AADPRT Executive Committee Report
Executive Council Meeting
September 19 & 20, 2014

Date: September, 2014

Committee or Liaison Group Name: BRAIN CONFERENCE

Chair/Representative's Name: Sid Zisook

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Brief summary of committee, taskforce, or caucus purpose or charge: Plan and implement 1-day Pre-Meetings (BRAIN Conference) to teach training-leaders how to teach research literacy, neuroscience and evidence-based psychiatry.

Goal(s) or tasks to be completed in 2014-2015: Plan and implement 2015 BRAIN Conference, select new committee Chair and plan for exploring new funding opportunities and/or continuing annual conferences in the absence of external funding.

Report/Updates of Importance & Pertinence for September Meeting: The program directors for the 2014 Conference were Melissa Arbuckle, David Ross and Michael Travers. Unlike previous BRAIN Conferences, instead of providing a clinical theme, the 2014 Conference was focused on "teaching neuroscience" and the large group plenary sessions were eliminated; instead, participants were divided into highly four interactive workgroups designed to simulate the classroom environment. Attendance was up to 158 individuals representing over 100 programs, and 6 BRAIN Scholars who actively participated in the program. Evaluation of 2014 meeting quite positive: 98% of the attendees rated the conference as good, excellent or outstanding and 64-98% reported they planned to use material from the various workshops in their home programs. The percentage of educators who felt they had a good to excellent knowledge of the subject matter rocketed from 27% prior to the Conference to 83% immediately after.

Based on feedback from the 2014 attendees and the BRAIN Committee, The 2015 meeting will again focus on neuroscience and Melissa, David and Michael have agreed to encore as program directors. They are actively planning the next conference. Deborah Cowley again will chair the BRAIN Scholars Selection Committee; the plan is to select 5 BRAIN Scholars with neuroscience and teaching excellence.

As this is the final year of NIMH funding, we need to select a new Chair for the BRAIN Committee, plan for future meetings and explore other funding opportunities.

Action Items for September Meeting: Set fee for 2015 BRAIN Conference and begin discussion of selecting a new Chair and exploring funding opportunities.

Date: 8/26/2014

Committee or Liaison Group Name: ACGME Liaison Committee

Chair/Representative's Name: Christopher Varley, MD

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Brief summary of committee, taskforce, or caucus purpose or charge: To attend to and to promote the relationship of AADPRT and the ACGME. The committee will respond to requests from the ACGME to AADPRT and address issues emanating from the ACGME that will affect AADPRT.

Goal(s) or tasks to be completed in 2014-2015:

1] Respond to proposed program requirements changes from the ACGME/RC in general psychiatry and child and adolescent psychiatry.

2] Monitor and address issues that arise as the Milestones are rolled in general psychiatry beginning July 1, 2014 and as they are being developed in the psychiatry subspecialties, to be implemented July 1, 2015.

3] Continue to maintain a positive working relationship with the Psychiatry RC and the head of the Psychiatry RC.

4] Be attentive to any new issues that arise in the ACGME/AADPRT interface.

Report/Updates of Importance & Pertinence for September Meeting:

1] Dr. Varley submitted AADPRT's comments and suggestions re the proposed program requirement changes in general psychiatry and child and adolescent psychiatry, with key input from Adrienne Bentman as to general psychiatry and Jeff Hunt as to child and adolescent psychiatry.

2] Dr. Varley has been in touch with George Keepers, MD re how best to communicate re issues with the ACGME/RC such as the Milestones.

3] On behalf of AADPRT, Dr. Varley wrote in support of an OPDA position to send a letter to the ACGME encouraging them to de-identify residents being reported on in the Milestones data submission.

Action Items for September Meeting:

1] To review the charter for this committee and identify any other issues to be addressed.
Are there specific issues we would like to have presented in the ACGM presentations in our 2015 annual meeting?

Dear AADPRT Membership,

The annual meeting location was a central focus for AADPRT leaders on the Steering Committee and Executive Council last year. Some members expressed their views on the listserv; others felt more comfortable in private communication. The consequence of these deliberations led to the following decisions: to review the process by which meeting locations are selected, to expand the annual meeting member survey, to include meeting location among the topics discussed in the Regional Caucuses, and to incorporate other relevant factors when selecting meeting sites. [Note: details of the Executive Council (EC) discussions can be found on the member's only section of the website – EC minutes October, 2013; March, 2014; May, 2014]

The Annual Meeting evaluation feedback form solicited input on various factors that might be utilized in selecting future meeting locations and included ample space for comments.

