

***American Association of Directors of
Psychiatric Residency Training
Executive Council Meetings
October 12- 13, 2012***

Hilton Nashville Downtown
Nashville, TN

Friday, October 12
6:30 pm – 9:00 pm, Boone Room

Saturday, October 13
11:00 am – 3:00 pm, Bredesen Terrace Room

AADPRT Executive Council Meetings

Agenda

October 12 – 13, 2012
Hilton Nashville Downtown
Nashville, TN

Friday, October 12
6:30 pm– 9:00 pm, Boone Room

Time	Topic	Presenter
6:30 pm – 7:00 pm	Dinner	
7:00 pm – 7:15 pm	Welcome/ Review of minutes from May 2012	Kathy Sanders, AADPRT President
7:15 pm – 7:30 pm	COPE Representative	Malgorzata Rajda, MD, Program Director at Dalhousie Univ/Past President, COPE
7:30 pm – 7:40 pm	Finance Report	Michael Jibson
7:40pm – 7:55 pm	Academic Psychiatry-Governance Report	Bruce Levy, via phone
7:55pm – 8:05 pm	Update-2013 Meeting	Bob Boland
8:05 pm – 8:15 pm	BREAK	
8:15 pm – 8:25 pm	Update-BRAIN Conference-2013	Sid Zisook
8:25 pm – 9:00 pm	Discussion-Milestones	Kathy Sanders

Saturday, October 13
11:00 am – 3:00 pm, Bredesen Terrace Room

Time	Topic	Presenter
11:00 am – 11:15 am	Mid-Morning snack	
11:15 am – 11:45 am	ACGME Liaison Committee	Gene Beresin, via phone
11:45 am – 11:55 am	Child & Adolescent Caucus	Arden Dingle
11:55 am – 12:05 pm	Information Committee	Sahana Misra, via phone
12:05 pm – 12:15 pm	Psychotherapy Committee	Adam Brenner, Donna Sudak
12:15 pm – 12:30 pm	Model Curriculum	Tony Rostain, via phone
12:30 pm – 12:45 pm	Recruitment Committee	Sandra DeJong
12:45 pm – 1:00 pm	Membership Committee-New Training Directors' Symposium	Tami Benton, via phone
1:00 pm – 1:30 pm	LUNCH	
1:30 pm – 1:40 pm	Membership	Isis Marrero
1:40 pm – 1:50 pm	Development Committee	Art Walaszek, Brian Palmer
1:50 pm – 2:00 pm	APA Council on Medical Education	Sandra Sexson
2:00 pm – 2:10 pm	Regional Representative	Chandlee Dickey
2:10 pm – 2:20 pm	Duty Hours Task Force	Deborah Cowley
2:20 pm – 2:30 pm	Fellowships	Chris Varley
2:30 pm – 2:40 pm	CSV Task Force	Michael Jibson
2:40 pm – 2:50 pm	GME Task Force	Jed Magen
2:50 pm – 3:00 pm	WRAP UP	

**American Association of Directors of Psychiatric
Residency Training, Inc.**
Statement of Assets, Liabilities and Net Assets - Cash Basis
June 30, 2012

ASSETS

	<u>2012</u>	<u>2011</u>
Current Assets		
BOA Checking - General	\$ 17,032	\$ 75,940
BOA Savings - General	30,328	40,296
BOA Savings - Paypal	101,388	26,177
PNC - Checking	349	545
PNC - Money Market	244,261	250,066
Wells Fargo - Checking	6,175	5,000
Wells Fargo - Neuro	57,463	57,337
	<hr/>	<hr/>
Total Assets	<u>\$ 459,496</u>	<u>\$ 457,861</u>

LIABILITIES AND NET ASSETS

Liabilities	\$ -	\$ -
Net Assets	<hr/> 459,496	<hr/> 457,861
Total Liabilities & Net Assets	<u>\$ 459,496</u>	<u>\$ 457,861</u>

See Independent Accountants' Compilation Report

**American Association of Directors of Psychiatric
Residency Training, Inc.
Statement of Revenues, Expenses and Change
in Net Assets - Cash Basis
Consolidated**

	Fiscal Year 2011-2012 Budget	Year Ended June 30, 2012	Year Ended June 30, 2011
Revenues			
Membership Dues	\$ 214,800	\$ 223,550	\$ 177,634
Interest	1,450	941	1,380
Labels	800	1,000	1,050
Miscellaneous	1,000	70	22,030
Annual Meeting	239,820	236,465	248,706
Fellowships	2,000	3,409	4,060
Total Revenues	<u>459,870</u>	<u>465,435</u>	<u>454,860</u>
Expenses			
General Operating	183,100	171,016	171,453
Annual Meeting	307,148	276,796	248,640
Fellowships	25,880	16,388	11,751
Total Expenses	<u>516,128</u>	<u>464,200</u>	<u>431,844</u>
Net Revenues Over (Under) Expenses	<u>\$ (56,258)</u>	1,235	23,016
Net Assets - Beginning		<u>458,261</u>	<u>434,845</u>
Net Assets - Ending		<u>\$ 459,496</u>	<u>\$ 457,861</u>

See Independent Accountants' Compilation Report

AADPRT
Balance Sheet
September 30, 2012

ASSETS

Current Assets		
BOA Checking - General	\$	54,631.51
BOA Savings - General		30,334.51
BOA Savings - Paypal		132,629.20
PNC - Checking		349.23
PNC - Money Market		244,406.72
Wells Fargo-Checking		24,701.00
Wells Fargo-Neuro		<u>57,492.23</u>
Total Current Assets		544,544.40
Property and Equipment		<u> </u>
Total Property and Equipment		0.00
Other Assets		
Prepaid Expense - Deposits		<u>2,500.00</u>
Total Other Assets		<u>2,500.00</u>
Total Assets	\$	<u><u>547,044.40</u></u>

LIABILITIES AND CAPITAL

Current Liabilities		<u> </u>
Total Current Liabilities		0.00
Long-Term Liabilities		<u> </u>
Total Long-Term Liabilities		<u>0.00</u>
Total Liabilities		0.00
Capital		
Beginning Balance Equity	\$	459,498.17
Net Income		<u>87,546.23</u>
Total Capital		<u>547,044.40</u>
Total Liabilities & Capital	\$	<u><u>547,044.40</u></u>

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12 – 13, 2012

Date: 9/24/12

Committee or Liaison Group Name: *Academic Psychiatry* Governance Board

Chair/Representative's Name: Bruce R. Levy, MD

Brief summary of committee, taskforce, or caucus purpose or charge (Definition of the Committee):

Represent AADPRT on the journal's Governance Board along with the representatives of the other three sponsoring organizations and the editors. Administer and make decisions related to all business/financial, publication, membership and staffing issues that are necessary to publish the journal.

