



Executive Council Meeting
May 6, 2012
Philadelphia, PA

AGENDA

Attendees: Kathy Sanders, President, Chris Varley, Vice-president, Adrienne Bentman, Secretary, Mike Jibson, Treasurer, Rick Summers, Past-president, Sheldon Benjamin, Past-past-President, Bob Boland, Program Chair

Jed Magen, Gene Beresin, Tony Rostain, Sid Zisook, Arden Dingle, Art Walaszek, Brian Palmer, Tami Benton, Isis Marrero, Sahana Misra, Sandra DeJong, Chandlee Dickey, Bob Rohrbaugh, Deb Cowley, Bruce Levy

Lucille Meinsler

Attending by phone: no one

Absent: Adam Brenner, Sandra Sexson, Donna Sudak

1. Review of 2012 Annual Meeting: Adrienne Bentman

We can afford special technology requests before the meeting as these additional charges can then be negotiated with the hotel/vendors but we cannot afford late requests. Questions regarding the comparative costs of a 3rd party vendor were raised. Use of such vendors will result in a hotel surcharge. Some hotels will not allow others to patch into their systems. At the time of the 2013 workshop requests we will make these issues clear to the members and request AV and technology requests at that time. In the interest of fostering discussion, we will encourage the de-emphasis of power points and will move to post handouts and other supplemental materials on the AADPRT website.

2. Update-2013 Meeting: Bob Boland

2013 Annual Meeting

Wed March 6 – Sat Mar 9, Hilton Ft Lauderdale Marina, FL

The theme will be a practical one with a tentative title of “Training the Future Psychiatrist in this Milestone Landscape”. What should psychiatrists really know to practice competently now and in the foreseeable future? What should the curricular components be? Plenaries will focus on neuroscience, psychotherapy, and our inter-disciplinary fields.

Action Item: Workshop submissions will include a new request for an agenda describing the presenters planned use of the time. The Program Committee will discuss the addition of “inter-institutional collaboration” to the workshop submission criteria.

3. Finance Report: Mike Jibson

The amount of money AADPRT has at any one time shifts in cycles over the course of the year as we collect dues and meeting registration fees and then pay for the annual meeting. In

general our total capital is \$650K. We spend \$450K, leaving a 6-month reserve of \$200K. This represents an average annual income, expenses, and a 50% cushion. We are on track again this year following the 2012 meeting.

4. GME Task Force: Jed Magen

Constituent organizations of this Task Force include AADPRT, AACDP (Chair's Group) and the APA. Its task includes: serving as a repository for and source for "best practices" in managing GME funding cuts, providing consultation to chairs and program directors who are struggling with GME issues, defining new skill sets helpful to program directors in understanding GME financing and money management and teaching them at annual meetings, and providing liaison with the APA around policy. Little relevant to GME funding is likely to happen until after the presidential election.

The APA is the best lobbying organization of the three but does not compare to the lobbying efforts of the AAMC. Regional reps are reporting that their DIO's are shifting to the use of dashboards and formal performance management ratings of programs; others report that the unfilled small fellowship slots are at risk for redistribution or elimination. Program directors are encouraged to respond by knowing which resident services generate or lose money.

The PG4 year may also be at risk. There were 2 articles one in the NEJM and the other in JAMA recommending right-sizing or shortening residency training in order to meet the need for more physicians while reducing the cost of training. Currently there are slightly fewer than 300 PG4's in psychiatry as about 375 go into CA. In contrast to this, ACGME Duty Hours and supervisory requirements have increased the need for advanced resident presence oncall and on training services and the Milestones will clearly articulate the requisites for capable independent practice including articulation of the consolidation of knowledge and skills in the PG4 year. Lastly, there is the issue of if and where advanced residents can be revenue generators. The Sub-specialty Caucus will have an interest in these issues.

The IOM has charged a committee to look at GME funding. The Macy Foundation study recommended that consideration be made of finding value in the investment in GME funding. It remains unclear how productivity will be measured. ACGME NAS includes an institutional (CLER) site visit every 1.5 years, and the annual surveys of residents and soon faculty.

Action Item:

Steering Committee will decide whether to reconvene the PG4 Task Force.

