



**AADPRT Executive Council**  
**Sunday May 17, 2009 12:00n-5:00pm**

**Present:** Sandra Sexson, Lee Ascherman, Steve Schlozman, Bob Boland, Don Rosen, Kathy Sanders, Rick Summers, Adrienne Bentman, Mark Servis, Sahana Misra, Art Walaszek, David Kaye, Deb Cowley, Ron Rieder, Mike Jibson, Sheldon Benjamin, Lucille Meinsler

**Present by Phone:** Bill Greenberg

**March EC Minutes:**

The March EC meeting minutes were approved.

**Administration:**

David announced that following a discussion of the appropriate title for Lucille Meinsler's position, the decision was made to refer to her role as Administrative Director of AADPRT.

**Action:**

Lucille Meinsler's position will now be Administrative Director of AADPRT.

**CORF (APA Committee on Residents and Fellows):**

The group discussed the CORF's proposed Bill of Rights. There has been a process within CORF of discussion, circulation and modification of this document that has gone on for over a year. The first iteration of the document received by AADPRT was modified in terms of language and tone; the most recent version is largely a restatement of ACGME requirements, but there are several significant additions related to resident support and well-being.

The primary CORF concerns involve programs that do not take a sufficiently proactive role with respect to RRC requirements. There was a resident survey with 70-80 responses (out of a potential of over 4000) in which respondents voiced the concern that there is not sufficient recourse for residents in such programs who want to remedy the situation.

Prior to EC, David Kaye met with CORF representatives and discussed AADPRT questions and concerns. The primary issue is that there are elements of the proposal that cuts across regulatory, legal, HR, and local institutional imperatives which would make it impossible for training directors to support. AADPRT

members are also concerned about the proposal that regulatory bodies outside of the RRC should monitor duty hours compliance. Finally, it is unclear to what extent the CORF proposal is representative of residents' views nationally.

We discussed asking CORF to develop a set of more general principles about residency training that AADPRT could consider supporting. AADPRT has been working on many of these issues and we care about them too. It was suggested that we need more information about what the residents' concerns were that gave rise to this proposal. Members suggested that this is a good time to reconsider a resident representative to the EC, and that there should be a process for better communication between resident representatives and AADPRT.

Kayla Pope and Melinda Fierros ( MITT) from CORF joined the EC and summarized the Bill of Rights proposal. They reported that a newly revised version of the Bill of Rights, now entitled Responsibilities of Training Programs to Residents and Fellows, was accepted by the APA Assembly to be sent on to the Joint Reference Committee, the Council on Medical Education, and the Interim Resident Work Group (recent new name of CORF). It will be reviewed by these bodies over the next six months and pending approval could be disseminated on the APA webpage and distributed by the APA.

Comments from EC members included the suggestion that the document could be put on individual residency websites, the observation that many training-related documents go unread by residents and faculty alike, and the suggestion that AADPRT establish a hotline for residents who have serious concerns.

#### Action:

The EC decided not to take any action today, and review the latest version at the next EC meeting.

#### **Review of the 2009 Annual Meeting**

Rick Summers reviewed the 39<sup>th</sup> Annual Meeting, which was the largest so far, with a total of 607 registrants, of whom 316 were members (compared with the second largest meeting, in 2008, with 575 registrants and 285 members). There was a decrease in the number of coordinators who attended, and an increase in fee-paying guests.

The feedback suggested a very productive meeting. There was a decrease in overall CME rating scores compared with previous years, and this deserves some attention. It is not clear if this represents a sampling effect (many more respondents this year proportionately), or a perception that this year's topic, while intellectually stimulating and exciting (as manifested in the quite high speaker evaluations) may not have directly addressed the needs of program directors, logistical issues about the meeting, or external issues, e.g. the economy. The membership made many valuable suggestions about future topics and directions including: further input and education on the clinical skills assessment process, use of technology, professionalism, faculty development, administrative skills,

and ethics. While the overall perception of attendees was that the meeting was free from commercial bias, there was concern about one speaker who discussed his books, and a surprising disconnect between perception of disclosures and actual disclosures made.