Action Items from March 2012/May 2012:

The Governance Board is still reviewing options for a contract with a new publisher. There has been nothing new with this since the March meeting.

Goal(s) or tasks to be completed in 2012-2013:

Sign a contract with a new publisher or renegotiate our contract with our current publisher.

Report/Updates of Importance & Pertinence for October Meeting:

The Governance Board has been very busy in the last months reviewing a proposal from Springer to represent us as the publisher of the journal. A number of issues have arisen that are all under discussion. It is clear to the Board that we need to hire a lawyer to both update our Consortium Agreement (out of date, clauses that are present which are not being followed and a number of important issues are not addressed) and to review the Springer proposal. We are now looking for a lawyer to hire for these tasks. Once we find one and get a price, I will ask the Steering Committee if it is ok to proceed. It is too early and too lengthy to go over details of the Springer proposal at this time. Once the Board and a lawyer have again reviewed the proposal and written an amended proposal, I will forward this to the Steering Committee for review.

A few issues have arisen that may need further discussion by the EC. These include;

- 1. It appears that each sponsoring organization needs liability insurance. I have asked Kathy and Lucille to check AADPRT's insurance to see if we are covered.**
- 2. How many subscriptions are sent by each organization and who actually gets billed? I have continued to hold the line that our "Members" are our "Training Institutions/Programs", not individual people. Therefore we limit subscriptions to two per Institution. Of course individuals can purchase additional copies.**
- 3. There will be advertising in the Journal. Not yet certain how much or in what format. It would be a total deal breaker to say an unequivocal "no" to this and the Governance Board does not want to do that. The following wording was included in the draft contract from Springer. "The Editor-in-Chief shall have approval over all first-run advertising provided that approval is not unreasonably withheld and does not result in delay in publication." It appears that the other organizations can live with this. Is this ok with AADPRT? Obviously it means accepting pharma advertising and money.**

Sorry that I will not be able to be at the meeting. If there is discussion on the issues above, please have someone update me on the sentiments of the EC.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 2012

Date: 10/5/12

Committee or Liaison Group Name: Annual Meeting 2013

Chair/Representative's Name: Robert Boland, MD

Goal(s) or tasks to be completed in 2012-2013:

1. Solidify the plenary speaker titles and goals/objectives
2. Work with the webmasters to create a more permanent solution for the evaluation/CME system
3. Select workshops including those for Thursday AM
4. Conduct Site Visit
5. Modify the workshop submission system as per suggestions from last year.
6. Modify the workshop review system as per suggestions from last year.

Report/Updates of Importance & Pertinence:

1. First 2 plenary speakers finalized as prior reports, and these are described on web site announcement. Third plenary is being finalized: theme and format decided (panel discussion centering on Milestones). Participants and exact structure being finalized.
2. Worked with Syed and Rick reg CME eval system to lay out parameters: this was presented previously by Sahana. Finalization of process was tabled to give precedence to abstract submission system for Annual meeting.
3. As part of recent Program Committee phone meeting, agreed to hold on selecting Thursday morning workshops and will ask all to use workshop submission process and select from the pool of submitted workshops based on past performance. These 'Special' workshops will be earmarked: ex. GME workshop. All decisions will be done with input from President.
4. Site visit was a success: site will be appropriate, worries about competing activities (ex. Spring break) allayed, space issues addressed, and menus finalized. Discussed options for Friday night, if any.
5. Workshop submission system: minor changes, including work count limits and the addition of an "agenda" field.
6. Workshop review system: recent program committee phone meeting: clarified issues of functionality.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: September 20, 2012

Committee or Liaison Group Name: Pre-meeting Committee

Chair/Representative's Name: Sid Zisook, MD

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

- Organize and implement annual pre-meeting on teaching research literacy and evidence based practice

Goal(s) or tasks to be completed in 2012-2013

- Plan for 2012 pre-meeting.
- Complete assessments and publications from 2011 and 2012 pre-meetings.
- Continue development of mentorship and monitoring projects.

Action Items from May 2012:

- 1) Sid Zisook, Mike Jibson, Kathy Sanders will discuss the charge for the 2013 Pre-meeting..

Report/Updates of Importance & Pertinence for October Meeting:

- The next conference is presently planned to be held in conjunction with the annual AADPRT meeting on March 6, 2013 in Fort Lauderdale, Fla. Program Directors are Deb Cowley, Grace Thrall and Sid Zisook. We will focus on "Treatment-Resistant Depression: Using Large and Small Groups to Teach Research Literacy". Plenary speakers will include Charlie Nemeroff, Karen Wagner and Donna Sudak. A new twist in the 3 plenary 'lectures' will be to demonstrate (and evaluate) at least one interactive teaching method in each plenary session (e.g. the use of an audience response system; the use of pause-and-clarify huddles; the use of lecture-integrated case studies combined with break-out "buzz groups". The lunchtime session with resident scholars will include their training directors as co-presenters. We are considering introducing an award for the trainee/trainer dyad who has demonstrated the most effective innovation to facilitate research scholarship in training. One of the small group sessions will demonstrate "how to read a neuroscience paper and conduct a journal club about a neuroscience paper relevant to Dr Nemeroff's plenary talk (Pato and Pato). A second small group will demonstrate team learning to analyze the evidence on one topic related to treatment-resistant mood disorders in children, such as the effects of antidepressants on suicide risk (Wagner and TBA). The third workshop will demonstrate web-based training of behavioral activation relevant to treatment of treatment resistant major depression (Sudak). The scholarship committee (chaired by Deborah Crowley) will again select 5 resident scholars to attend the next conference and will organize special didactic and social activities for the scholars and selected training directors. In addition, the mentorship committee will be chaired by Richard Balon who will organize a list-serve for past and incoming scholars. We will continue to offer research-training mentorship to training directors from nonacademic departments. Our 'tracking committee' (co-chaired by Ronald Rieder and Arthur Walaszek) will continue following the number of MD/PhD residents at selected academic programs and will begin following scholarly activities of trainees from programs whose training leaders attend these meetings. Reports of committee activities will be provided at the 2013 meeting. Planning for the 2014 meeting will begin at that time.

