

AADPRT Executive Council
Wednesday March 11, 2009

Present: Sandra Sexson, Lee Ascherman, Bruce Levy, Chris Varley, Steve Schlozman, Fe Festin, Bob Boland, Art Walaszek, Don Rosen, Kathy Sanders, Rick Summers, Adrienne Bentman, Mark Servis, David Kaye, Deb Cowley, Tami Benton, Ron Rieder, Mike Jibson, Ron Krasner, Paul Mohl, Dorothy Stubbe, Sheldon Benjamin, Lucille Meinsler

September EC Minutes:

The September EC meeting minutes were approved.

Program: This is the largest meeting to date with some more members and more coordinators than in the past. The theme: The Mind at its Best: Empathy, Learning, and Belief.

Finances: Current assets prior to paying our meeting expenses is about 600K with about 400K in reserve. FDIC insures 250K total per bank (as opposed to per account) so we are looking at further diversifying our accounts beyond what was done in the past few years to make certain we are under FDIC limits at any given bank. Registration fees were increased several years ago. Taken together with last year's positive balance at the end of the meeting we will come close to breaking even. However, the money being brought in for fellowship programs is no longer paying for the fellowships and this will be discussed later in the meeting.

Clinical Skills Training: A large number of people have signed up for the clinical skills examiner training session Thursday morning. An inter-rater reliability exercise using feedback devices is planned. A single rating form will be used for this exercise (not an endorsement of the form, just a convenient way of conducting the workshop). A reasonable next step might be to attempt to validate the exam process, a daunting task considering that there is no anchor known to tie clinical interview exam performance to. Some attempt will be made to determine how many programs have implemented various types of CSV (clinical skills verification) processes. A brief discussion was held about the roles of the AADPRT CSV task force vs. the joint process with AAP in conjunction with ABPN. Going forward the committee plans to move the training process to the website and then think about issues of validation, etc. Ideas were floated about how to validate the process in the future, such as comparing the examinee's history with a known history available in the chart, looking at therapeutic alliance rating scales, or at SCID-diagnosed patients as exam subjects. There was also a suggestion for a more systematic survey of program directors by the AADPRT taskforce to understand what the current implementation in the field is before determining the priorities moving forward. The same workshop being presented Thursday morning will be repeated for other faculty at the APA in May.

ACTION ITEM: It was that we commission the AADPRT CSV Task Force to survey the field to determine how the CSV process is being implemented. The motion passed.

Priority Survey: At the last EC meeting we discussed priorities for the organization. We then formally surveyed the EC and then did a more open-ended survey of the organization and EC, and finally a more detailed survey of the general membership before promulgating a list of the top 10 priorities and suggestions for what might be done in each category. We are already doing well in taking leadership on the CSV process, a high priority item.

The next priority identified was to expand the Virtual Training Office and solicit more members to oversee the specific collections desired. The Information Committee will oversee this effort and the Regional Reps will be asked to solicit input. Remediation plans, curricula, bibliographies, orphan topics, etc were some ideas initially put forward. There was some discussion of the possibility of peer review for submissions, perhaps through MedEd Portal.

Although there was some interest in the idea of portable curricula, this proved incredibly labor-intensive in the schizophrenia curriculum we developed in the past. In light of this we will move forward first with soliciting members to contribute curricula to the VTO (Virtual Training Office).

The next item widely endorsed was to set up a taskforce to begin the process of developing input for the next iteration of the RRC essentials. Our experience in the last iteration was quite positive and featured open communications and a clearly receptive RRC. With 2 ½ years to go until the next iteration we can begin the discussion with Victor Reus (RRC Chair) at the EC meeting this week to determine possible directions in which they will be moving. The ACGME appears to be increasing emphasis on common over specialty-specific requirements.

The 5th priority item identified was the establishment of a mentorship program for junior training directors. 56 pairs were established and roughly half have begun working together. It's premature to institutionalize this but Paul Mohl is interesting in continuing to work on this project. It was also suggested that he be made part of the Membership Committee to oversee this process. The entire process was a wonderful example of how the ListServ could be mobilized in the service of providing for member needs.

