



AADPRT

EXECUTIVE COUNCIL MEETING

**Sunday
May 4, 2014**

**11:00 am – 3:30 pm
Wilder Room, 4th Floor**

**Marriott Marquis Hotel
New York, NY**

AADPRT EXECUTIVE COUNCIL

May 4, 2014

Marriott Marquis Hotel

New York, NY

Wilder Room				
4th Floor				
Time			Speaker/topic/Committee	Presenter
11:00 AM	3:30 PM			
11:00 AM	11:15 AM	15	Welcome-Approval of Minutes from March Meeting	Chris Varley, AADPRT President
11:15 AM	11:30 AM	15	ACGME	George Keepers
11:30 AM	11:45 AM	15	GME Task Force	Jed Magen
11:45 AM	12:00 N	15	Introductions/Getting Involved	Chris Varley
12:00 N	12:30 PM	30	Lunch	
12:30 PM	12:45 PM	15	Finance	Mike Travis
12:45 PM	1:00 PM	15	Review-2014 Meeting	Art Walazsek
1:00 PM	1:15 PM	15	Preview-2015 Meeting	Sandra DeJong
1:15 PM	1:30 PM	15	Review of 2014 Meeting-Survey questions	Art Walazsek
1:30 PM	1:45 PM	15	Regional Representatives	Chandlee Dickey
1:45 PM	2:00 PM	15	Meeting Site Discussion	All
2:00 PM	2:05 PM	5	Break	
2:05 PM	2:15 PM	10	Model Curriculum	Tony Rostain
2:15 PM	2:25 PM	10	Recruitment	Glenda Wrenn
2:25 PM	2:35 PM	10	Membership	Dorothy Stubbe
2:35 PM	2:45 PM	10	Subspecialty Caucus	Robert Rohrbaugh
2:45 PM	2:55 PM	10	BRAIN Conference	Melissa Arbuckle
2:55 PM	3:05 PM	10	Information Management	Sahana Misra ☎
3:05 PM	3:15 PM	10	Child & Adol Caucus	Shashank Joshi
3:15 PM	3:30 PM	15	Additional ideas re engagement/WRAP UP	Chris Varley

AADPRT 2014 Program Committee Report April 28, 2014

Members of the Program Committee: Art Walaszek (Chair), Bob Boland, Sandra DeJong

What follows is a summary of the 2014 Annual Meeting, themed “A Vision for Residency Education: Focusing on Patients, Setting our Sights on Quality.” We would like to thank the many, many people who contributed to making this an outstanding meeting. What follows are summary statistics, selected feedback from attendees, and suggestions for next year.

A. MEETING REGISTRATION

Total registration numbers were very slightly higher this year; there has been marked increase in attendance by Program Coordinators over the last two meetings. The following are final registration figures for the Annual Meeting for the last five years:

Categories	Tucson 2014	Fort Lauderdale 2013	San Diego 2012	Austin 2011	Disney 2010
Members-advanced reg	320	305	308	285	299
Members-late reg	40	56	26	42	37
Non-Members-advanced reg	39	50	39	62	40
Non-Members-late reg	30	20	9	15	24
Residents-advanced reg	37	50	47	28	47
Residents-late reg	16	9	2	15	9
Coordinators-advanced reg	143	126	119	117	116
Coordinators-late reg	6	15	2	5	11
Awardees	12	13	13	13	13
Fee Waived-invited	11	8	7	8	11
Past Presidents(fee waived)	2			5	
Exhibitors	6	7	10	4	5
TOTAL(without paid guests)	662	659	582	599	612
Guests (fee-paying)	16	12	11	17	28
TOTAL ATTENDANCE	678	671	593	616	640
Cancelled & No shows	19	23	13	23	N/A

Registration was higher at the BRAIN conference this year, likely due to the large number of on-site registrations:

Categories	Tucson 2014	Fort Lauderdale 2013	San Diego 2012	Austin 2011	Disney 2010
Pre-Meeting Registrants	209	157	154	170	160
Pre-Meeting Scholars	6	5	5		
Total Pre-Meeting	215	162	159	170	160

B. OVERALL FEEDBACK ABOUT THE MEETING

The following is a summary of the feedback from the CME evaluation form (N=389, 90% response rate). Note that it is difficult to compare scores to those from the 2013 meeting because we changed the rating scale from four points to five. The vast majority of attendees felt that the meeting met or exceeded expectations.

	This educational experience met the stated educational objectives	This educational experience advanced my knowledge of the subject	The information at this educational experience will enhance my ability to train residents
Poor (1)	0	0	0
Below Expectation (2)	6	1	2
Met Expectation (3)	180	163	160
Exceeded Expectation (4)	101	122	118
Excellent (5)	100	103	107
Mean Score	3.74	3.84	3.83

In the overall meeting comments, the only themes that emerged were (a) interest in more content related to the milestones and NAS, and (b) some concern about the format, content and scheduling of workshops.

C. FEEDBACK ABOUT SPECIFIC PRESENTATIONS

The following is a summary of quantitative feedback regarding various components of the meeting. These are mean scores, using the same 1-5 rating scale as above. The number of respondents is in parentheses.

