AADPRT Executive Council
Wednesday, March 11, 2010 6:00pm-10:00pm
Thursday, March 12, 2010 12:00n-4:15pm
Saturday, March 14, 2010 7:00am-9:00am

Present: Lee Ascherman, Sheldon Benjamin, Adrienne Bentman, Tami Benton, Gene Beresin, Bob Boland, Deb Cowley, Fe Festin, Michael Jibson David Kaye, Bruce Levy, Lucille Meinsler, Sahana Misra, Ron Rieder, Don Rosen, Kathy Sanders, Steve Schlozman, Mark Servis, Dorothy Stubbe, Rick Summers, Chris Varley, Art Walaszek, Sid Weissman, Catherine Woodman.

Wednesday evening:

Call to Order

The meeting was called to order and committee members introduced themselves.

September EC Minutes:

The September EC meeting minutes were approved.

Report from the Program Chair (Kathy Sanders)

Kathy welcomed everyone home at Disney. She encouraged everyone to make a wish tonight!

Kathy reported that the meeting has been running smoothly so far, and reminded everyone that the CME process is now online.

Finance Committee (Don Rosen)

The finances of AADPRT are stable. The revenues (registration fees and dues) are ahead of last year because we have been more assiduous in collecting those fees promptly. The cost containment measures discussed in the Sept. meeting have been adopted.

The organization now carries Officer's and Director's Insurance and also Annual Meeting insurance. We have an annual audit that verifies that our books are in good shape.

Model Curriculum Task Force (Tony Rostain)

This new committee was been able to receive and review 14 submissions in two areas – cultural psychiatry, and alcohol use disorders. Two curricula were chosen as models in each category. The "winners," those whose curricula were selected, will be announced in the Friday morning meeting. There were two other curriculum authors who were asked to revise and submit. There were five submissions that represent very interesting learning experiences. There will be a new category for exemplary learning resources. All of these materials will be published on the website.

The committee will continue to solicit and review curricula every six months. The suggestion was made to encourage curriculum developers to submit their materials to Academic Psychiatry. The

group discussed whether to expand beyond the current content areas to include systems issues, clinical decision-making, and other topics.

It was observed that an online submission system will facilitate the submission and review of curricula and the additional cost would not be great.

Action Item:

- Rick Brandt will develop an online submission format for this project.

APA Practice Guideline Development Process

Joel Yager reported that the APA Section on Practice Guidelines will be increasing their capacity to do transparent consensus guidelines. He has proposed that training directors participate in the rating of consensus guidelines as they can provide the names of individuals who are excellent clinicians. A more consistent and transparent process will promote more effective guidelines.

Information Committee (Bob Boland)

Bob Boland demonstrated the new simplified website which makes it easier to locate the pages most frequently used. There is a students and trainees section that does not require a password. The EC expressed thanks to Rick Brandt for his hard work on this. There was a discussion about whether workshops lend themselves to being recorded and put on the web. There is not a lot of traffic to previous workshops. Is this because they are hard to find or this is not that much interest?

Clinical Skills Verification Task Force (Rick Summers, David Goldberg, Michael Jibson, Dorothy Stubbe)

The CSV Survey findings were discussed. An overview of the survey showed a 33% response rate, frequent use of naturalistic settings for the exam, and a 56% pass rate for PGY1's and 75% for PGY2's. Two thirds of the programs are including a discussion of the formulation, differential diagnosis.

Michael Jibson reported on the plan for the CSV Workshop on Thursday. Dorothy Stubbe reported on the plan for the Child CSV Workshop tomorrow.

The ABPN wants to implement a two-hour adult CSV curriculum to train examiners at the ABPN examinations. They hope this will be made into a DVD to supply to departments for faculty to train, and perhaps evolve into a web-based format. We will discuss whether funding is available from the ABPN for the development of the curriculum.

There is an outstanding question of what to do about documentation of failed CSV examinations. Several members regard it as important that failed examinations as well as passed exams.

We are anticipating that there will be a group of individuals who are out of residency who have not taken the CSV exam who will want to take the new ABPN exam. They will be coming to our departments to ask for CSV examination and each program will need to decide how to respond to these requests.

