

AADPRT Executive Council Meeting

September 30 and October 1, 2010

Omni William Penn Hotel Pittsburgh, PA

In Attendance: Sheldon Benjamin (President), Rick Summers (President Elect), Kathy Sanders (Secretary), David Kaye (Past President), Don Rosen (Treasurer), Chris Varley (Program Chair 2011), Lee Ascherman, Adrienne Bentman, Bob Boland, Sandra DeJong, Bruce Levy, Isis Marrero, Sahana Misra, Art Walaszek, Catherine Woodman, Lucille Meinsler (National Office Director).

Absent: Tami Benton, Gene Beresin, Deb Cowley, Arden Dingle, Mike Jibson, Tony Rostain, Steve Schlozman, Mark Servis, Sandra Sexson, Sid Zisook

Agenda

Welcome & Introductions: Sheldon opened the meeting, welcomed EC members, and a round of introductions ensued. Despite severe storms all up and down the East Coast, everyone who said they would come made it to Pittsburgh for the meeting. Today is the last day of the Jewish High Holidays—in Sheldon's words, "finally!" A honeyed dough confection called "Teyglekh" was passed out for the occasion made by Sheldon and his wife. This dessert is eaten to symbolize wishes for a sweet new year.

Approval of Minutes of May EC Meeting: Approved

Treasurer's Report: Don Rosen.

Some financial concerns need to be addressed at this time after a series of good years of positive growth. Our budget projects a deficit for both organization maintenance and the annual meeting. We are looking at a net \$28K deficit overall. This is due in part to funding the fellowships ourselves, increased website maintenance costs (adding new functionality), Academic Psychiatry increased their cost, and more members using Paypal for dues and registration fees means a built in cost of 3% per transaction. Because of these facts it is recommended that AADPRT raise dues. Given the shortened length of the annual meeting (it will now end on Saturday afternoon instead of Sunday), institutions may recoup some money by having lower hotel costs for the annual meeting. Dues were last raised 5 years ago. The treasurer recommended a dues increase that would allow us to keep pace with operating costs for several years rather than trying to exactly cover last year's deficit. After examining projections prepared by Lucille based on a number of possible dues increases for individual and institutional members, and with a recommendation from steering, the EC felt that a dues increase of \$50 for both individual and institutional members made the most sense. The consensus was that this was a very reasonable increase. Many other societies have made similar increases for similar reasons and a \$50 increase seems a very reasonable solution. There was some discussion about the cost of the annual meeting going up over the last few years. A concern was voiced that the membership might perceive unfairness since the fellowship winners often appear to come from a subset of programs. To counter this concern, AADPRT's practice has been to limit winning programs from being awarded fellowships for two years following an award. But AADPRT's decision to forego industry sponsorship for fellowships is not the only reason that our costs have increased. The website's continually increasing functionality adds to the bottom line and that

benefits all members. A brief discussion followed as to the benefits AADPRT derives from continuing to offer fellowships. Outcome data has been gathered in the past. A concrete example of the benefit to AADPRT, however, is Vishal Madaan, associate training director at Creighton. Vishal won all three major AADPRT fellowships during training and Sheldon appointed him as Chair of the IMG Fellowship Committee based on having gotten to know him through his various fellowship awards. Since it really is imperative for training directors to belong to AADPRT, department Chairs tend to agree to support AADPRT membership. Bruce provided some history of AADPRT's creation of an institutional dues structure in addition to individual member dues (when he was treasurer). He clarified that the decision to charge institutional dues was driven by the need to increase AADPRT's budget to cover operating expenses. This is felt to be an appropriate action for an organization to take.

ACTION ITEM: Moved to accept the option of increasing \$50 for both institutional and individual memberships. Vote: unanimously adopted.

Other accomplishments this year include the redistribution of our funds to different banks to diversify location of our resources so the funds are completely insured. We also now have meeting insurance and liability insurance for the organization and its officers.

Annual Meeting/Premeeting Update: Chris Varley

Low attendance on Sunday morning has driven AADPRT to shorten the annual meeting, with adjournment following a luncheon plenary on Saturday. This year, Thursday's schedule will be jam-packed owing to the new ABPN examination, the CSV trainings, and the movement of the new Training Director's symposium from Wednesday night to Thursday. With the meeting now ending at 2pm Saturday, members can stay and recreate in Austin or can get flights out Saturday late afternoon. It is important that members plan to stay through the end of the meeting. The change to Saturday adjournment was done specifically to end the tendency of members to leave before the final plenary. Of necessity the meeting will feel more compressed.

