

AADPRT EXECUTIVE COUNCIL MEETING

SUNDAY, MAY 15, 2011

9:30 am – 3:30 pm

HAWAII PRINCE HOTEL WAIKIKI

Meeting Room: Captain's Room, Third Level

EXECUTIVE COUNCIL

March 2011-March 2012

Position	Name	Term of Appointment	Date of Appointment
President	Richard Summers, MD summersr@mail.med.upenn.edu	1 year	2011-2012
President-Elect	Kathy Sanders, MD ksanders@partners.org	1 year	2011-2012
Secretary	Chris Varley, MD cvarley@u.washington.edu	1 year	2011-2012
Treasurer	Michael Jibson, MD, PhD mdjibson@med.umich.edu	1 year (<i>can be re-elected for 2 additional years</i>)	2011-2012
Program	Adrienne Bentman, MD abentma@harthosp.org	1 year	2011-2012
CHAIRS			
<i>All Standing Committee Chairs appointed for 3 years; can be reappointed up to 5 years; then need to be reassessed.</i>			
Child & Adolescent Caucus	Arden Dingle, MD adingle@emory.edu	3 years	2010-2013
Development	Art Walaszek, MD awalaszek@wisc.edu	3 years (reappointed for 2 additional years, 2011)	2008-2013
Information Management	Robert Boland, MD robert_boland_1@brown.edu	3 years (reappointed for 3 additional years, 2010)	2007-2013
Membership	Tami Benton, MD bentont@email.chop.edu	3 years (reappointed for 2 additional years, 2011)	2008-2013
	Isis Marrero, MD imarrero@health.usf.edu	3 years	2011-2014
Model Curriculum	Tony Rostain, MD Rostain@med.mail.upenn.edu	3 years	2010-2013
Pre-meeting	Sidney Zisook, MD szisook@ucsd.edu	3 years	2010-2013
Psychotherapy	Adam Brenner, MD Adam.Brenner@UTSouthwestern.edu	3 years	2011-2014
	Donna Sudak, MD donna.sudak@drexelmed.edu	3 years	2011-2014
Recruitment	Sandra DeJong, MD sdejong@challiance.org	3 years	2011-2014
Regional Representatives	Sahana Misra, MD misras@ohsu.edu	3 years	2009-2012
Subspecialty Caucus	Robert Rohrbaugh, MD robert.rohrbaugh@yale.edu	3 years	2011-2014
APPOINTED MEMBERS			
<i>President can appoint 4 members for one-year terms; can be reappointed by successive presidents for up to 2 additional 1 year terms.</i>			

	Gene Beresin, MD eberesin@partners.org	1 year (<i>reappointed 2010 and 2011 for one additional year</i>)	2009-2012
	Deborah Cowley, MD dcowley@u.washington.edu	1 year	2011-2012
	Jeffrey Hunt, MD Jeffrey_hunt@brown.edu	1 year	2011-2012
	John Young, MD jyoung@lppi.ucsf.edu	1 year	2011-2012
LIAISON			
Governance Board, <i>Academic Psychiatry</i>	Bruce Levy, MD blevy@lij.edu	1 year (<i>Reappointed 2009, 2010 & 2011 for one additional year</i>)	2005-2012
APA Council on Medical Education	Sandra Sexson, MD ssexson@mail.mcg.edu	1 year (<i>Reappointed 2009, 2010 & 2011 for one additional year</i>)	2007-2012
PAST PRESIDENTS			
	Sheldon Benjamin, MD Sheldon.benjamin@umassmed.edu	2 years	2011-2013
	David Kaye, MD dlkaye@buffalo.edu	2 years	2010-2012

3/17/11

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: April 26, 2011

Committee or Liaison Group Name: RRC Task Force

Chair/Representative's Name: Gene Beresin, MD

Adrienne Bentman, MD, Chair General Psychiatry Task Force

Jeff Hunt, MD, Chair Child Psychiatry Task Force

Action Items from March 2011:

RRC task force to obtain input from the AADPRT coordinators group and then craft an addendum/short letter around protected time for coordinators.

Goal(s) or tasks to be completed in 2011-2012:

PIF survey, administered once; second round possibly needed. Data needs to be collected and a letter sent to the RRC.

AADPRT participation in the Milestone Project needs to be defined. Is this part of the RRC Task Force, or a separate group that joins the stakeholders with the RRC and ACGME?

Report/Updates of Importance & Pertinence:

The initial PIF survey was sent to all General and Child Training Directors, and asked for replies ONLY from training directors who have participated in a site visit in the last two years. We will look over the results and determine if a second round of the survey is needed. The data will be analyzed and sent to the RRC Task Force members for comment. A draft letter will be sent to the Steering Committee for discussion. The final version will be sent to membership and to the RRC. It will include the survey results and recommendations for future PIFs and their relationship to the site visits.

We need to understand the trajectory of the Milestones project. At first we thought that the RRC Task Force would produce a set of Milestones for each year of training. However, we learned that the ACGME/RRC/ABPN is putting together groups with members of the stakeholders. The Task Force decided to find out more about the national process before we begin to establish our own Milestone project.

The Task Force will receive responses from the RRC about the General and Child recommendations and send this to the membership.

The Task Force will receive, along with the AADPRT membership, the final version of the RRC Essentials for General and Child Psychiatry. We will develop a survey from the membership to respond to the final draft of the Essentials.

New Action Items:

1. Respond to the RRC with results from the AADRPT PIF Survey.
2. Interact with the RRC and determine how AADPRT will be involved in the Milestones project
3. Respond to the RRC final drafts of the General and Child Essentials by developing a new membership survey, collecting the results and sending a formal response to the RRC.

American Psychiatric Association Report to AADPRT



Date: May 15, 2011

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

New Poster Competition at 2011 APA Annual Meeting - a special poster session that is dedicated to residents, medical students, and research/clinical fellows. Over 130 posters have been submitted the following categories: (1) Psychosocial and/or Biomedical Research Projects; (2) Patient-Oriented & Epidemiology Projects; (3) Curriculum Development and Educational Projects; and (4) Community Service Projects. The Editors of Academic Psychiatry (Roberts, Balon, Coverdale, Louie) and Vishal Madaan, served as judges for this competition. Awards (and plaques) for the best poster in each category will be presented at the beginning of each session. Authors must be present to present their posters. The poster sessions will take place on **Saturday, May 14, 2011, at the Hawaii Convention Center.**

MindGames 2011: final competition at the APA meeting in Honolulu, HI. Finalists: Boston University, NY Presbyterian/Cornell and University of Pittsburgh. **Tuesday, May 17 from 10am to 11am in Rooms 323A-C, Level 3 at the Hawaii Convention Center.**

The 9th annual **Chief Resident Executive Leadership Program** for incoming chiefs is scheduled for **Sunday, May 15th during the APA Annual Meeting.** 140 residents are registered to attend this day-long experiential leadership training, with Patricia Williams and her training group. Supported by a grant from Eli Lilly.

The APA is working with allied education organizations to establish a process of ACGME accreditation for combined family medicine-psychiatry, internal medicine-psychiatry, psychiatry-neurology and pediatrics-psychiatry-child psychiatry (triple board) residency programs. We strongly recommend the development of an accreditation process for these programs so graduates are able to practice in their respective fields without risk of their licensure status being denied.

