

**AADPRT EC Meeting
Milwaukee, Wisconsin
September 8, 2007**

Call to order: 5:42 pm

Present: L. Ascherman, S. Benjamin, A. Bentman, B. Boland, D. Cowley, D. Goldberg, D. Kaye, R. Krasner, J. Layde, B. Levy, D. Rosen, K. Sanders, M. Servis, S. Sexson, D. Stubbe, C. Varley, S. Weissman; R. Summers by conference call; L. Meinsler

1. **Announcements:** Gary Tucker, past President AADPRT in the late 1970's, died 12/06 after a lengthy illness.
2. **Minutes from May 2007 EC meeting.** Reviewed and accepted as written.
3. **Finance committee (R. Summers by conference call).** Total assets 7/31/07: \$360K.
'07 final budget:
 - a. Operating surplus \$31K.
 - b. Annual meeting deficit: \$15K (pharma: \$20K for general expenses +\$32K for fellowships).
 - c. Net for year: overage of \$20K.

'08 budget: Reviewed detailed budget proposal. Issue raised as to role/place of pharma funding in organization. David Goldberg commented that for many years >50% funding was pharma based; percentage is much lower at this point. Kathy Sanders reminded that all pharma grants are unrestricted educational grants. Annual meeting fees discussed and suggested that no increases occur this year. Noted that AAP and ADMSEP meeting fees are quite comparable to ours. Considered BOA (vs. PayPal as we did this year) as intermediary for accepting electronic payments. Fees appear higher for BOA. Agreed to stay with PayPal for now. Lucille Meinsler reports that IRS finalized acceptance of all outstanding previous tax returns without penalty.

Outcomes:

1. No increases in meeting fees for this year.
 2. Need to further discuss role of pharma in AADPRT
 3. Continue with PayPal with continued monitoring for complaints this year
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2. **Information (B. Boland).** Bob Boland has taken over from Sheldon Benjamin as of this summer. Bob proposed initiative to archive clinical (video and written) vignettes. Must be members only access. Discussed whether members should be required to submit a vignette in order to access. Video vignettes are more difficult to create. HIPAA issues, including separate releases for AADPRT, pre-empt using live patients at this time. Given liability issues, suggested simulated patient vignettes be used. Consider AADPRT initiative to develop video vignettes. Editorial Board for archiving vignettes needs to be recent ABPN examiners. ABPN reportedly okay with this kind of archiving. Use of cases on the website might be tracked for TDs so that this can be used in their own academic portfolios.

Outcomes:

1. Support vignette archive, including resources for website upgrade.
2. Editorial Board should be ABPN examiners.
3. Video vignettes should be simulated patients.
4. All members will have access to the vignettes

3. Fellowships committees (C. Varley). Chris Varley reviewed the policies and guidelines for all awards and recommendations made as follows:

Ginsberg awards have major discrepancies in numbers of applicants per region. Discussed whether Chair of Ginsberg should have discretion to make final decisions when there are imbalances in applications (Yes). K. Sanders raised another issue, which is to consider tracking outcome, how fellowship furthered their career; track career paths (i.e. what are they doing now?). Should be initiated this year as pressure from funding sources increasingly want/require this. Discussed including subspecialty fellows as eligible (Yes). Should programs/institutions be able to submit application for more than 1 resident? (Yes, 1 from each program.) PG V Chief Residents eligible? Yes--remove statement in current description; leave as open issue. Should we continue policy that programs be ineligible for 2 years following one of their residents winning award? Yes.

Henderson Award: promote papers on education. Add this to award description.

Fromm Reichmann: Should eligibility be opened up to include subspecialty fellowships i.e. create symmetry with Henderson award? Yes. Should provision for 3 recommendations be continued? Needs to be discussed with John Herman, Chair of award committee, but recommendation from EC is to delete this as a requirement for the award (which is for a paper on psychotherapy). Noted that Anne Alonso, who was instrumental in founding this award, died recently.

IMG awards: mission and focus of award needs to be revisited; tabled till discussion in Strategic Planning.

Outcome:

1. Changes for Ginsberg, Henderson, Fromm Reichman accepted as above and will be incorporated into the guidelines for this year's awards.
2. IMG award is bigger discussion and tabled to Strategic Planning.