6 on the priority survey was getting involved in training members as educators and as educational researchers. Part of this issue is likely related to members' needs to develop work that would be useful as part of the academic promotion process. This also dovetails with the idea of creating a peer-review process for curricula in the VTO eventually. This is an issue that AAP has been involved with. We might want to approach some of the folks who have done this with AAP to present at AADPRT.

Item 7 had to do with being more proactive about increasing recruitment into psychiatry. Steve Schlozman is addressing some workforce issues via liaison with ADMSEP. This may be another area in which increased member involvement might be possible.

Item 8 was increasing efforts to involve interested members in committees and taskforces. Several of the above items suggest a need for increased committee membership. It was suggested that we publicize a list of committee openings on the ListServ with contact info. A suggestion was made to include some kind of social function with EC leadership for people interested in involvement.

The 9th priority of taking a stand to increased professionalism will in part be dealt with in an upcoming AP article. #10, to increase diversity in the EC, is also something that leadership is attempting to work on, and will be facilitated by the increased opportunities for committee involvement.

Although it was 12th, Paul Mohl asked that we discuss briefly this issue of “assuming ownership of the brain.” It’s difficult to know how to operationalize this but we will continue the discussion. This is also a workforce issue.

Meeting with Larry Faulkner, President & CEO, ABPN (American Board of Psychiatry and Neurology): The transition from oral exams to the new CSV process combined with the transition of the part one exam to incorporate vignettes are currently the most active issues. The Neurology computer exam this year included video samples and replacements for the former vignettes. It was very well received and the pass rate, 90%, was slightly higher than the 85% first time taker pass rate in the past. Bob Guinn is chairing a committee to assemble the 2011 computer exam in psychiatry that will incorporate vignettes for the first time. Some work has had to be done with Person View Centers to work on the logistics of presenting video samples and multimedia items on the exam, but these obstacles are being worked out and the 2011 exam is expected to incorporate on-line vignettes.

The ABPN is very interested in the Thursday morning workshop for training evaluators for the in-residency clinical skills verification process. Dr. Faulkner feels that AADPRT’s work to develop an on-line evaluator training process may well lead to new methods applicable to resident education in general. A next step will be reaching out to all of the non-training director faculty who will be the ones carrying out the CSV exams. His feeling is that psychiatry is way out in front on these issues. Training Directors in Neurology, for instance, who have not had a minimum half time requirement for their positions historically, have been unable to spend the amount of time on education as psychiatry has been doing. Neurology now has a time requirement for training directors and it is expected that they will now be able to be more proactive as they are given more time to run their residency programs.

Asked to comment on future thoughts about establishing inter-rater reliability and validity for the CSV, Dr. Faulkner said that whereas inter-rater reliability is more possible to approach, there is very little data on validity to work with. He felt that the reliability question should not become too big an obstacle since so few procedures we do in psychiatry have ever undergone reliability studies, and this is no different.

During the first June exam fewer candidates took the exam but the pass rate was higher. Several possible explanations were suggested. The ABPN has received some criticism that the MOC exam's high pass rate is much higher than in some other fields. However, our initial board pass rate is much lower than other fields that have up to 15% fail rate on their MOC exams but a nearly 100% pass rate on their initial board exams. He also predicts that the neuro section of the exam will eventually move toward a mix of psychiatric neuroscience and traditional neurology.

Regional Reps: Last year, Don Rosen increased the amount of communication with regional reps, including more communication before the meeting. Currently his agenda for the regional reps meetings includes the IOM report, the CSV exam, site visit issues, curriculum development/VTO content. Given the ListServ discussion last month it will also be a good idea to inquire about match issues. A question regarding the value people place on the pre-meeting would also be timely. Also the regional reps can be asked for input on the CSV process as well.

Development: This year, there will be less than ½ the pharma support for the meeting/fellowships than in previous years. The steering committee discussed the trend in reduction of pharma funding and suggested that the EC begin to look at what the implications would be of foregoing any industry funding going forward, both for pragmatic and ethical reasons. This will mean looking at the overall budget, reexamining the fellowships and annual meeting, and a bigger discussion about how to build for future funding.