The Office continues to support **PsychSIGN** and its medical student leaders. The PsychSIGN students elected a new set of officers which include a national chair and regional chairs for each of the 7 APA areas. The National Conference, May 14-15, is at the Ala Moana Hotel. In spite the high cost of travelling to Hawaii, close to 60 students are registered to attend. Visit www.psychsign.org for more information.

The **100% Club:** in 2010-2011, 14 residency programs have achieved 100% resident membership. More information is available on <http://www.psych.org/100percentclub>.

The first section of the online research literacy course is now available in the APA Learning Management System (LMS). It will be available free to resident APA members (MITs).

www.apaeducation.org

The Office is preparing the **2010-2011 Census of Residents** with demographic information on residents and fellows. The data is received from AAMC's GMETrack. Previous census reports, by academic year, are available to download from www.psych.org/census.

APA now accepting nominations for the following 2012 teaching awards:

- Nancy CA Roeske Certificate of Recognition for Excellence in Medical Student Education
- Irma Bland Award for Excellence in Teaching Residents

Continuing Medical Education and Lifelong Learning

The APA received a renewed CME accreditation from the ACCME for 6 years with "commendation".

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

Substance Abuse, Winter 2011, edited by Joyce Tinsley, contains two Performance in Practice (PIP) modules on Substance Abuse Screening and Substance Abuse Assessment and Treatment from the APA Division of Research. These two modules meet MOC Part 4 requirements and are approved by the ABPN. The Spring, 2011 issue is on Quality and Professionalism guest-edited by Kelli Harding and Harold Pincus. It will contain an approved PIP module on Suicide Assessment. Other FOCUS topics for 2011 include Anxiety disorders and Bipolar Disorder.

Two PIP sample tools (Major Depressive disorder and PTSD) are available at www.psych.org to APA members for 5 hours of CME credit, they will be edited and request formal ABPN approval for Part 4 MOC.

Two new FOCUS Books

FOCUS Patient Management Exercises is a new book of 16 topic based patient vignettes, detailed enough to capture the clinical issues of a case, both diagnostic and treatment related. Also valuable as a team based learning (TBL) experience. Commentary provides background for the exercise and encourages critical thinking, as well as highlighting ethical and communication issues.

Focus Psychiatry Review – provides 400 new multiple choice questions. Developed by the Editorial Board, using the process similar to those used to develop high stakes board examinations.

APA Online CME

- The learning management system (LMS) has been operating for 1 year. It offers online CME courses and keeps a transcript of the individual's activities and CME credits, as well as CME certificates that can be printed out. Each individual user's previous CME recorder data was transferred to the new system.
- 8 Practice Guideline CME courses are available on the LMS.
- A grant from the Center for Substance Abuse Treatment supported the development of a state of the art online buprenorphine training course. The online course allows physicians to qualify for the waiver to prescribe buprenorphine for office-based use treating opiate dependent patients.
- 47 symposia and lectures will be recorded and made available in the 2011 "Annual Meeting On Demand". Available for purchase from Learner's Digest (formerly Audio Digest) in the exhibit hall; MP3 downloadable audio recordings of sessions may also be purchased at the LDI booth. Certificates and CME tests for the AM Online are recorded on the new LMS.

Maintenance of Certification- Part 2: Self Assessment

- Annual Meeting Self-Assessment – new this year, all registrant for the APA Annual Meeting were enrolled in our online Self-Assessment. Approved by the ABPN, it offers 8 hours of CME, and a 100 question multiple choice exam, with critique and reference for each question, and peer comparisons. Results can be used to help attendees plan an itinerary at the Annual Meeting which covers topics where improvement is needed. Over 150 attendees have taken the AM self assessment.
- eFocus – Our email clinical decision making exercise has been approved by ABPN to meet 2 hours of Self-Assessment activity. We plan to send four eFocus cases to APA members each year.
- Focus: Journal of Lifelong Learning in Psychiatry – continues to publish an annual self assessment exam each year, 20 hours of CME, approved by ABPN for SA.

Maintenance of Certification– Part 4: Performance in Practice Clinical Modules

APA has developed PIP modules that meet the ABPN Performance in Practice (PIP) requirement, Part 4 of Maintenance of Certification (MOC) program. PIP modules enable a clinician to review patient records and document compliance with recommended quality measures and guidelines. Completion of the modules as required by the ABPN will demonstrate practice improvement over the 10-year MOC cycle. ABPN approved PIP modules on Substance Abuse Screening and on Substance Abuse Assessment and Treatment are now available in Focus. PIP modules on Suicide Assessment and Schizophrenia are in development.

Subcommittee on Joint Sponsorship

During the annual meeting, CME staff meet with representatives of participating district branches to discuss ACCME requirements for DB jointly sponsored meetings and share best practices.

Institute on Psychiatric Services (IPS)

The 62st Institute on Psychiatric Services: October, 2011 at the San Francisco Marriott.

**AADPRT
Balance Sheet
April 30, 2011**

ASSETS		
Current Assets		
BOA Checking - General	69,872.75	
BOA Savings - General	40,289.60	
BOA Savings - Paypal	25,296.29	
PNC - Checking	495.23	
PNC - Money Market	251,915.40	
Wachovia - Checking	34,150.40	
Wachovia - Neuro Savings	57,313.10	
Total Current Assets		479,332.77
Property and Equipment		
Total Property and Equipment		0.00
Other Assets		
Prepaid Expense - Deposits	2,500.00	
Total Other Assets		2,500.00
Total Assets		<u>481,832.77</u>
LIABILITIES AND CAPITAL		
Current Liabilities		
Total Current Liabilities		0.00
Long-Term Liabilities		
Total Long-Term Liabilities		0.00
Total Liabilities		0.00
Capital		
Beginning Balance Equity	435,244.90	
Net Income	46,587.87	
Total Capital		<u>481,832.77</u>
Total Liabilities & Capital		<u>481,832.77</u>

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: May 4, 2011

Committee or Liaison Group Name: CAP CSV Task Force

Chair/Representative's Name: Jeff Hunt, MD

Action Items from March 2011:

Get a platform on the AADPRT website to publish these vignettes and trainings for the coming year's goal

Goal(s) or tasks to be completed in 2011-2012:

Create a platform on the AADPRT website to publish newly created video vignettes.
Collect and disseminate inter-rater reliability data specific for each new vignette.
Define optimal training recommendations for using the vignettes.

Report/Updates of Importance & Pertinence: David Kaye, Jeff Hunt, Lee Ascherman, Dorothy Stubbe, and Gene Beresin have been working on creating 6 professionally done videos, two each for each age group. David Kaye has produced one using a simulated patient recorded in a studio. David wrote a script for the actor to follow. The short version was shown at the Austin annual meeting where limited inter-rater reliability data was also collected. It is ready to be published on the AADPRT website.

Two other videos have been taped recently. Lee Ascherman is finishing a younger adolescent interview using a simulated patient. Jeff Hunt has taped a diagnostic interview of a preschooler with his mother using actual patients (with consent for placement of the clips on the AADPRT website). Both videos will be available in 15-minute clips as well as full interview.

A conference call for the group is scheduled for May 11th to discuss progress and future taping plans. We will also be discussing plans for inter-rater reliability activities for all of the newly created tapes.