Factors queried included:

- Climate: The location is warm or temperate in March
- Ease of access: I can reasonably travel to this location
- Cost: Registration, travel, lodging and meals fees (or just costs) will not increase significantly if AADPRT meets in this location
- Milieu: The social and cultural milieu of the location is such that I feel comfortable and welcome

Respondents were asked to rate each of these factors as very unimportant, unimportant, neither unimportant nor important, important, or very important to them personally. Respondents were also asked to rank the four factors from least important to most important. Respondents were asked to comment on these factors and to suggest future meeting locations.

The response rate was high, with 74% of meeting attendees completing the survey. The majority of respondents thought that all four factors were "important" or "very important." When asked to rank the factors, respondents indicated that ease of access was most important, followed by climate, milieu and cost, with 29% ranking milieu first or second. In their written feedback, respondents expressed a wide range of opinions, with various arguments in favor of each of the factors. [LINK TO SURVEY ON WEBSITE]

Over the years, we have utilized climate, including its impact on flights, ease of access, cost (travel, lodging, AV, food), meeting space, hospitality, and member preference as the primary factors in choosing locations for the annual meeting. As a result we have booked locations in reachable, affordable, warmer weather settings and have returned every few years to our favorite venues. As the organization has grown, the meeting has become more expensive and has reduced the number of cities and hotels able to accommodate our size while preserving the intimacy that members desire. In order to secure the best possible rates, we have linked contracts and booked meeting sites through 2018. These include: Bonnet Creek/Orlando, FL (2015), Austin, TX (2016), San Juan, PR (2017), New Orleans, LA (2018). While we could consider breaking these contractual agreements, the costs incurred would be substantial: the cost to each attendee would be over $1000 per year for each of the next four (4) years.

Our conversations have been very useful. They and the survey have highlighted the diversity of our membership and, not surprisingly, the range of opinion regarding meeting location. The one element upon which all seem to agree is the importance of maintaining AADPRT's ability to serve its members and adhere to its primary mission, namely, "to promote excellence in the education and training of future psychiatrists."

Our conversations and the survey suggest that other factors beyond climate, cost, and access be added to the list of factors considered in choosing meeting sites. Going forward, members of the Steering Committee, Program Committee, and the Administrative Director will vet venues with a broader set of considerations in mind. "Milieu" will join those more practical aspects of meeting planning. This reinvigorated process will allow us to respond to change, listen to member preferences, benefit from hotel hospitality, and continue to devote the energy needed to fulfill our mission.

The Executive Council is grateful to the membership for their thoughtful comments, and serious consideration of the issues.

Respectfully,

Chris Varley, MD

President

AADPRT

AADPRT 2014 Annual Meeting Attendees
Feedback Regarding Future Meeting Locations

A. QUANTITATIVE OUTCOMES

This report includes a total of 319 respondents (74% of those receiving evaluation form, i.e., meeting attendees). We asked respondents to rate the importance of each factor used in selecting meeting locations (climate, ease of access, cost and milieu), and we asked them to rank order the factors. The factors were described as follows:

- Climate: the weather permits reliable place arrivals and departures. The location is warm or temperate in March.
- Ease of access: I can reasonably travel to this location by place, train or automobile.
- Cost: Registration fees will not increase significantly if AADPRT meets in this location.
- Milieu: The social and cultural milieu of the location is such that I feel comfortable and welcome.

Importance	Climate	Ease of access	Cost	Milieu
Very unimportant (1)	3%	2%	3%	5%
Unimportant (2)	4%	1%	10%	6%
Neither (3)	5%	2%	18%	12%
Important (4)	34%	29%	46%	47%
Very important (5)	54%	66%	24%	30%
Mean score	**4.33**	**4.56**	**3.80**	**3.91**

Rank Order	Climate	Ease of access	Cost	Milieu
1 – Most important	37%	53%	11%	14%
2	39%	33%	20%	15%
3	15%	12%	34%	33%
4 – Least important	9%	3%	36%	37%
Mean score	**1.96**	**1.64**	**2.99**	**2.87**

B. REPRESENTATIVE COMMENTS

Attendees were asked to comment on factors to be used in selecting meeting locations (climate, ease of access, cost and milieu). Representative comments are listed below.

> The most important factor for me is the size of the conference hotel and ability to accommodate all of our attendees. It would also be nice to have several things to do in the area.

> I think it would be nice to be in a hotel that isn't too isolated from the rest of the city in which it is located.

