

**AADPRT EC Meeting  
Milwaukee, Wisconsin  
September 9, 2007**

**Call to order: 8:15 am**

**Present: L. Ascherman, S. Benjamin, A. Bentman, B. Boland, D. Cowley, D. Goldberg, D. Kaye, R. Krasner, J. Layde, B. Levy, D. Rosen, K. Sanders, M. Servis, S. Sexson, D. Stubbe, C. Varley, S. Weissman; R. Summers by conference call; L. Meinsler**

- 1. ABPN Credentialing Task force.** M. Servis reviewed history of this over past 1-2 years and AADPRT's involvement. Initially appeared that ABPN was dropping the live exam and was looking for programs to replicate the exam prior to graduation. Over the course of the last 9 months it has become clear that the ABPN was not committed to this course and instead has agreed to programs being responsible for *credentialing* residents in 3 areas (interviewing, dr-patient relationship, and case presentation) as a requirement for Board eligibility. It is noted that this applies only to Part II (not Part I). This requirement begins with this year's incoming residents (i.e. all new residents will need to be credentialed in these areas) and the last live exams will occur in 2017. Task force for AADPRT has been appointed to focus on this issue. Task force consists of David Goldberg, Rick Summers, Gene Beresin, Mike Jibson, Dorothy Stubbe, David Kaye. D. Goldberg distributed a document summarizing the general principles of agreement based on dialog with Larry Faulkner to date (ABPN Policy on Clinical Skills Credentialing). This was initially written up by David Goldberg and has been vetted by Larry Faulkner, but has not been signed off on by the Board as a whole.

Task force plan is to address issues in phases; first phase is to come up with a few models of how this might be done and also to develop/select exemplary evaluation forms. Goal is to complete this by November. Later phases might address other issues such as what are the specific competencies within the overarching issues? Pedagogy (i.e. how do we teach interviewing?) might be another issue to consider. A third issue is training the evaluators. Standardization and inter-rater reliability are a fourth issue. Another issue is remediation of deficient residents. Once off the ground will need to gather information about how process is going and troubleshoot.

There was discussion about many issues: are we taking this further than needed; concern about creating another mandate for programs rather than offering possibilities; where will we put the "bar"?; will ABPN retain oversight of programs and how will this play out?; can we find a way to make this positive for the field?; can we incorporate into other RRC requirements (i.e. portfolios, competencies); will this be linked to graduation?; how will we remediate problem residents?; who will pay for this?; models must recognize diversity of programs and needs. Sandra Sexson commented that the main concern from the Board

perspective originally was standardization across programs. There are large numbers of our graduates who do not pass this exam. There is more of a sense of pragmatism and wanting to find a way to accomplish the goal at this point. David G reiterated that the task force would be advisory to the field. Not telling anyone this is *the* way to do this but more offering of models and forms. Consensus of EC was that resources should be committed to this task force to pursue the phase I of developing models and evaluation forms for the field; and training the evaluators. Ron Krasner suggested that Joan Anzia has been interested in developing a web based program to train the evaluators and this approach was endorsed. Sheldon B noted that there is currently an online “precert” process that is currently being beta tested in 8 programs.

#### **Outcomes:**

1. EC endorsed supplying resources to the task force group that has started to work on this issue. The name of the group will be the Interviewing Skills Credentialing Task Force.
  2. The focus will initially be on two aspects of this process: models and eval forms; and training the evaluators.
  3. AADPRT will need to immediately solicit input from the field regarding current models and forms. An email to the listserve will be sent out this week.
  4. Task force will come up with multiple models and forms that may be used by the field. No “recommended” or required methods will be endorsed.
  5. These models, forms, and perhaps training the evaluators will be presented at the Sunday morning plenary at the annual meeting.
  6. In the ABPN Policy on Clinical Skills Credentialing document item #11 add “attempt to” remediate or other language that recognizes the shared responsibility for remediation.
  7. In the ABPN Policy on Clinical Skills Credentialing item # 12: New RRC requirements now include these skills as competencies required for graduation. So the issue is credentialing of past graduates and EC felt strongly that this should not be the job of TDs and programs. Perhaps APA could take the lead in this. Mark Servis to discuss with Larry Faulkner and ABPN.
  8. ABPN should assure adequate communication about these changes to the field, especially to past graduates who need to pass the live interview exam by 2017 or will be required to meet some credentialing process.
- 2. PIF revision.** Mark Servis reviewed the history of this process beginning with feedback from the Regional Reps 1½ years ago. Since that time multiple efforts have been made to establish a process of collaboration with ACGME to address the field’s concerns. While progress has been made on both the Child and General Psychiatry PIF much work remains to be done. The most current version

available to AADPRT is about 2 months old. Input has been provided for this version but have not heard back from ACGME. The difficulty maintaining communication with ACGME has been an ongoing concern for a number of years and no solution is apparent. Discussed whether there is a role for OPDA in this. On another issue, Sandra Sexson noted that Board pass rates are now only available for site visit although ADS requiring it on yearly basis. New system being implemented by ABPN so that pass rates can be generated on yearly basis but this is not yet available. Common requirements PIF appears to be in much better shape and corresponds with the ACGME requirements. Also discussed whether site visitors checklist is available for review. Apparently also being updated but specifics unknown.

