

**Date: February 7, 2013**

**Committee or Liaison Group Name:** BRAIN Conference-2013 (former Pre-Meeting)

**Chair/Representative's Name:** Sid Zisook and Deb Cowley

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

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

**Major Accomplishment in 2012-13:**

- March 6 Conference on "Treatment- Resistant Depression: Using Large and Small Groups to Teach Research Literacy" (Deb Cowley, Grace Thrall, Sid Zisook – Program Chairs).
- 3 papers based on research conducted at this meeting accepted for publication (in press).
- Tracking committee (Jane Eisen, Ronald Rieder and Art Walaszek) began collecting data on MD/PhD residents at selected programs.
- Richard Balon has agreed to head a committee to develop a listserv for past, present and future BRAIN scholars to communicate and network.

**Goal(s) or tasks to be completed in 2013-2014**

- Plan for 2014 BRAIN Conference.
- Complete assessments and publications from 2013 conference.
- Continue development of Tracking and Scholar communication projects.
- Begin planning for 'life after R-13s'.

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.  
SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS – GENERAL OPERATIONS  
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012	2011
<b>REVENUES</b>		
Membership dues	\$ 223,550	\$ 177,634
Interest	941	1,380
Miscellaneous	1,070	1,080
Donations	2,200	17,000
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Total revenues	227,761	197,094
	<hr/>	<hr/>
<b>EXPENSES</b>		
Salary	74,693	71,971
Subscriptions	29,487	25,674
Webpage	19,254	20,561
Executive committee meetings	7,299	11,936
Liaison, dues (AAMC)	4,900	4,401
Liaison, meeting reimbursements	5,177	5,102
Legal and accounting	6,307	6,957
PayPal fees	5,206	4,836
Travel, staff	2,216	2,698
Telephone	3,393	3,641
Editorial office support	2,000	2,000
Executive council annual meeting, site visit	107	1,355
Postage and shipping	1,144	1,526
Fees	1,500	448
Executive committee meetings, travel	-	193
Committee and task force	5,156	1,950
Office supplies	389	3,397
Miscellaneous	492	2,574
Photocopies and printing	897	233
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Total expenses	169,617	171,453
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Net revenues over (under) expenses	\$ 58,144	\$ 25,641
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AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.  
SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS – ANNUAL MEETING  
FOR THE YEARS ENDED JUNE 30, 2012, AND 2011

	2012	2011
REVENUES		
Registration fees	\$ 226,505	\$ 241,206
Exhibits	10,360	7,500
Total revenues	<u>236,865</u>	<u>248,706</u>
EXPENSES		
General		
Audio visual	18,126	17,734
Hotel miscellaneous	19,036	21,304
Printing	7,742	7,518
Supplies	3,569	3,304
Entertainment	-	650
Computer and internet connection	3,400	3,060
Equipment rental	10,812	2,322
Poster boards and computer kiosk	-	2,178
Postage and shipping	1,388	1,808
Pre-meeting rooms	-	4,477
Meeting reimbursements	940	2,435
CME, meetings	81	-
Support	228	312
Guest rooms	440	2,107
Plaques, other	1,367	1,295
Total general expenses	<u>67,129</u>	<u>70,504</u>
Banquet	<u>201,626</u>	<u>170,803</u>
Speakers		
Honorarium	4,000	4,500
Travel	1,316	1,619
Total speakers' expenses	<u>5,316</u>	<u>6,119</u>
Other Staff		
Travel	1,414	437
Rooms	2,575	2,072
Total other staff expenses	<u>3,989</u>	<u>2,509</u>
Total annual meeting expenses	<u>278,060</u>	<u>249,935</u>
Net revenues over (under) expenses	<u>\$ (41,195)</u>	<u>\$ (1,229)</u>

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.  
SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS – FELLOWSHIPS  
FOR THE YEARS ENDED JUNE 30, 2012 AND 2011

