

AADPRT
EXECUTIVE COUNCIL MEETING
March 10, 2005

Call to Order

David Goldberg called the meeting to order at 10:30 am

Members Present: Drs. Andrews, Benjamin, Bentman, Beresin, Cowley, Goldberg, Jacobs, Kaye, Krasner, Layde, Levy, Mellman, Moreno, Pato, Rostain, Servis, Sanders, Stubbe, Thrall, Tinsley, Varley, and Weissman
Administrative Program Co-ordinator-Lucille Meinsler

American Society of Clinical Psychopharmacology (ASCP)/AADPRT Joint Venture-
Psychopharmacology Curriculum

David Goldberg reported on a meeting held with the leaders of the joint venture and Dr. Steve Stahl. Dr. Stahl volunteered to allow a great deal of his material to be used for the eventual version to be developed.

RRC-Mike Ebert

Mike Ebert, RRC chair, reported the next RRC meeting will be held in mid April with an extra day added to consider the Essentials revision. There has been dialogue with other organizations including the National Psychiatry Training Council (NPTC) and subspecialty groups. Task groups plan to work through spring and summer. The RRC will meet again for their Fall meeting in October after which a draft will be sent to the field. A discussion regarding the inpatient requirements ensued. Dr. Ebert reported that there was some pressure to reduce the minimum to 6 months while leaving maximum (18 months) alone. He asked why AADPRT decided to keep 9 months as the minimum. Sid Weissman pointed out that we have in the past made changes without data to our detriment and that the pressure was not coming because of educational reform but rather to carve out more time for research. He also pointed out that 1 year can be spent doing research in current system. Further, if we take clinical time away, who will fund more time for research? And this may lead to a massive reduction in funding. Mark Jacobs thought that there were compelling educational reasons to maintain the minimum at 9 months in that it is a period in the residency when residents are most closely observed. Residents take care of the seriously mentally ill during this period, and it is crucial as a hands on learning experience. Joyce Tinsley suggested flexibility is important because residents learn at different speeds. Gene Beresin noted both the educational and funding issues, e.g. Medicare DME and IME are not going to be paid for research. He said we need models with pilot programs that could test out what's actually needed. Dr. Ebert declared that the ACGME has come out with guidelines as to how to do a pilot and that psychiatry has more timed requirements than other specialties, so we must be able to measure competencies to move on. David Goldberg reminded the group that we have been working over past 5 years and the field has not come up with one new competency measurement. In response Dr. Ebert said the Essentials have time requirements without defining what specifically is to be accomplished like other specialties. Gene Beresin noted that we must define the skill set and that the inpatient rotations are a time for many

different educational goals: interviewing, diagnosis, treatment planning, psychopharmacology, treatment of the chronically mentally ill, and the development of multidisciplinary team skills, and that we can't be too narrow. Lisa Mellman stated the definition of competency cannot be defined across the country because of individual variables while Sheldon Benjamin opined that the educational goals in other specialties are more narrow. Finally, David Goldberg proposed that AADPRT can send back another document regarding our rationale for the inpatient minimum and the overall length of training i.e. the 4th year.

Regarding research issues David Goldberg reported AADPRT's complete support of EBM and research literacy. Grace Thrall summarized AADPRT's Research Task Force: 1.) Supportive of research literacy was unanimous and that the AADPRT task force was working with NPTC 2.) Supportive of research training during residency noting several obstacles: funding for non-clinical time, how to free up residents from acute care services, and how to get pilot programs approved. She pointed out that the current Essentials allow for plenty of time, and, therefore, there is no need to reduce timed requirements. Lisa Mellman pointed out 1/3 of resident time can be pulled out for research training (17 months). David Goldberg wondered if we can have research time without cutting clinical time. 3.) Not enough information on substituting competency for timed requirements, and why don't more residents come in wanting research careers. Dr. Ebert asserted psychiatry has relatively low number of md/phd's compared to other specialties. Michelle Pato suggested the language of scholarly activity in the Essentials should be moved more to research literacy language. Dr. Ebert described a short track in internal medicine in which 1 year is forgiven for 3 years requirement if you take an extended fellowship in a subspecialty. The point is to develop independent researchers at end. One new idea is that a resident could declare for serious research track and start subspecialty training in the 3rd year (except child) if there is a promise to take 2 year fellowship. There would be no reduction of clinical training, but there would be an extended fellowship for which the NIH would have to pay. If you drop out, you have to go back and make up. Steve Scheiber observed the triple board is similar, but not for research. It would have to be 6 years, ie, increasing research and decreasing clinical in PGY 3. Finally, in regards to the psychotherapy competencies, it was noted that AADPRT supported these competencies come under the general competency headings rather than special competencies.

