined this year and ran smoothly. Kudos to Sheldon!
4. **Finance.** R. Summers reported that overall financial health for organization is good. Current total assets \$607, 801.99 although this does not include expenses for the annual meeting which will be paid out in the next month or so.
  - a. Annual dues: stable since 2005. Steering recommended maintaining same dues structure.
  - b. Annual Meeting revenues and expenses reveal that we have lost money on the meeting 3 out of past 4 years. Last year we lost \$26/attendee. Agreed that meeting fees be increased for 2009 meeting.

**Action items:** raise fees for meeting as follows:

1. members \$400;
  2. nonmembers 450
  3. coordinators \$275
  4. residents and guests fees remain the same (\$160 each).
5. **Interview Skills Credentialing Task Force.** D. Goldberg reviewed past year's work and updated EC. Task Force reviewed current best practices from the field for clinical skills assessment. Process issues discussed and clarified with ABPN input. Task force developed 2 evaluation forms that were approved by ABPN. Packet of information put together by Task Force was given to all attendees of the annual meeting. This included AADPRT narrative update on current status of the clinical skills assessment process and the evaluation forms vetted by ABPN, including the 2 developed by Task Force. Next issue will be the training of the evaluators. Extensive discussion about where the "bar" is set for this exam, how

much of an HPI is expected, how much of an exploration of other sectors of the history. Another related issue is when residents should be able to pass the exam. A recent pilot project at Yale/IOL of the current live patient exam (e.g. including formulation, differential diagnosis, and treatment in addition to interviewing and case presentation skills) found that most residents (given in November of PG II year) were unable to perform at the level expected for graduates currently being examined. Another issue is the time and effort that will be required to implement this. Regular clinical work sampling integrated into ongoing clinical rotations is attractive option.

**Action items:**

1. The Task Force report and CSV forms will be on the web by the end of the meeting.
  2. Task Force to continue its work in the coming year.
  3. ABPN will convene retreat in June to develop plans for training the evaluators.
- 6. PIF revision.** AADPRT feedback was incorporated into most recent iterations of general psychiatry and CAP PIFs. The forms continue to be under revision but are much improved. S. Sexson encouraged members to continue to provide feedback to ACGME.

**Action items:**

1. AADPRT will need to continue to closely monitor and dialog with Victor Reus to improve PIF, ACGME process for TDs
- 7. APA Board of Trustees meeting.** M. Servis was invited to attend meeting but unable to do so this year; agreed a good idea for future Presidents.
- 8. Bylaw revisions.** Over past year, C. Varley reviewed and proposed updates of the bylaws. EC began discussions in September. Minor issues involved updated language to clarify meaning and to delete reference to the defunct Executive Director position. Major issue was the process of the nominating committee and how democratic it should be. Consensus was that process should remain unchanged but to assure that the membership is notified at the annual meeting of the process and that nominations for officers may be made by petition signed by 10% of voting membership. Note that there is 1 voting member per institution. Another item is Article VI Standing Committees and whether the charge and effectiveness will be reviewed “every 5 years”. Last, in Article VIII, the language was changed to “approved by a majority of the members eligible to vote”. Chris Varley will incorporate the agreed upon changes and will be vetted by EC before going out to general membership as a vote by email.

**Action Items:**

1. Chris Varley to incorporate changes agreed on at EC; will bring back to EC in May for final approval before being sent out to general membership for final vote.
  2. At the business meeting President to notify membership of nominating process for officers and that members may also be nominated by petition signed by 10% voting membership.
- 9. Regional Reps.** D. Rosen sent out email to members last week soliciting items for agenda. After EC discussion items to be discussed in Regional Caucuses this year include:
1. RRC and PIF revisions since last meeting. What is field's experience so far? How are site visits going? How has communication been with ACGME? What about PIFs since 9/07 (last revision)? How have recent site visits gone around new requirements for outcome studies? How has this been interpreted?
  2. Clinical skills verification process review. Obtain field's input for the process, including suggestions for AADPRT Task Force.
  3. Applicant late cancellations.
- 10. USMLE proposed changes.** Changes proposed include merging Step I and II into an integrated exam that would be given at an unspecified time (probably early 4<sup>th</sup> year). Step III would remain the same and be given after the internship year. The second proposal would be to move to a pass-fail grading. There has been much pushback from basic science faculty, from training directors (especially in IM). L. Mellman reported that at recent AAMC meeting it appeared likely that there will be move to integrate exams but that numeric scoring will likely be maintained. Sheldon Benjamin reported on survey monkey sent out last week by AADPRT to membership. 189 responses were received. Membership supported move to integrate exams but were very opposed to pass-fail grading. Comments also made to assure that results were available by October 1. EC supported sending letter summarizing AADPRT position to NBME.

**Action item:**

1. AADPRT to write letter to NBME

- 11. Curriculum Initiatives.** A. Louie reviewed issues wrt portable curricula. Used differently in different programs. There is a model in the MedEd portal at the AAMC website. Problems/issues include:
1. They are a tremendous amount of work. Is the bang worth the buck?
  2. Will they be used?
  3. Is this within the scope of the organization?
  4. Curricula become outdated and need monitoring and updating to remain relevant.
  5. Websites get cluttered.
  6. Are there copyright issues?
  7. Who should have access? Members only?

On the plus side (in addition to democratic access and sharing/pooling of resources):

1. Can be part of an academic portfolio for faculty.
2. Cost—not a lot.

These issues will be raised at the business meeting.

**Action items:**

1. None for now

Meeting adjourned 10:01 pm

Respectfully submitted,  
David Kaye  
Secretary