	This educational experience met the stated educational objectives	This educational experience advanced my knowledge of the subject	The information at this educational experience will enhance my ability to train residents
Plenary – Montross (300)	3.72	3.54	3.57
Plenary – Summergrad (298)	3.65	3.63	3.53
Panel – Caverzagie, Clemens (237)	3.75	3.69	3.71
Implementation of the Milestones – Cowley, Spitz (339)	3.66	3.88	3.63

Narrative feedback about Dr. Montross' presentation was somewhat polarized, with a number of comments expressing enthusiasm ("this was as close to perfect as it gets for this sort of presentation," "truly a meeting highlight") and others questioning the appropriateness of this presentation for our conference ("not helpful from an educational perspective") and some raising concerns about

confidentiality in the vignettes presented. The narrative feedback regarding Dr. Summergrad's presentation was very positive ("excellent" was the most commonly used adjective). The narrative feedback regarding the Saturday panel with Drs. Caverzagie and Clemens was nearly uniformly positive ("helpful" was the most commonly used adjective). Attendees found Drs. Cowley and Spitz's special session on the implementation of the milestones to be practical, pertinent and helpful.

This year we adopted a new "lifespan" set of parallel, invited workshops. Comments were supportive of the idea of providing such workshop to program directors who are neither new nor lifers. The mean evaluation scores are as follows:

	This educational experience met the stated educational objectives	This educational experience advanced my knowledge of the subject	The information at this educational experience will enhance my ability to train residents
New Training Directors – Cowley (103)	3.64	3.69	3.67
Early Career – Arbuckle, Brenner, DeGolia, Simon (74)	3.42	3.46	3.42
Mid Career – Anzia, Lomax (89)	3.57	3.31	3.37
Lifers – Beresin, Rostain (53)	3.75	3.58	3.30

The most common narrative feedback about the Poster Sessions was that the layout and location of the posters could have been improved, e.g., not "enough space to view and interact." The quantitative feedback is as follows:

	This educational experience met the stated educational objectives	This educational experience advanced my knowledge of the subject	The information at this educational experience will enhance my ability to train residents
Poster Session 1 (280)	3.54	3.56	3.54
Poster Session 2 (247)	3.53	3.53	3.53

The BRAIN conference was very enthusiastically received, with extremely positive comments and high mean scores:

	This educational experience met the stated educational objectives	This educational experience advanced my knowledge of the subject	The information at this educational experience will enhance my ability to train residents
BRAIN (200)	4.03	3.98	3.98

D. FEEDBACK ABOUT WORKSHOPS

Workshops are the heart and soul of the conference. Attendees rated workshops higher than any other component (besides BRAIN).

The comments about workshops are, in general, very positive. Based on the number of completed CME evaluations, the top 11 (two tied for 10th) most attended workshops were as follows:

Session	Topic	Presenters	N
1.07	Necessity is the Mother of Invention: How to Use Entrustable Professional Activities to Align Existing Assessment Methodologies with the Milestone Project	Weiss, Ozdoba, Carroll, Dejesus	53
3.15	Milestones and the CCC: Getting Started	Jibson, Spitz	43
2.06	Teaching with Technology	Benjamin, Boland, Chan, Newman	39
1.11	Achieving Therapy Milestones For the Future: Focusing on what to teach, how to teach it, and how to assess what's been taught	Manring, Weerasekera	35
1.09	Teaching Boundaries	Mintz, Ross, Crisp-Han, Gabbard	34
2.02	Teaching Models of Normal and Abnormal Development in Infant, Toddler and Preschool Behavioral Health	Fabbro, Fritsch, Klisz-Hulbert, Ascherman, Usher, Gleason	33
2.13	Recruitment Tips and Tricks	DeJong, Jibson, Magen, Rao, Anzia	33
3.05	Faculty Development: Innovation on a Shoestring	Lord, Murray, Varley, Cowley	32
1.01	GME Financing Made Less Complex	Magen, Richards, Ley	31
1.10	The Disciplinary Process: Program Directors' "Hidden" Milestone	Schwartz, DeGolia, Spitz	30
2.07	Trusting Our Trainees: Entrustable Professional Activities as an Approach to Competency-Based Assessment	Hung, Hasser, Young, Danielle	30

Workshops scheduled during the third slot on Saturday morning were less well attended (average of 17) than those scheduled during the first and second slots on Friday afternoon (average of 25 and 24, respectively).

We would like to use this opportunity to thank Drs. Michael Jibson and Deborah Spitz for filling in at the last minute for Dr. Paula Del Regno and colleagues in workshop 3.15, a special session for new training directors.