**Outcomes:**

1. Efforts to establish ongoing collaboration with ACGME appear stalled. At this point await response to last input re PIF.
  2. Mark Servis, and future Presidents, will need to remain vigilant about these issues and actively pursue to best of our ability recognizing that there may be limitations. Confrontation about these issues was considered but thought to be high risk.
- 3. Annual meeting (S. Benjamin).** Previewed keynote speakers Skip Rizzo (virtual reality treatment), Paul Applebaum, Larry Smith (do competencies make for better doctors?). Sunday am: presenting models of ABPN interview skills credential process. Friday night plans still tba. Considerations include an added fee musical event (e.g. Tipitina's); or may follow APA lead and have group of musicians play and then discuss their post Katrina experiences. New initiatives include:
1. Increasing resident involvement. Will add second resident caucus meeting and have them report to EC on Saturday morning. Will also have one page orientation to the meeting for residents.
  2. Add coordinators caucus during Regional Caucus time. Lee Ascherman will facilitate discussion.
  3. Augment orientation to website and listserve for NTDs.

Premeeting: teaching and assessing therapeutic alliance. Pri Weerasakeera will be a keynote speaker. Premeeting for 2009 theme will be neuroscience education. Task force from AADPRT needs to start now to work with Michele Pato to develop this meeting.

**Outcomes:**

1. Sheldon B to finalize plans for Friday night.
  2. D. Cowley to head AADPRT efforts to initiate planning for 2009 premeeting in collaboration with Michele Pato.
- 4.**
- 4. Workforce (D. Katz report).** PsychSigns is having parallel meeting and have ambitious proposals for New Orleans meeting, including a residency fair. Discussed possibilities for involvement (including invite to Thursday plenary but

then we would be obliged to invite to reception) with medical students at AADPRT, but were not able to come to consensus for appropriate activities.

**Outcomes:** need further discussion to consider possibilities for future.

- 5. Action items from May 2007 meeting.** Quorum present today and agreed to sites for 2010 (Orlando) and 2011 (Austin) meetings. Also agreed to eliminate the Friday night reception at the annual meeting.

- 6. Bylaws revision (C. Varley).** Bylaws reviewed by C. Varley who made a number of recommended revisions. Some items are straightforward (i.e. will check with accountants/legal whether we need an address in the bylaws; seal must retain Connecticut). Others are complicated and require further discussion (e.g. nominating process). All changes to bylaws must be voted on by general membership.

**Outcomes:**

1. More complex issues require much more discussion than available at this meeting.
2. Best to agree to all changes to present together to membership at one time.
3. Completion of revisions tabled until March meeting to review entire document and sign off on changes.

**7. Strategic Planning.**

- a. **Retreat.** Further discussion of whether to pursue. Concerns about lack of focus.

**Outcomes:**

1. Consensus is that retreat is good idea but must have clearer focus to be useful.
2. Steering Committee will take this up to develop focus and report to EC in March

- b. **EC Meetings.** Continued discussion of need for Fall meeting to be linked with ABPN. Nearly 50% of EC were not invited to be ABPN examiner this weekend. Teams are almost all national. Exams are smaller. Important for AADPRT to remain examiners. Discussed whether to de-link our meeting Next year ABPN 9/22-4 (weekend). Also considered whether May meeting be Steering only.(No) Lastly, consider moving back May meeting to Sunday. (agreed but Chairs meet on Sunday)

**Outcomes:**

1. EC evenly split on whether to de-link meeting so for now will continue to meet in conjunction with Boards. Note: next September ABPN is weekend format.
2. Consensus was for May meeting to include whole EC.

3. Desire present to move May/APA meeting to Sunday but Lucille M has conflict because Chairs group meets on Sunday also.
- c. **IMG Fellowship.** Faye Festin identified and willing to be involved in IMG Fellowship; plan is to groom her to head this up. Unclear what goals are at this point. Should it be more focused on IMGs interested in education? Most awardees have impressive CVs with long research records, often faculty in their home countries, etc.

**Outcomes:**

3. All agreed that this award needs to continue but goals and criteria need to be revisited.
4. Expand eligibility to include child residents and other fellows consistent with other awards.
5. Programs with awardee cannot re-apply for 2 years

Meeting adjourned at 11:36 am.

Respectfully submitted,  
David Kaye