The CAP group is planning to have one more large group session on CSV at the next annual meeting where some further rating of these new clips can occur. Additionally these tapes will be used for training at CAP ABPN exam so data will also be collected in that forum.

One leading idea for training using the vignettes includes grading the interview, having a group process that is taped, and then grading again. During the Child Caucus meeting in Austin several other models were also discussed.

New Action Items:

*Complete remainder of six vignettes; two school-aged and one more preschool.
Assess various training models and recommend two or three.*

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: April 26, 2011

Committee or Liaison Group Name: Psychotherapy Committee

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

Goal(s) or tasks to be completed in 2011-2012:

Action Items from March 2011:

Steve Schlozman and Lee Ascherman to work on a draft letter to the editor which they can discuss at the March 18 teleconference with APA Med Ed Council and vet with Steering.

Report/Updates of Importance & Pertinence:

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.

New Action Items:

Goal(s) or tasks to be completed in 2011-2012:

1. The task force plans to develop milestones in psychotherapy training across the four years of general psychiatry. We plan to consider these as they apply to rotations throughout residency and in the specific psychotherapy areas of competency. These milestones will be linked to assessment measures whenever possible.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: May 1, 2011

Committee or Liaison Group Name: Pre-meeting Committee

Chair/Representative's Name: Sid Zisook, MD

Goal(s) or tasks to be completed in 2011-2012:

- Disseminate evaluations from 2011 Pre-meeting
- Complete June committee teleconference to continue planning next year's meeting and discuss progress of key subcommittees (tracking, mentoring, evaluation and scholars)
- 2012 Pre-meeting in San Diego

Action Items from March 2011:

The fee for pre meeting will be \$125 and committee will report back with next year's theme.

- What research teaches about PTSD and implementing evidence-based treatment teaching modules for well resourced and 'not so well' resourced programs.

Report/Updates of Importance & Pertinence:

- 170 participants at the 2011 Pre-meeting (oversubscribed)
 - Total budget for meeting = \$33,140
 - Total costs for meeting = \$25,090
- Overall evaluations very positive. Addition of scholars well received, but will develop more transparent strategy for selection and more comprehensive orientation and program for scholars in the future.
- Murray Stein, MD has agreed to be keynote plenary speaker at 2012 meeting. Other speakers and workshop leaders will be named soon.

New Action Items:

- Can AADPRT provide administrative support for the 2012 meeting (Tracy Riley receives small stipend only every other year)?
- Estimate attendance at 2012 Pre-meeting in order to book appropriate space and other resources.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: May 15, 2011

Committee or Liaison Group Name: Development Committee

Chair/Representative's Name: Art Walaszek, MD

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.

Goal(s) or tasks to be completed in 2010-2011:

1. Continue to monitor for possible conflicts of interest (COI) related to exhibitors at the Annual Meeting.
2. Post results of first iteration of COI policy for AADPRT leadership, and begin second iteration.
3. Solicit donations for the Ginsberg and IMG Fellowships.

Report/Updates of Importance & Pertinence:

1. COI Policy for Exhibitors

Since the 2010 Annual Meeting, we have solicited feedback from attendees regarding the appropriateness of the exhibitor space. We reworded the questions slightly to make them clearer for attendees of the 2011 Annual Meeting.

	2010 (N=427)			2011 (N=425)		
	Yes	No	Did not answer	Yes	No	Don't know
Exhibitor space did not interfere with my ability to attend educational sessions	88%	11%	1%			
Exhibitor space interfered with my ability to attend educational sessions				2%	96%	1%
Displays/vendors in exhibitor space were appropriate & unlikely to influence my clinical practices	93%	3%	4%			
Displays/vendors in exhibitor space will inappropriately influence my clinical practices				2%	92%	6%
AADPRT did not appear to endorse any particular vendor in the Exhibitor Space	93%	4%	4%			
AADPRT appeared to endorse one or more vendors in the exhibitor space				1%	89%	10%

We will review comments from the Annual Meeting to see if there is an explanation for why 10% of attendees were not sure if AADPRT had endorsed any vendors – i.e., confusion about the question or the possibility that we may have appeared to have endorsed a vendor.

Consistent with our COI Policy for Exhibitors, the Development Committee will continue to work with Lucille Meinsler to review potential exhibitors for our Annual Meeting.

2. COI Policy for AADPRT leadership

Thank you to Lucille Meinsler to collecting COI disclosures from AADPRT leadership. Our goal is to have these complete by May 31 – and we are nearly there. Once complete, Rick Brandt will update the AADPRT website with the new disclosures.

3. Donations for Ginsberg and IMG Fellowships

The Committee has developed two letters (attached), one for distribution to the membership of AADPRT and one to submit to philanthropic and other organizations.

Action Item: Review letters to be sent to membership and to outside organizations.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date:

Committee or Liaison Group Name: Duty Hours Task Force

Chair/Representative's Name: Deb Cowley, MD, Bill Greenberg, MD

Action Items from March 2011:

The Duty Hours task force will send out a solicitation for evaluation forms from individual programs to share with rest of AADPRT membership.

Goal(s) or tasks to be completed in 2011-2012:

1. Develop documents and examples to help programs comply with the new duty hours rules.
2. Survey our members in the fall to see how different programs are implementing the new rules, and to solicit further “best practices.”
3. Sponsor and present any material at the next annual meeting that would be helpful for AADPRT members.

Report/Updates of Importance & Pertinence:

The Duty Hours Task Force:

1. Organized a large group session for the annual meeting, presenting “best practices” from several programs designed to comply with the new ACGME common requirements. Materials from this session are now posted on the AADPRT website.
2. Sponsored a workshop at the annual meeting focusing on challenges for small programs, and another focusing on resident “ownership” for patient care with changes in work hours. Materials from these workshops are now posted on the AADPRT website.
3. Solicited examples of evaluation forms for R1 competencies for moving from direct to indirect supervision. We received 3 examples. Given the complexity of these forms, the task force decided to develop a form containing the minimum elements necessary for documenting R1 competencies, one for documenting supervisory abilities of senior residents, and some introductory guidelines for approaching this process. The task force realized that, unlike the CSV process, it is not possible to develop a national standard for methods for determining these competencies, since programs differ considerably in tasks performed by R1s on call, amount of on-site backup, and barriers to asking for help. We are finalizing the forms and introductory guidelines, and hope to distribute these to the membership within the next week or two.

New Action Items:

1. Survey AADPRT members in the fall to determine how programs are implementing the new duty hour rules, identify issues/problems, and solicit further “best practices” to share with the field.
2. Determine from this the need/value of presenting a session/workshop at the 2012 annual meeting.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: 5.7.2011

Committee or Liaison Group Name: Duty Hours Task Force//Hand-off's Subgroup

Chair/Representative's Name: John Q. Young, MD, MPP

Action Items from March 2011:

AADPRT Steering committee to determine the best way to proceed with development of model handoff best practices.

Goal(s) or tasks to be completed in 2011-2012:

1. Subcommittee on Handoffs created. In addition to John Young, two additional members are: Claudia Reardon (University of Wisconsin) and Melissa Arbuckle (Columbia).
2. Collect current and proposed practices from AADPRT members and selected other hospitals, organizations, and specialty groups in 3 areas:
 - a. Handoff processes
 - b. Handoff related training
 - c. Assessment of handoff-related competency
3. Prepare and disseminate to AADPRT members guidance on how to best respond to the new ACGME requirements regarding handoffs.