	2012	2011
REVENUES		
FFR paper award	\$ 1,209	\$ 4,060
Donations, Cedar Family Foundation	-	4,060
Total revenues	<u>1,209</u>	<u>8,120</u>
EXPENSES		
General		
Supplies	<u>4</u>	<u>-</u>
Total general expenses	<u>4</u>	<u>-</u>
Ginsberg		
Travel and meals	2,654	2,464
Rooms	<u>-</u>	<u>790</u>
Total Ginsberg expenses	<u>2,654</u>	<u>3,254</u>
Henderson		
Travel and meals	937	572
Rooms	440	-
Honorarium	<u>500</u>	<u>500</u>
Total Henderson expenses	<u>1,877</u>	<u>1,072</u>
IMG		
Rooms	5,060	2,370
Travel and meals	<u>2,948</u>	<u>1,613</u>
Total IMG expenses	<u>8,008</u>	<u>3,983</u>
FFR Paper Award		
Rooms	220	790
Travel and meals	1,958	527
Honorarium	<u>300</u>	<u>300</u>
Total FFR Paper Award expenses	<u>2,478</u>	<u>1,617</u>
Total fellowship expenses	<u>15,021</u>	<u>9,926</u>
Net revenues over (under) expenses	<u>\$ (13,812)</u>	<u>\$ (1,806)</u>

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.  
SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES – CASH BASIS  
FOR THE YEAR ENDED JUNE 30, 2012

	Program	General & Administrative	Fundraising	Total
<b>REVENUES</b>				
Registrations	\$ 226,505	\$ -	\$ -	\$ 226,505
Dues	-	223,550	-	223,550
Donations	-	-	2,200	2,200
Interest	-	941	-	941
Miscellaneous	-	1,070	-	1,070
FFR Paper Award	-	1,209	-	1,209
Exhibits	10,360	-	-	10,360
Total revenues	236,865	226,770	2,200	465,835
<b>EXPENSES</b>				
Banquet	202,116	-	-	202,116
Salaries and benefits	-	70,958	3,735	74,693
Subscriptions	-	29,487	-	29,487
Meetings	1,021	12,476	-	13,497
Travel and meals	10,737	2,216	-	12,953
Webpage	-	19,254	-	19,254
Equipment	18,126	-	-	18,126
Rooms	8,735	-	-	8,735
Legal and accounting	-	6,307	-	6,307
Honorarium	4,800	-	-	4,800
Printing	7,454	-	392	7,846
Supplies	3,391	370	197	3,958
Postage and shipping	1,319	1,086	127	2,532
Dues	-	4,900	-	4,900
Internet	3,400	-	-	3,400
PayPal fees	-	5,206	-	5,206
Equipment rental	10,812	-	-	10,812
Telephone	-	3,393	-	3,393
Office support	-	2,228	-	2,228
Plaques	1,367	-	-	1,367
Miscellaneous	-	2,789	-	2,789
Entertainment	-	-	-	-
Executive Council Annual Meeting, Site visit	-	107	-	107
Hotel miscellaneous	19,036	-	-	19,036
Committees/Task force	-	5,156	-	5,156
Total expenses	292,314	165,933	4,451	462,698
Change in net assets	\$ (55,449)	\$ 60,837	\$ (2,251)	\$ 3,137

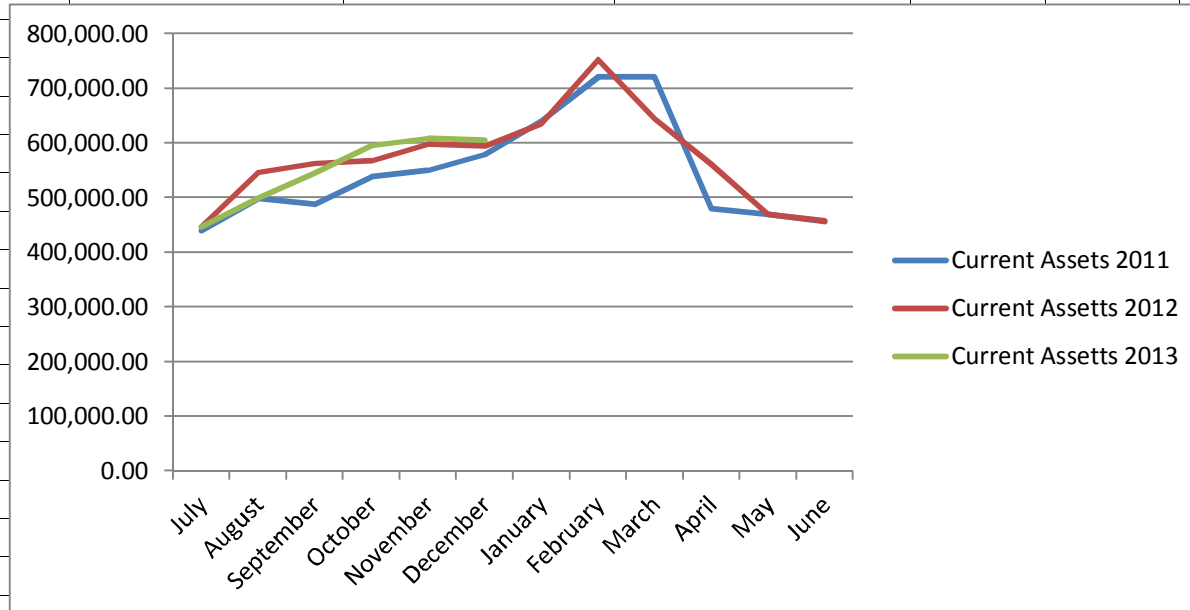
AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.  
SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES – CASH BASIS  
FOR THE YEAR ENDED JUNE 30, 2011