Chris has done a great job of lining up excellent plenary speakers: Joia Mukherjee, MD from Partners in Health (Paul Farmer's international medical outreach organization); Helen Mayberg, MD, PhD from Emory on deep brain stimulation in psychiatry, and David Kupfer, MD from Pittsburgh on getting us ready to teach DSM 5.

The Thursday New Training Directors Symposium under the leadership of Tami Benton packs in a number of important presentations for new directors. Following the new training director plenary in the morning, they will be able to attend the CSV workshop and a special lunch with breakout groups. In the afternoon they will be able to attend the ABPN/RRC/and NRMP briefings, including the new ABPN exam briefing. Tami is still finalizing plenary speakers for the NTD Symposium. Joel Yager and Jed Magen have been well received in the past and may be asked to return. To accommodate the New Training Directors, the ABPN is serving up sessions on the new exam content in both the morning and afternoon. Lucille will create a full page separate schedule for New Training Directors making the Thursday plan more obvious. On Friday there will be two workshops and a plenary speaker as usual. On Saturday there will be a workshop and the final plenary over lunch, followed by adjournment at 2pm.

Steering recommended that Deb Cowley and Bill Greenberg lead a discussion of best practices to meet the new duty hours regulations in July 2011. The EC was asked their opinion about finding room in the schedule for this. If it is inserted early (7AM) Friday morning, this will make for a very long day on Friday. It was suggested (thank you, Bruce) that we look at the Friday noon meeting time currently set up for caucuses since the ballroom will be available at that time. Child programs are not directly affected by the new duty hours as much as adult programs are, so they could still meet on Friday at noon. Task forces and caucuses that traditionally met at noon Friday could be given time prior to the Friday morning plenary to meet (7:15-8:15 AM). A discussion of how to allow members to pick up lunches for this session in the most efficient manner followed. It was proposed that at the 11:30 lunch break lunches be available for pick up to allow the noon session to start promptly as scheduled. It was also proposed that the break following the first workshop session (poster viewing time) be shortened from 45 to 30 minutes. Chris and Lucille were asked to work out the final details.

Regarding the content of the special session on duty hours, concern was raised that the session would be most productive if it were a constructive sharing of best practices and Q & A, rather than allowing it to deteriorate into a gripe session. It was suggested that practices be selected by program subtype, such as smaller programs, large academic programs, VA programs, etc, rather than a one size fits all discussion. By the time of the annual meeting it is expected that most programs will already have their immediate plans made, so the session will end up as sharing best practices for further improvement. Don advised that the session include a proactive rendition of the history of the duty hours issue so it is understood why this had to be done.

ACTION ITEM: Unanimously approved that committee meetings would move to Friday morning and the new duty hours presentation would be held Friday over lunch. Program Chair and Lucille to work out the details.

The Pre-Meeting (mention again made of whether we should continue calling it a pre-meeting or fold it into the meeting proper) has been planned by a committee led by Sid Zisook, who applied for NIMH funding and expects to hear this month. The grant received good scores but cannot predict if it will be funded. Regardless of funding, AADPRT has committed to continuing the pre-meetings, and will keep them as an all day Wednesday event for now. If funding is received, the grant calls for 8 resident scholarships to cover pre-meeting attendance. The awardees would not be given funding to cover the rest of the AADPRT meeting, and departments may be asked to agree to underwrite part of the costs for the AADPRT meeting portion. Sandra suggested that resident awardees should be involved as teachers to maintain an educational component to the experience. Perhaps they could be small group leaders/co-leaders during the pre-meeting as part of the award. Isis suggested that programs might pay for extra days at the meeting based on residents submitting posters for AADPRT as part of the award. For now, it was decided that we should not conflate the issues and just go ahead with the pre-meeting as planned for this first year.

Sahana brought up an issue with finding enough time for the Regional Reps to regroup before their EC report on Saturday morning.

ACTION ITEM: There will be a session for the regional reps from 6 to 6:30 pm after the regional caucuses meetings on Friday to allow the reps to plan for Saturday's EC presentation.