- One publication based on the first five years of funding has been accepted for publication in Academic Psychiatry. Another, based on the 2011 meeting, has been accepted in Comprehensive Psychiatry, and a third, based on the 2011-2 conferences has been accepted in Academic Psychiatry. All three manuscripts are expected to appear online and in print this year. We are continuing to analyze the short and long-term data that we have collected at the end of each pre-meeting since before the first meeting in March of 2006. In addition, we are collecting data on the impact on education and training at the attendee's home institutions. All presentations from the 2012 conference have been available to all AADPRT members and psychiatry residency training and associate training directors through the AADPRT website

**AADPRT ACGME Liaison Committee
Report to the Executive Committee
September 2012 Revised 2**

Committee members:

Eugene V. Beresin, MA, MD, Chair
Linda Andrews, MD
Joan Anzia, MD
Sepideh Bajestan, MD, PhD, Psychiatry
Resident
Adrienne Bentman, MD

Jeffrey Hunt, MD
Brian Hurley, MD, MBA, Resident in
Psychiatry
Paul Summergrad, MD, Consultant
Richard F. Summers, MD

Activities:

The ACGME Liaison Committee has been waiting for the release of the General Psychiatry Milestones before taking further action as a group. Since the AADPRT meeting we have all been active in our own ways, working or advising the Milestones Groups, considering the impact of the Milestones and the Next Accreditation System (NAS) in our institutions, and have informal conversations with local and national leaders in Graduate Medical Education. For example, Gene has had a number of conversations with Ingrid Philbert, discussing the rollout and implementation of the Milestones, and appreciating what other specialties are doing.

The Committee agreed with the support of EC to take the lead in the following matters:

1. Develop communication lines with major stakeholders in Psychiatry, including the Chairs and DIOs (hence the inclusion here of Linda Andrews and Paul Summergrad), and with other national organizations in Psychiatry, including APA, AAP, AACAP, and ABPN.
2. Develop ongoing communications with the Psychiatry RC and, in particular, its Chair, Chris Thomas, to help the membership and field keep abreast of developments in the implementation of the Milestones and NAS.
3. Develop (with the help of Rick Summers), potential allies with leaders in other specialties, and, particularly in pediatrics, internal medicine and surgery, in which Milestones have already been developed. We may seek a collective voice across specialties in responding to the ACGME and its mandates on residencies and fellowships.
4. Develop working relationships with residents in psychiatry, including the representatives on the ACGME in APA and AACAP, in order to include their perspective on the Milestones and NAC.
5. Determine if and when any modifications of the Resident Survey is being developed by the ACGME, and if and when a Faculty Survey is being developed in order to consider the possibility of input in its development, and preparation for our residents and faculty.

The Committee has not taken formal action as we await the delivery of the Milestones this month (October, 2012).

Action Items:

1. General Psychiatry Milestones Survey of AADPRT Membership

The Committee proposes that when the General Psychiatry Milestones are sent for review by the field, we propose the following process and ask for approval by the EC:

1. Once the Milestones have been delivered to the AADPRT Membership, we enlist a small task force to develop and send a brief survey to the membership, and collect and organize the responses. The responses need to be done in a timely fashion, and delivered to the EC, such that our Committee might draft recommendations for EC to review, modify and send as AADPRT's formal response to the Psychiatry RC.
2. We propose that the General Psychiatry Task Force be composed of:
 - a. Adam Brenner
 - b. Grace Thrall
 - c. Gene Beresin
 - d. Sheldon Benjamin

This group represents the General Training Directors, and with the advice and consent of Kathy Sanders, came upon these members as they have not had involvement with the Milestones Work Group or Advisory Group (with the exception of Sheldon, who is so important in helping with the technological side of Survey Monkey). If the EC Steering approves this Task Force, we would ask Kathy Sanders to make formal invitations to them. They would be charged with developing the survey, vetting it with EC, sending it out, and with the assistance of the ACGME Liaison Committee analyzing and disseminating the responses to the membership.

3. We envision that the survey should include the following queries for EACH Milestone with a prompt to answer YES or NO for each, and then a big space for COMMENTS
 - a. Is this Milestone well defined and clearly written?
 - b. Is this Milestone realistically achievable by your residents by the time of graduation?
 - c. Would you require curriculum revisions to attain this Milestone?
 - d. Is this Milestone readily measurable by supervisors given the time available between residents and attendings

And at the conclusion of the Survey we would ask for narrative answers to the BIG PICTURE questions:

- a. Are there any fundamental competencies either missing from or over-represented in the current draft of the Milestones? Please elaborate.

- b. What are your major concerns, if any, about the draft of the Milestones and the Next Accreditation System?
- c. Are the milestones rendered in an appropriate degree of specificity? Which of the following best describes them?
 - too specific and detailed
 - somewhat specific and detail-oriented
 - right amount of specificity and detail
 - somewhat general and global
 - too general and global

Please elaborate in the space below.