Current Pre-Meeting (Michelle Pato)

This is the last year of the R13 grant. The pre-meeting today was actually a randomized trial of teaching in small group and large group settings vs. team-based learning. The data from this randomized trial of teaching will be used along with data from previous pre-meetings to support the new grant for continuation of the R13. There were 120 people who attended today's meeting. The EC thanked Michele for her leadership of the R13 grant for these past 5 years.

Future Pre-Meetings (Sid Zisook)

Should the pre-meeting now be considered a day for teaching scholarship and included in the full meeting? It is seen as unlikely that the NIMH will fund the grant renewal request. We might get funding for every other year meetings. Potential future topics are autism spectrum disorder, difficult patients treated by PGY1's, and animal neuro-developmental data and its applications.

The possibility was discussed of AADPRT supporting the pre-meeting every other year if there is some NIMH support, or perhaps every year if not. There was a general sense in the caucus meetings last year that members would be willing to pay extra for a pre-meeting. There is about $60,000 set aside for neuroscience education and this could be used to help support the pre-meeting. The group will need to consider whether we can offer the pre-meeting if there is no NIMH funding.

Action Item:

- AADPRT will need to decide about how and in what way to continue to support the pre-meeting. This discussion will take place after the NIMH funding decision.

Topics for Regional Representatives (Sahana Misra)

Topics of discussion will be: 1) CSV and how people are implementing the exam? 2) Do people know about the AADPRT Virtual Training Office? 3) Dissemination of the model curricula. Additional suggested topics are: 1) Would PD's like a computer-based PRITE, would they want electronic results? 2) Region II has the specific issue of St. Vincent's Hospital training programs' closing, 3) What should the CSV data look at next? 4) Would members be willing to pay $150 to attend a pre-meeting?

The RRC Task Force has three questions for the Regional Rep's: How have site visits gone, were they fair? How is the PIF? Are you having problems meeting RRC expectations or common program requirements?

Child and Adolescent Caucus (Dorothy Stubbe)

The Child Caucus is discussing the Child CSV. They are also reviewing the status of the Post-Peds Pediatric Portal. There are four programs, but there will need to be 6-8 programs to keep the program going. The limiting factor seems to be funding. There is a common CAP application which is posted on the ADPRT website.

There is a new process for selecting the next Child Caucus chair. The next Chair will be Arden Dingle.

Development Committee (Art Walaszek, Michael Jibson)

There is a new proposed COI policy for the leadership of AADPRT. The policies of other academic psychiatry organizations were reviewed in coming up with the proposed policy. Three of the issues considered were the nature of business activities, extent of family members included, and the degree of transparency. The policy proposed includes all EC members, committee chairs, presidential appointees, etc. In the proposed policy, the Steering Committee is charged with the responsibility for reviewing the COI information and making decisions about the appropriate response. It's not always clear how to fill out COI forms in some other settings. There was a discussion about whether the Steering Committee is the appropriate body to monitor the COI's in the organization.

Action item:

- The EC approved to accept the recommended proposed COI Policy with the recommended

amendments.

Thursday afternoon

General Psychiatry Residency Application Process Guidelines

The group reviewed the document produced by Chris Varley and others. David Kaye clarified that the NRMP Policy is that Child PD's can offer an out of match offer to anyone before the rank order lists are submitted; however there is a "gentleman's agreement" that programs should not do this. There will be a second document developed to cover transfers between programs, including from adult to child programs.

Action Items:

- The group voted to adopt the AADPRT Guidelines on the General Psychiatry Application Process. This will be distributed shortly to PD's, and again in October just prior to the recruitment process. We will look into distributing this through PsychSIGN and the AAMC Student Affairs Deans list serve.

RRC (Victor Reus, Lynne Meyer, Pam Derstine)

The AADPRT RRC Task Force met with the RRC representatives earlier today. Dr. Reus informed the group that there is a trend toward globalization of medical education and the ACGME has responded with the creation of a new entity, ACGME International, which is beginning with a pilot program in Singapore. Six medical specialties, including psychiatry, will be using this program. There is now a set of international guidelines for training that are being piloted in Singapore and may be exported elsewhere in the world. The implication of this for American training is that there may well be emerging international standards for training, and we will want to consider how those standards relate to American standards. The intent is to create an internal standard for other countries, but a consequence of this is that it may open up a portal of entry for international physicians to come to the US.

