

AADPRT ANNUAL MEETING

MARCH 9 – 12, 2006

Loews Coronado Bay Resort

San Diego, CA

EXECUTIVE COUNCIL MEETING

REPORTS

Committee or Liaison Group Name: *Academic Psychiatry* – (“*The Red Journal*” - Laura Roberts hopes this will catch on.)

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

Report/Updates of Importance & Pertinence: The Governance Board of *Academic Psychiatry* has been meeting via conference calls. To my knowledge there is no planned meeting at AADPRT as Laura Roberts will not be attending the meeting. Our last call was in December. At that time there were 136 peer reviewed submissions so far for the year. The prior year there were 136, but that included the “A Day In The Life” articles written by Training Directors, which were not peer reviewed articles.

In an attempt to increase the international scope of the journal, a work group will be established.

We have reached our goal of expanding the size of the Editorial Board.

Action Items: The following Call for Papers should be posted on our Web Site.

Reaching Out to Families/Overcoming Stigma: Educating Medical Students, Resident Psychiatrists, and Psychiatric Practitioners to Work More Effectively with Families and to Deal with the Impact of Stigma on Families and Patients as a Barrier to Care (Deadline: April 1, 2006)

Personal Health and Health Care Issues for Medical Students, Residents, and Physicians (Deadline: April 1, 2006)

Academic Collaboration in Mental Health: VA and Medical Student Programs (Deadline June 1, 2006)

Impact of Stigma on Psychiatric Training (Deadline: November 1, 2006)

Committee or Liaison Group Name: **Child and Adolescent Psychiatry Caucus**

Chair/Representative’s Name: Christopher K. Varley, M.D.

Report/Updates of Importance & Pertinence:

- 1] Strong interest in facilitating access to child and adolescent psychiatry residency continues.
- 2] AACAP Subcommittee on portals of entry into child psychiatry endorsed development of a three year psychiatry/child and adolescent psychiatry residency for board certified pediatricians
- 3] Goal to broaden awareness of mentoring opportunities, including the Klingenstein Medical Student Fellowship Program
- 4] NRMP experience successful + now in its second decade. Considering strategies to move from 75 to 100% participation

Action Items:

- 1] Follow up on task force approved by EC in September 2005

Committee or Liaison Group Name: Development

Chair/Representative's Name: Kathy Sanders

Report/Updates of Importance & Pertinence:

IMG Mentorship Program: Pfizer (previous funding source) was unwilling to give more than \$10K this year for this program and preferred to have a cosponsor rather than be the sole sponsor. Forest may be willing to contribute more but were unable to fund this year due to being asked too late in the season. However, they will be contributing \$2,000 as a token of their willingness to participate with us in the future. Will solicit pharmaceutical companies much earlier (like right after this meeting!) for next annual meeting. Both companies prefer yearly review of a proposal rather than extended year commitment.

Ginsberg Fellowship: Janssen has funded this fellowship for the last couple years and has continued to support this travel award. They did not choose to make a 5-year commitment to fund the fellowship.

Keynote speakers: Astra Zeneca and Lilly were the only other companies to contribute with unrestricted educational grants to support the keynote speakers for the annual meeting.

Company	Outcome
AstraZeneca	yes
BMS	no
Forest	no
Forest	yes
GSK	no
Janssen	yes
Lilly	yes
Pfizer	yes
Wyeth	no

Action Items:

AZ, BMS, GSK, Janssen, Pfizer, Wyeth, and Lilly require a more extensive and formalized application process. All have on-line application processes and detailed budget proposals that will need to be rectified after the annual meeting. All of this is more labor intensive and needs to be started in the Spring or Summer before the next annual meeting.

The IMG Mentorship program is in need of review as how much funding is required for a viable program. Both Pfizer and Forest should be contacted as cosponsors for the program for next year. And this should start right after the March annual meeting.

Committee or Liaison Group Name: Henderson Award Committee

Chair/Representative's Name: David Kaye

Report/Updates of Importance & Pertinence:

1. **Committee membership and process.** Committee Membership was completed this year with the addition of Peter Daniolos. There is now one member from each region. Mix of individuals is excellent with broad representation of perspectives. Discussion of a term limit of 3 years was undertaken. Again this year there will be an Administrative Meeting for the Committee at this year's Annual Meeting.
2. **Number of submissions.** A total of 10 submissions were received this year. This is the most we have received in the past 8 years (one other year had 10). This may have to do with the increased effort and multiple notices sent to get out the word this year about this award.
3. **Use of electronic submissions.** This was the first year that we went to electronic submissions. For the most part this worked very well although one submission did get lost in cyberspace. Although late, fortunately this came to our attention in time to be reviewed for this year's award. For next year it was agreed that authors will be asked to submit both electronic and hard copies of their submissions.
4. **Author confirmation forms developed.** Over the years it became difficult to determine the resident's true contribution to a paper. In order to get a better sense of this the Committee developed an Author Confirmation Form that asked about the specific contribution the resident made to each aspect of the paper (e.g. concept, method, data collection, stats, conclusions, writeup). Generally this was a big improvement although further refinements will be discussed at the Admin Meeting of the Committee in San Diego.
5. **Feedback to authors.** For the first time (to my knowledge) written feedback was provided to any authors requesting such. Three authors requested and received such feedback. Further refinement of the process of this will be discussed at the Admin Meeting.
6. **Multiple Awards.** The quality of this year's submissions was truly outstanding. Three papers could have won the award and the general quality of a number of others merited recognition. The Committee wondered whether it might be possible in the future to give the award to more than 1 paper. Additionally could other forms of recognition be considered for non-winning papers (e.g. certificates of commendation, announcement at the meeting and in the newsletter, etc).

Action Items:

1. **Consider multiple awards**
2. **Approve term limits for Committee Members**

Committee or Liaison Group Name: INFORMATION COMMITTEE

Chair/Representative's Name: SHELDON BENJAMIN

Members: Lucille Meinsler (AADPRT office), Tracy Riley (coordinator's rep), Mark Servis (program chair emeritus), Grace Thrall (Newsletter editor), Deb Cowley (program chair), David Bienenfeld

Webmaster/Listserve Contractor: Rick Brandt, PacketRat Communications

Report/Updates of Importance & Pertinence:

The committee has met intermittently via conference call. Progress on tasks:

1. INFO COM ORGANIZATION: David Bienenfeld has joined the committee and will be helping us to keep the website current & up to date.
2. LISTSERVE: No developments to report
3. NEWSLETTER: Grace Thrall has just completed a new edition of the newsletter highlighting "Best Practices," following the successful format she instituted last year, including live links to the website. Distribution will again be by emailed link to download it from the website.
4. WEBSITE: We continue to receive excellent service from Rick Brandt and PacketRat Communications.
 - a. MEETING REGISTRATION MODULE: Appears to be working very smoothly this year. We hope to add a secure online payment system this year.
 - b. MEMBERSHIP MANAGEMENT MODULE: Although the module is substantially complete, there continue to be the expected issues as the kinks are worked out of the system. Some problems are not unique to the online implementation but reflect ongoing confusion by members about our membership process. Calculation of correct charges to each institution taking into account the variety of members, determining correct journal subscribers, etc all need clarification. We also need to develop the capacity to centrally designate which members are on which committees to allow Lucille to target communications to various groups. Capacity for residency coordinator to manage membership of related local members has been added and appears to be working. Secure credit card billing function to be added. A clear membership FAQ needs to be developed by the Membership Committee, Central Office, and Information Committee to make membership rules clearer.
 - c. WEBSITE ORGANIZATION: Have now established process for EC Minutes and committee reports to be posted to member-only download section. Committee and taskforce chairs are still not taking responsibility for content in their areas, however.
 - d. JOB BANK UPGRADE: Online job bank area is now functioning but members continue to email the listserv instead of posting to the website. A POSITION POSTING FAQ still needs to be developed.

- e. **SITE USAGE STATS:** Site usage stats will be distributed at the EC meeting.
- f. **COORDINATORS:** Coordinator section of the website going strong. Coordinators are beginning to see the website as a helpful resource, and under Tracy Riley's guidance, continue to develop new material, including related to coordinator accreditation by TAGME.

5. ANNUAL MEETING

- a. **PREMEETING:** A Pre-Meeting page should be in place before the meeting with documents and links discussed at the sessions. Look for it in the VTO Curriculum pages, probably under **RESEARCH LITERACY RESOURCES**. We are in touch with the pre-meeting planning group for their input on this.
- b. **POSTERS/WORKSHOPS:** The few posters and workshops that submitted material after last year's meeting were quite popular on the website. A few submissions got as many as 60 hits in the first 3 months after the meeting. We want to continue to offer this as a member-only benefit but need to do a better job of letting presenters know how many viewings their material is likely to get on the web so they will participate. Deb Cowley is sending out a message to all presenters this year asking them to bring an electronic copy of their poster, workshop slides, or handouts for posting as secure PDF's. We will also ask Rick Brandt to have "office hours" each day in the AADPRT meeting office to assist presenters in getting their material online.
- c. **KEYNOTE LECTURES:** We are still not certain how much demand there is for keynote lectures. Response to last year's were mixed, probably not as popular as the workshop and poster content overall. Last year, we experimented with posting both MP3 and slides (viewable online only) for Floyd Bloom and Glen Gabbard. We are looking into inexpensive alternative methods of presenting lecture info in ways that index the audio and slide content so that it would not be necessary to watch the entire presentation. We regard this functionality as an experiment to determine what the membership wants and possibly as a way of piloting new educational technologies. We are discussing options for this year with Rick Brandt.
- d. **COMPUTER KIOSK:** We hope to have a computer kiosk at the meeting again this year with live uploads of meeting content and photos during the meeting.
- e. **RICK BRANDT:** Rick will be at the meeting this year. We are looking into having him have formal office hours in the meeting office during which committee and taskforce chairs can set up meetings if needed for advice on how to use the web for their areas of interest. He will also have designated times each day to receive electronic content from presenters to upload.