2. Obtaining Information about future ACGME Surveys of Residents and Faculty

The Liaison Committee should contact ACGME leadership in collaboration with the Psychiatry RC to determine the next set of surveys of Residents and Faculty, in order to understand development of questions, timing and dissemination.

Respectfully submitted,
Gene Beresin

For Reference:

Milestones Advisory Group Membership

Christopher Thomas, Chair

- | | |
|-------------------|-------------------|
| • Carol Bernstein | • Richard Summers |
| • Beth Ann Brooks | • Victor Reus |
| • Larry Faulkner | • Susan Swing |
| • Deborah Hales | • Timothy Brigham |

Milestones Work Group

Christopher Thomas, Chair

Adrienne Bentman	Don Rosen
Sheldon Benjamin	Kathy Sanders
Robert Boland	Mark Servis
Deborah Cowley	Kailie Shaw
Jeff Hunt	Alik Widge (resident)
George Keepers	Susan Swing (ACGME)
Gail Manos	Louise King (ACGME)

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: 10.1.12

Committee or Liaison Group Name: Child & Adolescent Psychiatry Caucus

Chair/Representative's Name: Arden D Dingle MD
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Brief summary of committee, taskforce, or caucus purpose or charge:

- Facilitate and promote the communication and collaboration of child and adolescent psychiatry training directors
- Develop, identify and promote useful and appropriate educational and program material for child and adolescent psychiatry residency programs
- Collaborate with relevant educational groups from other organizations (e.g. AACAP, APA, ADMSEP)

Action Items from May 2012

- No action items

Goal(s) or tasks to be completed in 2012-2013:

- Provide a forum for child/ adolescent psychiatry training directors to collaborate, have access to educational and program resources, remain up to date on educational and program initiatives and obtain/ provide mentoring
- Coordinate meeting during the AADPRT annual meeting
- Collaborate with AACAP workgroup on education and training; continue to work on the development of program and educational materials that can be useful to child/ adolescent psychiatry training directors
- Continue to provide support for the CSV development groups; investigate the copying of and posting on the AADPRT website of the curriculum, with special attention to issues of privacy for patient and resident videotapes.
- Identify and develop electronic based information and formats that can be useful to child/ adolescent psychiatrists for website, listserv and other sites
- Obtain feedback from child directors on child caucus activities with suggestions for improvement/ additional activities; use feedback to develop possible initiatives that can be presented and reviewed by the group with decisions about proceeding
- Continue to encourage child members to submit annual meeting submissions and contribute information to child section of website
- Finalize timeline of activities for child chair
- Consolidate a process to choose the chair

Report/Updates of Importance & Pertinence for October Meeting:

- Collected and disseminated information on CAP resident on call systems
- Facilitated obtaining feedback on AACAP Presidential Initiative Back to the Future
- Scheduled to give updates at AACAP training director lunch
- Clarified selection process for child caucus chair, approved in 9.2009

Child Caucus Chair, new term starting after the March 2013 annual meeting

- Nominating Committee = three members of the Child Caucus
- In December- January 2012, child caucus chair gives recommendations to AADPRT president for nomination committee which president revises/ approves
- The Nominating Committee solicits nominations, vets the nominations with peers in the field and discusses interest in the position with the top nominees
- In February-March 2012 the nominating committee recommends the Child Caucus Chair candidate to the President, who makes the appointment
- The incoming Child Caucus Chair is announced at the March 2012 annual meeting, and works with the sitting Chair to prepare for assuming the leadership role following the meeting

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: September 28, 2012

Committee or Liaison Group Name: Information Committee

Chair/Representative's Name: Sahana Misra MD

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.

Action Items from May 2012:

AADPRT will solicit a bid from Rick Brandt/Shan Karimushan to build an annual meeting evaluation and CME-granting system which is integrated with the registration system. EC authorizes the Steering Committee to make a purchase decision based on the bid details and its cost.

Goal(s) or tasks to be completed in 2012-2013:

- 1) Pursue our own CME system if financially feasible
- 2) Complete the migration of all list serves to new location and update list serve members
- 3) Begin Reorganization of the Virtual Training Office (VTO)
- 4) NIMH - Neuroscience and Psychiatry Modules available to membership through VTO
- 5) Develop a section on VTO for the AADPRT psychotherapy committee
- 6) Ongoing clean up of website –checking for invalid links, etc.

Report/Updates of Importance & Pertinence for October Meeting:

Announcements:

1) Google Analytics Data for AADPRT website:

Month	Unique page views	Top Five Titles (excluding Home Page)
July, 2012	5606	Logon (1008), member renewal (924), member list (519), position openings (342), President's Corner (283)
August, 2012	6648	Logon(1471), member renewal (862), upcoming meeting (540), member list (502), AADPRT awards(355)

2) Teleconference with Model Curricula Chair on 8/24/12 – changes to Model Curricula submission process discussed. MCC open season for submissions will be from April 1-October 1. Changes to website are in progress to include 3 rotating subgroups of reviewers who will be assigned submissions for review sequentially as they come in. Rating form has been simplified.

Update of Goals/Tasks:

1) AADPRT CME system – Bid was approved by the steering committee at the 8/16/12 meeting. Final bid cost is \$4000 for first year and estimated 20-25% of that cost during second year if even needed. Start date for project is end of October, 2012. System will be beta-tested by a small group of AADPRT members using registration forms from last year. Goal of completion is set for January, 2013.

2) Migration of all listservs to new location occurred on June 1, 2012. Email was sent to membership on May 25 with pertinent information about accessing new platform, etc. We have discovered some references on the AADPRT website that reference and/or still try to connect to the old platform. We are in the process of cleaning up those parts of the website up – should be complete in next couple of weeks.

3) VTO reorganization – Request to have Task force Curricula more visible (professionalism and the internet, resident safety) – will reorganize VTO to accomplish this.

4) NIMH modules - Now available on the VTO are two modules from NIMH as part of a “Neuroscience and Psychiatry” series. These modules link to the NIMH website, so while non-AADPRT members may not be able to access through the VTO, the NIMH website is public domain and can be shared with colleagues.