The quantitative feedback, averaged over all workshops, was as follows:

	This educational experience met the stated educational objectives	This educational experience advanced my knowledge of the subject	The information at this educational experience will enhance my ability to train residents
All workshops	3.78	3.77	3.76

The top 10 rated workshops (based on average of the three evaluation scores; excluding workshops with less than 10 attendees) were:

Session	Topic	Presenters	Mean	N
2.09	An Operationalized Approach to Case Formulation Pedagogy	Ross, Forstein, Fertig, Rohrbaugh, van Schalkwyk	4.20	22
3.14	The Role of Resident Wellness Programs in Promoting Well-being and Preventing Burnout in Psychiatry Residents	Catapano, Norris, Khin, Feeley, Ross	4.20	15
2.02	Teaching Models of Normal and Abnormal Development in Infant, Toddler and Preschool Behavioral Health	Fabbro, Fritsch, Klisz-Hulbert, Ascherman, Usher, Gleason	4.16	33
2.15	Transforming Frustration into Possibility: A Curriculum to Educate PGY2 Residents about Systems Based Learning	Battaglia, Abrams, Montgomery, Allen, Patterson, Samuels, Weiss, Ruberman, Quinn	4.12	17
2.05	New Developments of the ABPN Computer-Delivered Psychiatry Certification Exams	Shen, Faulkner, Juul	4.11	21
3.08	Death by PowerPoint: Using Slides to Enhance and Not Detract from Presentations	Chan, Benjamin	4.08	12
1.04	Down to Earth Academic Workshop: How to Review Manuscripts Submitted for Publication	Roberts	4.07	28
2.04	Strategies for Success for Early Career Academic Psychiatrists: Promotion 'Boot Camp'	Roberts	4.06	24
3.10	A Model for Teaching Critical Thinking on an Inpatient Psychiatric Unit	Penzner, Walton	4.04	18
2.03	School Mental Health Services: Creating Training Opportunities in Adult and Child Psychiatry Programs	Del Castillo, Sehgal, Daniolos, Joshi, Carson, Arzubi, Beyer, Kataoka	4.03	22

E. SUGGESTIONS FOR NEXT YEAR

I am pleased to turn the conference over to the extremely capable Dr. Sandra DeJong, with the following suggestions:

1. Following Dr. Boland's recommendation from last year of recording plenary sessions, we hired the hotel's staff to record what we thought would be very high yield presentations, in particular for members who could not attend the meeting: the special session on the implementation of the milestones, and the closing panel discussion on NAS lessons learned from other specialties. These have been posted on the AADPRT website. They are generally usable, though there were technical problems that should be addressed next year.
2. Also echoing Dr. Boland, we should consider offering, at some point, self-assessment MOC to meeting attendees for a fee. In our preliminary discussions with the ABPN, this would certainly be feasible. Given the organization's transition over the next year, it may be best to wait until the 2016 meeting.
3. We should consider restructuring the workshops to offer four slots, each with fewer workshops. This would allow attendees to select more sessions, and would give the Program Committee more flexibility in assigning workshops to slots.
4. This year, the opening of the meeting took place after a full day of activities. We should consider moving the opening to earlier in the day.
5. During the registration process, we should ask attendees, using correct terminology, if they require any accommodations during the meeting (beyond dietary).
6. In this report, we did not review any of the feedback from the Program Coordinators' sessions. I do wonder if there should be more interaction between the planners of the core conference and those of the Program Coordinators' conference.
7. The timing of the poster sessions and the placement of the posters themselves should be carefully reviewed at the site visit for the next meeting.

Please note that we also surveyed attendees regarding their preferences for the location of future meetings. These results are presented in a separate report.

Respectfully submitted,



Art Walaszek
2014 Program Chair

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2014

Date: April 24, 2014

Committee or Liaison Group Name: Program Chair Report, 2015 Annual Meeting

Chair/Representative's Name: Sandra DeJong, MD

Goal(s) or tasks to be completed in 2014-15:

Plan Annual Meeting for March 4-7, 2015, Hilton Orlando, Bonnet Creek.

Report/Updates of Importance & Pertinence:

- Meeting title is **“Innovate, Integrate, Inspire: Educating the 21st Century Psychiatrist.”** Theme pulls for need to innovate in changing healthcare landscape and in face of scant resources; integrating both biopsychosocially and across medical specialties to ensure that psychiatry has a role in the future; inspiring psychiatric educators to both innovate and integrate (despite the burden of unfunded mandates in training, bureaucratic burnout in program directors, and uncertainty in healthcare) by keeping the goal of excellent patient care at the center of all that we do.
- Thursday Plenary: Dr. Bruce Perry, child psychiatrist, trauma expert, author of *The Boy Who was Raised As a Dog and other Stories from a Child Psychiatrist's Notebook*. Dr. Perry's stories illustrate the importance of biopsychosocial integration in treating severe trauma (such as the children of Waco) and creative innovation in the face of new clinical challenges. His work is very inspiring!
- Friday Plenary: Dr. Ranga Krishnan, Dean for Duke-NUS Graduate Medical School Singapore, July 2008 to present. Dr. Krishnan's story of developing a medical school from scratch in Singapore – teaching himself adult learning theory, identifying online resources, developing a successful program whose approach is being picked up by the Singapore public schools – has wonderful lessons for training directors in psychiatry.
- Saturday Plenary: ?interactive technology fair? Key technology (and other?) skills for the 21st-century psychiatrist??

New Action Items:

None.