- f. **PRESENTATION SUBMISSION PROCESS:** Going forward we will look into the feasibility of creating an online process for abstract submission, program committee review, and collection of CV's, disclosure statements, and web posting permission forms.

Action Items:

1. **PROPOSAL TO DEVELOP ONLINE PROCESS FOR ABSTRACT SUBMISSION AND REVIEW:** See above for description. We are obtaining cost estimates and will present to the EC when available.
2. **AADPRT FELLOWSHIP AWARDEES:** We would like to make certain that all fellowship award committees submit similar information to the AADPRT office for posting on the web. If EC agrees, this would be done automatically by the executive office going forward.
3. **INFOCOM, MEMBERSHIP COM, AND LUCILLE** to develop a membership rules FAQ to post at the top of the membership renewal page. We will also look into improving the membership renewal interface for members and for the AADPRT Office.
4. **COMMITTEE AND TASKFORCE CHAIR RESPONSIBILITY FOR THEIR WEB CONTENT:** Committee and taskforce chairs have still not gotten involved in the creation and oversight of the webpage for their committees. However we have added committee reports to the member download page.
5. **WEBSITE MEMBER BRAINSTORM SECTION:** We are looking into creating a new area on the website for members to submit ideas for future uses or content of the site.
6. **WHAT CONTENT DOES THE EC WANT TO SEE DEVELOPED THIS YEAR?**

Psychopharmacology Curriculum Report

Representative: Sid Zisook, MD

Since the last Executive Committee Meeting, David Goldberg and I have met with each other and have participated in a number of meetings with the ASCP Psychopharmacology Curriculum Committee and with various members of the AADPRT Steering Committee. The results of these meeting have included:

1) A re-vitalized agreement with ASCP. While AADPRT works on the development, dissemination, field testing and refinement of the schizophrenia module, ASCP will move forward with the Edition 4. We agreed to disseminate information about our “partnership” and Edition 4 to the AADPRT membership (e.g., perhaps thru the website, newsletter, annual meeting, etc). The schizophrenia module and any other components of the curriculum that AADPRT is involved in developing marketing or endorsing will not involve pharmaceutical industry support. Postgraduate Physicians Press (PPP) will not be involved in the development of the schizophrenia module or of any part of the Curriculum that is part of the AADPRT/ASCP partnership unless or until the organizations agree to engage PPP in some focused activity.

2) The formation of an AADPRT working committee on the Psychopharmacology Curriculum development. The committee is made up of:

Sid Zisook – Chair

David Goldberg – Co-Chair and Pedagogy

Richard Balon (bridge with ASCP)

Sheldon Benjamin (neuroscience and technology)

Gene Beresin (competency)

Michael Jibson (content – and everything else)

This committee has begun meeting by teleconference and e-mails to discuss the scope of the schizophrenia module and type of curriculum that most likely would be used and valued by residency programs. No consensus on its form or format yet has been reached. The committee also has begun looking carefully at an extensive power point presentation put together by Michael Jibson with help from previous editions of the Psychopharmacology Curriculum, Ira Glick, Richard Balon and others. The committee will meet during AADPRT (Thursday, March 9, 12-2) to agree on goals, consolidate plans, begin operationalizing work groups and dead-lines, and discussing how to involve other interested AADPRT members. Ira Glick has agreed to attend this meeting. During this next year, we would like to have a schizophrenia module completed and distributed to all programs for a “trial” run. We hope to present the Module at a workshop at next year’s meeting.

Committee or Liaison Group Name: Psychotherapy Task Force

Chair/Representative's Name: Lee Ascherman

Report/Updates of Importance & Pertinence:

The Task Force was organized this autumn and held its first phone conference on December 7, 2005. Participants represent CBT, family therapy, psychodynamic therapy and expertise with combining psychotherapy with medication. All participants expressed an interest in identifying commonalities between their particular therapies of expertise, despite their allegiances to their areas of specialty, for the goal of identifying core constructs critical in residency training. The analogy of a tree was offered – with these core constructs representing the trunk from which specialization branches emerge. No party was willing to sacrifice their sense of the richness and importance that their branches holds, but all recognized the importance of struggling to identify what is common to the trunk for the purpose of advocacy for a minimum standard in psychotherapy training.