	Program	General & Administrative	Fundraising	Total
<b>REVENUES</b>				
Registrations	\$ 241,206	\$ -	\$ -	\$ 241,206
Dues	-	177,634	-	177,634
Donations	-	-	22,000	22,000
Interest	-	1,380	-	1,380
Miscellaneous	-	1,080	-	1,080
FFR Paper Award	-	4,060	-	4,060
Exhibits	7,500	-	-	7,500
Total revenues	248,706	184,154	22,000	454,860
<b>EXPENSES</b>				
Banquet	170,803	-	-	170,803
Salaries and benefits	-	68,372	3,599	71,971
Subscriptions	-	25,674	-	25,674
Meetings	2,435	17,038	-	19,473
Travel and meals	7,383	2,891	-	10,274
Webpage	-	20,561	-	20,561
Equipment	19,912	-	-	19,912
Rooms	18,069	-	-	18,069
Legal and accounting	-	6,957	-	6,957
Honorarium	5,300	-	-	5,300
Printing	7,142	-	376	7,518
Supplies	3,139	3,227	335	6,701
Postage and shipping	1,718	1,449	167	3,334
Dues	-	4,401	-	4,401
Internet	3,060	-	-	3,060
PayPal fees	-	4,836	-	4,836
Equipment rental	2,322	-	-	2,322
Telephone	-	3,641	-	3,641
Office support	-	2,312	-	2,312
Plaques	1,295	-	-	1,295
Miscellaneous	-	3,371	-	3,371
Entertainment	650	-	-	650
Executive Council Annual Meeting, Site visit	-	1,355	-	1,355
Hotel miscellaneous	16,104	-	-	16,104
Committees/Task force	-	1,950	-	1,950
Total expenses	259,332	168,035	4,477	431,844
Change in net assets	\$ (10,626)	\$ 16,119	\$ 17,523	\$ 23,016



AADPRT  
Current Assets  
FY 2011, FY2012, FY2013

Month	Current Assets 2011	Current Assetts 2012	Current Assetts 2013			
July	440,167.76	447,057.09	446,999.17			
August	498,352.03	545,788.71	499,079.79			
September	488,127.83	562,107.96	544,544.40			
October	537,692.43	567,797.96	594,997.24			
November	549,110.97	597,801.73	608,588.33			
December	579,467.71	594,698.29	604,429.23			
January	639,898.84	634,982.46				
February	720,844.03	751,750.66				
March	720,256.78	644,148.14				
April	479,322.77	560,217.95				
May	469,206.86	468,402.38				
June	455,760.83	457,007.62				



**AADPRT Committee, Task Force, Caucus Report**  
**Executive Council Meeting**  
**March 7 – 9, 2013**

**Date:** February 9, 2013

**Committee or Liaison Group Name:** Development Committee

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

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**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 October 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 March Meeting**

*1. COI Policies for Exhibitors and AADPRT Leadership*

The Committee continues to review potential conflicts of interests of exhibitors. No concerns arose this year with the 7 exhibitors, including two new exhibitors (LocumTenens.com and American Professional Agency). We will continue to monitor meeting attendees' perceptions of the exhibitors; no such concerns arose about the 2012 exhibitors.

We continue to post disclosures of members of AADPRT leadership on the website. The next round of disclosures will begin after the Annual Meeting, with a deadline of May 31.