ACTION ITEM: It was moved that a taskforce be established to begin the process of evaluating the future funding basis of AADPRT. This was approved. Volunteers were solicited.

AADPRT EC Meeting
Thursday March 12, 2009

Present: Deb Cowley, Mark Servis, David Kaye, Dorothy Stubbe, Chris Varley, Sid Weissman, Paul Mohl, Rick Summers, Don Rosen, Sandra Sexson, Michael Jibson, Tami Benton, Lee Ascherman, Ron Rieder, Catherine Woodman, Kathy Sanders, Bob Boland, Fe Festin, Adrienne Bentman, Sheldon Benjamin, Bruce Levy, Ron Krasner, Steve Schlozman.

Resident Admissions Process: Chris Varley has written a guide for the residency admissions process (and transfer process). It has become apparent over the years that applicants occasionally inflate their CV (inaccurate bibliography), or plagiarize personal statements. In addition a group of directors worked with Chris to assemble a list of important items to seek in applications as well as some statements about the etiquette of the interview process (last minute cancellations, etc). The document is quite extensive and well written. Comments included a need for editing for a student audience, and a need to circulate to EC for more formal comments. Several potential issues were identified.

RRC: Victor Reus, Chair of the Psychiatry RRC (Residency Review Committee), attended the EC to discuss areas of mutual interest with RRC. He suggested the work hours discussion would be more appropriate to discuss with Tom Nasca (President of ACGME). However, Dr. Reus reviewed that the ACGME has constituted an internal taskforce to collate data and formulate a response to the IOM duty hours recommendations. Currently it is in the information gathering stage. Some changes will be needed to maintain credibility and to prevent the issue from being taken out of the hands of the ACGME and moved to a federal regulatory level. The ACGME wants to maintain the standard of "substantial compliance" (vs. "absolute compliance," in which a single violation constitutes an infraction). This will be discussed between ACGME and IOM. ACGME is moving toward a set of common requirements and specialty-specific requirements. AADPRT's prompt response to the ACGME request for input was noted with appreciation. The entire process is projected to take 18 months. The RRC chairs are in agreement that any guidelines must not stand in opposition to the fundamental responsibilities of physicians to their patients. ABMS on the other hand, appears to be more in favor of a higher level of regulation of physician quality including this issue. In the area of MOC, for example, the ABMS is pushing hard for more regulation than some specialty boards are comfortable with. Overall there have been few reports of duty hour violations in psychiatry. When they do occur they tend to be in PGY-1 and not in the control of residency directors. When there were infractions, the Psychiatry RRC took the issue very seriously, more so than some other RRC's. Cross specialty data showed that some specialty RRCs had never issued citations or never reviewed programs for change. In response to a question, Dr. Reus mentioned that Dr.

Nasca has been in touch with a number of organizations but could not say anything specific about the AAMC.

Combined Programs: Combined psychiatry programs (neurology, internal medicine, family practice, triple board) have not in the past been evaluated by the ACGME. Instead they have been approved by the two specialty boards concerned. Due to the small number of combined psychiatry programs it has been difficult for the ACGME to determine a fiscally sound way of solving this problem. The issue was raised by Larry Faulkner of the ABPN who has taken the stance that the ABPN will no longer approve new combined programs until the mechanism is straightened out (i.e. will not allow graduates of unapproved programs to sit for boards though graduates of existing approved combined programs will continue to be able to sit for both board examinations). New post-peds portal program graduates and triple board graduates will not be affected. Unfortunately, the ACGME does not plan to give the issue of new combined programs attention in the immediate future due to the other pressing issues before them. There was a clear interest in further discussion with ABPN on this issue.