Report from ABPN-Steve Scheiber

Dr. Scheiber announced to the EC that he will step down from his ABPN post in June 2006. He proudly reported he has been at every AADPRT meeting since 1971 except for Seattle "earthquake" meeting. He reminded all that program innovations should be run by ABPN in order to protect the individuals. After a brief report on the issue of maintenance of certification, Dr. Scheiber explained that the next Part 2 exam in Washington will have a reduced number of examiners. There will be a change to a numerical grading system, and one year from now in Philadelphia, 4 vignettes modeled after the child psychiatry exam will replace the videos. He reported that in the future the assessment of interviewing and MSE skills will be moved into residency, and the programs will send a report card of measurement of these competencies to the Board. Residents must demonstrate these skills before part 1 written can be taken; all this taking

place sometime before 2010-12. Certification will be a 3-step process with the ultimate elimination of the oral exam. He stated the Board was concerned about number back for recertification and that numbers are relatively low in existing subspecialties. The ABMS voted on the new subspecialty of sleep medicine to be administered by board of internal medicine with representatives from our Board on that Board. He also reported that at the ABPN's policy meeting the directors approved the move of ABPN Part 1 (the written exam) into PGY 4 of residency to begin 2008 or 2009 in either May or June of each year pending availability of resources. The results will be published after graduation. If residency is not completed, the score would be invalidated. There ensued a discussion of difficulties encountered when residents are in locally developed special programs in terms of being able to meet board requirements. The Board passed 3 motions:

1.) To move the written exam to May-June of PGY 4; 2.) To develop a workgroup to study and report back on the clinical interview and Dr/Pt relationship moving into the residency; 3.) To revise part 2 into an evaluation of clinical reasoning, for example vignettes followed by standardized questions in the oral exam format.

Academic Psychiatry-Coverdale and Louie

Academic Psychiatry Associate Editors, John Coverdale and Alan Louie reported that the journal will begin a bimonthly publication schedule in July of this year. They encouraged more submissions. They also announced a new cover design and a new nickname-"The Red Journal". They plan to co-ordinate submission dates, call for papers etc with website. Regarding finances, they reported that Editor-in-Chief Laura Roberts has called for a review of the journal's accounting with APPI.

AAP Update-Hilty

Don Hilty reported on AAP's leading topics: current and future directions in psychiatry education and research, core skills in psychiatry, pedagogy, teacher evaluations, and lifetime learning. He asked the EC about the AAP consultant feedback program to workshop presenters, and whether AAP should train an AADPRT person to take over? The EC vocalized a strong wish to continue the program and to train an AADPRT member to take charge of this very valuable program.

Information Committee-Benjamin

Sheldon Benjamin introduced the AADPRT Webmaster, Rick Brandt, who then made a website presentation. He introduced a membership maintenance module and reported 320 of 460 registrants registered online. A question was raised as to whether the EC should make online registration mandatory. Sheldon Benjamin recognized the Info Committee, Grace Thrall, the newsletter editor, and the current and past Program Chairs for their support.

He indicated a number of action items:

1.) To develop a web culture to include committees and task forces creating their own web pages which could be emailed to Sheldon and then on to Rick.
2.) To enhance the co-ordinator aspect of web page with a co-ordinator listserv which should be separately archived and a password for co-ordinators to get into co-ordinator site but not into members section except for member database. Tony Rostain suggested

co-ordinators have access to all parts of the website but just that the listservs stay separate. Tony Rostain's idea as well as a policy stating that institutional membership would include co-ordinators was moved and passed.