> Please hold the meetings in cities that are accessible by direct flights from around the country.

> The annual meeting is the best organization for program directors to belong and for us to feature our ideas. Thus, members, presenting and attending, need to fly into/out of an airport without snow. No snow means the south and west coast. For fairness we need to alternate coasts and the more middle of the country.

> It's all about location, location, location. It would be nice to use medium size cities/locations with connecting hotels to accommodate our growing membership, such as those cities used by AAP.

> The location is a primary reason I come, and may stay for longer than the meeting. Going back to a location several times within a short time is disadvantageous for us who have been at it for a while.

> If you cannot get there easily and afford to go, then it is not going to be well attended. For those of us in less well off departments, we often pay out of our own pockets for these meetings.

> Keep it warm and accessible. Try to avoid hurricane zones. Would sacrifice travel ease for an interesting (or affordable) place.

> It is important that locations be chosen where all members will feel safe and accepted.

> I do not want to meet in a place where I feel socially or culturally uncomfortable, or even threatened. That would cast a terrible pall on the meeting. Ease of transportation is a factor, but most of us probably have to fly to a hub to get wherever AADPRT is. Cost is relative I believe. It's nice to have good weather, but not essential.

> I support moving future conference to venues that will not alienate minority groups within our organization.

> I think the issues brought up in choosing Arizona as a location for the meeting are very valid. We should not be supporting venues or locations that go against our mission of fair and equal regard for all people. Obviously we cannot be purists but can address flagrant discrimination and disregard by our choices.

> AADPRT should meet in states supportive of same-sex marriage.

All locations are in the USA and thus bound by federal law. Every State has people with whom I am likely to disagree. Active discrimination against specific people is a fact of life and one which changes by example.

I think it's fairly impossible to plan a meeting around local political affairs which may change in the time between contract and meeting.

The responses to social and cultural issues are too individualized to be used to determine locations. I am not sure that the political views of a vocal few will reliably reflect the political and social views of the majority of members. There are many organizations devoted to societal and political change but only one devoted to improving psychiatry residency training. Let's not get distracted from the one thing we do uniquely well.

I do not believe that issues of human rights, civil rights, socio-political issues should be included in meeting planning.

I don't think you will ever be able to find a completely neutral site where there aren't potential political issues.

I think that meeting in a warm climate is actually important to the morale of training directors who have just come through interview season.

These are all important factors. If members are tired of being in the south where the weather is warmer, then perhaps we could change the meeting time and meet in the northern cities in the summer. The timing of the meeting in March is chaotic with ACGME meeting just before and Match just after and Spring Break right in the middle. I think a summer conference would be a welcome change.

I also enjoy that AADPRT is a well-attended meeting and I have a chance to network with many colleagues.

Date: September 8, 2014

Committee or Liaison Group Name: ABPN Senior Resident Administrative Fellowship application

Chair/Representative's Name: Jane Eisen

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Brief summary of committee, taskforce, or caucus purpose or charge:

The ABPN is sponsoring a senior administrative fellowship, which is intended to provide a three month experience at the ABPN office to become familiar with the structure and function of the ABPN, major regulatory and professional organizations in psychiatry and neurology (e.g., ABMS, ACGME and RRCs, FSMB, specialty and subspecialty organizations), and crucial issues confronting psychiatry and neurology.

Chris Varley asked Saundra Stock and I to create a document describing the objectives, funding, eligibility, and submission process as well as the selection process for the fellowship, to be sent out along with an announcement about this opportunity.

After approval by the Steering Committee August 14, the announcement was sent out though the AADPRT listserv August 15.

Goal(s) or tasks to be completed in 2014-2015:

Once we receive submissions, which are due by November 15, 2014, applications will be reviewed by a sub-committee of the Executive Council. Applicants will be selected based on leadership experience and quality/creativity of research project proposal. Three nominations will be sent to the ABPN President/CEO by December 31, 2014 for final selection of the fellowship recipient.

Report/Updates of Importance & Pertinence for September Meeting:

As per Sara Stramel-Brewer, there has been one inquiry and no applications.

Action Items for September Meeting:

Determine members of the sub-committee who will review applications and select nominations.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting

September 20, 2014

Date: 8-25-14

Committee or Liaison Group Name: Child & Adolescent Psychiatry (CAP) Caucus

Chair/Representative's Name: Shashank V. Joshi

Report/Updates of Importance & Pertinence:

-A modified CAP Fellowship Eligibility form, (the "PROGRAM DIRECTOR'S VERIFICATION FORM ATTESTING TO CHILD & ADOLESCENT PSYCHIATRY (CAP) FELLOWSHIP ELIGIBILITY"), which was developed in 2013 with input from both General and CAP Program Directors, is available on the AADPRT and ERAS website for uploading onto the ERAS site when General (Adult) Residents apply for CAP Fellowship. A copy of this was also emailed to the AADPRT Listserve.