The four psychiatry subspecialties are now in an internal review process at the RRC. This will be a two-year process. The requirements were reviewed and a report was sent to the RRC. That's when the clock starts ticking on that process. The new RRC process involves getting input from training directors. Some of the feedback is through the specific professional organizations involved in the subspecialties. It is late to get feedback through AADPRT. The timeline is as follows:

(Addiction; Forensic; Geriatric; Psychosomatic)
First RDC review (draft Program Requirements (PRs) and draft FAQs) – August 2010
Post for public comment – November 2010
Second RDC review ('final' PRs, 'final FAQs', and draft PIF) – April 2011

It is possible that this is too ambitious and may be adjusted.

Regarding Adult and Child Psychiatry, the RRC wants feedback from AADPRT for the unbolded portions of the requirements (that is, the specific program requirements). In the future, there will be more competency focus. The Site Visitor Report forms have been revised to be consistent with the PIF, which are aligned with the requirements. But, this form is not open to the field at this point. Pam Derstine will request that the Department of Field Operations make this available to the public.

The Adult and Child Psychiatry review timeline is as follows:

First RDC review (draft PRs and draft FAQs) – February 2011

Post for public comment – May 2011
Second RDC review ('final' PRs, 'final FAQs', and draft PIF) – December 2011

The combined programs – triple board, neuropsychiatry, etc. – are not specifically ACGME-accredited (they have always been approved by the two sponsoring boards), and there is a concern that the graduates will not be licensed and there have been occasional reimbursement problems. There are roughly 100 trainees in these programs nationally. This has been brought to the ACGME Board of Directors, and there was a meeting with staff from the ABMS who were not aware of the situation. They are not responding with a move toward accrediting these programs. However, the combined Internal Medicine - Pediatrics programs are accredited and have their own RRC.

This is a matter of serious concern to AADPRT because of the indeterminate status of trainees in these programs and the responsibility of programs and program directors to their trainees. With the exception of the triple board programs, trainees are fulfilling all of the requirements of the two components of their programs. Triple board programs involve some decrease in the total time in training compared to the total of the three components of training.

There is a statement on the ACGME website which PD's can use to answer the question of whether a graduate of a combined program is graduating from an accredited program. The PPP Program is also not accredited at this point.

There was a proposal for a solution to the accreditation problem. A several page addendum to each program of the combined program which would be added to the PIF for the site visit in each two site visits (one for each discipline) of the combined program. There is widespread agreement that graduates of combined psychiatry programs meet all of the requirements of psychiatry programs.

Dr. Reus suggested that AADPRT write a formal letter stating the problem (for all of the programs except triple boards), and he would write a letter at the same time stating that the Psychiatry RRC would take on the responsibility to accredit basic psychiatry training, with the suggestion that the other disciplines could then consider taking on the responsibility for accrediting the other part of the training.

We also discussed whether we should contact APDIM and other fellow organizations to see if they want to join in this effort.

Action Items:

- There will be a Combined Programs Accreditation Task Force formed to take on this initiative. Mark Servis will take the lead on this. Sheldon will reach out to the leadership of the other training director groups affected to solicit their support.

NRMP (Laurie Curtin)

Dr. Curtin gave an overview of the NRMP organization and staffing. She explained the process involved in making the match, which includes significant time cleaning submitted data, and cross-checking it with other databases, e.g. Canadian CARMS, the military, ECFMG.

The Child and Adolescent Psychiatry is coming along well, and has had a match since 1995. The Specialties Matching Service (SMS) requires that 75% of programs participate to manage a match, and 75% of positions must be filled through the match. The out of match offer issue for child psychiatry was discussed. NRMP just requires that quotas not be changed after the quota change deadline, and applicants cannot accept offers after the ROL's are submitted. NRMP does not have a problem with an agreement among programs to discourage out of match offers.