**AADPRT 2014 Annual Meeting Attendees
Feedback Regarding Future Meeting Locations
April 25, 2014**

A. QUANTITATIVE OUTCOMES

This report includes a total of 319 respondents (74% of those receiving evaluation form, i.e., meeting attendees). We asked respondents to rate the importance of each factor used in selecting meeting locations (climate, ease of access, cost and milieu), and we asked them to rank order the factors. The factors were described as follows:

- Climate: the weather permits reliable place arrivals and departures. The location is warm or temperate in March.
- Ease of access: I can reasonably travel to this location by plane, train or automobile.
- Cost: Registration fees will not increase significantly if AADPRT meets in this location.
- Milieu: The social and cultural milieu of the location is such that I feel comfortable and welcome.

Importance	Climate	Ease of access	Cost	Milieu
Very unimportant (1)	3%	2%	3%	5%
Unimportant (2)	4%	1%	10%	6%
Neither (3)	5%	2%	18%	12%
Important (4)	34%	29%	46%	47%
Very important (5)	54%	66%	24%	30%
Mean score	4.33	4.56	3.80	3.91

Rank Order	Climate	Ease of access	Cost	Milieu
1 – Most important	37%	53%	11%	14%
2	39%	33%	20%	15%
3	15%	12%	34%	33%
4 – Least important	9%	3%	36%	37%
Mean score	1.96	1.64	2.99	2.87

B. THEMES IDENTIFIED IN COMMENTS

Attendees were asked to comment on factors to be used in selecting meeting locations (climate, ease of access, cost and milieu). Comments are listed below, organized by theme. Note that some attendees also included relevant comments in our question asking them to “Suggest locations that AADPRT should or should not consider for future annual meetings;” these comments are indicated by an asterisk (*).

Logistical factors are most important

The most important factor for me is the size of the conference hotel and ability to accommodate all of our attendees. It would also be nice to have several things to do in the area.

The most important factor is having the space needed for exhibitors, poster sessions, meeting space, workshops and enough rooms for attendees.

Must have meeting that can be easily accommodated at main hotel.

Ease of access and cost of travel/hotel is of paramount importance to me.

Easy access to food places a must. If a resort is semi-isolated with not a lot of restaurants is bad. It should not take > \$65 to take a cab from nearest airport. Renting a car should not be a necessity.

This site seemed very far from anything other than the hotel--but then, you kept us busy enough that it didn't really matter all that much.

The "resort-style" hotels are difficult to negotiate without a car.

Would like a more fun city.

I think it would be nice to be in a hotel that isn't too isolated from the rest of the city in which it is located.

Isolated areas which would force to incur in increased transportation costs for meals, etc should be avoided.*

I do not favor meetings in resorts outside of cities. I would prefer to be more centrally based and not require additional costs for transportation. Tucson was very difficult and costly to get to, and I would favor meetings in areas that are hubs for at least one airline or larger cities. While is nice to be in a warmer area, I would also be interested in being in other cities (e.g., Baltimore, DC) which are easier to get to from the East Coast and have low chance of snow.

While I don't want the registration fees to go up, the cost of travel to some of our locations is very high.

Cities that do not require connections or long car drive to reach hotel, hotel in area where can walk to restaurants, etc and do not need to rent car.*

I would prefer meetings to be centrally located in cities where it is not necessary to rent a car in order to get to restaurants and nearby attractions. Tucson was VERY difficult to get

to from the East coast. I would prefer more central locations.*

Travel to Tucson was challenging as there were no direct flights from my city (Boston) and the hotel was a long distance from the airport.

Please hold the meetings in cities that are accessible by direct flights from around the country.

Would prefer locations (unlike Tucson) with more direct flights. Most participants needed to transfer to get to Tucson--inconvenient and time consuming.

Whenever possible, please choose cities that are easy to fly into, ie are hubs or within an hours drive of a hub.*

Could consider: cities with central airline hubs to reduce cost of travel.*

Ease of transit is the most important factor.

The weather, accessibility, and cost seem to me to be the critical factors.

The annual meeting is the best organization for program directors to belong and for us to feature our ideas. Thus, members, presenting and attending, need to fly into/out of an airport without snow. No snow means the south and west coast. For fairness we need to alternate coasts and the more middle of the country. Access - the trip from Tucson to hotel is about as far & long as is good for us. More than 2 flights is too many, 2 is fine. Flight cost - > \$680. is too much. Recent hotel costs are about right. Hotel - I like a mix of city and resorts. I prefer to be the "only" meeting at a hotel. I don't like screaming in the next room. I do not like hotels used by cruise lines as they are not kept in good shape.

It's all about location, location, location. Having the meeting in Puerto Rico will make it very difficult to send coordinators or more than one faculty from our Department due to costs. It would be nice to use medium size cities/locations with connecting hotels to accommodate our growing membership, such as those cities used by AAP. How about Florida again, but not Disney World? That was too much of a distraction.

The location is a primary reason I come, and may stay for longer than the meeting. Going back to a location several times within a short time is disadvantageous for us who have been at it for a while.

If you cannot get there easily and afford to go, then it is not going to be well attended. For those of us in less well off departments, we often pay out of our own pockets for these meetings.