Report/Updates of Importance & Pertinence:

1. We have completed task 1 and 2 above
2. Currently preparing task 3 above

New Action Items:

The initial product/guidance will be limited by the short timeline but even more so by the fact that much will be learned nationally across specialties about how best to implement the new requirements. In particular, there is growing recognition of the different types of handoffs that exist and the different information/processes each require. In addition, model competency based curricula and assessment strategies are being developed in multiple specialties currently – in the next year, there will be opportunities for psychiatry to benefit from and adapt the work of other specialties and hospitals.

Our current tentative plan is to develop a more comprehensive set of tools to help programs over the next year.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: May 6, 2011

Committee or Liaison Group Name: Recruitment Committee

Chair/Representative's Name: Sandra DeJong, MD

Goal(s) or tasks to be completed in 2011-2012:

- 1) Define 3-year plan for the committee.
- 2) Assemble new membership to reflect new goals of the committee (see below).
- 3) Monthly conference calls to finalize goals and their implementation.
- 4) Implement goals.

Action Items from March 2011:

None listed.

Report/Updates of Importance & Pertinence:

- 1) Committee name – The committee has been renamed the Recruitment Committee (in place of the Workforce committee) to better reflect its mission.
- 2) Membership – Continuing “old” members: Aurora Bennett, Michael Scharf, Paula DelRegno. New members: Melissa Arbuckle, George Tesar, Jed Magen and Mark Servis. Consultants: Geri Fox, Francis Lu, Steve Schlozman.
- 3) Committee focus: In this era of healthcare reform, the “medical home” model and “accountable care organizations” (ACOs) are the new buzzwords. However, what role psychiatry will play in this new model is unclear. We anticipate that this uncertainty about psychiatry’s role may have a negative impact on recruitment into psychiatric residencies. (In the March 2011 match results, primary care was up by % and psychiatry was down by %, a possible early warning sign). This committee’s tentative game-plan is to:
 - Research the literature on ACOs and medical homes particularly as they pertain to models of psychiatric care
 - Perform a “public relations” function by assembling and writing information for medical schools and affiliated professional organizations (e.g. ADMSEP) that outline the impact of healthcare reform on psychiatry in a manner that supports recruitment efforts
 - Disseminate this information as effectively as possible

New Action Items:

The committee would welcome suggestions for resources, articles, experts, as well as ideas regarding implementation.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: April 29, 2011

Committee or Liaison Group Name: Internet and Professionalism Task Force

Chair/Representative's Name: Sandra DeJong, MD

Goal(s) or tasks to be completed in 2011-2012:

Implementation and dissemination of the curriculum

Action Items from March 2011:

Rick Summers moved that we extend TF for another year to review the curriculum and further implications for teaching (even beyond psychiatry) going forward.

Unanimously accepted by EC

Report/Updates of Importance & Pertinence:

The AADPRT Curriculum on Professionalism and the Internet has been posted on the AADPRT website, both behind the firewall and as a protected PDF document so that non AADPRT members can have access to it and reference it. To date, feedback has been very positive from training directors and outside experts who have expressed interest including Glenn Gabbard and Paul Appelbaum.

The TF's workshop at the annual meeting, "Blogs, Tweets, Emails, and Friending: Teaching about Professionalism and the Internet," was very well attended and enthusiastically received.

Academic Psychiatry invited the TF to submit a Special Article on the topic of Teaching about Professionalism and the Internet, which we are in the process of doing and expect to submit very shortly.

The American College of Psychiatrists plans to focus on this issue at their annual meeting in February, 2012. Several TF members are also ACP members. We have offered to present at this meeting.

TF members are now in the process of reaching out to other medical specialty training organizations to see if there is interest in our providing workshops and materials for training on this topic. In addition, TF members are reaching out locally at their own institutions to provide such education and training.

New Action Items:

If anyone is aware of opportunities at their own institution or elsewhere for the Taskforce to provide education and training in this area, please put us in touch with a contact person and we are happy to pursue.

Feedback on the curriculum is always welcome.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: 5/6/11

Committee or Liaison Group Name: Membership Committee

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

Action Items from March 2011:

1. *By next EC meeting the committee could rethink their role and mission.*
2. *Plan to continue integrating the new TDs and new Associate TDs into organization through committee involvement, regional caucus involvement; and participation in workshops.*

Goal(s) or tasks to be completed in 2011-2012:

1. Review the role and mission of the Membership Committee
2. Update Membership information Guide, AADPRT Manual and NTD Calendar
3. Work with Co-chairs to develop content and format of the NTD program for 2012
4. Continue to develop and expand the mentorship program for NTD's who have "graduated" from the NTD group (In role for more than 2 years)
5. Create two groups during the caucuses session at the AADPRT Meeting: a NTD Adult PD Caucus(1-2 years) and Early Career Caucus(2-3 years)
6. Expand avenues for outreach and progressive inclusion of new members

Report/Updates of Importance & Pertinence:

It is the view of the Membership Committee Co-Chairs that the purpose of the group is:

- I.
 - I. To Welcome New Training Directors to the organization by introducing them to membership benefits and resources such as the Mentorship Program and Virtual Training Office
 - II. To serve the membership by listening and responding to common challenges facing members and engaging AADPRT's committees, task forces or caucuses to address appropriate problems
 - III. To encourage activity among members by engaging them in the work of task forces, committees, annual meeting attendance and presentations, using online resources and timely submission of dues.
- II. New Training Directors Program Update
Overall positive response from participants and leaders

- a. Well attended with over 100 registrants, (including the 2+ year group)
 - b. Excellent presenters, Deb Cowley especially well received, and should be regularly included to provide the nuts and bolts.
 - c. Strong recommendations from group leaders and participants to return to the original format of one break out group/room to protect privacy and decrease noise.
 - d. Also noted: Assoc PD groups were very large, (2X size) compared with TD groups-supporting need for caucuses.
 - e. Strong feedback from group leaders that will be incorporated into action items: 1. Need to collate feedback from NTD groups into a focused manual for members provided by AADPRT
 - f. 2. Formal guidelines should be developed for PD's and APD's including role, program support, time allocations, relationships with chairs and other nuts and bolts issues, that should be distributed as a formal manual prior to the AADPRT meetings.
 - g. Recommended debriefing for mentors following the groups and formal structure for BG leaders to continue the mentorship to participants that they continue to provide after the meetings.
- III. Membership Committee Members-Welcome to our new members!
- a. Joan Anzia, MD, Northwestern University-Mentorship Program
 - b. Roxanne Bartel, MD, University of Utah SOM ,General PD
 - c. Kim-Lan Czelusta, MD-Baylor COM, General PD
 - d. Matt Ruble, MD-Cambridge health Alliance, Associate General PD
 - e. Alexandria Klufas, MD, Long Island Jewish-Assistant General PD
 - f. Sheryl Katoaka, MD, MS, UCLA , Child PD
 - g. Karam Radwan, MD, University of Chicago-Child PD
 - h. Salma Malik-Howard Univ Hospitals-Assistant/Associate CA PD
 - i. Robert McCarron, DO-UC Davis-Combined Program PD