5. APA Update: Deborah Hales

AADPRT and the APA are working on a contract which would allow the APA to sell our Model Curriculum Professionalism and the Internet. APA in-house counsel will prepare a draft contract for review outlining licensing, each organization's responsibilities, and how profits will be shared. APA would help market and award CME's. The APA likes exclusive contracts.

Discussion included whether this product could be used to meet Risk Management Requirements, who was the marketing audience and could the APA target more diverse groups, what were the liability issues if there was a “bad” outcome from following this advice, was there any value in making a CD?

PsychSIGN is vibrant and successful. They will meet in Nashville at the AAP in the fall.

6. ACGME Liaison Task Force: Gene Beresin

The ACGME Task Force replaces the RC Task Force given that the issues far exceed the purview of the RC and revision of the specialty-specific guidelines. RC revisions await the writing of the Milestones. The Milestones will require stakeholder input including AADPRT's. ACGME Common Requirements (duty hours, handoff's, supervision, QI, efficacy), the NAS, WebADS, and surveys have been implemented and have a profound impact on residents and institutions. The Committee will establish communication with other stakeholders in these changes. Possibilities include OPDA, Chairs Group, DIO's, Deans, residents, ABMS/FSMB. May also invite “consultants” from these groups to the Task Force. The Task Force will need assistance from AADPRT to establish its work priorities. The goal will be to establish a bi-directional collaboration between program directors and the ACGME. Hope is that the collaborative process undertaken with the ABPN in transition from the Part II Oral Boards to the CSV can serve as a model for such a bi-directional process. His sort of bi-directional collaboration would help to ensure that the NAS, Milestones, and assessment tools will be cost effective and valid means by which residency education is organized. (Note was made of the fact that efforts on Rick Summers part to collaborate with the presidents of the Peds and Internal medicine PD organizations stalled around consensus approach to ACGME)

7. Milestones: Kathy Sanders

The Milestones Working Group is comprised of psychiatrists, all of whom are or who have been program directors. Each of the 6 competencies is separated into a few salient categories or Milestones. Each Milestone has 5 levels, Level 1 being resident entry and Level 5 being a stretch goal for post graduation (if ever). The goal of the Working Group is that the milestones be simple and meaningful.

Questions from EC members included: a) how will large and/or dispersed programs manage the every 6 month mandatory collaborative faculty discussion of resident performance and Milestone Level achievement? b) Was there a plan for a program director or faculty “operator’s manual”? c) Who is responsible for resident remediation from the perspective of time in residency, faculty time, and cost to the department or institution? What are the requirements for graduation? d) If in order to graduate a resident must reach L4, how does one understand the expectations of residents fast-tracking into CA after their PG3 year?

8. Model Curriculum: Tony Rostain

The Committee will review this most recent cycle of submissions by June 15, 2012. There will be a request for Model Curricula on any topic to be received between June 15 through September 15, 2012. Selection of one's curriculum for posting as a model can be one avenue which supports academic promotion.

9. Pre-Meeting: Sid Zisook

The current working proposal for the 2013 Annual Meeting is Treatment Refractory Depression. The topic provides the opportunity to model excellent education in a common clinical problem area. Proposal is for 2-3 plenary speakers focusing on adult learning techniques. Small group learning will be linked to the plenaries. The 2013 plenaries and small group learning will be more research-driven than in 2012.

The NIMH Grant provides funding for every other year for 5 years. The Grant does not pay for food. This year we charged \$125. to attend the pre-meeting. Committee members were surprised that this did not affect attendance. 2013 is a funded year.

In 2012 the pre-meeting cost \$28K of this ~\$20K was the cost of food. There was no charge for plenary or small group leader honoraria or travel because experts from the San Diego area and AADPRT members volunteered their talents. AADPRT "lost" \$5K between costs and expenses but accommodated for this through \$8K left over from the 2011 pre-meeting budget.

Action Item: Sid Zisook, Mike Jibson, Kathy Sanders will discuss the charge for the 2013 Pre-meeting.

10. Child/Adolescent Psych Caucus: Arden Dingle

ERAS will be used for the 2013-14 recruitment season.

Arden Dingle's term as head of the Caucus ends in March, 2013. A process for selecting her successor was worked out with AACAP and the CA Caucus in the recent past.

11. Development: Art Walaszek/Brian Palmer

Brian Palmer, co-chair of the Development Committee was introduced to EC members. Brian brings expertise as former President of AMSA.