Sheldon let us know that he is planning to change the Presidential Reception this year to combine it with the Awards/Fellowship reception, and use it to thank the members of the EC, the committee, taskforce, and caucus chairs, and any past presidents in attendance. The regional reps (who serve as the Ginsberg selection committee) will still have time to come to the reception after their meeting.

Duty Hours Update

The Duty Hours Taskforce, led by Deb Cowley and Bill Greenberg, surveyed member responses to the proposed Duty Hours and crafted an input letter to Tom Nasca, MD, CEO of the ACGME (letter may be viewed in the President's Corner of the website). About one month ago, AMSA, Public Citizen, the SEIU Committee of Interns and Residents, along with Bertrand Bell, MD (Einstein professor who wrote the NY work hours law following the Libby Zion case), Carl Czeisler, PhD, MD (Harvard sleep researcher) and Christopher Landrigan, MD, MPH (Harvard pediatrician) submitted a petition demanding that the 2008 IOM duty hours proposal be adopted and that OSHA take over monitoring resident duty from ACGME. The same group had submitted a similar petition to OSHA in 2002 (denied) and to the State of MA legislature in the past (tabled). The APA Council on Medical Education and Lifelong Learning (CMELL) was asked by the AMA Committee of Residents and Fellows to write OSHA in opposition to the petition, which then asked AADPRT to take the lead on the letter. Sheldon got in touch with Tom Nasca at ACGME for guidance on the most effective way to oppose the petition. Dr. Nasca asked John Nylen, ACGME COO, to be in touch with Sheldon, and he was very helpful. The ACGME consulted with an experienced former Department of Labor attorney in Washington, who advised that we take this petition seriously and attempt to provide OSHA with sufficient data to respond to the petitioners that ACGME remains best equipped to monitor duty hours. It is quite likely that one of the reasons the ACGME could not vote this week to delay implementation to July 2012 was the OSHA petition (which may even have been undertaken specifically for that purpose). Sheldon wrote a letter, vetted it with steering, and presented it to CMELL during the components meetings last weekend. CMELL adopted the letter. Sheldon, working with the APA staff, arranged for the letter to be cosigned by the presidents of the APA, AAP, ADMSEP, AACDP, AACAP, and the SPCAP (the letter has been posted in the Presidents Corner of the website).

Sheldon met with the Canadian sister organization to AADPRT (Canadian Organization of Psychiatric Educators – COPE) last week in Toronto and learned that McGill's medical residency had already eliminated 24 hour shifts in favor of 16 hours maximum for all residents, assuming the provincial authority would soon enact a stringent restriction on resident duty hours similar to that requested in the petition to OSHA and in the 2008 IOM report.

There is widespread agreement among GME leadership nationwide that it would be a serious mistake to create a government agency overseeing just the labor issues of residency separately from educational and patient care issues involved in training, so it was felt important for AADPRT to weigh in against the petition.

In response to the posting this week of the new duty hours rules for July 2011, the Duty Hours Task Force quickly met and drafted recommendations for consideration by the EC to present to the RRC. The EC discussed these recommendations (see Report of Duty Hours Taskforce). The taskforce recommended maximum flexibility where allowed by the ACGME, especially since our residents typically do not have the duty hour issues seen in other fields. The RRC will have to specify how programs determine the move from direct to indirect supervision of interns (e.g. how this level of competency should be determined), the maximum number of nightfloat weeks allowed, and possibly some clarification of what constitutes a senior resident.

A few adult training directors said they might consider not encouraging fast tracking to child psychiatry in order to provide coverage given the new restrictions on intern hours. Programs feel pressed to have an implementation plan ready for interview season next month so they can give accurate information to applicants.

ACTION ITEM: It was agreed that Sheldon will communicate with Victor Reus this weekend about the RRC process regarding specifying the new duty hours guidelines. Deb Cowley and Bill Greenberg will conduct further discussions with the RRC as needed.

ACTION ITEM: In response to a question from the taskforce it was agreed that a formal survey on implementation of the new duty hours rules is not needed at this time. However, it was suggested that the Duty Hours Taskforce solicit input via the listserv from the membership on best practices for complying with the new standards and post these on the website for member use.

ACTION ITEM: It was also suggested that the Duty Hours Taskforce should consider developing a FAQ sheet on the new duty hour regulations and make this available for download.

ACTION ITEM: Finally, the EC expressed its unanimous thanks to Deb and Bill for the rapid and thoughtful work they have done on the duty hours issue.