Dr. Curtin reported some approximate 2009 data. There were approximately 1200 unfilled

positions, of which about half were medical or surgical PGY1 years. The Match rate for seniors has run between 93-94% for the 2005-2009 match years, but there also have been more seniors in the match for each of those years. When considering the number of unmatched applicants and the number of applicants who register for the matching program in order to obtain the list of unfilled programs, approximately 11,000 applicants competed for those 1200 positions in the 2009 Match.

Academic Psychiatry (Richard Balon)

The editorial office will move to Stanford as Laura Roberts will be the new chair there in the fall. The submission rate to AP in 2009 surpassed 250. The impact factor is .992 which is the highest yet, and very good for a specialty journal. The average time for decision is now 32 days. An issue on the "Resident as Teacher" will come out soon. Reviewers are rated for timeliness and quality. There are currently 90 papers accepted into the pipeline. AP is looking for more submissions and would be happy to communicate with any authors.

AACDP (Carlos Pato)

The chair's group is focused on helping to develop and support chairs of psychiatry. Their priorities include a new toolkit for new chairs, an issue of Academic Psychiatry on chairmanship, and supporting leadership during a period of stress in the health care system. The AACDP is now inviting Vice- and Associate Chairs to become members. This will allow for closer collaboration with educators because of the many Vice Chairs of Education.

ADMSEP (Darlene Shaw)

ADMSEP has over 150 members, and includes Canadian members. Initiatives include new objectives for medical education, encouragement to submit to Med Ed Portal, and co-sponsorship of Academic Psychiatry. They have a journal watch for Teaching and Learning Medicine (TLM). They also have an active Listserv. There is a new website, and also a mentoring program at the annual meeting. The group has a close collaboration with PsychSIGN. The leadership path will be shortened. There are some bylaws issues also. The group gives out awards to help support members.

There will be an ADMSEP annual survey going forward. The Alliance for Clinical Education (ACE), the organization that includes ADMSEP and organizations representing the other specialties, does surveys, research, and advocacy. There will be a new COI policy re information that should be released to medical students.

NIMH Invited Guest – Philip Wang, MD

Dr. Wang is the Deputy Director of NIMH. He discussed three areas of connection with AADPRT's educational missions are: 1) the development and dissemination of a neuroscience curriculum; an advisory group will include reps from AADPRT will help on content and dissemination; 2) an overview of training grants, including individual and institutional grants; 3) a new initiative on developing a standardized online training program on financial conflicts of interest. The conflicts initiative arises from a concern about whether psychiatrists are effective consumers of research, the role of the NIMH in promoting unbiased research, and the negative effects of COI on public reputation. There is data to suggest more influence of COI in psychiatry than in other areas. Psychiatry could take the lead in establishing standards.

There are a number of curricula on this topic already available, including on the AADPRT website and through the APA. There is some opinion that the NIMH should also consider setting expectations about what the appropriate parameters should be for COI policies institutions.

Dr. Wang discussed some of the history of Federal funding, and responded to the concern that

NIMH has decreased interest in education by explaining that the split between NIMH and ADAMHA resulted in a greater focus on research only by NIMH, with less focus on clinical practice and therefore mostly indirect the support of education.

The possibility was discussed of surveying TD's about what is needed from a neuroscience curriculum. AADPRT may need to coordinate feedback and ideas about this topic.

ABPN (Larry Faulkner)

Dr. Faulkner expressed appreciation to AADPRT for the work on the CSV. He hopes to encourage the development of the in-residency curriculum into several formats (web-based, DVD, materials for live use). This material could be presented in two or so hours, and could be used for training at ABPN board exam. Hundreds of faculty members could take the training there over the next few years. The ABPN will not be teaching this, but will want AADPRT to take this on. The ABPN would be willing to entertain a proposal for financial support for developing CSV training materials.

Dr. Faulkner suggested that perhaps some model curricula could be grounded in areas of deficiency seen on the ABPN Part I exam? For example, could and should there be more attention paid to curriculum development in the area of neuroscience.

In 2014, anyone who is credentialed but not board certified can come forward to take the ABPN certification exam. Approximately a third of practitioners are not board certified. Many of these physicians will want to take the exam, and they will contact residency programs about taking on CSV's. Perhaps the CSV Task Force should make recommendations about how programs could address this need.