5) AADPRT Psychotherapy Committee Section on VTO - IM committee working with psychotherapy committee member, Katherine Sanborn, to develop a section on the VTO for resources from their committee including their new tip of the month feature. Teleconference call with Dr. Sanborn was on 9/27/12 to discuss format/logistics. Mock up of the section is currently being created by our webmaster. Anticipate completion of this project within the next 2-3 months.

6) Clean-up of website is ongoing. Please contact Sahana Misra if you encounter old information or an invalid link.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: September 28, 2012

Committee or Liaison Group Name: Psychotherapy Committee

Chair/Representative's Name: Adam Brenner, MD, Donna Sudak, MD

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.

Action Items from May 2012

No action items.

Goal(s) or tasks to be completed in 2012-2013:

1. Serve as a resource for training directors who have questions pertaining to psychotherapy education
2. Develop a resource document regarding the fundamentals of psychotherapy training to be posted on the website
3. Research and post recommended measures to use to evaluate resident performance in particular psychotherapy skills
4. Present a workshop at the annual meeting regarding teaching and evaluating a specific psychotherapy skill (i.e., Empathy)

Report/Updates of Importance & Pertinence for October Meeting:

1. The committee continues to provide monthly "psychotherapy training tips" to the membership. We are working on archiving these to the website as a resource.
2. The "Benchmarks for Psychotherapy Training" document is complete, and will be posted to the website along with measures that are available to evaluate the benchmarks, and hyperlinks to the research cited, when available.
3. The committee is now working to consider how to develop an OSCE that will be of use in psychotherapy education.
4. Given the complications with large groups presenting at last year's annual meeting, the committee elected not to present a workshop.

AADPRT Committee, Task Force, Caucus Report

Executive Council Meeting

October 12 – 13, 2012

Date: October 4, 20112

Committee or Liaison Group Name: Model Curriculum Committee

Chair/Representative's Name: Tony Rostain, MD

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

The charge for the Model Curriculum Committee (MCC) is to pull together models of useful curricula on a variety of topics, and to showcase work which Training Directors are doing to promote curricular innovation.

In line with this charge, the members of the MCC will:

1. Constitute a diverse committee broadly representing AADPRT, including subspecialties
2. Set annual priorities of which curricular areas to showcase
3. Develop a process for soliciting, reviewing, and selecting curricula and educational materials of interest to the membership
4. Coordinate with the Information Committee the posting of selected curricular materials

Action Items from May 2012:

No action items listed

Report/Updates of Importance & Pertinence for October Meeting:

1. We are asking for all curricula to be submitted between Sept. 3 and Oct. 1 (closing date). The open season next year will be from April 1 – October 1. This year's is shortened because we had some website technical glitches to fix which are now completed. With only 5 curricula submitted, deadline had been extended until October 15.
2. I've taken the liberty of dividing the committee into three groups (A, B, C). Submissions will be assigned on a rotating basis to each group. With the new website adjustments, you will receive an email notifying you when a submission for you to review has been received. You will be able to click on the email and it will direct you to the submission on the website. You will have a reviewer form that's been modified with pull-down tabs to make sure all the domains of evaluation are filled out. All of this should make it easier for reviewers to complete their assignments by early October. A conference call will be held during the week of October 29.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: September 25, 2012

Committee or Liaison Group Name: Recruitment Committee

Chair/Representative's Name: Sandra DeJong, MD

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

To enhance and promote recruitment into psychiatry through educational efforts and liaison with ancillary organizations.

Goal(s) or tasks to be completed in 2012-2013:

1. Develop an online toolkit to be posted on AADPRT website for recruitment strategies and resources that can be used with target populations (millennials, medical school administrators, medical students, etc.)
2. Participate as a co-investigator on a World Psychiatric Association study of recruitment looking at personal and training issues that affect decision to pursue psychiatry (a subcommittee chaired by Francis Lu).
3. Provide an interface between NRMP and AADPRT members re upcoming All-In rule implementation, including posting on the listserve an Executive Summary of the rule once it is finalized this spring; collating questions from members to present to NRMP; providing answers to questions on the AADPRT listserve.
4. Develop a workshop for the AADPRT annual meeting.
5. Continue to interface with PsychSIGN, APA, ADMSEP, AACAP.

Action Items from May 2012 -No action items

Report/Updates of Importance & Pertinence for October Meeting:

1. Draft online toolkit of talking points with references targeted at specific audiences available for your feedback. (to be distributed by Sandra at meeting)
2. Francis Lu is chairing subcommittee for WPA study initiative.
3. Executive Summary on the new NRMP All-In Policy was sent to all AADPRT members in August. Responses/concerns have been reviewed with Kathy Sanders. At the time of this writing, we expect to post a clarification regarding recruitment into PGY2 slots some time soon.
4. AADPRT AM Submission: "Bridging UME and GME: Recruiting Medical Students into Psychiatry" co-sponsored by ADMSEP and AADPRT (to be presented at ADMSEP in June as well), featuring new data on top 5 medical schools by John Spollen, MD, our official ADMSEP liaison, as well as representatives from some of these schools and from osteopathic medicine. Issues specific to IMGs will also be addressed (increasing recruitment from Caribbean schools).

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: 10/1/12

Committee or Liaison Group Name: Membership Committee

Chair/Representative's Name: Tami Benton, MD, Isis Marrero, MD

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

Our committee is charged with recruitment of members, orientation to AADPRT, and maintaining awareness of issues pertinent to our members, responding proactively to their needs or concerns, and communicating those concerns to AADPRT leadership. We are also charged with expanding our membership and encouraging their participation. We accomplish our mission through the membership committee, new training directors program and the mentorship program.