A follow up phone conference is scheduled for February 16 with an agenda to outline specific responsibilities towards the:

- 1) development of a task force position paper
- 2) Identification of relevant literature emphasizing evidence based literature,
- 3) development of competencies for core psychotherapy attitudes, knowledge, and skills

The Task Force will hold their first in person meeting at this upcoming AADPRT meeting

Action Items: none yet

Questions for Regional Representatives

1. The video portion of Part 2 of the ABPN exam has recently been replaced by several shorter clinical vignettes. How has your program adapted to these changes? Do you have any feedback from residents who have taken this new exam?
2. Have you encountered any Match violations?
3. If your program has had an RRC site visit in the past year, have you encountered any difficulties in completing the paperwork? Have you encountered any difficulties with the site visit itself? If so would you be willing to be on a committee to review and provide feedback to the RRC?
4. How has recruitment been this year into adult psychiatry? Child and adolescent psychiatry? Other subspecialties?
5. How is your program addressing competency remediation? What remediation, if any, do you provide for low PRITE scores?
6. AADPRT receives several requests each year from members and non-members to conduct surveys on a variety of topics. What criteria do you recommend for surveys to be conducted in (or disseminated through?) AADPRT?
7. If a portable psychopharmacology curriculum were to be designed, what type of content would you want and for what form of teaching, e.g. lecture, case discussion, etc?
8. Information dissemination: The new General Psychiatry RRC essentials will not go into effect until 2007.

Committee or Liaison Group Name: Subspecialty Caucus

Chair/Representative's Name: Joe Layde

Report/Updates of Importance & Pertinence: The major issue facing the established subspecialties (addiction psychiatry, geriatric psychiatry, and forensic psychiatry) is recruitment. The caucus and sub caucuses will be reviewing the clinical need for sub specialists and the numbers of applicants and training programs to try to keep them in line with each other. Psychosomatic medicine continues to be off to a good start. The role of the fourth year of general psychiatric training continues to be a hot topic among subspecialty psychiatry training directors.

Action Items: Sub caucuses of each of the subspecialties will meet in San Diego, and we'll pool information from the discussions.

AAMC Organization of Resident Representatives

Winter 2006 Report to the AADPRT Steering Committee

Kelli Harding, M.D.

Nzinga Ajabu Harrison, M.D.

The Organization of Resident Representatives (ORR) provides the resident physician perspective to matters before the Association of American Medical Colleges. Its mission is to improve resident education and training for all specialties and subsequently improve the care we provide to the patients we serve. Dr. Harrison and Dr. Harding not only have the great privilege of representing psychiatric residents but also both sit on the elected administration board of the ORR. Dr. Harding also is the ORR representative on the steering committee of the Group on Educational Affairs (GEA).

Collectively, the ORR meets twice yearly: Once in the fall at the National AAMC general meeting and once in the spring at the Professional Development Conference held in conjunction with the Council of Academic Societies (CAS). The administrative board meets four additional times a year in Washington D.C. to discuss programming and contribute to the discussion of developing topics within the AAMC executive council. The GEA steering committee meets also in D.C. twice a year in-between regional conferences.

Topics from the fall conference included the rising cost of creating doctors, effectively integrating and supporting residents in clinical research activities, maintaining integrity in medical research, and competency-based assessment. At this year's spring conference, the ORR will have the opportunity to serve as focus groups for the field director from the ACGME on their charge to explore the features of a "good learning environment," which builds on previous work by the ORR on the elements of an "optimal learning environment."

Topics from the February administrative board meeting included: academic medical centers relationship with pharmaceutical companies and current practices that create conflicts of interest in the educational enterprise (see article by Brennan et al., *JAMA*, January 25, 2006); expanding opportunities for exposure to translational and clinical research for all medical students and residents; and, the growing need to expand the physician workforce. Dr. Julie Gerberding from the CDC gave a talk on the need to resist complacency in public health, developing population health curriculums in medical education, and shifting the national health focus from primarily tertiary care to more targeted protection for vulnerable people on both urgent and important matters.

Other areas of interest for the ORR include:

- Scope of practice preparation and transitioning from residency to practice.
- Residents as teachers and developing clinician educators
- Academic medicine and junior faculty development
- Assessment and evaluation methods, including self-evaluation
- Clinical research education and resident initiated research opportunities
- Educational quality

Nominations will be accepted through June 30, 2006 for the annual **ORR Community Service Recognition Award**, which is designed to encourage a service ethic among residents by recognizing those who have contributed through extracurricular activity meeting health or other human needs in the communities in which they live and train. Nomination forms and more information are available on the ORR website at www.aamc.org/members/orr/communitysvcaward.htm. Nomination packets must include a letter of endorsement from a AAMC Group on Resident Affairs (GRA) Representative at the resident's local institution or an ORR member. A \$500 contribution will be made in the name of the awardee to a nonprofit charity the awardee designates.

We welcome questions or comments:

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