> A Gentleperson's Agreement (GPA) for CAP was crafted by a GPA Workgroup to address the concerns of the CAP Caucus that were expressed at the AADPRT Annual Meeting (Tucson, March 2014) regarding the spirit of the Match, use of ERAS, withdrawal of positions from NRMP after July 1st, and agreed-upon rules of the game. This agreement clarifies guidelines based on the article by Varley, Kaye, Cowley et al. *Guidelines for the General Psychiatry Application Process and for Inter-Residency Transitions,* Academic Psychiatry; Dec 2012. The GPA was reviewed by Mona Signor (NRMP) prior to being sent out to AADPRT members.

New Action Items:

- The CAP Specialty Milestones have been drafted and sent out to the CAP Caucus for review and comment.

- The CAP Caucus Chair will solicit workshop proposals for AADPRT annual meeting submission by Oct 31st

The Caucus Chair will continue to gather feedback on use of the GPA during this recruitment season and ease of combining PD Letter of Recommendation with the GENERAL (ADULT) PROGRAM DIRECTOR'S ATTESTATION FORM FOR CHILD & ADOLESCENT PSYCHIATRY (CAP) FELLOWSHIP ELIGIBILITY (updated 8.1.14)

(see GPA and updated ERAS attestation forms on next page)

Match Guidelines in Child & Adolescent Psychiatry: A Gentlepersons' Agreement (GPA)

The National Resident Matching Program oversees the Match process for Child & Adolescent Psychiatry (CAP) fellowships. The NRMP Match Participation Agreement (http://www.nrmp.org/wp-content/uploads/2013/08/2014-MPA-SMS-FINAL-with-LOGO.pdf) governs the process; however, a few issues have been sources of difficulty and bear emphasizing, as part of the CAP Caucus Gentlepersons' Agreement (GPA), which was agreed upon by voice vote at the AADPRT Annual Meeting in Tucson, March 2014. The terms of this Gentlepersons' Agreement include the following:

1. The ACGME recommends institutions to be "in the Match" if one is offered in that specialty. At this time, over 85% of child/adolescent psychiatry programs participate in the Match. Programs in the Match may make "pre-Match" offers prior to July 1, one year before the resident is to start CAP training. After July 1, if a program participates in the Match, *no offers* should be made outside of the Match process. See 4(a), for further guidelines regarding outside-the-Match offers.

2. Under the terms of the NRMP Match Participation Agreement, applicants and programs participating in the National Resident Matching Program may express interest in each other, but should not establish a contract or expectation of a contract any time between July 1 and Match Day. Programs may choose to communicate how they will rank a candidate but cannot ask applicants how they plan to rank their institution. Further, programs may not pressure an applicant into revealing the programs at which they plan to interview or into making a decision or declaration. Pressure may be perceived differently among individuals, but, ultimately, programs may not ask applicants how or whether they plan to rank the program. Applicants should feel under no obligation to communicate to programs whether or where they will rank specific programs. By the same token, applicants should not provide misleading communications about how they plan to rank specific programs.

3. After an applicant has visited a program, there can be ongoing communication   between the applicant and the residency program director, as well as with other relevant faculty and residents. This process can further inform the applicant and programs about each other. To reiterate, applicants and programs can express their interest in one another, but should not violate NRMP rules by creating a sense of obligation or any other form of pressure on each other. For this reason some programs have decided to have limited or no communication with applicants after the interview and this should not be interpreted as a lack of interest.

4. The CAP Caucus understands that some Programs will, for a variety of reasons, choose to not register in the NRMP (and fill all positions outside the Match). For applicants who are offered positions outside the NRMP Match, CAP Programs (whether or not they participate in the NRMP) should not pressure applicants into accepting a position. This includes transfers into another general psychiatry program. Aside from the process to try and fill unmatched slots after Match Day, when decisions must be made quickly, it is suggested that applicants be given a minimum of 2 weeks to accept or reject an offer.