The total revenues for the meeting were \$387K (budgeted \$412K) with a \$32K drop in pharma funding, and \$374K in expenses (budgeted \$429K) with a net income of \$13K. Banquet expenses (the most variable and difficult to predict part of expenses) were budgeted at \$135K exclusive of service charge and tax, and actual expense was \$125K.

### **PreMeeting**

Michele Pato reviewed the Premeeting on “Understanding the Brain and Schizophrenia.” There were 164 participants and the participant’s ratings were high. This was the most science-focused meeting, with a little less focus on teaching skills. The format involved all participants going to four workshops in addition to an early and late large group session. The EC gave positive feedback about the excellent program.

The topic for next year will be Treatment of ADHD across the lifecycle. Participants will be randomized to team-based learning versus teaching as usual. Team-based learning refers to structuring questions and helping people know how to answer them. There will be about 15 people per small group. Attention will be given to efficacy vs. effectiveness in treatment of ADHD.

The PreMeeting Task Force will look into funding for premeetings after next year. Sid Zisook will take on the role of PI for the subsequent premeetings. AADPRT could sponsor a premeeting for an estimated fee of \$125-150 per participant if NIMH or other outside funding is not available. We could also try to get topic-specific funding for particular topics.

### Action:

The Premeeting Task Force, including Sid Zisook as future PI, will begin to plan for the premeeting in 2011, including developing funding. AADPRT remains committed to a full day premeeting and if outside funding is not available membership will be surveyed to determine a per-person fee.

### **Future Annual Meetings**

Kathy Sanders reported that the 2010 meeting will be entitled: “The Mindful Leader in Changing Times.” Ron Epstein from Rochester will showcase his extensive mindfulness curriculum as it relates to medical school and faculty. George Vaillant will be the second speaker. An invitation has gone out to a third speaker.

Sheldon Benjamin announced that the 2011 meeting will be changed to 3/2-3/5/11 because of a major music event happening in Austin on the previous dates, and will conclude on Saturday at about 2:00pm. The possibility of inviting

someone in the federal government who is a point person on health care reform was discussed.

### **IOM Duty Hours Report:**

Bill Greenberg reported that the AADPRT letter written by our Duty Hours task Force, and chaired by Bill, was also signed by Larry Faulkner for the ABPN and Laura Roberts for AACDP (American Association of Chairs of Departments of Psychiatry). Don reported that the Psychiatry Residency Review Committee endorsed the AADPRT letter as well.

The ACGME has an invitation-only congress (100+ organizations invited) in June, and Bill and Deb Cowley will be attending. Later this month the ACGME will designate various organizations to give testimony (approx. 40 groups) at this conference. If AADPRT is invited, Bill and Deb will summarize the letter and data gathered. Bill reported that some other specialties are reacting very negatively to the Institute of Medicine proposal, especially the surgeons, and there appears to be considerable similarity between the other specialty organizations' reactions. Eight or nine other specialties have written letters to the ACGME and they have been circulated. It was observed that the IOM proposal has many parts, and some are supported by some organizations, most are against the duty hours change. Concern was expressed that our letter was more supportive than other specialties, and we may not want to split with our fellow training directors in other fields. One member indicated that it is quite likely for the duty hours proposal to pass ultimately, and some suggested that health care reform may push this forward in time.

### Action:

Bill Greenberg and Deb Cowley will attend the ACGME Congress on Duty Hours and advocate for the AADPRT/ABPN/ACDP position, as outlined in the Duty Hours Task Force Letter.

### **Match Violations:**

David Kaye reviewed the recent match violation notice for a program that did not attend to a technicality in the rules of which many were unaware. The NRMP (National Resident Match Program) rules state that a program may not interview and offer a position to a resident who was accepted into another program and has not received an NRMP waiver to be released from that commitment. The program is held to be in violation even if the applicant represents to the program that there is no such impediment to application. It is the program director's responsibility to check with the NRMP database to make sure the resident is unencumbered, regardless of the resident's self-report.