The policy for exhibitors was reviewed as was the COI policy for EC leaders.

A donation letter requesting money to support AADPRT Fellowships and Awards will be sent by mail to members in May. Discussion included: a) whether members would be more inclined to donate in someone's honor, b) whether we should look for an opportunity for an endowed award, c) whether, as some organizations do, we should keep a database of donors, d) whether the capacity to donate could be added to registration.

12. Membership: Tami Benton/Isis Marrero

The 2012 New Training Director Symposium was reviewed. The shift to senior PD providing highlights of their life as a PD (Gene Beresin) was a success. The “Meet Your Mentor” program on Saturday morning was well attended. Pick-up lunches in advance of the Breakout Groups worked well permitting more time in the groups.

The 2012 meeting saw the first iteration of the New Training Director Boot Camp Workshop. It had some difficulties. The topics were over-inclusive. NTD’s did not move, as designed, from one station to the next. The Membership Committee is considering the proposal of a half-day Boot Camp rather than a 1.5hr workshop and designated time for pre-scheduled appointments with senior PD’s to discuss problems, in the manner in which the RC provides similar consultation. Lastly the Committee proposes the designation of workshops as appropriate for NTD’s learning the ropes.

13. Information Management: Sahana Misra

CME for 2012 Meeting: AADPRT had been using E*Value for free. E*Value informed us at the last minute that they no longer supported large meeting evaluations and CME-granting. We were grateful that Bob Boland created an evaluation system on Googledoc. Some members reported difficulty getting onto the system. We have decided that AADPRT needs its own system and will ask Rick Brant/Shan to give us an estimate for their work in creating this.

Action Item: AADPRT will solicit a bid from Rick Brant/Shan to build an annual meeting evaluation and CME-granting system which is integrated with the registration system. EC authorizes the Steering Committee to make a purchase decision based on the bid details and its cost.

14. Recruitment: Sandra DeJong

Review of goals to be completed: a) develop an online recruitment toolkit targeting specific populations including millenials, medical students, medical school administrators, etc., b) consider participation in a study on recruitment by the World psychiatric Association (Francis Lu).

- c) provide an interface between AADPRT members and the NRMP regarding upcoming All-In Rule which goes into effect for General Adult programs in the 2012-13 recruitment cycle to include an overview and solicitation of questions from members to NRMP followed by FAQ answers posted, d) develop a workshop for the annual meeting and for other groups regarding recruitment targeting, e) emphasize the importance of mentorship of interested medical students by senior faculty.

15. Regional Reps: Chandlee Dickey

Members are looking for a statement from the Psychiatry RC or from the ACGME regarding plans the ACGME or RC is making that will affect program directors, faculty, and residents. An example of something in need of clarification is the Trace Method of Site Visits.

Action Item: AADPRT will convey to Chris Thomas, Chair of the Psychiatry RC and to Ingrid Philibert that there is confusion about the Trace Process. The SC will identify someone to obtain clarification of the process which will be sent to Lucille Meinsler to post.

16. Sub-specialty Caucus: Bob Rohrbaugh

The threats to GME funding have had an impact on fellowship positions and on fellowships themselves with some institutions and departments eliminating fellowships or slots. Recruitment into fellowships is difficult, except for Forensics. Example – 50% of the geriatric fellowship positions are unfilled with only 41 current fellows in training. The caucus wishes to inform PD's of innovations in the teaching of sub-specialty knowledge and skills. Catherine Woodman has been the PSM representative on the Caucus. Will need a new member to represent PSM.

17. Duty Hours Task Force: Deb Cowley

Best Practices and results of the survey have been posted on the website. Plan is to write up the survey for publication.

18. Coordinators Organization Plans: Lucille Meinsler

When Lucille retires, who will represent them and what will happen to this portion of our membership? There is a core group of senior coordinators who coordinate the caucus and its committees. They are in the process of developing a leadership structure which parallel's that of our Steering Committee and our Executive Committee. They have submitted a leadership chart for our comment and review.

19. Wrap up: Kathy Sanders

Large agenda covered in the allotted time.
We convene again in October in Nashville at the AAP.

Respectfully submitted,



Adrienne Bentman, MD
AADPRT Secretary, 2012-13