Action Items from May 2012

No Action Items

Goal(s) or tasks to be completed in 2012-2013:

1. New Training Directors Program for next year-speakers, course content for next year
2. Mentorship program to be repeated and expanded. Turnout for new program much higher than expected.
3. Distribution of completed membership and orientation manual
4. Evaluation of feedback for NTD boot camp and consideration for repeating this program
5. Review feedback for mentorship survey and program to enhance participation for next year with Joan Anzia

Report/Updates of Importance & Pertinence for the October Meeting:

- The ADPRT manual is updated with the current members of EC, Taskforces, Committees and Caucuses.
- Membership guidelines were updated. Lucille added instructions to include the program's weblink to the institutional membership page.

New Action Items:

- Planning NTD symposium and NTD bootcamp. Consider adding a workshop about *"Dealing with Difficult and Problem Residents."* Suggested speakers: Jim Lomax and Kim-Lan Czelusta.
- Consider doing the mentor/mentee meeting on Thursday before NTD symposium.
- Arrange for curbside/pre-arranged appointment with senior PDs for individualized advice.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: September 26, 2012

Committee or Liaison Group Name: Development Committee

Chair/Representative's Name: Art Walaszek, MD, Brian Palmer, MD, Co-Chair

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

The Development Committee seeks to identify funding sources to support the activities of the organization, in particular at the Annual Meeting. The Committee also develops policies to minimize the conflict of interest that may arise from such arrangements, as well as possible conflicts of interest among the leadership of the organization.

Action Item from May 2012

No Action Items

Goal(s) or tasks to be completed in 2012-2013:

1. Explore the development of AADPRT educational products for sale.
2. Identify external sources of donations for Ginsberg, Henderson and IMG Fellowships.
3. Continue to monitor for possible conflicts of interest (COI) related to exhibitors at the Annual Meeting.
4. Continue implementation of COI policy for AADPRT leadership.

Report/Updates of Importance & Pertinence for October Meeting

1. Current fundraising efforts

Since the Annual Meeting, we have raised an additional \$2350 from 14 donors. Since the beginning of our fundraising efforts in October 2011, we have raised a total of \$3300.

We recognize our donors (a) by sending a thank you letter, (b) acknowledging the donation in printed meeting materials, (c) naming our donors during the Business Meeting, and (d) inviting donors to join the President's Reception at the Annual Meeting.

We will plan on getting another letter requesting donations out to the membership in October 2012 – i.e., the requests will be twice a year.

2. Proposed new fundraising plan

We propose that our fundraising efforts include two arms:

- a. AADPRT Fellowship Annual Fund – This would be the same plan as now, namely we solicit donations twice a year from our membership with the goal of offsetting costs related to the fellowships for the current fiscal year. We would extend this to asking EC members to donate to the Annual Fund.
- b. AADPRT Honoring the Past, Minding the Future Fund – This would be an endowment, whose interest would be used to help fund the fellowships. We propose approaching each past president of AADPRT and other educational luminaries for a \$1000 contribution. Each donation would be matched with funds taken from AADPRT reserves, thereby doubling the contribution. Our initial target for the endowment would be \$10,000 in donations, i.e., \$20,000 with the matching funds. An interest rate of 2-5% would yield \$400 to \$1000 per year in revenue for the fellowships.

American Psychiatric Association Report to AADPRT



Date: October 2012

American Psychiatric Association, Division of Education

Deborah J. Hales, MD, Director

Sandra Sexson, MD, Chair, Council on Medical Education and Lifelong Learning

Nancy Delanoche, MS, Associate Director for Graduate and Undergraduate Education

Office of Graduate and Undergraduate Education

The APA is pleased to announce the creation of the new American Psychiatric Association Resident Recognition Awards. These awards will be presented annually to a psychiatric resident or fellow from each department or institution. Departments are eligible to nominate one APA member-in-training who exemplifies one or more APA values. The award recipients will meet one or more of the following APA values:

- Compassion, as evidenced by exemplary patient care and/or compassion to colleagues and in the workplace
- Leadership in the field of psychiatry as evidenced by holding leadership roles in individual residency programs, at the District Branch level of the APA and/or at the national level
- Community service on the local or national level
- Political action on behalf of their patients, their profession, and/or their community
- Clinical excellence as evidenced by exemplary patient care

Every eligible psychiatry resident training program will be encouraged to choose an outstanding trainee and submit their name to the APA. Each institution may select one resident for this award annually. The trainee must be a member of the APA and must be in good standing in their General Psychiatry or Fellowship Program. Deadline to nominate is February 15th.

PsychSIGN: The Region 2 PsychSIGN conference will be held October 6, 2012 in conjunction with the Institute on Psychiatric Services in New York City. Please encourage your students to attend. Region 5 PsychSIGN conference will be held in conjunction with the Association for Academic Psychiatry Meeting in Nashville, October 12-13, 2012. Visit www.psychsign.org for more information regarding the new PsychSIGN leaders and their plans for other regional conferences for the year.

Bryce Templeton, MD, received the Vestermark Award and will lecture at the 2012 Annual Meeting. Nominations are now being accepted for the Nancy CA Roeske Certificate of Recognition for Excellence in Medical Student Education and the Irma Bland Award for Excellence in Teaching Residents. Deadline to nominate is December 1st.

The 2011-2012 Resident Census will be available in mid-October. The APA's Resident Census reports contains demographic information of those in psychiatry training at that particular year, along with some multi-year trends. Data for these reports came from the National GME Census or the GME Track, an online survey jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA.)

The APA is accepting submissions for the Resident Poster Competition at the APA Annual Meeting. Best poster from each of the 4 categories: (1) Community Service, (2) Patient Oriented & Epidemiology, (3) Curriculum Development and Education, and (4) Psychosocial and Biomedical Research will be selected and awarded at the APA meeting.

Continuing Medical Education

FOCUS: The Journal of Lifelong Learning in Psychiatry and the FOCUS Self-Assessment Program

The 2012 Focus topics are: Women's Mental Health (edited by Susan Kornstein and Anita Clayton), Schizophrenia (edited by Peter Buckley and Brian Miller), Child and Adolescent Psychiatry through the Life Cycle (edited by Gene Beresin and David Kaye) and Major Depressive Disorder and Dysthymia (edited by Maurizio Fava and David Soskin).