> 4a) If Programs that registered through the NRMP *do* choose to offer positions after July 1st outside of the Match process, those Programs should understand that they are operating in breach of the "Gentlepersons' Agreement (GPA)" to which AADPRT CAP Caucus members have agreed. The CAP Caucus requests that these specific Programs notify all applicants to their Programs of this practice so candidates are not taken by surprise when offered an outside-the-Match position after July 1st of a given Match year. For greatest transparency, such programs could post information about use of outside-the-Match positions on their website.

Applicant _____

This form is to verify that Dr. _____ entered our program as a PGY _____
on _____(month/day/year). By the time of transfer into CAP training, s/he will have satisfactorily completed
and received academic credit for the following rotations:

_____months of primary care (medicine, pediatrics, family practice; 4 months FTE minimum)

_____months of neurology (2 months FTE minimum; 1 may be pediatric neurology)

_____months of adult inpatient psychiatry (6 months FTE minimum; 16 months maximum)

_____months of continuous general outpatient psychiatry (12 months FTE; minimum 20% continuous; up to 20% ı

CAP)

_____months of consultation-liaison (2 months FTE minimum; 1 may be CAP)

_____months of child/adolescent psychiatry (2 months FTE minimum unless going into a CAP training

program)

_____months of geriatric psychiatry* (1 month FTE minimum)

_____months of addiction psychiatry* (1 month FTE minimum)

S/he has had (or will have had) experience in (please check)

☐ Forensic psychiatry*   ☐ Community psychiatry*   ☐ Emergency psychiatry

may be double counted from inpatient or outpatient with adequate documentation

S/he has met (or is expected to have met) the psychotherapy competencies by the time of transfer to CAP training
        ☐ Yes   ☐ No

S/he has passed _____ clinical skills examinations (CSE's). Please list dates.

Dates: 1) _____   2) _____   3) _____

(Optional) Comments: _____

_____

_____

_____

Please check one of the following, as applicable:

I anticipate that after transferring to CAP training, **s/he will still need to complete the following to satisfy general psychiatry training requirements:**

☐ No outstanding requirements

☐ An additional year of psychiatry training to be eligible for the psychiatry ABPN exam

☐ To pass _____ clinical skills examinations

☐ The following clinical experiences/rotations:

_____

_____

PLEASE GO TO SIGNATURE PAGE (OVER)

Dr. _____ is currently in good standing in our program and there is no evidence of ethical or moral misconduct. To date, s/he has demonstrated competency in all core areas specified by the Psychiatry RRC of the ACGME.

I anticipate s/he will leave our program on _____, having completed _____ months of psychiatry training and all the ACGME requirements except those stipulated above.

Psychiatry Training Director   _____   _____

                                           (Name)   (Date)

(Signature) _____

AADPRT Committee, Task Force, Caucus Report Executive Council Meeting
September 2014

Date: 8/27/14
Committee or Liaison Group Name: Information Committee (IM)
Chair/Representative's Name: Sahana Misra MD
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Brief summary of committee, taskforce, or caucus purpose or "charge":
This committee oversees the organizations communication with its members and with the public at large. This includes overseeing the organization's web site and list serve. The members of the committee are charged with both initiating and vetting proposals for the web site and directing the web master as to changes or enhancements to the site.

Goal(s) or tasks to be completed in 2014-2015:
> **a)** Preparation for 2015 Annual meeting –update registration form, CME evaluation
> **b)** Complete all projects on current to do list –for initial part of year do not take on major projects to allow for smooth transition with new administrative director
> **c)** Develop IM committee purpose statement and procedures document
> **d)** Update Coordinator Section pages
> e) Ongoing cleanup of website – old workgroup/committee documents that need updating, broken links, etc.

Report/Updates of Importance & Pertinence for September Meeting:
1) Contract with IT team (Shan/Rick) was updated by the SC - increasing from 16 to 20 hours - $1887.50 per month.
2) IM Committee purpose statement and procedures document developed by Misra, Walaszek, Boland (attached)
3) Post Annual conference information
   a. Plenary video viewing – will present numbers at Sept EC meeting
   b. 20 Workshops and 9 Posters posted
4) Sahana, Rick and Shan now with monthly calls –regular email check ins on status of various projects
5) Website updates since March 2014:
   a. VTO –psychotherapy monthly tips, milestones assessment tools
   b. AADPRT Get Involved! Document courtesy of Chandlee Dickey
   c. Coordinators area – updated 'Information for coordinators' page -including removing old forms, creating new residency resources section
6) Current projects:
   a. Workshop submission process update
   b. Creation of more user friendly interface for joining the small list serves –including addition of three new list serves (e-value, new innovations and medhub) and capacity to create new list serves
   c. Milestones toolkit submissions web-based platform
   d. EC members' photos
   e. Membership directories - improve search capacity with more drop down search options, add year when folks started in their roles