This particular situation was referred to our AADPRT Match Review Board who noted the technicality and indicated that the program director had made an error that many or most of us would have made, and was based on a rule of which many are unaware. They noted that there was no evidence that the program had

engaged in a practice that was predatory.

David reported that there is a second series of match violations that he has received word about. These involve an applicant being interviewed for a position in at least one psychiatry program who had received permission to be released from the neurology program where he/she had been matched, but the resident had not formally applied for an NRMP waiver.

The important learning point for program directors is to check the NRMP website on the match status of any applicant who is not a 4<sup>th</sup> year medical student applicant to verify that they are not registered in the match and matched to another program.

The EC considered three approaches: i) write a letter to give the first program support, ii) communicate with NRMP to express the sense that they are taking an excessively harsh series of actions, and iii) inform AADPRT members and coordinators about how to approach these situations. Sandra Sexson will talk with contacts at the NRMP to clarify how the violations were discovered in the second situation (interviews granted with an offer).

Action:

The EC decided that no additional letter of support to the program was necessary, as the AADPRT Match Review Board's report serves that function. A communication to the membership and coordinators will go out via email and webposting. Sandra Sexson will try to discover more about the specifics of the second situation.

**Committee, Task Force and Caucus Reports:**

**Clinical Skills Training:**

The CSA Task Force has considered surveying the field about what programs are actually doing for CSA – mock boards style assessment versus the naturalistic model assessment. The task force decided to wait to survey to let programs determine how they will approach the CSA's and then survey. The task force wants to plan a workshop at the next annual meeting to address the many questions that have come up about implementation and standards. The multi-organizational task force on examiner training (chaired by Michael Jibson and Karen Broquet) is interested in developing the training tools, studying inter-rater reliability, and looking at alternative and simpler forms for assessment. That group will be continuing its activity. Michael also reported that he and others will be analyzing the data from the AADPRT CSA Workshop for publication and indicated he was interested in collaborating with others on this work.

Some felt that time is of the essence and it's important to have the survey sooner rather than later. There was a discussion about whether it would be valuable to have a CSA blog that would archive people's comments (there is a blog function that is available on the website). The CSA presentation from the AADPRT

meeting is on the website and it was easy to download the information for programs to use in local faculty trainings. Michael Jibson reported that the inter-rater reliability from the annual meeting participants was surprisingly good, but it will be interesting to see if this is the case for videos that are more equivocal. The APA is willing to use their educational software to support this activity in a format where individual faculty members can train on-line. Michael will request that the videos be moved to the website.

The group discussed when to implement a survey about CSA practices. An early survey and a later survey could document progression over the year in the development of CSA exams. The CSA Task Force also suggested that perhaps AADPRT should write a letter to NIMH suggesting that they set aside a pot of money to support research about CSA outcomes.

Action:

The EC asked the CSA Task Force to re-consider their decision not to survey, and to consider a brief early survey asking what programs are doing other than mock-boards-style assessments. The CSA materials will be moved to the members-only section of the AADPRT website.

**Finance:**

Don reported that the fiscal year runs from July to June. He presented the balance sheet: net income so far is just over \$17K. The revenues indicate a \$20K decrease in pharma funding for the fellowships between budgeted and actual. The overall budgeted expenses were \$429K and the actual was \$372K. The expenses for the annual meeting were generally very reasonable, but the AV costs were higher than expected because many presenters did not bring their own LCD projectors and we had to rent them at the last minute. We also used two screen projectors because of the size of the meeting.

Don reported that the Steering Committee agreed to increase Lucille's hours from 28 to 32 hrs. per week, and institute a 5% increase in the hourly rate.

Sheldon reported on the Financial Planning Task Force. This committee addressed the issue of how we will operate without pharma funding. A review of the Annual Meeting expenditures noted that there was a \$40K differential between the budgeted bottom line and the actual. Potential ways of economizing in the future include: 1) a cocktail reception instead of a dinner for the fellowship winners, 2) decreasing to five fellows for each fellowship, 3) covering one less night in the hotel for fellows, 4) re-deploying the development committee to increase the number of exhibitors as an alternative revenue generating mechanism.

