

AADPRT
Executive Council Meeting
March 11, 2006

EC Members Present: Drs. Lisa Mellman, David Goldberg, Bruce Levy, Chris Varley, Dorothy Stubbe, Eugene Beresin, David Kaye, Lee Ascherman, Grace Thrall, Rick Summers, Mark Servis, Sandra Sexson, Deb Cowley, Dorothy Stubbe, Adrienne Bentman, Evaristo Akerele, Sid Weissman, Sid Zisook, Ron Rieder, Sheldon Benjamin, Joseph Layde

Regional Representatives Reports:

Region 7: Don Rosen reported from Region 7. Concerns about the new ABPN format and possible involvement of training directors in developing vignettes were expressed. There was general survey fatigue – surveys need to be well written, easy to answer, and short. There was significant dissatisfaction with the web based PIF. There was appreciation expressed for the thoughtful work that has gone into the revision of the RRC Essentials. There was discussion of how to deal with site visitor reports that are inaccurate.

Region 6: Mary Ann Schaepper and Alan Green reported from Region 6. Many concerns were expressed about the PIF including computer glitches, redundancies, and ambiguous questions. The question asking for identification of core teaching faculty who teach 8 hours was an example. Members had a preference for developing competency assessments as a part of psychopharmacology teaching modules to be developed from AADPRT. Professionalism issues around seminar attendance and strategies for addressing this were shared.

Region 5: T.O. Dickey and Guy Palmes reported from Region 5. Preference for no more than 3-4 surveys annually with appropriate timing was expressed. Case based and web based online technology was preferred for the psychopharmacology teaching modules. There was support for the RRC proposed revisions, especially the specification for Associate Training Directors, and some discussion of endorsing similar language for training coordinators. Members were pleased with the website. Members would find universal use of subject headings on the listserv helpful, in deciding what to read and what not to read. There was a desire to increase the responsibility of regional reps and involve them more actively in decision making and leadership in AADPRT.

Region 4: Kathleen Kelley reported from Region 4. Problems with the PIF were presented including discrepancies between the PIF and the RRC Essentials, such as a question about family therapy requirements. The “stealth” insertion of IPT in the proposed RRC revision was a concern of some. There was extensive discussion of remediation of the PRITE and use of the PRITE, including cutoffs for progression and moonlighting. Assessments for psychopharmacology competencies in the proposed psychopharmacology teaching modules were desired. Members have found the ASCP curriculum useful.

Region 3: William Sonis and Anthony Rostain reported from Region 3. There was a request that the new PIF based on the new RRC Essentials be posted immediately after it is written for comments from the field. Members expressed concern that their DIOs were not universally familiar with the ADS. Members would like to see the site visitor checklist. Preference for a combination of neuroscience and psychopharmacology for the proposed teaching modules was expressed. Remediation strategies for residents were discussed.

Region 2: Dianne Sacks reported from Region 2. The issue of scholarly activity in the new RRC Essentials was discussed and mechanisms for measuring this besides only using publications would be helpful. The insertion of IPT in the new RRC Essentials was a concern. There was a strong interest in a portable neuroscience curriculum. The cost of the current ASCP curriculum was a significant negative. There were concerns about the proposed RRC requirement for taking the ABPN with IMG graduates who leave the country. Some caucuses would like to have an opportunity to dialogue more directly with the EC, particularly the Asst/Assoc Training Directors and Small Program Directors caucuses. Small programs with Associate Training Directors thought the proposed RRC language around Associate Training Directors could put their positions in jeopardy since they have small numbers of residents.

Region 1: Dorothy Stubbe reported from Region 1. Members expressed concerns about moving part of the ABPN clinical skills exam into residency training. Letters from the RRC were sometimes in error with the first page not always matching with the second page. Input into the ACGME common requirements was desired. There was little enthusiasm for the proposed psychopharmacology curriculum.

Nominating Committee: David Goldberg reported on the Nominating Committee activity and the selection of Sheldon Benjamin as Program Chair.

Research Taskforce: Ron Rieder presented on Research Taskforce proposals and activities. Efforts to increase medical student involvement in research are being considered, and funding sources are being explored. An article of the month journal club, possibly on the APA website or our own website, is being developed by the taskforce. Subspecialty based research track models and prototypes, particularly outside of child psychiatry, would be helpful and will be assembled by Deb Cowley. A recommendation was made to write a letter from AADPRT to Tom Insel and NIH expressing our disappointment with the lack of funding for research training, particularly after the Institute of Medicine report and recent NPTC initiative. Suggestions were made to consider a common letter with the AACDP.

Lisa Mellman concluded the EC meeting with comments about the team orientation of AADPRT and the important role of the Steering Committee. Lisa expressed her thanks for those who have concluded their one year appointments on EC and the departure of Sandra Sexson from EC as a past president.

Respectfully submitted,

Mark Servis
Secretary