APA-Resident Request of AADPRT EC

The EC received a letter from the resident representatives to CMELL asking for AADPRT to encourage training directors to include residents in discussions of implementation of the new duty hour standards, and to make sure resources are available to residents to monitor stress and provide emotional support when needed. There was widespread agreement with this request. Even though most programs already follow these recommendations it was felt that AADPRT should echo these suggestions to the members and respond in the affirmative to the APA resident group.

ACTION ITEM: Lee Ascherman will help Sheldon draft a response to the resident request and send to EC for approval.

Development: Art Walaszek and Mike Jibson

- a. Art reported they hope to have the COI for Exhibitors policy ready for the March meeting.
- b. The COI disclosures for EC members and committee chairs (all have now responded) will be posted on the AADPRT website under “About Us,” and will be updated annually.
- c. A follow-up discussion about other sources of funding for AADPRT now that we no longer accept industry grants included looking at philanthropic foundations and soliciting our membership. Art has tracked how some other organizations (e.g. AAGP) have handled membership solicitation and obtained consultation within his own institution. The advice he received was that the AADPRT membership base is not large enough to support the degree of fundraising needed to raise 20K per year on an ongoing basis. However, it might be possible to raise a portion of the funds from the membership while also seeking foundation grants. Sandra suggested adding a line to the membership renewal statement asking for an extra contribution to defray cost of fellowships. It was pointed out that though GAP has a click to donate link on its website this method has borne little fruit.

ACTION ITEM: The EC agreed that for now the Development Committee should pursue grant funding opportunities and we can return to the idea of member solicitation later if needed.

Combined Programs Taskforce: Mark Servis (absent)

Sheldon reported on the combined program taskforce in Mark’s absence. In response to the ABPN’s announcement last March that they were considering sunseting combined training programs due to the lack of an ACGME accreditation mechanism, taskforce members were in touch with the presidents of our sister training director organizations in medicine, family practice, neurology, and pediatrics. Pediatrics in particular reacted to the threat to triple board programs by getting in touch with ABPN. Dr. Faulkner has since received assurances from Dr. Nasca’s office at ACGME that the ACGME will consider mechanisms for accrediting combined programs. This may take the form of “tracks” with a host program and an affiliate program specified.

Given the rumors that circulated last year about sunseting combined training programs, the taskforce recommended providing a letter to combined training directors to show to applicants if needed. Mark Servis worked with Larry Faulkner of ABPN to develop a letter to be posted on the AADPRT website. The letter reassures applicants to combined programs this year that they will become board eligible at the conclusion of training just as they do now. However, until the ACGME creates the new accreditation mechanism the ABPN moratorium on new combined programs will continue.

ACTION ITEM: AADPRT will email combined training directors with a copy of the letter signed by Sheldon and Dr. Faulkner and will post the letter on the public access section of the website.

Membership Committee: Adrienne Bentman, Tami Benton (absent)

The membership committee suggests adding up to six members to take care of membership service functions including creation of a Child/Adolescent Training Calendar for the Virtual Training Office, review and revise the Adult Training Calendar, and update the AADPRT new training directors manual. Other tasks will include collecting best practices around the narrative competency questions in the PIF. Catherine Woodman has been soliciting other training directors for their practices used to fulfill common competency requirements, and volunteered to assist. There was some discussion as to which committee's purview would include these best practices—membership or model curriculum? It was felt that these practices could just be posted on the Virtual Training Office without going through the model curriculum vetting process.

ACTION ITEM: Membership committee will expand to edit / create the documents for new members for the website. Information committee chair will work with Catherine and Adrienne to solicit best practices for meeting the common requirements in Professionalism, Practice-based Learning and Improvement, Systems Based Practice, and Interpersonal and Communication Skills. These will be vetted by the Steering Committee before posting.

Psychotherapy Committee: Lee Ascherman

A mission statement was provided by the Psychotherapy Committee, having moved this year from taskforce to committee status. Next year's model curriculum solicitation will include beginning psychotherapy based on the common factors of psychotherapy developed last year.

ACTION ITEM: EC approved the committee's mission statement

Rick and Lee discussed the APSaA Psychoanalytic and Psychodynamic Teachers' Academy. 6 slots are available to obtain mentorship at their annual meeting— 2 for psychologists, 2 for social workers and 2 for physicians. 28 applications were received this year, all of high quality. The psychotherapy committee of AACAP is piloting an internet teaching program with sequential lectures for distance learning and for less resourced programs. They are hoping to replicate this in adult programs.