Action Items for September Meeting:
- Feedback from EC re: IM purpose statement and process for requesting projects
- Preparation for annual conference – additional thoughts for changes

Procedures for Vetting, Approval and Implementation of IT projects:

AADPRT committees and taskforces may have a new idea for the website. If the scope of the idea is beyond the day-to-day activities of the IT team and the IM committee, the following process is recommended:

1) The Committee/taskforce Chair presents the idea to the IM chair and IT team – this is in the form of a written document and discussion. IM chair and IT team will work with committee/taskforce chair to identify a technologically feasible way to operationalize the idea keeping the annual IT budget in mind, including any other projects that might be tapping into the IT budget for that year.
2) If deemed technologically feasible and within the yearly budget, the IT team will put together a financial bid that will also incorporate timeline. This bid will be submitted to the AADPRT SC by way of the AADPRT President.
3) The SC will determine if the proposed idea is consistent with the AADPRT mission. The SC may choose to seek additional input from the EC as needed. Additional factors that will be considered include cost and timeline. The final SC recommendation may be: approval, disapproval, or return with suggestions for revision. At times partial approval may be granted if applicable (e.g. phase 1 of project and then reassessment).
4) The AADPRT President will inform the IM committee chair of the final decision, who will then share info with the committee/taskforce chair.

IM Committee – purpose statement – June 4, 2014

The mission of the American Association of Directors of Psychiatric Residency Training is to promote excellence in the education and training of future psychiatrists.

Background:

Though the core of AADPRT remains the Annual Meeting, the organization now serves its members year-round. Similarly, the information technology needs of the organization have grown beyond dissemination of information about the Annual Meeting and now encompass a variety of other activities: keeping members informed of changing in policies affecting GME; fostering communication and networking among members; sharing training tools and educational best practices; supporting the Administrative Director's management functions; and so on. The purpose of this document is to outline AADPRT's current information technology needs and to propose a process for identifying and meeting future needs.

Purpose Statement:

The chief purpose of the AADPRT Information Management (IM) Committee is to keep the AADPRT website up-to-date and relevant to AAPDRT's mission. The IM Committee will support the dissemination of content provided by AADPRT Executive committee (EC), Steering Committee (SC), other AADPRT committees and task forces, and by membership in general. The IM Committee will foster communication: (a) between the organization's leadership and its membership, (b) among members, (c) between the organization and related organizations (such as AAP), and (d) with the world outside the organization. The IM Committee, in conjunction with IT staff contracted by the organization, will conduct these activities in a way that is sensitive to financial and time constraints. The IM Committee will identify and implement new technologies to support these goals.

Tasks of the IM Committee

1) Maintenance of the website and list serves (e.g. keeping links current)

2) Vetting of proposals from within the organization for new content and adding approved content to the website. Approval will generally be at the IM committee or Administrative Director level. IM committee and/or Administrative Director, at times, may seek guidance from the SC – see "Procedures for Vetting, Approval and Implementation of IT projects" document

3) Support of the Annual Meeting, including registration, abstract submission, content management, and evaluations

Date: 7/29/14

Committee or Liaison Group Name: Psychotherapy Committee

Chair/Representative's Name: Adam Brenner & Donna Sudak

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Brief summary of committee, taskforce, or caucus purpose or charge:

The Psychotherapy Committee was established in recognition of the integral importance of psychotherapy training in the development of psychiatry residents. Its purpose is to serve as a resource for AADPRT members focusing on psychotherapy competencies and their implementation through model curriculum and assessment with evidence-based measures. It also interfaces with the EC and RRC Taskforce in order to provide guidance regarding training requirements. It is a resource to demonstrate the relevance and applicability and evidence-base for psychotherapy as it applies to wide areas of psychiatric practice including diagnostic interviewing, inpatient psychiatry, consultation, and medication management.

Goal(s) or tasks to be completed in 2014-2015:

Continue to disseminate psychotherapy training resources monthly.
Validate and disseminate the A-MAP to assess psychotherapy milestones.
Develop and validate therapy-specific milestone assessment tools.

Report/Updates of Importance & Pertinence for September Meeting:

1. The committee continues to provide monthly resources to the membership regarding psychotherapy training.
2. We have had several inter-rater reliability meetings regarding the A-MAP.