I would note that while weather is an important factor with regards to travel, those coming from temperate climates will always struggle with travel. I do not see that the Pacific NW has been considered as a potential destination and this region is often very

travel accessible during the spring months (generally no limiting snow/ice/hurricanes/tornados/etc.). I have heard that some consider it too far to travel to Seattle or Portland, particularly from the east coast, but those of us on the west side of the country are being asked to travel to Florida, Texas, Puerto Rico for upcoming meetings...yikes!!!

Coasts are too far for some. Puerto Rico is too far. Recommend central locations. e.g. Austin is right in the middle (almost).*

Please do not consider locations outside the continental 48 states. I am at a state facility and with budget concerns, we have begun to require so much documentation to attend within the 48.... attending elsewhere will likely NOT HAPPEN.*

Keep it warm and accessible. Try to avoid hurricane zones. Would sacrifice travel ease for an interesting (or affordable) place.*

Safety, acceptance, and social issues are very important

It is important that locations be chosen where all members will feel safe and accepted.

I do not want to meet in a place where I feel socially or culturally uncomfortable, or even threatened. That would cast a terrible pall on the meeting. Ease of transportation is a factor, but most of us probably have to fly to a hub to get wherever AADPRT is. Cost is relative I believe. It's nice to have good weather, but not essential.

If Brewer had not vetoed that bill, I would not have attended.

I support moving future conference to venues that will not alienate minority groups within our organization.

I think that we should avoid as much as possible cities/states with grossly prejudicial policies, a shame to say that we need to continue to deal with this in the 21st century.

I hope AADPRT will reflect on the discussions members had online and in person regarding the Arizona law to allow business to deny service to homosexuals. I hope that the organization can avoid hosting meetings in such places that are potentially dangerous to our membership. This might require a more detailed process for considering the implications of, say, breaking a contract. I don't want to avoid this conversation on the grounds that breaking a contract would be financially untenable for the organization - members need further proof that this option has been adequately explored and negotiated with the hotels to be hosting us.

It was difficult to support a state whose government is against immigrants,

I think the issues brought up in choosing Arizona as a location for the meeting are very valid. We should not be supporting venues or locations that go against our mission of fair

and equal regard for all people. Obviously we cannot be purists but can address flagrant discrimination and disregard by our choices.

AADPRT should meet in states supportive of same-sex marriage.

States considering bills similar to the Arizona bill. Florida has also been mentioned because of the implementation of its 'stand your ground' law. I can't claim to be familiar with all the political issues that might trigger such a big decision from the leadership, but I hope the results of this item are shared in a way that elicits feedback from membership. Thank you for surveying the group.*

Social and political issues are not paramount

All locations are in the USA and thus bound by federal law. Every State has people with whom I am likely to disagree. Active discrimination against specific people is a fact of life and one which changes by example.

I think it's fairly impossible to plan a meeting around local political affairs which may change in the time between contract and meeting.

Political factors should not influence meeting location.

The responses to social and cultural issues are too individualized to be used to determine locations. I am not sure that the political views of a vocal few will reliably reflect the political and social views of the majority of members. Once we start applying a litmus tests to locations how many political, social, cultural factors are we going to consider? There are many organizations devoted to societal and political change but only one devoted to improving psychiatry residency training. Lets not get distracted from the one thing we do uniquely well.

Although I am concerned about civil rights and dislike some of the laws proposed in Arizona, I realize that the state legislature is not always representative of most people, and bigger organizations (like the Superbowl threatening to cancel Arizona) have more impact politically. I loved the conference location for many reasons (The weather, the hotel, the hotel staff, the meeting rooms) and would be happy to return.

How will you know whether the cultural milieu will make me feel comfortable? If this is a reference to the controversy over Arizona and the statute to allow vendors to receive services, then you will never find a place for everyone. Just find us a nice place and leave special interests to brood silently.

I strongly oppose site selection based on political criteria.

can't predict laws

I can keep my personal beliefs separate from a work conference

I do not believe that issues of human rights, civil rights, socio-political issues should be included in meeting planning. We have many members with varied beliefs in these areas and there are countless areas which members might include. To open meeting planning to this will delimit meeting location choices and will pull the organization into political stances. This will erode our members ability to collaborate as one man's cause is selected as a "just" reason to avoid a city/state and another woman's cause not.

I think if you start eliminating towns that you feel for one reason or another don't represent the political ideations of your members you will quickly run out of sites. Unless you have concrete evidence that our members were treated poorly at one of our sites, I would stick with it. The list serve strings prior to the conference made some pretty prejudicial generalizations about Arizonians, which frankly some were not much different from what the postings were accusing Arizonians of doing.

Personally, I feel that the social/cultural milieu is of least important. There is no state in which I agree with all of their politics, including the state in which I live. Thus I feel that this is the least relevant factor.

"Feeling comfortable and welcome" is not really this issue, is it? I would venture that, despite the reprehensible politics of the state of Arizona (my opinion), no member of AADPRT felt uncomfortable or unwelcome. It seems to me that the organization is struggling with whether to use its economic leverage to influence regional politics -- a very real question, but a somewhat dangerous path to go down for a heterogeneous organization that needs to be "welcoming" to ALL of its members (not just the politically liberal ones).

I don't think you will ever be able to find a completely neutral site where there aren't potential political issues.