Model Curriculum: Tony Rostain (not attending)

Submission system is now online; deadline for submissions for 2nd call for Curricula is October 15.

Subspecialty Caucus: Catherine Woodman

Subspecialty caucuses have been poorly attended at the annual meeting. There were fellowship directors there with exception of addictions. With the appointment of John Renner to chair the Addictions caucus this should improve. Subspecialty training directors feel the content of the annual meeting is not adequately directed towards them except with regard to RRC and oversight issues. Most programs have only one or two fellows. Most directors have 10-20% FTE to do their job. At next year's meeting they hope to discuss suggestions for meeting content that might encourage higher attendance. One thought is to have all subspecialty directors meet together in one group to discuss common issues, such as program administration. Another idea is that many specialty fellowships are VA programs, so the subspecialty caucus should not occur at the same time as the VA caucus. The idea of protecting one workshop per session for subspecialty content was raised but did not have widespread support.

ACTION ITEM: Bob is to explore webcasting the Thursday events from the ABPN etc to enable subspecialty directors not in attendance to see them.

ACTION ITEM: At this year's meeting the subspecialty caucus will meet jointly on Friday morning rather than as 4 separate caucuses by specialty.

Workforce Committee: Steve Schlozman-See submitted report

Asst/Assoc Training Directors Caucus: Melissa Arbuckle-See submitted report

APA Liaison: Deborah Hales-See submitted report

Child Adolescent Psych Caucus: Arden Dingle-See submitted report

ACTION ITEM: Information committee to create space on website for the Child and Adolescent Psychiatry Caucus

Information Committee: Bob Boland

- a. Much of previous annual meetings/premeeting content, schizophrenia curriculum, etc disappeared with the recent updating of the website.
- b. **Active requests of the committee:** CSV faculty instruction platform, child web page, webcasting of Thursday for subspecialty members, adding best practices/examples of experiential learning toward 4 core competencies (QA/QI projects), duty hours best practices.

ACTION ITEM: Bob to work with Rick Brandt to restore former content to website.

ACTION ITEM: Bob to facilitate child psychiatry web page, obtain estimate for Thursday webcasting, solicit best practices for 4 core competencies, facilitate CSV training module on website.

Adjourned at 9pm

October 1, 2010

The EC was called to order at 8:30am

Resident Safety Taskforce: Isis Marrero

The Resident Safety Task Force has been quite active. They have solicited curricula and policies from the membership, reviewed the literature, written an annotated bibliography for use by members, created sample prevention and post-vention policies, and are planning a workshop for the annual meeting. Very few programs had post-vention protocols in place in case of an assault on a resident. Some programs are using established national training curricula (e.g. CPI).

The statistics on psychiatry residents being threatened or assaulted are somewhat alarming. A discussion ensued as to how to strike a balance between publishing statistics on our website that would have the effect of further decreasing interest in psychiatric careers and making sure training directors have the facts to make them take prevention and post-vention seriously.

Given the numbers, there is little question that training to prevent assaults and respond appropriately if they occur should be in the purview of training directors.

ACTION ITEM: It was agreed that the taskforce would remove the word “should” from all of the policy suggestions and make it clear that these sample policies are intended as an aid in developing one’s own policy and not a “should” or “must.” The first paragraph of introduction will be removed from the model policy submitted and turned into an introductory document for training directors.

ACTION ITEM: The taskforce will submit a workshop having to do with post-vention in the case of a resident assault.

Professionalism and the Internet: Sandra DeJong

The Professionalism and the Internet Taskforce has completed a literature review, written an annotated bibliography for posting on the website, collected policies and guidelines, collected articles from the press, and is working on creating a model curriculum in this area. They have been very impressed with vignettes that have been submitted, describing a wide array of boundary and ethical issues that have been coming up regularly in training programs. They are collecting these vignettes to use as stimuli for training discussions, much as the APA ethics questions booklet is based on vignettes followed by questions. All of the above items will be posted on the website for member use. The taskforce feels strongly that they should not provide answers to these professionalism dilemmas but should pose questions that will stimulate discussion and help trainees establish their own practices mindful of the ramifications.