The ABPN has also clarified the period of validity of the CSV: If completed during the residency, the CSV's are valid for 5 years from the end of the residency. If only some of the CSV's are done during the residency or they are all done after the residency, all CSV's must be completed within 5 years of the completion of the first one, and they are valid for 5 years from the completion of the last one.

There was discussion of the problem discussed earlier with accreditation of combined training programs. Currently, the graduates of these programs are not formally accredited. The ABPN may stop support for combined programs at some point in the future until the ACGME issues can get cleared up. There was a discussion about strategies to employ to encourage the ACGME to take up this issue.

APA Resident Input (Melinda Fierros)

Melinda Fierros is the APA Member-in-Training Trustee; Kayla Pope is the MIT Trustee Elect; Sarah Johnson is the incoming MIT Trustee Elect. The APA resident input structure is currently up in the air with the CORF having been sunsetted, and a new proposal being submitted to the APA Board this weekend by the Committee of Members in Training (COMIT). Sarah Johnson is chair of the COMIT resident restructuring workgroup. Joshua Sonkiss is current chair of the Assembly Committee of Members-in-Training (ACOM)

The resident group had a full agenda to share with the EC. Kayla Pope, APA MITTE, is interested in collaborating with AADPRT on a resident leadership development initiative for residents interested in becoming program directors. Details were not provided at this time. There is also interest in developing a grass roots network of residents from the local level to the district level to the national level to facilitate communication. They envision asking all PD's to nominate residents as local representatives to ACOM so that the ACOM chair could communicate with program reps to facilitate input and information distribution. Finally, as follow up to the "Resident Bill of Rights" initiative that was discussed last year, the resident group would like AADPRT to

post a kind of “Cliff notes” version of the RRC training requirements for psychiatry highlighting the responsibilities of psychiatry training programs to residents.

Fellowship and Paper Awards Report (Sheldon Benjamin)

The new rubric for the Ginsberg Fellowship includes an anchoring system for scoring applications. This was not done for the IMG Fellowship because the IMG Fellowship goals are less easily reduced to a rubric. The Ginsberg process went very well. The regions were collapsed into five based on application number. The online system worked well.

There will be a meet and greet reception tomorrow night instead of a dinner. PD’s of fellowship winners as well as fellowship committee members are encouraged to attend.

A new idea about the IMG Fellowship involves making one of the Fellows a second year fellow who will help train and orient the new fellows. This would be done halfway through the year, and the fellow would be selected based on progress with his or her educational project. The IMG fellows are often PGY2’s while the Ginsberg fellows are typically PGY3’s or 4’s.

AAMC/CAS (Sid Weissman)

The AAMC has a Council of Deans, Council of Teaching Hospitals, and a Council of Academic Societies of which we are members. The major issues at the AAMC meeting last week were financial. Teaching hospitals and physician’s practice groups have much lower margins and there is a concern that academic medicine is under great financial stress. There was significant support for health care reform. The AAMC wants to expand the number of medical students by 30% by 2015, and this seems to be on track. There is a total cap of about 100,000 residents via Medicare. The VA can increase their resident number and hospitals can increase only if they pay themselves. The AAMC doesn’t want to increase the cap unless there is increased funding. The cap increase was not added to the core health care reform legislation.

There is an increase in allopathic graduates, and a large surge in osteopathic graduates. This will allow for fewer positions for IMG’s. So, in the end there is not going to be an expansion in the actual number of physicians in the US.

Darrell Kirch, the president of AAMC, has made major staffing changes and there is a strong management team.

It is important to have an organizational code of conduct for AADPRT, as there will be a new policy for the APA. The Council for Medical Specialty Societies has a model code of conduct. This deals with disclosures of interest and a process for evaluating COI’s.

The number of American graduates going into psychiatry has stayed the same numerically, but is declining as a percentage. The match numbers will come out next Thursday.

RRC Task Force (Gene Beresin, Adrienne Bentman)

Pam Derstine is the new Executive Director for the Psychiatry RRC and she really understands the issues related to the PIF and need for alignment between the requirements and the PIF. We are late in the process for the subspecialty requirements.