Action Items for September Meeting:

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Date: 8/15/14

Committee or Liaison Group Name: Model Curriculum Committee

Chair/Representative's Name: Melissa Arbuckle, MD, PhD and Tony Rostain, MD

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Goal(s) or tasks to be completed in 2014-2015:

Anticipated upgrade to current on-line submission system: Current plan is to create a system so that all submissions (and resubmissions) as well as communications to/from authors are directly coordinated, stored and archived within the on-line system. In addition, we will be creating a dashboard in order to track where submissions are in the process as well as evaluations, etc.

Report/Updates of Importance & Pertinence for September Meeting:

- Since the last meeting, three prior submissions have been resubmitted with minor revisions and are pending final review before posting to the website.

Curriculum	Author(s)	Author Affiliations	Type of Submission
Systems-Based Practice Curriculum for Psychiatry Residents	Stephanie LeMelle, MD* Philip Clemmey, PhD Jules Ranz, MD	Columbia University / NY State Psychiatric Institute	Milestone Toolkit
Teaching Collaborative Care in Primary Care Settings	Andres Barkil-Oteo, MD, MSc* Hsiang Huang, MD, MPH	Yale School of Medicine and Harvard Medical School	Milestone Toolkit
A Model Curriculum for Teaching An Operationalized Approach to Biopsychosocial Formulation	David A. Ross, MD, PhD* Gerrit van Schalkwyk, MB, ChB Michael D. Alpert, MD Robert M. Rohrbaugh, MD	Yale School of Medicine	Model Curriculum

- The committee reviewed three *new* submissions on 7/21/14 and accepted a new toolkit (with minor revisions pending): Tobias D. Wasser, MD and David A. Ross, MD, PhD Recognizing and Managing Safety in the Psychiatric Interview: A Brief Intervention. The other two submissions were offered the opportunity to work with a member of the MCC to revise and resubmit their curriculum for reconsideration.

- We posted on the website a guide written by Kaz Nelson about how to put together a model curriculum.

Action Items for September Meeting:

- There is a lot of enthusiasm among MCC members about submitting a <u>Work in Progress (WIPS) workshop at AADPRT</u> (similar to AAP) asking members to come with their ideas and to spend the time getting consultation on how to transform their curriculum into a model curriculum or milestones toolkit for dissemination.

- <u>We will continue to review and post submissions of toolkits and model curricula on a rolling basis.</u>

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting

September 2014

Date: August 21, 2014

Committee or Liaison Group Name: Recruitment Committee

Chair/Representative's Name: Glenda Wrenn, MD, MSHP

Goal(s) or tasks to be completed in 2014-2015:

1) Define 3-year plan for the committee (Impact areas identified)
2) Assemble new membership to reflect updated goals of the committee (Completed)
3) Monthly conference calls to finalize goals and plan their implementation (Ongoing)
4) Implement Year 1 goals (Ongoing)

Report/Updates of Importance & Pertinence:

1) Committee engagement – The committee conducted a phone mtg 8/18/14 to define year 1 goals and develop action plan.
2) Membership –Mark Servis, UC Davis, Erika Ryst, CAP, Nevada, Francis Lu, UC Davis & Nyapati ("Raghu") Rao, Nassau, John Spollen, Arkansas (ADMSEP rep), Bob Rohrbaugh, Yale, Jed Magen, DO, Michigan, Aparna Sharma, Loyola; Consultants: Geri Fox, CAP Debbie Hales, APA; New Members: Resident Representative: Hilary Grubb, UCSF, Jessica Kovach, Temple, Ed Kantor, MUSC, Fauzia Mahr, Penn State
3) Committee Year 1 Goals:
    a. Adapt prior year AADPRT workshops into web-accessible tools/briefs for Recruitment Committee Section of the website.
        i. Fauzia to lead adaptation of 2013 IMG recruitment workshop.
        ii. UME-GME recruitment workshop was identified as another good candidate for adaptation
    b. Submit at least (1) Committee sponsored workshop for 2015 AADPRT Meeting
        i. Members identified several potential topics with plan to draft abstracts by the next call. (Recruitment of Underrepresented Minorities to careers in psychiatry, Meeting Educational Needs of IMGs, Retention (not just Recruitment) of a Diverse Workforce)
    c. Establish Workforce subcommittee.
        i. So far, Dr. Kantor, Mahr, Kovach, and Grubb are planning to serve on this subcommittee. Preliminary goals are to: 1) Identify the major workforce issues currently facing psychiatry and discuss the role of training programs? 2) Identify what output(s) from the Workforce subcommittee would address/inform these issues?
    d. Explore opportunities to engage members in key areas impacting recruitment (GME financing, Fast Track, Rising Cost of Medical Education)