ACTION ITEMS: The Taskforce asks AADPRT members to forward short vignettes describing issues that have occurred involving trainees, faculty, or patients and the internet to Joan Anzia (janzia@nmh.org).

ACTION ITEM: The Taskforce is submitting a workshop abstract for the annual meeting having to do with developing a curriculum in this area.

Academic Psychiatry Governance: Bruce Levy

The AP office has moved with Laura Roberts to Stanford. Her Assistant, Ann Tennier, relocated with her. The number of submissions went down between 2009 to 2010 because fewer articles were solicited by the AP editorial board. AP has done a good job of shortening the turnaround time for article review. Solicited articles in the special topic editions have tended to be of lesser quality than unsolicited papers submitted for the journal, so they are reexamining the focus on special issues.

They are also moving toward soliciting written responses by the authors to letters to the editor. APPI remains a reasonable publisher for AP so they are not actively searching for another publisher at present. AP is considering soliciting another sponsor (like the American College of Psychiatry) in order to increase the subscriber base. (Current sponsors are ADMSEP, AAP, AACDP, AADPRT). The organizational sponsor fee was increased by \$500/yr to cover more of the costs of the editors attending the sponsoring organizations’ annual meetings. Laura is not paid for editing the journal, and Anne Tennier is paid by Laura’s department for her work.

ACTION ITEM: Bruce will give feedback to Laura about the possibility of seeking other publishers based on the experience of Psychosomatics.

Regional Representatives: Sahana Misra

The regional listservs continue to be used only sporadically apart from soliciting feedback a few times per year.

1. Recent query of reps shows heavy interest in new duty hour regulations. Regions want to hear how others plan to comply with the new rules; small programs may discourage residents from going into child in the PGY-4 year, are considering stopping admissions after midnight, etc. Sahana's sense is that members are anxious about the duty hour changes and how to implement them quickly.

2. CSV training remains an area of interest. A concern had been raised on the listserv that child program directors may see a candidate as more qualified if they pass more CSV's. Some child programs are asking how many CSVs were taken and failed instead of just requesting the number passed. This is contrary to the spirit in which they were designed. They would like more guidance from ABPN on how to handle these questions. MGH requires all 3 CSVs be passed by the time of child psychiatry application. Others want all 3 passed before rank lists submitted. Sheldon suggested this was actually part of a bigger issue of the quality of communication between child and adult training directors during the application process.

ACTION ITEM: Solicit best practices for the new duty hours regulations. Refine the CSV standards.

Fellowship Committees: Rick Summers

Vishal Madaan, chair of the IMG Fellowship Committee, proposes changes that include the fellow and mentor doing tangible academic activity during the year (workshop, poster, paper, etc). The Ginsberg Fellowship committee will continue with the changes implemented last year: anchor points for application scoring, fewer applications for each reviewer to review and an online site for application review. The Ginsberg program does not require a project or activity during the award year nor is there a mentor assigned to the awardee. A brief discussion ensued as to whether the Ginsberg program should also include a mentor and academic project. Fellowship outcomes will be useful/necessary when approaching foundations for fellowship funding in the future. AADPRT did recently survey past awardees as to what they ended up doing in their careers.

CSV Task Force: Rick Summers

Rick asks that the EC note the word order: Adult CSV training videos not CSV Adult videos (hilarity ensues)! Mike Jibson continues to do a great job in developing these training videos.

1. The ABPN has given AADPRT a \$7K grant to develop 6 high quality videos for adult CSV rater training. David Goldberg and Mike are going to develop two each of the new videos and will then review the results before commissioning two more. Expect them to be done by the March Meeting but not presented at meeting. Four will be shortened and edited and two will be 'start to finish' 30 minute videos of the CSV process (some variety of quality, difficulty of patient, real or standardized actors). Some sophistication with directors cut and voice over will be used to make the videos better teaching tools.

2. David Kaye is applying to ABPN for a grant to develop child CSV examiner training videos similar to the adult CSV process.
3. Goal is for CSV video training to be web-based. Debbie Hales has offered to host the training modules on APA's new online learning system. Discussion followed on merits of hosting on APA servers versus our own.

ACTION ITEM: The EC felt the training modules should be hosted on the AADPRT site, knowing that we would have to work out a process for non-members to gain access to that area of the site. The Information Committee is to solicit a bid from our web contractor on creating a streaming video site for the adult and child CSV examiner training modules with a mechanism for non-members to be granted permission to utilize the modules. Bob is asked to vet the specs with the CSV Taskforce before submitting to the web contractor.