The Division of Education has redesigned *eFOCUS*, as an MOC Part 2 activity, edited by Carl Chan and David Fogelson). It is ABPN-approved self-assessment activity available for free to all APA members. Each *eFOCUS* Commentary covers a different topic in psychiatry and includes a clinical vignette, survey questions comparing approaches to a clinical problem, expert commentary, and peer comparison. Participants who successfully complete each *eFOCUS* module receive 2 *AMA PRA Category 1 Credits™*.

APA Online CME

In collaboration with Marathon Multimedia/Learner's Digest, APA produced the 2012 Annual Meeting On Demand, a website and DVD featuring over 300 hours of lectures, symposia and workshops from Philadelphia, with accompanying quizzes and CME credit. This month we will capture content from the IPS meeting for a new CME product, IPS On Demand.

Support for MOC

The Divisions of Education and Research, including Practice Guideline and Quality Improvement staff, have collaborated to create five MOC Part 4 - Performance in Practice (PIP) Modules. First published in *Focus*, these modules cover Substance Use Screening, Major Depression, PTSD, Assessment of Suicide, Assessment and Treatment of Substance Abuse Disorders. A PIP module on Schizophrenia was published in the Spring, 2012 issue of *Focus*.

PIP modules online are free for APA members. Three modules, "Screening for Substance Abuse", "Substance Abuse Assessment and Treatment" and "Assessment of Suicide Risk" are now available online. Members who complete these modules will have the date and topic of the PIP recorded in their personal transcript, which can be transmitted to the ABPN. Non-members will be charged \$399 for these PIP modules.

In late August, the first FOCUS MOC Workbook Series was published on Major Depressive Disorder. It includes a self-assessment activity, PIP module, Practice Guideline on MDD and several recent reprints, and a "Real Time Tool for Assessment of MDD" created by Laura Fochtmann, Farrah Duffy and other APA staff. Also included are patient and peer feedback forms created by the ABPN and detailed instructions on "How to Participate in MOC." The softcover workbook is intended to be used in conjunction with the APA Learning Management System (LMS), so that all MOC activities completed are recorded in the individual's transcript and transmitted to the ABPN without need for auditing.

Subcommittee on Joint Sponsorship

Through the third quarter of 2012, APA will have sponsored 18 separate CME activities with our district branches.

2011 Institute on Psychiatric Services Meeting

The 64th Institute on Psychiatric Services will be held in New York City on October 4-7, 2012. In addition to an "integrated care track", a health services research track and an OMNA on Tour track have been scheduled. Overall, the sessions will focus on issues of concern to general psychiatrists, primary care physicians, psychiatrists working with the severely mentally ill, community psychiatrists, residents and other related mental health professionals. CME credit will be provided for physician attendees by the APA; an application to provide CE credits for other disciplines is pending with Drexel University.

**AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October, 2012**

Date: 10/12/12

Committee or Liaison Group Name: Regional Representatives Committee

Chair/Representative's Name: Chandlee Dickey, MD

Brief (e.g. 3 sentences) summary of committee, taskforce, or caucus purpose or “charge”:

This committee provides a channel of communication between individual training programs and the AADPRT executive council. Communication is facilitated by regional representatives and the committee chair during the year, typically through the AADPRT regional list serves. Information is relayed from and to the AADPRT executive council for each EC meeting. Once a year, during the annual meeting, this information exchange occurs in person - within regional caucuses, Regional Representative Committee meetings and EC meetings.

Action Items from May 2012 EC Meeting:

none

Goal(s) or tasks to be completed in 2012-2013:

1. All Resident Survey:

Issue: Residents continue to misinterpret questions from the survey yet program directors (PD) and DIO are loathe to be too directive to the residents in answering the questions.

Steps taken:

Eugene Beresin contacted ACGME inquiring about what TD can say to residents. This was the response:

We have offered guidance on terms in the resident survey. It's on our web page for the resident survey, though I am not sure many folks saw it. I hope we are able to offer similar guidance on the terms and concepts in the faculty survey. At present our best guess is that the first faculty survey will be fielded in very late 2012/early 2013, and we are not certain whether it will be in the specialties going to the NAS in 2013 (EM, IM, Pediatrics, Orthopaedic Surgery, Neurological Surgery, Diagnostic Radiology, Urology). Clarification about that should go out by this summer.

Here is the link for the guidance on the resident survey:

http://acgme.org/acWebsite/Resident_Survey/ResidentSurveyKeyTermsContentAreas.pdf

On both instruments, its perfectly ok to discuss these matters with residents or faculty – it's just not ok to tell them how to answer.

Remaining steps:

Dissemination of this information to the field. Who should send the email?

2. Tracer Method:

Issue: ACGME is instituting a “tracer method” at site visits but PD have little information regarding what the “tracer method” means when applied to residency program site visits.

Possible Action Items for follow-up:

Steps taken:

Eugene Beresin contacted Ingrid Philbert clarification of “tracer method” and received this response:

Use of the Trace Method

Field staff members also use the Trace Method to assess programs’ longitudinal improvement efforts. For each program, Trace entails assessment of two to four areas, which generally range from responses to prior citations, responses to the Resident and Fellow Survey that suggest a potential problem, and elements of the 2011 Common Program Requirements for Duty Hours in the Learning and Working Environment. Trace also can be used to assess a program’s response to particular situations, such as remediation of a resident with low academic performance, assessment of data suggesting potentially excess duty hours or inadequate supervision, or implementation of the requirement that allows residents to remain beyond the duty hour limits to care for an individual patient out of a compassionate or educational justification. As these processes are examined, Trace allows the surveyor to assess high performance or detect problems in the implementation of policies, in individual processes, or in aspects of the interface between processes.

Use of Trace entails document review and interviews with the program director, residents/fellows, faculty members, the DIO, and the program coordinator. This is done during the regularly scheduled interview sessions. In rare cases, such as evaluating the merits of a complaint against the program, application of the Trace Method may necessitate interviewing others, adding time for the interviews, or a more extensive review of documentation. Should it be required, this added time and relevant documents will be requested in advance in the communication between the ACGME field representative and the program.