Let's not overstate cultural factors to the point that we are disenfranchising entire regions of the country from being able to host meetings. I agree with not holding meetings at locations that have ridiculous laws or active discrimination, but this can be taken too far to the extreme in the other direction to the point that we are not allowing meetings in any state with a republican legislature. Balance in all things.

There are so many political positions that it would be difficult to find a suitable place if AADPRT begins to select places based on politics.

I do not think that political considerations should play a major role given that we cannot predict the political environment 5-6 years in advance based on this years news. And I think that avoiding a state like Arizona based on the issues recently discussed on the listserv does a major disservice to AADPRT members in that state, both gay and straight.

Not being in a minority group, perhaps I am not as sensitive to social issues as I should be. That said, I don't see how the political positions of the state had any affect on the

immediate milieu of the town of Tucson or on the feel at the hotel, which was very welcoming and comfortable.

I felt that much of the debate on this issue was an unnecessary distraction from the stated purpose of the meeting, suppressed honest debate on complex personal and political views, and risked creating a litmus test on what members' beliefs are to be accepted by the organization. While the stated purpose of the debate was purportedly about the rights of members and their families, it created an environment where some members felt they would be unwelcome in the organization if they did not openly endorse support via buttons or affirmative statements of support.

I support Dr. Bentman's statements about choice of the location. The primary purpose of AADPRT is not politics--it is education. All of us have unique political views--it would be impossible to satisfy everyone's views, and catering to specific political views (even if consistent with the majority or even "all" members) diverts away from the true purpose of the group. While I am sympathetic to the views of the AADPRT members who complained about this year's venue, I do feel that they inappropriately hijacked an organization for their own political purposes, and this bothered me.

Yes: wherever the members will have a productive educational experience. No: wherever the members will be subject to political whims of a small group of vocal members one direction or the other.*

Location should NOT be influence by political or social issues issues, but rather on accessibility, logistics, convenience, affordability, etc.*

Warm weather is important

Good weather is most important with the ease of access.

Living in the NE, I enjoy going to a March conference in a warm locale.

Warm weather and ease of access are always a plus.

I think that meeting in a warm climate is actually important to the morale of training directors who have just come through interview season.

It has to be in a warmer climate so travel is reliable.

Nice response by AADPRT

Attendance can be affected by a number of factors and I appreciate the EC's willingness to place importance of the social and political climate as well.

I really enjoyed Tucson, aside from the social controversy. AADPRT handled this whole issue so well. Dr. Bentmann's listserv communication was well timed and well stated.

Change timing of meeting

These are all important factors. If members are tired of being in the south where the weather is warmer, then perhaps we could change the meeting time and meet in the northern cities in the summer. The timing of the meeting in March is chaotic with ACGME meeting just before and Match just after and Spring Break right in the middle. I think a summer conference would be a welcome change.

I propose change the meeting time and meet in northern cities in the summer or early fall rather than southern cities in early spring. Such a change would allow for an improvement both in location and in timing. I prefer cities to which there are plentiful direct flights, so big cities such as Seattle, Chicago, Denver, Philly, Boston, or DC. I find the March meeting time stressful and it limits the number of places we can conveniently meet.*

Other

I also enjoy that AADPRT is a well-attended meeting and I have a chance to network with many colleagues.

It's hard to tell which locales are going to turn rabid ahead of time, unless we limit ourselves to Hawaii, which seems to never get overexcited but is a bear to get to.

Many of us will not want to go north to Vermont with its black flies and mud in March, even if it has pristine political views.

Each state comes with its own set of issues. I think we should think about ways to advocate for fairness and equality in any city/state for all as hostility and microaggressions adversely affect mental health.*

I think this is silly--laws, issues can certainly change during the time calendar is set for future meetings. You can't try to predict!*

C. SUGGESTIONS FOR FUTURE MEETING LOCATIONS

We asked respondents to suggest locations that AADPRT should or should not consider for future meetings. Note that many people suggested more than one location.

Rank	Location	Number of votes
1	San Diego	17
2	New Orleans	16
3	Seattle	13
4	Puerto Rico	10
-	San Francisco	10
6	Austin	9
-	Santa Fe	9
8	California (no city specified)	8
-	Las Vegas	8
10	Portland, Oregon	7
-	Hawaii	7
-	San Antonio	7
-	Miami	7
14	Tucson	5
-	Phoenix	5
-	Los Angeles	5
-	Chicago	5
-	Florida (no city specified)	5
-	New York City	5
-	Charleston	5
21	Nashville	4
-	Washington DC	4

Other locations suggested (number in parentheses if greater than one vote): Anchorage, Arizona (no city specified), Sedona, Bahamas (2), Boise, Boston (2), Anaheim, Monterey (2), Napa (2), Orange County (2), Santa Barbara/Ojai (3), Palm Springs (2), Santa Clara, Cleveland (1), Denver (2), Disney World (3), Florida Gulf Coast, Hollywood FL, Key West (2), Marco Island, Orlando, Palm Beach, Sarasota, Florida not Disney (2), Georgia (no city specified), Atlanta, Savannah (2), St. Simon's Island GA, Indianapolis, Kansas City (2), Mexico, Mackinac Island MI, Minneapolis (2), Montreal, Reno, New England, New Mexico (no city specified), Albuquerque (3), Chapel Hill, Charlotte, Ocracoke Island NC, Philadelphia (2), Quebec City, Salt Lake City, Hilton Head, St. Louis, Memphis, Texas (no city specified), Dallas (3), Texas Islands, Vancouver.