At the 2011 annual meeting, the focus will be on CSV as an educational tool. Best practices for making it a meaningful educational experience will be presented. Will take feedback from the regional reps into account about the lack of clarity of the standard. Experience in the field is that there is inter-rater reliability within institutions but unclear whether such reliability extends to a national standard.

This year's CSV Survey follows up from last year's with opportunity to ask more questions. Sandra wondered if other programs are videotaping the exam, especially if remediation is involved. It was suggested that one question be added at the end of the survey soliciting the respondent's greatest difficulty with the CSV process. A brief discussion of the timing of a child psychiatry CSV survey determined that it is not yet time for a survey. CSV pass rates were discussed. Last year's survey showed that faculty are willing to fail residents, and that is encouraging. When asked how often CSV's should occur in training, responses varied from one exam per rotation to using standardized examiners on one particular rotation. Sandra asked about experience doing CSV's in the emergency setting as they had some pushback on this. Some programs do CSV's in emergency psychiatry without problem, however.

Initiation of Interchange with COPE (Canadian Organization of Psychiatry Educators)

Sheldon visited the COPE annual meeting in Toronto last week. They are an organization of 16 training directors and 16 resident representatives that meet twice a year. Their situation is somewhat different in that the Royal College serves in the combined roles of the ABPN and ACGME and, though training directors sit on the RCP specialty committee, they do not enjoy the same proactive interchange as we do. Sheldon gave a brief overview of AADPRT and discussed issues of common interest. A major issue for them is the RRC barrier to fellowship training by Canadian residency grads in most psychiatric subspecialties and the barriers to obtaining training licensure in many states for IMG's in Canadian programs. Sheldon invited Ari Zaretsky, the incoming COPE president to attend the EC meeting at our annual meeting for a brief exchange. Their members may have some interest in having some type of liaison with our committees and taskforces that address topics of common interest. Some of the Canadian Training Directors come to AAP, ADMSEP and AADPRT.

RRC Task Force: Gene Beresin (absent), Adrienne Bentman presenting

The data from the RRC membership survey this summer was reviewed. Most of our members did not see the need for major changes to either the Adult or Child essentials. There were only 2 questions with less than 80% approval. 40% wanted changes in the adult timed rotations but the specific comments about the desired changes were all over the map except for forensic (strong sentiment for eliminating the requirement for a written forensic report). The committee reviewed this and did not see the need for another survey.

Discussion then focused on the letter to RRC from AADPRT based on these surveys broken into child and adult comments. A big issue concerns the use of Board pass rates as a required outcome measure for training programs. Our membership does not agree with this measure but all other ABMS specialties use it. Sandra Sexson described this as “immutable” from the RRC view. The committee agreed to encourage the RRC to modify rather than eliminate this requirement and specify it as one means of evaluating the quality of a program. Additionally, whatever data is sent by the ABPN to the RRC or the site visitor should be sent to the training director at the same time to allow us to check for errors in resident listings. Most programs send for a 5-year score report from ABPN at the time of their site visits anyway but this might give program directors a way of increasing the accuracy of score reports. The adult training directors recommended that RRC consider specifying protected time for training directors. Many members have noted “time creep” in their jobs with more and more administrative time needed due to increased regulation and monitoring of resident training. The group wanted clarification of 50% FTE versus 20 hours in specifying the protected time for training directors.

Coordinators Update: Lucille Meinsler and Lee Ascherman

9 applications were submitted for the new coordinators award. Some issues were raised about the requirement that the coordinator has to have attended a recent AADPRT meeting. There is now a Program Committee for the Coordinator’s Program at the annual meeting. Vicki White of UMass Worcester and David Williams of UC Davis are the co-chairs. They feel the coordinators should attend the general ABPN session with the directors rather than a separate session. The coordinators have put out a call for workshops and created a workshop submission process similar to the general meeting. The coordinators program will include a best practices session; and a jeopardy game with questions submitted by coordinators. The focus has been on interaction and enhancing participation by coordinators even if they may not be able to attend the meetings.

Sheldon thanks all of the EC members and committee and taskforce chairs for the continued hard work on behalf of AADPRT. What a great organization!

The meeting was adjourned on time at 11:30am

Submitted by Kathy Sanders, MD
Secretary, AADPRT