New Action Items:

By the Fall 2011 EC Committee Meeting

- ❖ Will charge new committee members with reviewing and updating appropriate sections of the membership information guide, AADPRT Manual and the New training Director Calendar. Following initial review by the committee, will ask BOG leaders to provide a second level review and recommendations as senior PD's prior to presentation to the EC. When feasible, will
- ❖ Will work with APD to determine the feasibility of caucus subgroups(early career)
- ❖ Will work with new mentorship chair, Joan Anzia, to incorporate BOG's into mentorship program in a more fluid way
- ❖ Will establish a forum for debriefing with BOG leaders post meeting in addition to the current email methodology
- ❖ Will review with membership committee the feasibility of developing a NTD introductory manual vs. incorporating this information into a currently existing document

- ❖ Will review with Lucille the membership application and renewal process for her thoughts about making it more current or user-friendly
- ❖ Will work with Committee members to identify participants for a workshop addressing the many issues identified for learning in the NTD break out groups for 2012 annual meeting

Respectfully Submitted:

Tami Benton, MD

Isis Marrero, MD

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date:

Committee or Liaison Group Name: Annual Meeting 2011

Chair/Representative's Name: Chris Varley, MD

Report/Updates of Importance & Pertinence:

We held our annual meeting for the first time in Austin, Texas on March 3-5, 2011 with a theme of Inspiring Residents to Make a Difference. There were 616 attendees which is the second highest number in our history, second only to the 2010 meeting in Orlando. The number of members attending [327] was essentially the same as 2010.

This was also the first year that we ended the meeting on Saturday afternoon, with a closing plenary/luncheon, rather than the traditional closing on Sunday morning. There was some concern that attendance might be lower for the closing plenary, but in fact there over 300 in attendance for Dr. Kupfer's closing presentation on DSM-5. The response of attendees to the meeting was very positive. There were a few kinks in accessing the e-value assessment system, but ultimately we had a good % response rate.

The overall rating of the educational quality of the meeting was 4.47 on a scale from 1-5. Evaluations of the plenary presentations, of individual presenters and of the workshops were generally high, with almost all in the 4-5 range. Narrative comments were in parallel with the numerical ratings.

There were over 100 submissions for workshops and posters. We offered 48 workshops. There was a wide range of attendance with several under 10 and also several over 50.

Evaluation forms indicated that there an outstanding level of freedom from commercial bias in the presentations but that we could do a better job re disclosure of any potential conflicts of interest in our presenters and clarifying whether AADPRT received any commercial support for the meeting.

We don't have back yet all the fiscal data, but so far both costs and revenue are in keeping with our projections. Our reserved block of hotel rooms sold out and there have been no significant unanticipated costs

The City of Austin was well received, as was the hotel site and the food. Over 100 attendees chose to stay in Austin over Saturday night before returning home.

New Action Items:

To be considered:

- 1] Would we return to Austin for a future meeting?**
- 2] What can we do to best support the plan to close the meeting on Saturday PM , particularly at a West Coast venue such as our host city for 2012 in San Diego?**
- 3] How best to improve the evaluation system? It needs to be more easily accessible and more concise.**
- 4] What is the optimal number of workshops? There was some concern re workshops with smaller numbers of attendees, but that is most likely due to workshops with very large numbers of attendees rather than the overall number?**
- 5] To prevent any appearance of bias in the selection of workshops and posters the Program Chair will not submit workshops for the meeting for which they are the chair.**

AADPRT ANNUAL MEETING REGISTRATION STATISTICS
2005-2011

	A	B	C	D	E	F	G	H
1	Year	2011	2010	2009	2008	2007	2006	2005
2	Meeting Locations	Austin	Disney	Tucson	NOLA	San Juan	San Diego	Tucson
3								
4	Categories							
5	Members	327	336	316	285	271	271	272
6	Non-Members	77	64	51	53	44	44	52
7	Residents	43	56	48	49	52	46	38
8	Awardees	13	13	15	16	16	16	13
9	Coordinators	122	127	115	129	88	90	87
10	Fee Waived-invited	8	11	15	10	19	13	17
11	Past Presidents (fee waived)	5						
12	Exhibitors	4	5	7	7	5	2	6
13		599	612	567	549	495	482	485
14								
15	Guests (paying \$160)	17	28	40	26	73	33	38
16								
17								
18	Total Attendance	616	640	607	575	568	515	523
19								
20	<i>No Show/No Payment</i>	8	5	4				
21	<i>Cancellations (Prior to mtg)</i>	9	6	18				
22								
23	3/19/2011							

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: 5/5/11

Committee or Liaison Group Name: Annual Meeting 2012

Chair/Representative's Name: Adrienne Bentman, MD

Goal(s) or tasks to be completed in 2011-2012:

1. Revise and confirm the meeting theme
2. Develop the meeting title
3. Select workshops
4. Site Visit

Report/Updates of Importance & Pertinence:

1. See attachments for the three Plenary speaker brief bio's: Jonathan Cohen, M.D., Ph.D. (neuroscientist); Sean Kernan (photographer, teacher); William Iobst, M.D. (member, internal medicine milestones project)
2. Working theme:

The following is the DRAFT theme:

Program directors are confronted with a vast and changing professional landscape. The changes come from every quarter; from the government and its health care policies, from our own regulatory agencies mandating new duty hours and developmental milestones, from the explosion of neuroscience providing a biologic basis for the mechanism of disease and an understanding of the mind, and from our residents wishing "lives with style". The basic building blocks, however, remain unchanged. There are still ailing patients, caring doctors, dedicated teachers and program directors knitting a community for learners. Next year, Rick Summers and I would like to carve out a space for us to focus on these connections. What fosters the development of resident-patient ties, what preserves the intimacy and safety of the trainee-supervisor bond, what makes this work meaningful to us in this room, and what elements enhance the spirit of a community of learners?

2. 2012 Annual Meeting at a Glance – a working DRAFT: see attachment

Please note the following changes:

Thursday –

While new training directors are at their Symposium and CSV Training, more experienced training directors will have the opportunity to attend two workshop sessions

Friday –

Task Force and Caucus meetings move from early AM to lunch time
Proposal to move Business Meeting to 30min and before the Plenary 2

Saturday –

A trial of a second set of breakout groups for new training directors
in the morning

3. Number of workshops reduced from 16 in Austin to the customary number of 14.
This number of rooms is affordable and can be supported by both the AADPRT
and hotel staff members.
4. Modification of workshop entry process –
The Program Chair may not submit a workshop for consideration nor be
a named workshop leader or participant.

New Action Items:

1. Discussion of shortening the Business Meeting to 30min from 45min.
2. Discussion of topics for the Thursday morning 9-11:45a time slot. Possibilities
include – “resuscitate” Lifer’s Group; Best Practices – Duty Hours, supervision
Rules, others; cultural change as a consequence of recent regulatory changes,
physician wellness and resilience; Model Curricula winners; popular and
recurrent large attendance workshops e.g. Use of Technology

2012 Annual Meeting Plenary Speakers

Jonathan D. Cohen, M.D., Ph.D.