The RRC sees AADPRT as a major stakeholder in residency training. It’s not clear whether RRC has the same kind of working relationship with the subspecialty organizations that it does with AADPRT.

The timeline for General and Child Requirement Revision was discussed. The first internal review of the non-bolded items will start now. The RRC’s first impressions will be posted in 2/11.

They want by 5/11 (45 days later) a response from us. We were asked to review the non-bolded items now and provide input to the RRC in 4 months. They are interested in collaborating with us for the first draft, the internal aspect of the process. 9/12 they will do their final review. We can be involved in each step of the process.

Several EC members expressed satisfaction that we will be involved in many aspects of the process, but there will be a time pressure and we will need to respond to the timetable.

Common program requirements and milestones are not on the table now at the RRC. Common Program Requirements are reviewed every 5 years, and there is a move to make the competencies generalizable to all specialties. We will be able to be aware of the discussions about the common program requirements.

The milestones project is farther along down the line. Ideally, milestones are measured with valid and reliable measures. Programs will send information to the RRC in a real time, and the residency will be monitored in aggregate. If the residents are doing well, then there might be a longer time frame for accreditation. If the PD can show that the residents in the program are performing in a developmentally appropriate fashion then there will be less need for site visiting. Some of the milestones will focus on error reduction and safety issues. There was a discussion about whether we should we consider a milestones committee.

Pediatrics and medicine are getting ready for the milestones. There was a discussion of whether we should begin the process of preparing for this. Valid and reliable CSV's, for example, would be helpful in preparing for this.

The RRC clarified the following: passing the Annual Clinical Skills Assessment, which is required by the RRC once a year, is not necessary for graduation because it is one part of the portfolio. But, you must pass 3 CSV's to be able to graduate. There is some interest standardizing forms across residencies, and the RRC is interested in what program directors recommend.

The RRC does not at this point have a plan to target any particular part of the requirements, except for the possible need to establish some structure for neuroscience training.

Action item:

- We will develop a survey process to get feedback from the membership about potential proposals and concerns about the program requirements.

We will hear reports from the following committees in May:

- Membership Committee (Adrienne Bentman, Tami Benton)
- Subspecialty Caucus and OPDA (Catherine Woodman)
- APA Council on Medical Education and Lifelong Learning (Sandra Sexson)
- Information Committee (Bob Boland)
- Workforce Committee (Steve Schlozman)
- Duty Hours (Deb Cowley)

Saturday morning:

Report from Regional Representatives

The Regional Rep's did an excellent job in reporting out the issues, needs and concerns of the membership.

Region #2 reported on the St. Vincent's residency and child residency closure. It is anticipated that the programs will continue through June 30. There will be 32 adult psychiatry residents and

3 PGY1 child fellows who will need to find new spots. The St. Vincent's PD's have done an outstanding job looking for new positions for these trainees, however this has put the residents in a very difficult position, especially the three CAP residents who have just matched. Should AADPRT write a letter expressing concern about the fate of the St. Vincent's trainees to the New York Medical College, NRMP and/or ACGME? The issue is that the residents were bound by the match and what is the responsibility of the institutions involved to protect the funding for these residents.

Action Item:

- The President of AADPRT will contact Scot MacAfee (Adult PD of St. Vincent's) to understand better his perspective and needs before deciding on next steps.
- AADPRT will also liaison with the AACDP to determine if there is a role for joint action.
- AADPRT will also contact Laurie Curtin to assess whether the NRMP can be helpful in this situation.

There is lack of clarity in the ACGME site visitor's role as reported by members. Some site visitors make suggestions about clinical care or review material greater than 5 years in the past. There were also some questions related to the PIF. In one setting four site visits for different training programs within one institution were conducted over four days. Apparently, this is consistent with ACGME plans. There is a concern that the definition of scholarly activity should be expanded beyond peer-reviewed published papers. There is also lack of clarity about what to do about faculty members who teach less than 10 hours per week. Gene will follow up with Pam Derstine to make sure that the new PIF will be well-aligned with the common requirements as well as the program requirements. In the discussion, several EC members suggested that in filling out the PIF it is wise to include a broader definition of scholarship and include faculty members with less than 10 hours to provide as complete a view of the department as possible.