6. ADMSEP liaison (C. Varley). Can we collaborate/partner with them to further psychiatric education? There is a 400 page training document of goals, objectives, and content that they have developed. Have not asked for endorsement from AADPRT. Collaboration with other organizations has long history and is easier said than done.

Outcome: Tabled for further discussion in Strategic Planning.

7. Post-pediatric Portals Project (C. Varley). One program has completed application. Others are in process of submitting. Major barrier appears to be funding the

positions. Anecdotally some programs receiving requests for information about these programs from pediatric practitioners as well as medical students.

Outcome: as programs are accredited they can be added as a link on the opening page of the AADPRT website, perhaps with the position openings box.

8. Regional Reps (D. Rosen). Diane Sacks no longer TD at Jamaica Plains.

Outcome: need to identify and appoint new Region 2 rep.

9. Child Caucus (D. Stubbe). Post-Pediatric portal project is major topic. New Child RRC requirements not generating much controversy. Want to continue 2 caucus meetings at AADPRT annual meeting. Anticipating changes to ABPN Child Exams but unclear what these might be.

Outcome: continue 2 caucus meetings at annual meeting.

10. Psychotherapy Work Group (L. Ascherman). Competency for common factors in psychotherapy now completed with hopes of publishing in Academic Psychiatry and perhaps presenting workshop.

Outcome: post the competencies on the AADPRT website asap.

11. Committee on Competencies (L. Ascherman). No current issues.

12. Development (K. Sanders). Successful grants need to be submitted early (i.e. before October 1). Goal is \$50-60K this year. Need to develop outcomes for fellowships as grantors are increasingly looking for this. How can we track this? Will start with query of the TDs of recent awardees. This is a committee of one at this point. Can we bring on more individuals for this committee? Should we consider a grant writer?

Outcome:

1. Contact and query TDs of recent awardees to begin to develop data re outcome of fellowships.
2. Continue discussion in Strategic Planning.

13. Membership (A. Bentman). Main issue is assuring timely payment of dues. Discussed alternatives to address this. Significant numbers of members don't use listserv or website.

Outcome:

1. Beginning 2008 AADPRT will charge a late fee for delinquent membership dues.
2. Include orientation to website for NTDs at annual meeting.

14. Fellowship Caucus (J. Layde). Now up to 103 members. Forensics considering match. Low resident recruitment in geriatric, addictions continues as serious issue.

15. Coordinators Caucus (L. Meinsler). 19 psychiatry coordinators now certified by TAGME. Psychiatry coordinators have highest pass rates of all specialties.

16. APA Council on Med Ed. (S. Sexson). Sandra Sexson is now Chair of this committee. Effort to develop projects now underway. Developing a research literacy web-based program is one project. Another is a suicide postvention curriculum for residents. These may be opportunities for AADPRT collaboration with APA and AAP. Another initiative is to assist in development of new ABPN credentialing process. Much discussion about this and concern about AADPRT role. CME also needs recommendations for various subcommittee members, especially to increase diversity. Online resident version of AJP is available to residents regardless of membership.

Outcome:

1. Need to proactively discuss process for ABPN changes with CME, ABPN

17. CAS and APA GME Committee (S. Weissman). Major turnover in senior positions at AAMC occurring. Major focus at AAMC is projected increase in numbers of medical students. Last time this occurred there was big drop in interest in psychiatry.

18. Academic Psychiatry (B. Levy). No current issues.

19. Strategic Planning.

- a. **Number of meetings for EC.** There has been poor attendance at May meetings for years; increasing issues for September meeting (i.e. fewer EC members regularly examine for ABPN). Should we de-link the Fall meeting from ABPN? Can we meet twice per year? The discussion then turned to considering what we need/want to accomplish. Ron Krasner raised issue of retreat to consider larger issues of strategic planning, mission, vision, the future. Sandra Sexson suggested that this requires much planning and ground work before any type of retreat occurs. This comment was echoed by others. Membership input would be important although should be approached thoughtfully. Input from recent graduates also would be important as well. AADPRT might also consider input from others outside of our organization, perhaps even outside the field.

Outcome: continue discussion to consider retreat

Meeting adjourned at 9:13 pm.

Respectfully submitted,
David Kaye