## *2. Donations for Ginsberg and IMG Fellowships*

Since the beginning of our fundraising efforts in October 2011, we have raised a total of \$3600. Since the 2012 annual meeting, we have received \$2650 from 17 donors (including two repeat donors), whom we will recognize during the Business Meeting. The next solicitation (letter from AADPRT president) will come after the Annual Meeting.

We have begun soliciting international medical schools and associations that could be interested in the IMG fellowships.

## *3. Proposal from Philanthropy Consultant*

In November 2012, the Committee received an unsolicited communication from Nan Jefferys, a philanthropy consultant for professional medical associations. Ms. Jefferys proposed to assess and potentially expand AADPRT's fundraising capacity. She followed up with a phone call and formal proposal (attached) in December.

It seems unlikely that AADPRT would recoup the \$25,000 cost of the proposed feasibility study. However, the steps outlined in Ms. Jefferys' could guide our development efforts. In brief, AADPRT needs to 1) commit (or not) to fundraising for defined association goals, 2) study where/how within (and outside) the association, we can achieve funding, 3) build a culture where development/fundraising is seamlessly integrated, and 4) implement the strategy.

## **Action Items for March Meeting:**

We propose expanding the membership of the Development Committee in order to accomplish the steps outlined above. A small (5-6 person) committee of dedicated members with (and without) fundraising experience/interest could 1) obtain direction from the EC/Steering on funding priorities, 2) study our association for how to approach the opportunity, 3) build a culture of philanthropy in AADPRT, and 4) continually improve based on lessons learned as we progress.

Attachments:

AADPRT Fundraising Feasibility Study Proposal by Nan Jefferys

## AADPRT ACGME Liaison Committee

### Report to the Executive Committee February 14, 2013

#### Committee members:

Eugene V. Beresin, MA, MD, Chair  
 Linda Andrews, MD  
 Joan Anzia, MD  
 Sepideh Bajestan, MD, PhD, Psychiatry Resident  
 Adrienne Bentman, MD  
 Adam Brenner, MD  
 Kim-Lan Czelusta, MD  
 Art Walaszek, MD  
 Jeffrey Hunt, MD  
 Brian Hurley, MD, MBA, Resident in Psychiatry  
 Paul Summergrad, MD, Consultant  
 Richard F. Summers, MD

#### Current Activities:

1. The ACGME Liaison Committee has decided in consultation with AADPRT Steering Committee to send an independent survey of the General Psychiatry Training Programs under the leadership of a General Psychiatry Subcommittee:

Adam Brenner, MD  
 Kim-Lan Czelusta, MD  
 Art Walaszek, MD

The AADPRT survey shall be released in the next few weeks. It includes questions about the clarity, relevance and implementation pragmatics of the Milestones Draft for General Psychiatry previously released to General Psychiatry program directors. Ample room for narrative comments will be included. After the initial request, the subcommittee will send out a second request and make individual calls/emails to achieve a reasonable number of respondents. The data will be analyzed and sent to the Liaison committee and Steering Committee for further analysis. This data will be sent to the AADPRT membership with a formal response to the Psychiatry RC.

Previously the Committee proposed the following format for the AADPRT Survey, approved by the EC:

1. 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. Are the anchor points rendered in an appropriate degree of specificity?

- c. Is this Milestone realistically achievable by your residents by the time of graduation?
- d. What changes to your curriculum would you need to make sure that residents attain this milestone by the time of graduation? None, unsure, didactics, rotations, faculty development, other.

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

- a. Are there any areas of knowledge, skills or attitudes that are missing, under-represented 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?
- c. What do you see as the major strengths if any, of the draft of the Milestones?
- d. Do you think using the Milestones in your program will be a primarily positive or negative experience for you?
- e. Please comment on the specific impact this will have on your program, in terms of changes you will need to make (faculty training, changes in evaluation systems, etc.)

2. The ACGME Psychiatry RC sent its own survey to General Training Directors a few months ago. Chris Thomas indicated that the results of the ACGME survey would be shared with AADPRT in early February but as of the date of this report, it was not received. Once received, the Liaison Committee, led by the General Psychiatry Subcommittee will review and respond to the survey results. This will be discussed and vetted by the full Liaison committee and the AADPRT Steering Committee.