Eugene Higgins Professor of Psychology, Princeton University
Director, Center for the Study of Mind, Brain, and Behavior
Co-Director, Princeton Neuroscience Institute

Research questions: “What are the relationships between the disturbances of brain function and their manifestations as disorders of thought and behavior in psychiatric illness?”

www.pni.princeton.edu/ncc/JDC

Sean Kernan

Award winning photographer, writer, and teacher. His photographs have been displayed in museums around the world including the Whitney here in the US. He is the author of “Among Trees” (Artisan Books, May, 2003) and of “The Secret Books” with Jorge Luis Borges.

On his website www.seankernan.com, under Creativity and Life he writes the following in reflection upon teaching his first college class, “I was very excited by the medium (photography), by the possibilities it held for taking one into the world and into one’s self. If I could convey that excitement and those possibilities, I knew I’d be all right”.

William F. Iobst, M.D.

Currently a member of the Executive Board of the ABIM and its V.P. for Academic Affairs. Previously the DIO and Medical Director of GME at the Lehigh Valley Hospital, Allentown, Pa. A rheumatologist, he also served as the Vice Chair for Education in the Dept. of Internal Medicine. Prior to this he was the Internal Medicine Program Director at the Penn State SOM.

He was a member of the Writing Subcommittee for the Internal Medicine Milestones Task Force. The Task Force was convened by the ACGME and ABIM in 2007 to advance competency-based education by writing time-based, developmental milestones for the Internal Medicine ACGME/RRC 6 Core Competencies.

MEETING AT A GLANCE

Comparison 2011--2012

DATE/TIME	2011	2012-times (Changes)	2012
Wednesday			
8:00 am - 5:00 pm PREMEETING— REGISTRATION REQUIRED	"Evidence-based Approaches to Suicide Risk Assessment and Prevention: Insights from the Neurosciences and Behavioral Sciences for use in Psychiatry Residency Training"		Pre-meeting
3:00 pm-7:00 pm	Registration opens for Annual Meeting		Registration
4:30 pm- 6:00 pm	Steering Committee Meeting		steering
6:00 pm-10:00 pm	Executive Council Dinner & Meeting		EC dinner & meeting
Thursday			
7:30 am-8:30 am	Henderson Award Committee		Henderson Award Committee
7:30 am- 8:30 am	IMG Fellowship Committee		IMG Fellowship Committee
7:30 am–8:00 am	Continental Breakfast-New Training Directors		Cont Break-NTD
8:00 am–10:15 am	Symposium: New Training Directors		Symposium-NTD
8:00 am- 8:30 am	Continental Breakfast: Residency Coordinators		Cont Break-Coordinator
8:30 am–10:00 am	Pre-meeting Committee Meeting		Pre-meeting Committee mtg
8:30 am–11:45 am	Symposium: Residency Coordinators		Symposium-Coordinators
9:30 am–10:30 am	ABPN Session: Overview of the New Psych Certification Exam	9:15 am – 10:15 am	Special Workshop for Senior Training Directors (1)
10:30 am–11:45 am	The General Psychiatry CSV as an Educational Opportunity		Gen Psych CSV—FOR NEW TRAINING DIRECTORS
10:30 am– 11:45 am	CSV and Child & Adolescent Psychiatry Education		Child & Adol CSV Training for ALL Child & Adol TDs
		10:30 am – 11:45 am	Special Workshop for Senior Training Directors (2)
11:45 am -1:15 pm	Lunch available to purchase (<i>on your own</i>)		Lunch available to purchase
11:45 am –1:15 pm	Lunch: New Training Directors Breakout Group Meetings		NTD lunch—with breakout rooms
11:45 am –1:15 pm	Lunch: Residency Coordinators		Lunch-residency coordinators

12:00 N- 4:30 pm	Executive Council Lunch and Meeting		EC lunch & meeting
12:00 N- 1:00 pm	Lunch: Regional Representatives		Lunch-regional reps
12:00 N-1:00 pm	Triple Board Meeting		Triple board meeting
1:30 pm - 2:15 pm	RRC Workshop		RRC workshop
2:15 pm–3:00 pm	NRMP Workshop		NRMP workshop
3:00 pm – 3:15 pm	BREAK		Break
3:15 pm – 4:30 pm	ABPN Workshop: Overview of Credentialing Process and New Psychiatry Certification Examination	3:15 – 4:00 pm	ABPN workshop
3:45 pm - 4:15 pm	Orientation: Ginsberg Fellows		Orientation-Ginsberg fellows
3:45 pm - 4:15 pm	Orientation: Henderson Awardee		Orientation-Henderson awardee
3:45 pm - 4:15 pm	Orientation: IMG Fellows		Orientation-Img fellows
4:45 pm – 5:45 pm	Residency Coordinators—informal meetings with representatives from ABPN, RRC, PRITE, APA	4:15 – 5:15	Residency Coordinators-informal liaison mtgs
4:45 pm - 5:45 pm	Caucus Meetings	4:45 – 5:45	Caucus Meetings
	Addictions, Forensic, Geriatric, Psychosomatic (Combined Meeting)		
	Assistant/Associate Training Directors		
	Child & Adolescent Psychiatry Caucus		
	Combined Training Programs (med/psych, family med/psych, neuro/psych)		
	Directors of Small Programs		
	International Medical Graduates		
	Residents		
	VA Training Directors		
6:00 pm - 7:30 pm	Opening Session & Presentation: Joia Mukherjee, MD, MPH		PLENARY-Cohen or Kernan
7:30 pm - 9:30 pm	Reception	7:30 – 9:00 (?)	
Friday			
7:00 am – 9:00 am	Continental Breakfast for all attendees	7:30 am – 8:30 am	Continental breakfast
7:15 am - 8:15 am	MEETINGS—Task Force & Caucuses		MOVE THESE TO LUNCH TIME & HAVE LUNCHEES AVAILABLE FOR PURCHASE
	Model Curriculum Committee		
	Psychotherapy Committee		

Friday-continued	Duty Hours Task Force		
	Interview Skills Credentialing Task Force		
	Professionalism & the Internet Task Force		
	Resident Safety Task Force		
	RRC Task Force		
	Child & Adolescent Psychiatry Caucus II		
	Academic Psychiatry Editorial Board		
8:00 am- 9:30 am	Coordinators Breakfast and Best Practices Presentations		Coordinators breakfast-mtg
8:30 am-10:00 am	Welcome/Input & Award session	8:00 am – 9:30 am	Welcome/Input & Award Sessions
10:00 am- 10:30 am	Break-Poster & Authors' Session		Poster break
10:00 am–11:45 am	Residency Coordinators-Workshop sessions		Coordinators workshops
		10:00 am - 10:30 am	Business Meeting
10:30 am- 11:45 am	Plenary Session—Helen Mayberg, MD		Plenary—Cohen or Kernan
11:45 am- 1:00 pm	AADPRT Go Green Lunch (prepurchased)	11:45 am – 1:15 pm	11:45 – 1:15--lunch that attendees buy onsite
11:45 am- 1:00 pm	Duty Hours 'Best Practices'	11:45 am – 1:15 pm	TASK FORCE & Committee MEETINGS
1:15 pm- 2:45 pm	WORKSHOPS-SESSION I	1:30 pm– 3:00 pm	workshop session 1
2:45 pm - 3:15pm	Refreshment Break, Poster & Authors' Session	3:00 pm – 3:30 pm	refreshment break
3:15 pm- 4:45 pm	WORKSHOPS SESSION II	3:30 pm – 5:00 pm	workshop session 2
5:00 pm– 6:00 pm	Region I Caucus-New England	5:15 pm – 6:15 pm	REGIONAL CAUCUSES
	Region II Caucus-New York		
	Region III-Mid-Atlantic		
	Region IV-Midwest		
	Region V-Southeast		
	Region VI-California		
	Region VII-Far West		
	Psychiatry Residents Caucus		
	Residency Coordinators Caucus		
6:00 pm – 6:30 pm	Regional Reps Review Meeting	6:30 pm – 7:00 pm	regional reps review meeting
6:00 pm - 7:00 pm	Presidents' Reception (by Invitation)	6:30 pm – 7:30 pm	Presidents Reception
7:30 pm-8:30 pm	Nominating Committee		7:00 – 8:00—Nominating Committee