Asked for an update on plans for the next RRC essentials iteration, Dr. Reus mentioned that there are currently 4 subspecialty requirements being revised—addiction, forensic, geriatric, and psychosomatics. There are 3 main committees of RRC Chairs: standardization (Dr. Reus is on this one) to standardize competencies and theoretically evaluation instruments across specialties, also a common PIF; Innovation; and Common Program Requirements. They are trying to give 18-month notice for input. A question about citations for programs with non board-certified faculty was raised. The standard used, according to Dr. Reus, is “substantial,” not 100%. They want a clear majority of faculty to be board certified.

Lynne Meyer, PhD, MPH, was introduced as the new Executive Director of the Psychiatry RRC. lmeyer@acgme.org

Academic Psychiatry: Laura Roberts (Editor, Academic Psychiatry) and Alan Louie (Deputy Editor) were here to discuss AP issues. Alan Louie will be stepping down as deputy editor and moving into an associate editor position owing to his increased academic responsibilities. Nominations for deputy editor have been solicited widely. 15 nominations were received and they are speaking with 3 finalists now. An announcement is expected in about a month. Alan Louie will continue to focus on special projects and special columns for the journal. Submissions were over 200 in 2008. Current turn around time for reviews is 46 days, about as short as it can be without changing the philosophy of the journal. There is a long publication cue of accepted papers. A list of special issues was distributed: Residents as Teachers (deadline June 1, 2009); Teaching Human Sexuality (deadline August 30, 2009); Strategic and Academic Challenges for Academic Psychiatry Departments (deadline September 15, 2009). Disclosure

statements will appear annually in the Jan-Feb issue beginning this year. The journal's impact factor of 0.75 is lower than some related journals (Academic Medicine 2.57, Medical Education 2.56, Medical Teacher 1.23).

AACDP (American Association of Chairs of Departments of Psychiatry):

Laura Roberts began a two-year term as president on November 1, 2008. Her agenda includes: professional development, liaison/networking and advocacy, policy development, and enhancing the value of AACDP to its members. 80 chairs attended the meeting associated with APA. Past meetings with AAMC were not well attended. This past year's meeting associated with AAP was much better attended.

AAP (Association for Academic Psychiatry): Deb Hales, AAP President, reported on behalf of AAP. Dawn Levreau is the new administrative director and has already improved the website. The annual meeting will be in Washington DC this year. There were an unprecedented number of submissions and a great meeting is anticipated. Lack of pharma support has caused them to cut their fellowships to one year.

APA: Deb Hales, Lauren Sitzler (Member In Training rep), Sarah Johnson (Committee On Residents and Fellows [CORF] rep) visited the EC for discussions. Glen Gabbard's online education modules are no longer on the APA website but are being produced as a CD. Change was instituted to reduce costs. Master courses in psychotherapy will debut at the APA this year. A board review course is planned. The IMG Institute will again be held (Sunday May 17th) for PGY-2s and PGY-3s. Cost will be \$180. Mind Games announcements will be made at the input session. Laura Roberts will be the Ethics Editor for Focus and will edit a column on this in Focus.

Steve Schlozman will keynote the PsychSIGN meeting.

A number of budget cuts are expected within APA at the meetings this weekend.

Sandra Sexson reported on the Council on Medical Education, which is attempting to coordinate a response on duty hours with AADPRT. CORF will also be surveying residents on this issue. Kayla Pope will be spearheading the survey. AADPRT has already done a preliminary survey and has a duty hours committee that will be submitting info. A letter has already been sent to the ACGME and we will be working closely with the Council on Med Ed on the coordinated response. A brief critique of duty hours proposals ensued, focusing on the continuity of care issue, following the CORF representatives voicing of concerns from recent meetings on the work hours issue. A major issue has more to do with whether duty hours changes become an unfunded mandate.