New Action Items: The committee seeks feedback on its Year 1 Goals, proposed workshop topics, as well as ideas about its role in the discussion of IOM report implications and "fast track" for all proposals.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting

September, 2014

Date: 8/25/14

Committee or Liaison Group Name: Membership Committee

Chair/Representative's Name: Sallie DeGolia & Dorothy Stubbe

Goal(s) or tasks to be completed in 2014-2015:

1. Update Membership & Orientation Manual (summer)
2. Plan & coordinate New Training Directors' Program for 2014-15
3. Enhance Mentorship Program – ensure members' needs are met

Report/Updates of Importance & Pertinence:

1. **Membership & Orientation Manual**
   a. Manual updated 7/14
   b. Membership emails were sent out with reminders (Renewal email 7/24/14; reminder: 8/25/14)
2. **Annual Conference NTD Program**
   a. Identified speakers: Deb Cowley and David Kaye
   b. Adding Coordinator presentation (working with Carol Regan)
3. **Mentorship Program:**
   a. **Structure**
      i. Mentorship has officially become a subcommittee of Membership Committee headed by Joan Anzia
      ii. Subcommittee members identified & conference call scheduled for early September
   b. **Online Access:**
      i. Developed mentor/mentee forms to be available online for easy sign-up & tracking
   c. **"Marketing" of program**
      i. Will have more structured mentor breakfast Thursday morning with short presentation of goals
      ii. Will encourage announcement at general meeting

New Action Items:

1. **NTD Program**
   a. Identify coordinators to participate at 10:00am (pending Carol Regan)
2. **Membership Committee**
   a. Consider how to use Membership Committee members most effectively
3. **Mentorship Program**
   a. Mentor/mentee forms available online as link from Membership page
   b. Develop monitoring system
   c. Advertise online access
4. **Membership Emeritus Status**
   a. Seeking precise language f/b membership voting on measure to include new Emeritus Status

Date: August 22, 2014

Committee or Liaison Group Name: Regional Representatives

Chair/Representative's Name: Chandlee C. Dickey, M.D.

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Brief summary of committee, taskforce, or caucus purpose or charge:

The purpose of this committee is to facilitate communication between the Executive Council and general membership. A secondary purpose is to involve more AADPRT members in the work of the organization.

Goal(s) or tasks to be completed in 2014-2015:

The Regional Representatives are much more active this year compared with prior years.

Task	Purpose	Stage
Pathways to Involvement document	Outline ways members can become more involved in AADPRT	Posted on website, thanks to Sahana.
Website table creation (Erica Shoemaker's idea & effort)	Succinctly outline often used websites. Maybe very useful for new training directors and coordinators.	Drafted by Erica (attached). Requesting EC review for potential posting on website.
Regional Reps' conference calls	Engage reps more throughout the year in the workings of AADPRT.	5/29/14: first call held. Highly successful. Reps expressed gratitude for opportunity to engage more. 9/18/24: second call held.
Incoming Regional Reps attend March meeting's Saturday am breakfast	Ease new reps into role and provide continuity between years.	Approved by Steering to begin March, 2015.
Monitoring listserve functionality	Periodically use regional listserves to determine functionality.	As of August, several listserves remain problematic. IT aware and addressing.
Survey of having EC members at regional caucuses	Conference call discussion to assess whether having EC membership at regional caucuses was a benefit or hindrance to discussion.	No clear consensus among membership. Some found having EC members attend helped clarify issues. Others found it stilted discussion. Other regions found their caucuses so

		quiet that they didn't think EC members made any difference. Recommendation: no change
Updated Year at a Glance	Useful but outdated document on our website. To date, no RR has offered to update.	On hold.
Chris's question: *"How can AADPRT best assist with the questions that emerge as the Milestones are rolled out?"*	To focus AADPRT efforts in supporting membership during the milestone transition.	Reps queried membership in early August with little response. Suggestions: 1. Provide tools for assessment standardization across sites for various milestones, akin to CSV effort. 2. Provide model evaluation forms 2. Share best practices for organizing milestone data for CCC and also how to run a CCC meeting.

Report/Updates of Importance & Pertinence for September Meeting:

See above.

Action Items for September Meeting:

Consider posting Dr. Shoemaker's table on our website. Target dissemination toward new training directors and coordinators.