The rep's reported that there is interest in more clinical examples of patients who fall into the gray area of competency on the CSV. The Child CSV should include parents to assess the interactions with parents. The notion of a "community standard" is not clear; is there a better way to define this, e.g. through competencies? There is concern about the ACGME requirement for annual clinical skills examinations that must include formulation, differential diagnosis, and treatment plan in addition to the CSV areas. Perhaps there should be a reminder in the CSV section/training materials of this. The annual exam should be keyed to the year of training, while the CSV is keyed to the community standard. The group suggested that there be a table that clarifies the difference between the CSV and the annual exam.

The members weighed in on three options re the pre-meeting: paying $150, wrapping the material into the conference and dropping it. There was a wide range of opinions without a clear consensus, but there was a substantial interest in continuing some version of the pre-meeting, with a focus on the research literature.

Members were not interested in paying additional fees to get electronic reporting of PRITE results but did wish to receive the results electronically. There was concern about additional fees for an electronic testing format for the examination but support for a limited additional cost (e.g. $25-50 per exam). The ACP is working on developing a long-term plan for the administration of the PRITE. Members are interested in delivering the PRITE in a similar format as the future ABPN examination, but this must be balanced by the increase in costs.

The AADPRT Virtual Training Office received a lot of support from members. There is some problem with accessing workshops from previous years, and shortly workshops will be keyworded and searchable. The following additional topic areas were suggested for the Model Curriculum Project: psychotherapy, neuroscience, human sexuality, mental health, child psychopharm and child ethics. Members were interested in seeing narrative examples of PIF responses. The question of copyrighting of materials was a concern. The materials can be used by members because the authors give permission for this when they put their materials on the website (and

only members can access them). A model for how to cite the materials could be included.

The Child Caucus discussed the use of Med Ed Portal and wondered about whether AADPRT could organize a similar sort of program. When an item is placed on the Med Ed Portal the author retains the copyright.

Reports from Representatives of Residents' and Coordinators' Caucus Meetings

Mia Collins and Lucille Meinsler reported on the Coordinator's Caucus. If the wording of the annual meeting announcement were changed to suggest that coordinators should attend, this might allow some departments to support the expense of sending a coordinator. The coordinators caucus suggested that PD's and coordinators ought to attend the same update meetings with ACGME, RRC, and NRMP so that the material is clear and everyone hears the same material. The coordinator's group wants to add additional workshops, and perhaps an additional day. The coordinators would like to attend some of the PD's workshops. This could take the form of a coordinator workshop track running along with the PD track, or the coordinator workshops could take place during the plenary sessions because often coordinators don't attend these presentations. The Program Chair and the Coordinator's Program planners should work together on this. Lucille proposed a Residency Coordinator of the Year Award; criteria could be established for this award.

Report of IMG Institute

Raghu Rao reported on the IMG Institute that meets at the APA to provide IMG residents with an introduction into American culture and American psychiatry. It's a day-long course. It includes an introduction to the CSV and on cultural and psychodynamic formulation. Professionalism, doctor-patient relationship, documentation, and communication and language are covered in the afternoon portion of the program. Nominations from PD's for residents to this program are welcome. Registration is through the APA site and there is no charge. There is a request to put a template announcing the program on the AADPRT website.

Action Item:

- We will put the announcement materials for the IMG Institute on the AADPRT website.

There is a faculty development program for teachers of IMG's, developed by McMaster University; this is a "train the trainers" course.

Nominating Committee

Deb Cowley reported that the Nominating Committee nominated Don Rosen for Program Chair for 2012, and Michael Jibson for Treasurer beginning in 2012. There is a provision in the bylaws for the membership to make other suggestions for a limited period of time.

Final Annual Meeting Statistics

The final numbers on the Orlando Annual Meeting of 2010 showed a total attendance of 640 (last year's total was 607). There were 339 members and 130 coordinators attending the meeting.

Respectfully submitted,

Richard F. Summers, MD