Respondents said that we should not consider going to Orlando (4), Disney (4), Tucson (2), NYC, Boston, Puerto Rico, all of the South, the Southeast, the Northeast, and outside of the continental 48 states.

Summary of Comments from the EC Breakfast, AADPRT 3/14/2014

Kathy Sanders* and Mike Travis: There were only two members who showed up at our table. One person was mostly complimentary with little suggestion or concern about the governance and membership. There was some criticism of a sense of closed leadership but that seemed to be historic. One person felt that there could be more efforts on the part of AADPRT to enhance and develop the new training director as an organizational priority. She provided suggestions that AADPRT could foster a workshop run by new attendees along with a senior person about how to enter the organization from their experiences (this may already be done in the New Members Symposium on Thursday mornings or should be). She felt that all workshops could be encouraged to have at least one junior training director or faculty member as a workshop participant or leader. Apparently the APA does this by asking the workshop submission to identify new members, minority members etc.

Brian Palmer and Bob Boland:

Meeting location issues: more concerned with hotel fitting everyone (didn't like having to be off site) than with the social issues

Lots of appreciation of (and wish for more of) the practical issues – assessment forms for milestones, etc.

Kim-Lan Czelusta, Sid Zisook and Adrienne Bentman:

As for EC breakfast, no concerns came up. However, during a conversation with a regional rep in Tucson, he mentioned thinking about regional rep position as a “stepping stone” for AADPRT leadership; there was no negative spin to this statement. Thus, I do not have much helpful data for you.

Shashank Joshi and Sandra DeJong:

We had 4-5 guests: major themes included concerns/questions about how we would manage "all" politically charged issues in the future (though there was unanimous feeling that AADPRT did right in expressing concerns to Hilton and to Governor Brewer on behalf of our members); encourage us to "market" the breakfast and other opportunities to get involved at AADPRT and decrease the "mystery" of EC, SC, and governance; after Saturday EC, members of both EC and Regional Caucus asked that I convey the feeling of discomfort they had when Adrienne had to ask the incoming members of the regional caucus to leave. Sheldon and other members clearly would have been fine with them there...and I submit that we ought to change the practice of excluding incoming members, and in fact invite them in so they are ready for the conference call(s) that will now occur. (as a result of feedback that they'd like to be involved over the course of the year as well, beyond the national meeting.)

Adam Brenner and Isis Marrero: The folks at our table didn't really have issues to bring up – mostly they just wanted to get to know each other. There was some conversation about the meeting itself, which was uniformly positive and appreciative of AADPRT as a great resource.

Chandlee Dickey and Rick Summers:

- 1) EC should assign Milestones to AADPRT members. These groups would be tasked with creating curriculum and assessment tools so that there are tools for every Milestone. (demonstrating also that folks want to be involved).
- 2) Appreciation for the discussion of meeting location. No new comments made that I recall.
- 3) In general, the discussion was more basic and focused on matters at hand. The tone was positive, practical, and appreciative of the opportunity.

Donna Sudak and Art Walaszek:

1. Workshops on advocacy
2. How to portray faculty scholarly activity so it counts/ advocating for getting psychologists activity recognized
3. Slide guide for presenters so fonts and colors seen at the back
4. List of who is involved at the meeting

Sahana Misra and Tony Rostain:

1. Wanting to know about child milestones and that timetable seemed too fast (implement by July 2015), even with adequate child representation, for a two year program.
2. Fast-tracking in general was discussed - sense that residents are not ready to transition into fellowship if the program is only one year.
3. Privacy concerns re: ACGME having the 'code' or 'crosswalk' of individual residents when data is entered twice a year. One member spoke quite eloquently about her recent experience with Target and her identifying information being accessed. Others had concerns about sharing in the future with ABMS, etc.

Deb Cowley and Rob Rohrbaugh:

Only one other person joined us and we had a very nice conversation. That person was very happy with AADPRT and had no suggestions/complaints. So, I'm afraid we don't have anything to tell you. From my own perspective, I would favor making committee and task force membership more available through open invitations to members.

Chris Varley and Melissa Arbuckle:

Melissa and I were at the same table. The folks who sat down included a neuroscience researcher and some experienced colleagues, so they were perhaps not so interested in issues such as the organization's inclusiveness/transparency.

We did discuss the relationship of AADPRT and other organizations such as the ABPN and the ACGME, in terms of how we seem often to be buffeted by their new plans/ideas/ unfunded mandates.

Maybe the best response to these issues is to consider how to take best educational advantage of these developments imposed from outside, such as via Michael Jibson's CSV research and the grant Melissa has from the ABPN. And then to effectively disseminate to membership.

** Bolded names are the people I sent the email to whose responses are compiled above.*

**AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 4, 2014**

Date: May 4, 2014

Committee or Liaison Group Name: Regional Representatives

Chair/Representative's Name: Chandlee C. Dickey, M.D.