Saturday			
7:00 am-9:00 am	Executive Council Breakfast & Meeting with Regional Representatives		EC meeting
8:00 am– 8:45 am	Continental Breakfast for all attendees		
		8:00 am – 8:50 am	NEW—2 nd gathering of the NTD & Early Career PDs—HOW MANY ROOMS WOULD YOU NEED??
8:00 am–10:00 am	Coordinators Breakfast and ABPN PreCert Training		Coordinators breakfast & mtg
		PERHAPS CHANGE TO START AT 9:15 SINCE EC ENDS AT 9:00?	
9:00 am- 9:45 am	Business Meeting	9:00 am – 10:30 am	Workshops session 3
9:45 am–10:15 am	Break-Poster & Authors' Session	10:30 am – 11:00 am	Poster break
10:15 am -11:45 am	WORKSHOPS-SESSION III	11:00 am – 12:30 am	Plenary 3
11:45 am–2:00 pm	Lunch and Plenary Session—David Kupfer, MD	12:30 pm	meeting ends
2:00 pm– 3:00 pm	Steering Committee	12:45 pm – 1:45 pm	Steering Committee

2012 Annual Meeting Plenary Speakers

Jonathan D. Cohen, M.D., Ph.D.

Eugene Higgins Professor of Psychology, Princeton University
Director, Center for the Study of Mind, Brain, and Behavior
Co-Director, Princeton Neuroscience Institute

Research questions: “What are the relationships between the disturbances of brain function and their manifestations as disorders of thought and behavior in psychiatric illness?”

www.pni.princeton.edu/ncc/JDC

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AADPRT Committee, Task Force, Caucus Report

Executive Council Meeting

May 2011

Date: 5/6/11

Committee or Liaison Group Name: Information Committee

Chair/Representative's Name: Bob Boland, MD

Members: Adrienne Bentman MD, David Williams, John Luo, Lucille Meinsler, Sahana Misra, Richard Summers MD.

Action Items from March 2011:

- 1. Committee will figure out how to work out access for groups of people we designate to have access behind firewall.*
- 2. Legal consultation may be necessary as we make more of the website materials public accessible.*
- 3. Conference call for committee to come back with some suggestions and plan to go forward.*

These items were dealt with together on during our conference call. The following points were raised in discussing this.

1. The question was raised whether opening up our site to a larger audience made sense. Arguments for and against more openness were discussed.
 - a. Arguments for included the value of dissemination, the greater visibility it might afford members and the philosophical spirit of sharing that typifies this organization.
 - b. Arguments against included the danger of eroding the value that comes with being a member (i.e., access to useful materials). In addition, legal concerns were noted, including the risk of copyright violations and the need for careful vetting of materials that were openly distributed.
2. Possible models for increasing access to the site were discussed, including
 - a. An open "shadow site, " which is a copy of the protected site but with sensitive or proprietary materials removed. Although a possible solution, concern was raised about the amount of time and labor needed to create such a site, including the close vetting of materials as well as the need to manage the mirror site and maintain it in a way that correlates correctly with the prime site.
 - b. A "semi-protected site" that is part of the protected site, but behind a different wall that allows for both member access and access to non-member registrants. Non-members would still have to register and give sufficient information to allow a vetting of who they are and why they want materials from our site.

- i. This would be analogous to existing systems on the web site, including the non-member meeting submission process and the new comments section (see below).
 - 1. These applicants are currently vetted by Lucille, and it is anticipated she would do so for the new site as well.
 - ii. It is anticipated that the majority of non-member registrants would be trainees, or non-training director academic faculty.
 - iii. It is also anticipated that the number would be low.
 - iv. Such a process should be sufficient to allow vetting, but not so cumbersome so as to discourage legitimate persons.
 - c. A third option is to not increase access, and continue restricting to members. Non-members who desire certain materials would be directed to the process for Affiliate membership.
- 3. A proposal was made to explore option "b" (semi-protected site), and beginning with limited content – for example, vetted items from the model curriculum site.
 - a. However, it was felt that before exploring any option, the implications of this should be further explored, potentially by the Steering Committee, as this represents a major shift in policy.

Goal(s) or tasks to be completed in 2011-2012:

- 1. Improvement to the Coordinators site.
 - a. At the last annual meeting, a number of good suggestions were made by the Coordinators about ways to improve the web site.
 - b. Of these, we (the committee, relying primarily on the advisement of committee member David Williams, have given first priority improvement of the Coordinator's Calendar.
 - i. This Calendar is already a popular part of the web site and feedback from the coordinators suggests it is already widely used.
 - ii. However, it is felt that the current static (Word doc) format is less useful than it could be. This is particularly true for new coordinators--a large proportion of the group--who may not understand all the terminology or references.
 - iii. The proposal was made to create an online interactive calendar with links to explanations or relevant documents.
 - 1. For example, in September, the first item is "GME Census." The uninitiated may not know what the GME census is; no will they understand that this is the date for the census deadline, not the opening of the census.
 - 2. It would be preferable to have a hyperlink; once clicking on the link one could be brought to an explanation of the GME

census, along with additional relevant links to the census itself and any supporting materials.

3. This considerable amount of work would be performed by a volunteer team, headed by David Williams and a group of senior coordinators (who have already volunteered their time).
- iv. Our committee was enthusiastic about this proposal, and felt the rather modest sum required to program the site (see below) was well worth it as a benefit to members.
 1. It was also noted that this would be of great use to training directors, and that a link to this new calendar should be on the Virtual Training Office.
2. Presidents Page with Comments Section. This was initiated by Rick Summers, and will allow for prominent placement of his messages along with a simple method for people to comment.
 - a. Comments are open to both members and to nonmembers who register.
 - b. The system is in place and has been tested – looks great.
 - c. Should be up and running before the APA meeting.
3. Improvement of the online system/rating site for the Henderson Award papers.
 - a. Lucille is discussing with Lis Guthrie how best to proceed.
 - i. Lis raised concerns about maintaining the anonymity. It is felt this will not be a problem, but should be worked out with the webmasters.
4. Online membership and registration system
 - a. Lucille is to meet with accountants to review information needed for audits, etc., so that this can be incorporated into the member database.
5. Model Curriculum updates
 - a. Shan is working with Tony Rostain to continue improving this site
 - i. A number of suggestions about improving both the submission and review process came out of the last meeting.
6. 2011 Meeting materials
 - a. These are posted. Lucille is still trying to obtain the remaining missing presentations. Only one plenary speaker agreed to share, this will be posted.
 - b. There was some delay in posting coordinator's meeting materials, but this has been worked out.
7. Broken and lost links checks
 - a. An ongoing problem.
 - b. The issue of software "link checkers" was raised, but John Luo (who has used them) suggested they are too cumbersome.
 - c. Will continue to spot check for now.
 - d. Lucille felt that an improvement in the membership database system would help improve this (esp. links to training programs).