Remaining steps:

Dissemination of this information to the field. Who should send the email?

3. Model Curriculum:

Issue: This year the solicitation email allowed any curriculum to be submitted, not just those specifically requested.

Follow up:

Submissions were due Oct. 1.

Additional Items from June, 2012

1. Annual meeting schedule: Regional reps would like their meeting to be on Thursday instead of Friday to allow for more time to prepare for EC (as would the rep to the EC!). This would mean moving the other caucuses to Friday possibly.
2. Annual meeting attendee book: Regional reps thought it would be helpful to have meeting attendees listed by state rather than alphabetically.
3. Resident safety: Regional reps requested that IT consider highlighting AADPRT's comments on providing a safe learning environment to a more obvious location on the website.

Update: IT is considering moving from

http://www.aadprt.net/pages.aspx?PanelID=0&PageName=Resident_Safety_Task_Force

Reports/Updates of Importance for the May Meeting:

N/A

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: 10/1/12

Committee or Liaison Group Name: Duty Hours Task Force

Chair/Representative's Name: Deb Cowley, M.D.

Brief summary of committee, taskforce, or caucus purpose or charge (Definition of the Committee):

The Duty Hours Task Force was established in January 2009 with the charge of coordinating the AADPRT response to the 2008 Institute of Medicine report regarding resident duty hours, supervision, and transitions of care; liaison with the ACGME and Psychiatry RRC around this issue; and educating and informing our membership about the new 2011 ACGME Common Program Requirements.

Action Items from May 2012

No action items

Goal(s) or tasks to be completed in 2012-2013:

1. Write up the results of the survey for publication.
2. Re-survey the membership this winter regarding changes they have made in response to the new duty hours and supervision rules and the effects of these new requirements on psychiatry resident education.

Report/Updates of Importance & Pertinence for October Meeting:

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: September 25, 2012

Committee or Liaison Group Name: AADPRT Fellowships

Chair/Representative's Name: Chris Varley, MD

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

This position oversees and coordinates the selection process for the various AADPRT Resident Fellowships and Awards, and the Teichner Award. The President-Elect works with the Chairs of each of the AADPRT Award/Fellowship Committees to review membership and prepare for the selection process.

Report/Updates of Importance & Pertinence:

Last year, in discussion with Steering Committee members and the Chairs of the Awards/Fellowships Committees, a standardization process created an earlier timeline for a common deadline for all nomination submissions. This year the awards' deadlines will be November 2nd. This earlier deadline allowed for an earlier time to announce the opening for nominations just after Labor Day. This new timeline has the selection and announcement of winners completed around Thanksgiving. The benefit to this change will allow both the AADPRT members to prepare nominations before recruitment starts as well as allow the planning of our annual meeting to be less hectic in the month or two prior to our March meeting.

Additionally this year, we are encouraging but not requiring resident nominees for the Pre-Meeting, Ginsberg and IMG travel fellowships to consider submitting poster or workshops submissions as well.

New Action Items:

- 1. Continue to monitor cost to the organization for these awards**
- 2. Continue to observe the effects these changes will have on number of submissions and the workload of the committees.**
- 3. Continue to invite awardees to the President's Reception during the Annual meeting for networking and mentorship opportunities.**

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12, 2012

Date: 10/2/12

Committee or Liaison Group Name: CSV Task Force

Chair/Representative's Name: Michael Jibson, MD, PhD

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

Action Items from March 2012:

- (1) Organize a group to do consensus ratings of the new videos
- (2) Establish consensus ratings for new videos
- (3) Prepare additional training materials to accompany the new videos
- (4) Draft a manuscript on the CSV survey
- (5) Conduct a CSV validity survey

Goal(s) or tasks to be completed in 2012-2013:

- (1) Establish consensus ratings for new videos
- (2) Prepare additional training materials to accompany the new videos
- (3) Prepare a report on existing CSV surveys for publication

Report/Updates of Importance & Pertinence:

- (1) AADPRT is collaborating with ABPN on surveys of training programs and recent residency graduates
- (2) Survey data on CSV validity are available from AADPRT 2012 meeting
- (3) Several new videos with higher quality production values are available for review and rating
- (4) A training was completed for new program directors at the March 2012 meeting

New Action Items:

- (1) Begin data analysis and draft report of existing surveys
- (2) Continue collaboration on ABPN surveys
- (3) Complete ratings of new website videos

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
October 12-13, 2012

Date: October 1, 2012

Committee or Liaison Group Name: GME Task Force

Chair/Representative's Name: Jed Magen

Brief summary of committee, taskforce, or caucus purpose or charge (Definition of the Committee):

Coming changes in GME reimbursement are going to result in strain on the system. Psychiatry may be vulnerable due to lower reimbursement rates, fewer involved stakeholders and unfilled positions in fellowships. The committee will try to:

- 1) Serve as a repository for and push out best practices to the field related to GME cuts
- 2) Do individual consultations with training directors/chairs who have GME issues
- 3) Define skill sets that may be useful in a changing GME environment that training directors and chairs may not have. AADPRT's annual meeting and to some extent the APA and AACDP maybe places to acquire some training in these skills
- 4) Liaison with APA around policy issues

Action Items from May 2012

Steering Committee will decide whether to reconvene the PG4 Task Force

Goal(s) or tasks to be completed in 2012-2013:

There are unlikely to be significant Federal actions until after the election, at which time the lame duck congress is going to have to address the end of the Bush tax cuts and the mandated sequestration of Federal funds. At such time as things heat up, the committee will begin to do phone conferences and develop action items.

Report/Updates of Importance & Pertinence for October Meeting:

No real Federal action. Some bills have been introduced in Congress that give a preview of what we are likely to see in GME when Congress actually gets around to doing something. A GME update went out to AADPRT/AACDP/ADMSEP October 2 summarizing when something might happen and reviewing current proposals.