Action:

The EC voted to endorse a cocktail reception instead of a dinner for the fellowship. The group endorsed having Sheldon discuss decreasing the

fellowship number to 5 for each fellowship with the fellowship program directors and develop a proposal for maintaining regional and program size balance. The EC voted 12 in favor and 4 against decreasing the fellow number for each fellowship to five. There will be an increase Lucille's hours from 28 to 32 hrs. per week with a 5% increase in the hourly rate.

**Development:**

Art Walaszek reported on a draft set of AADPRT guidelines (Guidelines for Selecting Exhibitors) for determining appropriateness of exhibitors developed from a set of rules promulgated in a JAMA article on professional medical association – industry relationships. The approach includes vetting potential exhibitors in advance and governs their conduct during the meeting. We discussed whether to follow the same guidelines as the APA. It was observed that our meeting is focused on education, and there is an advantage to having educational technology companies exhibit at the meetings. There was a discussion about inclusion of physician recruiters. There was a spirited discussion about who and how many exhibitors we should include at the meeting.

The question of whether to eschew further pharma funding was discussed. If we opt not to request further pharma funding, then the organization's net operating positive balance would disappear. The question was raised whether the organization should sell advertising opportunities to pharma, at the meeting or in the brochure. The issue is whether to wait for pharma funding to decrease, or anticipate this and plan to run a more lean organization in advance. Members of EC spoke pro and con this issue, recognizing that pharma funding will likely decrease in the next few years. Some are concerned that we must stop receiving money from pharma or we will appear like we are behind the times as an organization. Some feel there is an ethical way of accepting industry funds. It was observed that there is more genuine conflict of interest with educational exhibitors than with pharma.

Action:

The EC voted not pursue to pharma funding for CME activities with 11 in favor, 3 opposed, 1 abstained. The EC voted on a motion to accept the guidelines for selecting exhibitors at the annual meeting prepared by Art, adapted from the JAMA guidelines, subject to two modifications:

- 2d. "physician recruiters" will be moved to part 1e of the document
- The sentence that runs "exhibitors with high potential ..." will be eliminated, and the next sentence will be modified to include "category 1 and 2."

The motion was passed 16 in favor, with none opposed.

**APA:**

Debbie encouraged attendance at MindGames. She also encouraged resident participation in the IMG Institute, created by Raghu Rao. There will be 30 participants in the Institute, and it will be offered at no charge next year.

She also reported on the changes at the APA. There has been a major re-organization due to decrease in pharma support and journal advertising. All committees under the Council on Medical Education, except the Scientific Program committees, have been eliminated. Award selection groups will continue meeting by conference call or email. The Council on Medical Education will be responsible for overseeing medical student, graduate education and CME, including on-line CME and global psychiatry education. There will be nine members on the Council and Sandra Sexson will be the chair. Nancy Delanoche will continue to support the Council and Miriam Epstein will support for CME issues. Debbie asked that all the education organizations which send presidents/liaisons to the council to notify Nancy Delanoche with the name of the president each year when their president changes. These changes in the component structure will make the component meetings in September much smaller, streamline the organization and save travel expenses. There does not appear to be an imminent budget threat to PsychSign. The American Psychiatric Leadership Fellowship will be discontinued, as there is no longer funding from GSK.

**Information Committee:**

Bob Boland summarized the report which includes suggestions for upgrades to the website which would total approx. \$13K. This includes upgrade to a data-driven system, as well as upgrades to the cosmetics.

Action:

The EC voted in favor of ordering these upgrades.

**Workforce:**

Steve Schlozman has constellated a committee that is working on this issue. PsychSign is an increasing success. He also reported on advocacy issues. There are several important misconceptions medical students have about psychiatry – salary, impact of health care reform and parity. There is very little interest in child psychiatry among the recent potential legislation. He raised the issue of whether psychiatry should be included under the primary care umbrella in the health care reform debate.

**September EC Meeting:**

The September meeting is 9/10-9/11/09 in Kansas City.

The meeting was adjourned at 5PM.

Respectfully submitted,

Richard F. Summers, MD  
Secretary