- 3.) To encourage but not require workshop content (with permission) to be posted on website
- 4.) To keep the newsletter short and mostly point to the website
- 5.) To get feedback from membership and to have membership renewals all online

CORF-Moreno

Arnold Moreno informed the EC of a survey of chief residents (135/170 response rate) at recent chief resident meeting. The results will be presented at the APA meeting. He also reported on a new project-media and mental illness. There was feedback from residents on 4th year and research, and it showed residents will be strongly in favor of maintaining the 4th year. David Kaye asked what the major items on the radar screen are? Moreno replied that interpreting data from survey was very high on the list.

Competency Task Force-Beresin

Gene Beresin told the EC that the Task Force will be posting tools and forms on the website. They will be mostly focusing now on psychopharmacology competency with case based methods and observation. He reported 3 working groups were formed: content, methods of evaluating basic skills-knowledge, skills, attitudes, and implementation.

Membership-Cowley

Deb Cowley reported that Institutional Membership would include giving Coordinators from Member Institutions access to all parts of the Website with their own passwords. However, in discussion, the EC reaffirmed there was no need to change the bylaws on membership.

Ginsberg-Rostain for Summers

Tony Rostain reported from Rick Summers that there were no applicants from the New York region. Better advertising was recommended. A suggestion to waive the non-repeat requirement was discussed and passed for 2006. It will be reconsidered next year. It was also affirmed to maintain the regional structure with flexibility.

ADAMSEP-Rostain

Tony Rostain reminded the EC of the upcoming APA medical student education summit.

Child Caucus-Varley

Chris Varley reported on AACAP's initiative regarding portals of entry into child psychiatry, i.e. for pediatricians, etc. He wondered how best to work on this issue in AADPRT? Some are radical proposals. The research training in child is even a different issue. He again posed a question to the EC: how can there be discourse? Varley, himself, is on the Academy workgroup and is requesting AADPRT input. Currently, there are about 350 entrants to child and adolescent residency training each year. David

Goldberg recommended the creation of a task force in EC. Linda Andrews will chair this Task Force with Chris Varley and Dorothy Stubbe as members.

Match Issues-Weissman

Sid Weissman posed the question about the presence of significant match complaints? Bruce Levy will ask Sandra Sexson about this and will report back to the EC for possible action to be taken.

APA Report-Scully and Hales

Initially, the EC asked Jay Scully what is the APA take on the NPTC? He reported that he thought funding issues are key in the NIMH and expanded on some internal NIMH issues. David Goldberg then asked about the RRC Essential revision process. Scully replied that next year there will be an invitational conference on residency training which would focus on mind/brain and doctor-patient/neurotransmitter issues. Also, the practice/research network will be studying the practice patterns of young psychiatrists. Jay Scully reported on some new things at the APA: 1.) Annette Primm runs the Office of Minority and National Affairs and is reaching out to underserved groups. 2.) DSM V research conferences are underway and we are asking: what do we need to know? 3.) The APA is redoing the study on the FEP health insurance plan. A recent study shows adequate mental health coverage improves the corporation bottom line. 4.) The questions of : “What’s a psychiatrist?” and “Do people know difference between psychiatrists and psychologists?” are being explored.

Debbie Hales reminded the EC of the April 29th - 30th Conference on medical student education. It will be the beginning of a process and will develop a consensus statement regarding how and what should we be teaching medical students in psychiatry. There will also be action plans for how to communicate back to departments and schools, and national demographics would be helpful for all. The field will have access to papers online for comments. She also announced the chief resident conference is set for October in San Diego and a web-based educational program for residents: “Glen Gabbard on Psychodynamic Psychotherapy”.

AACDP-Peter Buckley for John Greden

Peter Buckley reported on the AACDP retreat in Sonoma last year. He informed the EC of the AACDP’s change in organizational structure with a move to a task force model with 2-3 objectives per task force to be led by chairs but to include others from other groups for consultation. Several other issues were briefly discussed including the AACDP’s position regarding pharmaceutical companies relation to departments, the IOM report, NPTC activities, research training in relationship to time in residency training, protecting junior faculty time for education, and the erosion of residency positions countrywide.

Respectfully submitted,
 Ronald F. Krasner, MD
 Secretary