ADMSEP: Amy Brodkey, President of the Association of Directors of Medical Student Education in Psychiatry, reported from ADMSEP. They are emphasizing

that membership is open to all faculty involved in medical student education, not just clerkship and course directors. They have encouraged ADMSEP members to publish via MedEd Portal. ADMSEP is collaborating with ASCP to develop a curriculum for teaching psychopharmacology to medical students. They are interested in developing competencies and evaluation techniques for med students. The ACE (Alliance for Clinical Education) is a coordinating group for core clerkship directors, with which ADMSEP is affiliated. ACE has asked all affiliated organizations to survey their membership annually. ADMSEP did a good deal of advocacy work around a position statement on clerkship length. They still advocate for a six-week minimum clerkship length. Of interest to AADPRT members, ADMSEP has written a new position statement on the role of educators in specialty recruitment that for the first time includes this aspect in their mission.

CORF (APA Committee on Residents and Fellows): Lauren Sitzer and Sarah Johnson reported on CORF issues. They have been working on a resident's "bill of rights." The intention is to draw together ACGME and AMA policies (and add some of their own advocacy issues) in the service of advocacy for residents. It is being presented to the APA Board soon, and there is a hope that this document would be useful for residents in their negotiations with departments. They are advocating for 6-week maternity/paternity leaves, among other things. CORF will be doing a leadership workshop and a "Hot Topics in Residency Education" forum at IPS.

R-13 Pre-Meeting Grant: Michele Pato and Luke Manley came to discuss the pre-meetings. This year's pre-meeting was the largest audience ever—164 people. Feedback appears quite positive. This year the final session was packed, with much less attrition than in previous years. There were some differences with prior meetings, in that the workshops were a blend of workshop (2) and presented talks (2). Participants appeared to not have a problem with the particular order of their small groups. All sessions were rated from 5.5-7 of 7. All participants felt that their level of knowledge increased during the day. The final year of the grant will cover the 2010 meeting in Florida. The plan will be to use ADHD across the life cycle as a disorder in which to study team learning vs. traditional learning and efficacy vs. effectiveness. Grace Thrall and John Coverdale will be designing an RCT to compare TBL and "learning as usual." Michele will not be applying for a new 5-year NIMH grant going forward for a variety of reasons. Going forward, AADPRT will discuss what it wants to do with the pre-meetings. Michele would be happy to be a consultant to the process.

Information Committee: Bob Boland reported on the agenda of what he hopes to do with the website going forward. Among other projects we will be studying ways of putting the CSV training process online and soliciting a bid for this purpose.

Future of the Pre-meeting: The pre-meetings have been occurring for approximately 9 or so years, including 5 years of prior pre-meetings before the R-13 series. A discussion was held regarding possibilities for managing costs and whether AADPRT wants to pursue a grant or some alternative process. There was general consensus that a theme-focused meeting within the annual meeting remains highly desirable. Having a pre-meeting requires having a pre-meeting chair---it's too much extra work for the AADPRT program chair to undertake. The grant process provides an important conference planning revenue source that we shouldn't overlook in a time of budgetary cutbacks. We have a contract for the pre-meeting in 2011 at this point. A committee to explore the future of the pre-meetings was appointed. The members of this committee will be Deb Cowley, Dorothy Stubbe, Michael Jibson, Ron Rieder, Sheldon Benjamin, Kathy Sanders, and Catherine Woodman.

Child Caucus: Dorothy Stubbe reported that the caucus has been actively involved in all aspects of the establishment of the Child CSV process and will be presenting a workshop this year. They are working on a common application form and have a draft on the website presently. There are now 3 Post-Peds Portal programs (Penn, Case, Creighton) and an interest in having more. There do appear to be potential applicants but there has not been a lot of enthusiasm for establishing these programs. There is also a post-peds portal workshop this week.

Competency Committee: Lee Ascherman reported on the Competency Task Force. They are involved in the CSV process and will be producing a document soon.

Coordinators: Lee Ascherman reported on the coordinators group. They had 175 responses to their survey, which will be posted on the website. About 1/3 of coordinators don't have bachelor's degrees. One issue that helps determine salary has to do with how the job position is defined—secretarial vs. administrative. Coordinator longevity averaged at about 6.5 yrs. 74% are on their education committees and 70% on their selection committees. A link to the survey should be included in the post-meeting email from the Information Chair.