Following the responses to the ACGME Survey and the AADPRT Survey, the Committee with the support of EC will 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 when the Faculty Survey is finalized and being sent out to program faculty in order to consider the possibility of input in its development, and preparation for our residents and faculty.

### **Future Activities**

The Committee notes that future projects will need an AADPRT Response:

1. An ACGME Faculty Survey to be sent to all program faculty in the future, anticipated in early 2014.
2. The Child Psychiatry Milestones Draft production with a similar set of surveys, one by the Psychiatry RC and one by AADPRT.

### **Action Items:**

#### **1. General Psychiatry Milestones Survey of AADPRT Membership**

The Committee proposes that now that the General Psychiatry Milestones Draft survey has been sent by the Psychiatry RC, our subcommittee sends its own survey to the General Psychiatry AADPRT membership and review both the results of the ACGME Survey and the AADPRT survey.

#### **2. Obtaining Information about future ACGME Survey of Faculty**

The Liaison Committee should contact ACGME leadership in collaboration with the Psychiatry RC to determine the next set of survey 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

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

**Milestones Work Group**

Christopher Thomas, Chair

Adrienne Bentman

Sheldon Benjamin

Robert Boland

Deborah Cowley

Jeff Hunt

George Keepers

Gail Manos

Don Rosen

Kathy Sanders

Mark Servis

Kailie Shaw

Alik Widge (resident)

Susan Swing (ACGME)

Louise King (ACGME)

**AADPRT Committee, Task Force, Caucus Report**  
**Executive Council Meeting**  
**March 7 – 9, 2013**

**Date:** February 10, 2013

**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.

**Action Item from March 2012**

1. Will monitor the cost of these fellowships at the May EC meeting
2. Continue with standardized earlier submission deadline for all awards at November 1. Start advertisement via "heads up" email message(s) this summer (some time in July) before actual posting of the application on line system in the Fall.
3. Consider selecting Pre-Meeting resident awards from both Ginsberg and IMG fellowship awardees based on research/scholarly activity associated with Pre-Meeting theme.

**Report/Updates of Importance & Pertinence:**

We have set an earlier uniform submission date for all of AADPRT awards for trainees which allows for better planning in terms of attendance of awardees at our annual meeting and interferes less with the resident applicant interview season. There were some problems this year for meeting those deadlines, but on balance the shift in time has been beneficial. My recommendation is continue to have these earlier and uniform deadlines.

**New Action Items:**

For EC to consider whether to keep the deadlines for application and committee decisions re awards as they are now.

**Report from Model Curriculum Committee**  
**Chair: Tony Rostain, MD**  
**February 21, 2013**

AADPRT Model Curriculum Committee Meeting Minutes  
Phone Conference January 9, 2012

**Present:** Joan Anzia, Northwestern; Rich Balon, Wayne State University; Belinda Bandstra, Stanford; Debra Forrest, University of Connecticut; Rob Feinstein, University of Colorado; Jacqueline Hobbs, University of Florida; Kaz Nelson, University of Minnesota; Bob Rohrbaugh, Yale (Secretary); Tony Rostain, University of Pennsylvania (Chair); John Sargent, Tufts.

The primary agenda was a review of the submitted curricula. There were 10 curricula submitted, of which 4 were accepted fully, and 3 were accepted provisionally.

The following curricula were accepted fully and are ready for posting on the website:

- Chandlee Dickey: Creating Opportunities for Organizational Leadership (COOL): A Four-Year Curriculum for Resident Leadership Development through Participation in Quality Improvement Projects
- Anna M. Ratzliff: Collaborative Care Consultation Psychiatry: A Clinical Rotation Curriculum for Psychiatry Residents
- Kathleen Crapanzano: Introductory Faculty Development Curriculum
- Michele Pato: Teaching Residents How to Teach as a way of Learning

The following curricula received *provisional* acceptances and will require further edits before posting:

- Deborah Cabaniss: Psychodynamic Psychotherapy: Technique
- Elizabeth Ford: Residency Curriculum in Forensic Psychiatry
- Pierre Azzan: Psychosomatic Education Curriculum

These submitters will be asked to send their revisions as soon as possible.