Report/Updates of Importance & Pertinence:

These are incorporated above.

New Action Items:

The committee is requesting a sum of \$800 to begin work on the online Coordinator's Calendar.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: March 5, 2011

Committee or Liaison Group Name: Subspecialty Caucus Report

Chair/Representative's Name: Catherine Woodman, M.D.
Robert Rohrbaugh, MD, Chair as of 3/11

Goal(s) or tasks to be completed in 2011-2012:

1. Determine effectiveness of all Sub-Specialty Caucus members meeting together.
2. If thought desirable, develop plan to improve participation of sub-specialty program directors in AADPRT.

Report/Updates of Importance & Pertinence:

This was the first meeting in which all members of the Addictions, Forensics, Geriatrics, and Psychosomatic Sub-Specialty Caucus met together. Certain common themes were present including recruitment into the Sub-Specialty Fellowships and developing robust training in the sub-specialties during general adult residency.

In addition the lack of participation of the sub-specialty program directors in AADPRT was discussed. One idea that was discussed to improve participation was for program directors in one sub-specialty to develop submissions in that sub-specialty area for an AADPRT meeting on a rotating basis. For example, the addiction psychiatry program directors might develop a presentation for one year, forensic for the next, etc. This might improve participation by sub-specialty training directors and highlight education and training initiatives in fellowships or general adult programs.

New Action Items:

Respectfully Submitted,

Robert M. Rohrbaugh, M.D.

AADPRT Committee, Task Force, Caucus Report

Executive Council Meeting

May 2011

Date: May 5, 2011

Committee or Liaison Group Name: Assistant/Associate Training Directors Caucus

Chair/Representative's Name: Melissa Arbuckle, MD, PhD and Karen G. Martinez, MD, MSc

Report/Updates of Importance & Pertinence:

Karen Martinez, who has co-chaired the ATD caucus for the past two years, is no longer the associate director of the Child Psychiatry Training Program at the University of Puerto Rico. She will be focusing full time on her research and is stepping down as co-chair for the ATD caucus.

The ATD Caucus continues to be a wonderful resource for networking and support among our members. Consistent with prior years' reports from the ATD caucus and our survey of ATDs in 2009, ATDs are relatively new to their positions and continue to seek guidance on how to structure their positions and advocate for increased support (such as protected time for scholarly work).

In order to address this need, a workgroup following the 2008 ATD caucus has prepared a manuscript, "Associate Residency Training Directors in Psychiatry: Demographics, Professional Activities and Job-Satisfaction" (in-press at *Academic Psychiatry*). This article describes the results of the 2009 survey and proposes key "ingredients" for successful ATD positions.

In addition, since 2009, AADPRT members drawn from this caucus have held a workshop at the annual meeting on topics salient to the career development interests of ATDs. The workshop in 2011, "Moving from Inspiration to Action: Crucial Practical Skills for Early Career Educators," specifically focused on setting career goals, obtaining mentorship, and developing negotiation skills.

The feedback from this latest workshop was extremely positive. Participants suggested that this area could be expanded in future meetings and could potentially augment the new TD/ATD symposium. For example, participants who attended the new TD/ATD symposium one year, might still feel "new" the following year, but already be familiar with the some of the "nuts and bolts" that are currently included in the symposium. Protected time during the meeting to address aspects of career development could provide additional support for new training directors.

Goal(s) or tasks to be completed in 2011-2012:

Publication of 2009 survey of ATDs anticipated in *Academic Psychiatry*. We plan to submit another career development workshop for next year's annual AADPRT meeting.

New Action Items:

- A new co-chair is needed for the ATD Caucus. We would be happy to provide nominations to the EC.
- Consider a building an alternative track for the New AT/ATD symposium with a focus on career development topics.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: May 5, 2011

Committee or Liaison Group Name: Child & Adolescent Psychiatry Caucus

Chair/Representative's Name: Arden Dingle MD
adingle@emory.edu

Description of Caucus

- 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 March 2011:

- Establish Child & Adolescent listserv-- **Listserv created**
- Agreed to have a Child & Adolescent section on website – working on content and structure

Goal(s) or tasks to be completed in 2011-2012:

- 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 (e.g. website, listserv)
- 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
- Develop a timeline of activities for chair

Report/Updates of Importance & Pertinence:

Child Caucus Members

- Sent members a summary of the February member survey
- Sent members a copy of the minutes from the child caucus meetings during the March 2011 annual meeting
- Sent members information on 2012 NRMP Child MATCH dates
- Identified possible topics and presenters for submissions for 2012 annual meeting
- Identified members interested in more active participation in child caucus and AADPRT; working on developing appropriate activities and linking members with similar interests

Liaison Activities

- Participated in conference call with chair of AACAP WorkGroup on Education and Training (Jeff Hunt) and AACAP President (Marty Drell) to discuss collaboration and communication between the child caucus and the workgroup to enhance productivity and minimize duplication
- Communicated about and confirmed with NRMP the participation of CAP programs in the 2012 Child MATCH
- Invited an ERAS representative to attend a child caucus meeting during the 2012 annual meeting to discuss CAP programs participation in ERAS; ERAS has accepted

General

- Working on revising and updating the common child application based on member input

Action Items:

- Listing the Child Caucus Listserve on the AADPRT listserve page

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: 4/28/11

Committee or Liaison Group Name: MATCH Review Board

Chair/Representative's Name: Bruce Levy, MD

Report/Updates of Importance & Pertinence:

AADPRT was notified by the NRMP that a psychiatry program had received a Match Violation and would be marked as a Match Violator in the NRMP's Registration, Ranking and Results System (R3) for one year. This was a result of an investigation and review conducted by the NRMP after a complaint was initiated by an applicant. It was determined that the program "required the applicant to disclose programs at which that applicant planned to interview and which programs that applicant was considering as top choices. Section 6.0 of the Match Participation Agreement for Applicants and Programs prohibits programs from requesting applicants to reveal ranking preferences or from requiring applicants to reveal the names of identities of programs to which they have or may apply."

New Action Items:

The Psychiatry Match Review Board (Bruce Levy, Chair, Sandra Sexson and Jerry Kay) determined that the best course of action was to prepare a statement alerting all Program Directors to the specific wording of the Match Agreement and the strict letter of the law followed by the NRMP. In addition, Program Directors need to alert all of their faculty concerning this rule and that even casual conversation about where an applicant has applied may be interpreted by an applicant as requiring them to reveal information that violates the Match Agreement. The Psychiatry Match Review Board will prepare such a letter and distribute it to all AADPRT members prior to the next interview season.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2011

Date: 4/28/11

Committee or Liaison Group Name: Governance Board, Academic Psychiatry

Chair/Representative's Name: Bruce Levy, MD

Report/Updates of Importance & Pertinence:

Nothing new to report since the last Executive Council Meeting.

New Action Items:

None