Workforce: Steve Schlozman reported on the Workforce Committee. They have had extensive collaboration with several organizations. Steve has also been interested in the issue of stigma, and attended a meeting in the UK on this topic. A number of suggestions to combat stigma are in the Workforce Committee report. This issue impacts the decision of medical students about careers in psychiatry so it is of interest to AADPRT. The insurance carve-out system helps perpetuate stigma. As a field we need to learn how to present ourselves to medical students and the public at large to decrease the stigma of entering the field. The ACP has a workforce initiative as well.

Membership: Adrienne Bentman and Tami Benton reported on the Membership Committee. The AADPRT office did an excellent job of following up on dues collection this year. Although it was clearly more work for the office we made great strides in improving dues collection. Three programs that had not paid dues in several years were discontinued as member institutions. The mentorship program under Paul Mohl appears to be going quite well. The New Program Directors symposium continues to evolve---this year with introduction of the mentorship program. The program directors manual has been revised, updated and posted on the web. The program directors calendar has also been updated. The website has not been updated in terms of specific committee contacts etc and this needs to be reviewed with the Information Committee and the office. 190 (of about 200) programs are AADPRT members. Fellowship programs are not as well represented within AADPRT—most attend their subspecialty meetings. Realistically our meeting does not have sufficient content specific for fellowships to attract more at present. We would have to change the way the meeting is organized to improve on this.

Academic Psychiatry Governance Board: Bruce Levy reported on the governance board of the journal. Part of the mission is to aid junior submitters in publishing. These tend to require more review and keep the wait for publication a bit longer. Various ideas are being explored to redesign the journal and the process to increase the number of papers per journal and decrease the lag time to publication.

AADPRT EC Meeting with Regional Representatives
Saturday March 14th, 2009

Deb Cowley, David Kaye, Ron Krasner, Arden Dingle, Kathy Kelley, Grace Thrall, Melissa Arbuckle, Mike Travis, William Sonis, Fe Festin, Sahana Misra, Doug Gray, Chris Varley, Dorothy Stubbe, Shashank Joshi, Don Rosen, Bruce Levy, Michael Jibson, Art Walaszek, Adrienne Bentman, Lee Ascherman, Matt Ruble, Kathy Sanders, Bob Boland, Paul Mohl, Sandra Sexson, Rick Summers, Mark Servis, Catherine Woodman

New Regional Reps: Region 1-Cynthia Telingator (Child Director, Cambridge Health Alliance); Region 3-Adair Parr (Child Assoc Director, Children's National Med Center); Region 4-Mohammad Ghaziuddin (Child Director, Michigan)

Proposal from Regional Reps: Regional reps wish AADPRT to consider increasing the regional reps caucus time to 75 minutes if possible

IOM Duty Hours Report: Our response to the IOM report should focus on wellness of trainees as opposed to arguing with the safety data presented by IOM. Smaller programs would not be able to comply with the proposed regulations. A one-size-fits all solution would not work. The data on which the IOM report is based may not be applicable to Psychiatry and an exception should be considered for our field. A good example would be the issue of home call and carrying a beeper for one's own patients on days off. The JCAHO is scrutinizing hospitals to be certain that care transitions and handoffs are minimized and made safe, a tension that runs in contradistinction to the IOM proposal. The AADPRT Duty Hours Task Force hopes to collect concrete details that would illustrate the impact of the proposed regulations on small, medium, and large size programs (and the public they serve).

Clinical Skills Examination: Although in some programs the new clinical skills exam is being embedded in the curriculum, there is still some difference of opinion or confusion regarding having more of a mock oral board exam vs. an embedded clinical skills verification process. There is still confusion as to where the field stands in terms of the goal of the patient interview observation. There is a desire for video clips with expert ratings as well as with the data on the spread of ratings for a given clip. There is clearly still a good deal of misunderstanding in the field as to the goals and practical implications. Apparently a number of people misunderstood the workshop outcome on Thursday morning, believing there to be widespread disagreement on outcomes. However there was in fact 95% agreement on what constituted a passing or a failing performance, which is remarkable.