New topics to be encouraged for next cycle:

- Sleep Medicine
- Resident Wellness
- Neuroscience of Psychotherapy
- Patient Safety / Transfer of Care / Handoffs
- Quality Improvement

Respectfully submitted,  
Tony Rostain



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

Date: February 12, 2013

**Committee or Liaison Group Name:** Information Committee

**Chair/Representative's Name:** Sahana Misra MD

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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 October, 2012:**

Create AADPRT's own CME evaluation system for the annual conference. Initiate new submission process for Model Curricula Committee – open season for submissions from April 1- October 1 and add 3 rotating subgroups of reviewers who will be assigned submissions for review sequentially as they come in.

**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) New features to registration and membership –ability to enter alternate emails (e.g. if institution is paying) that invoices can be sent to and printed.
- 2) On-line submission process this year for awards, workshop abstracts appears to have gone smoothly –from submission and review perspective.
- 3) Members of IM committee will provide coordinators with a presentation –overview of the AADPRT website and useful sections - as part of the coordinators' meeting.

- 4) Google Analytics Data for AADPRT website:  
-Will bring data to meeting – glitch in reports earlier – so are being re-run as we speak!

**Update of Goals/Tasks:**

- 1) AADPRT CME system – on track for roll out at 2013 Annual conference. Kiosks to be set up on site for members to complete evaluations. Email will be sent out members with direct link. Alternatively –registration #s can be used to access the site - registration # will be printed on conference badges.
- 2) Migration of all list serves to new location occurred on June 1, 2012.
- 3) VTO reorganization – Completed 9/28/12 - Task force Curricula more visible (professionalism and the internet, resident safety)
- 4) NIMH modules – available through the VTO. Awaiting new modules from NIMH.
- 5) AADPRT Psychotherapy Committee “Tip of the Month” Section on VTO - Mock up of this section of the website complete –awaiting final approval from committee’s point of contact, Katherine Sanborn.
- 6) Continue to work with CSV group to upload video/instructional content.
- 7) 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  
March 7 – 9, 2013**

**Date:** March 7, 2013

**Committee or Liaison Group Name:** Regional Representatives Committee

**Chair/Representative's Name:** Chandlee Dickey, MD

**Brief 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.

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

**1. All Faculty Survey:** The All Faculty Survey is currently being given to faculty in the Phase I specialties in NAS. For psychiatry, the Faculty Survey has not yet been scheduled, but ACGME anticipates it may be in the fall or winter of 2013.

*Possible Action Items for follow-up include disseminating that timeline to membership.*

**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. Eugene Beresin contacted Ingrid Philbert clarification of “tracer method” and received response below.

*Possible Action Items for follow-up include disseminating to membership.*

*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.*

**Reports/Updates of Importance for the March Meeting:**

None.

**Action Items for the March 2013 Meeting**

None.

**AADPRT Committee, Task Force, Caucus Report**  
**Executive Council Meeting**  
**March, 2013**

**Date:** February 11, 2013

**Committee or Liaison Group Name:** Recruitment Committee

**Chair/Representative's Name:** Sandra DeJong, MD

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**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. Clarify the implementation of the NRMP All-In Policy to membership.
3. 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).
4. Develop a workshop for the AADPRT, APA, ADMSEP annual meetings.
5. Continue to interface with PsychSIGN, APA, ADMSEP, AACAP.

**Action Items from October 2012**

The President will draft a letter addressed to Chris Thomas (ACGME) and to Paul Summergrad (Chair's Group) outlining the issue and giving examples of the consequences of the NRMP decision that all PGY2 positions go through the Match in the hope that it will be reviewed and reversed.

**Report/Updates of Importance & Pertinence for March Meeting:**

1. "Recruiting the Next Generation of Psychiatrists: Talking Points" see Addenda.
2. Despite Kathy's letter, the NRMP insisted that all PGY2 positions go through the Match given that old language in the RRC requirements still supports that. Chris Thomas is spearheading an effort to change that language by the 2014 Match.
3. WPA survey is on hold for now pending new leadership.
4. "Bridging UME and GME: What top-recruiting medical schools can teaching us about recruiting into psychiatry," a cosponsored workshop with ADMSEP and APA has been accepted at AADPRT, APA and ADMSEP.

**Action Items for March 2013 Meeting:**

- Approval of "Recruiting the Next Generation of Psychiatrists: Talking Points" for posting on the AADPRT listserve. (If approved, I will email membership announcing this resource).
- Discussion of participation in Scholar Locker.