Curriculum Development: The website is getting a large amount of use. There is interest in orphan topics and model curricula. A suggestion was made that we enter into discussion with MedEd Portal to facilitate access to curricula without

having to contact authors. There was a suggestion of exploring social networking. Also a suggestion for a half-day or full-day workshop on teaching technology. And a suggestion was made that we should design some sort of networking with photos of members, tag words on areas of expertise. Orphan topics, subspecialty expert presentations, etc. Regional reps were encouraged to use the regional list serves to communicate with members in the region.

Pre-Meeting: There is widespread enthusiasm for the pre-meeting to continue after the R-13 grant concludes. One suggestion to consider was a few parallel topics for the day. Another group made suggestions for subspecialty topics and for topics such as wellness, team based learning, business skills for residents, teaching residents to teach, geriatrics, forensics, psychosomatics, addictions, etc. Members were receptive to being randomized but not certain about doing advanced homework. Sharon Hirsch suggested she might be interested in working on a pre-meeting grant process. A majority favored a full day and would be willing to pay (up to \$99.99) for it. A lifespan approach for topics is suggested, however.

Mentorship: Paul Mohl's matching program has been highly appreciated. There are many new directors who would like to participate and there is room for a number of approaches---checking back in with mentor pairs, reassigning if needed, finding out if there is a feeling it's not working, and making suggestions about what to expect, a suggested structure, and encouraging the onus to be on the mentor, not the mentee, to be in touch.

ABPN: The ABPN report on pass rates does not appear to correlate with VeriCert online (one program claimed a 60% error rate on the board report) and the EC was asked to consider discussion with the ABPN on this issue. There was a good deal of agreement that the reports are often inaccurate and difficult to use. Many programs provide the board with lists of graduates to check rather than leaving it up to their database to determine the names. AADPRT is encouraged to working with ABPN to create an easier to understand report format. Not everyone was equally aware of the new Board Point tracking system.

AADPRT & Chief Residents: The Tarrytown Tavistock-style group conference for chief residents has become quite costly in the current budgetary climate. The APA's Executive Leadership program depends on pharma sponsorship. A number of different ideas were floated—one was to consider having a chief resident pre-meeting, however there were tensions with this. There were several regions interested in starting their own chief residency programs. There was a suggestion for having materials for chief residents on the website as well. There appeared to be a good deal of interest in the regional model.

Ron Krasner: After MANY years (? 12 – even Ron is not sure) of providing wisdom and practical reflection, now as the past, past, past President, Ron Krasner will be stepping down from the Executive Council. A very warm and heartfelt acknowledgment of Ron's wonderful presence and how much we have all benefited from his involvement followed. The applause was quite sustained and it was plain to see from people's faces how sincerely his presence will be missed.

Nominating Committee: Members were Ron Krasner, Mark Servis, Sharon Hirsch, John Luo. 7 Nominees were suggested before the meeting with a good deal of commentary from members to review. The committee reviewed the emails and the nominating committee did a good deal of checking with others. Their unanimous selection for Program Chair Elect is Chris Varley.

Caucus: There was a consensus that the caucus groups should begin formally reporting to the EC going forward.

Coordinators Caucus: The coordinators caucus would like to create a mentorship process parallel to the new director's mentorship process. The suggestion was made that this be done on a regional level. There was universal assent.

Fellowships: Funding realities make it imperative that we conduct a review of the fellowship programs and their funding. Suggesting that departments pay part of the costs were made but the chairs are less enthusiastic about this. The role of the IMG fellowship will have to be further discussed. This fellowship has evolved from a support system for IMG's without mentorship in their own program to IMG's with superlative academic credentials, to IMG's with both an excellent academic record and educational involvement. We have not provided mentorship to minority trainees. The separation of the IMG fellowship process from the Ginsberg process remains open to discussion. A Taskforce will be reviewing this issue.

Thanks to Deb Cowley were expressed unanimously for her superb and inclusive leadership and the wonderful way in which she has moved the organization forward this year.

The meeting was adjourned at 9AM.

Respectfully submitted,

Sheldon Benjamin