Goal(s) or tasks to be completed in 2014-2015:

1. Invigorate the Regional Reps. At the Annual Meeting it was clear that the reps desired more involvement. We are creating Pathways to Involvement, a document suggesting ways people can get involved. We are working with Sahana to have it posted on the Membership page and sent out in a newsletter.
2. We may wish to engage Regional Reps more throughout the year.

Report/Updates of Importance & Pertinence:

1. Clarification of ACGME Faculty Survey. At the Annual meeting, members asked for clarification from ACGME about the Faculty Survey. After the meeting, Regional Reps asked their constituents whether more information was needed from ACGME. There was little response. Some members felt that the process was clear. Others felt that the following questions should be asked of ACGME:
 - a. How are faculty selected for participation in the Faculty Survey?
 - b. How many faculty are selected? Is there a randomization process?
 - c. How will the Faculty data be evaluated by ACGME?
 - d. Many of our faculty don't know our program details. What information are we able to give our faculty prior to their taking the survey?
 - e. What are we allowed to say about the survey to the faculty?
 - f. How do we select core faculty for webads?

Potential Action:

1. Consider requesting that ADDPRT's liaison to ACGME request clarification on these points.

New Action Items: as above



Pathways to Involvement in AADPRT!

There are many ways and pathways to becoming more involved in AADPRT. There is no one pathway, or right pathway. The key is to look for opportunities that speak to your passion. When you find one, volunteer and help! There is more than enough work to be done. *The more involved you are in AADPRT, the richer our community becomes and the more we can collectively accomplish!*

Volunteer to lead!

Regional Representatives: Regional Caucuses are held at every annual meeting in order to disseminate information and to share concerns facing programs. Each region has two representatives for a three year term. These reps lead the caucus meeting. A summary of these caucuses is presented to the Executive Committee at the annual meeting by the Reps themselves. This is a terrific opportunity to have a glimpse of the Executive Committee in action.

Volunteer to help out!

There are numerous committees and task forces that are looking for volunteers to help work on a project. Don't be bashful: when there is a call for volunteers, sign up! The way to be noticed and become more engaged in AADPRT is to pitch in and do the work in these groups. A listing of the current committees, task forces, and caucuses can be found on the website (About AADPRT, Active Committees, Caucuses, and Task Forces). Reach out and contact a committee chair!

Present your innovation!

We are all working to improve our programs. Sharing what you have done that is innovative is useful. Don't underestimate what you may have to share! It may seem like something obvious to you, but it may be just what another program needs but hasn't yet figured out or would save them the work of creating.

Poster session: A great way to share your ideas is through the poster session. In talking to people about your work, you may find commonality...commonality that can lead to a symposium submission.

Symposium submission: Have a great idea for a symposium and looking for fellow presenters? Don't be afraid to put your idea out on the listserv. It is quite likely that someone else has a similar idea and would like to partner with you. If no one responds, submit a poster!

Network with colleagues!

Have a great idea or a question about AADPRT and don't know whom to ask? A good place to start would be at the Breakfast with Executive Council Members. This is an informal, relaxed opportunity to share a meal with some Executive Council members and discuss issues of mutual interest. The Executive Council member may be able to point you to other members of the AADPRT community who share similar interests and concerns.

Learn more about AADPRT!

A fast way to learn about AADPRT, issues, and leadership, is to read the posted Executive Committee minutes and other group's reports (Training Directors tab, Committee Reports). This will inform your decisions about where you wish to invest your time.

Remember!

Becoming involved is an excellent way to prevent professional burn-out. Creativity and new ideas are emergent properties of groups and we all need this energy to stay excited about our work.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 4, 2014

Date: 4/25/14

Committee or Liaison Group Name: Model Curriculum Committee

Chair/Representative's Name: Tony Rostain and Melissa Arbuckle

Goal(s) or tasks to be completed in 2014-2015:

Anticipated upgrade to current on-line submission system

1. Need to update the current submission page with instructions to submit directly to Melissa Arbuckle by e-mail until upgrades can be made (it is currently rerouting to the wrong page)
2. Current plan is to create a system so that all submissions (and resubmissions) as well as communications to/from authors are directly coordinated, stored and archived within the on-line system. In addition, we will be creating a dashboard in order to track where submissions are in the process as well as evaluations, etc.
3. Anticipated timeline for upgrade is over the next 3 months.

Report/Updates of Importance & Pertinence:

1. **We will continue to review and post submissions of toolkits and model curricula on a rolling basis.** Several submissions were accepted and have been resubmitted with revisions. Once they have been reviewed, we'll work with Sahana and Rick on getting them posted on-line. We have had two new submissions since the annual AADPRT meeting.

New Action Items:

2. **We would like to increase uptake of current posted products.**
 - a) It would be helpful to have some mechanism for getting more specific feedback about how useful model curricula and milestones toolkits are to members (other than just numbers from IT regarding number of downloads). We discussed the possibility of an automatic e-mail follow up sent to members who download content from the site to ask them for specific feedback.
 - b) At the annual meeting the committee discussed the possibility of adding optional videos to the submissions so that potential users could see the curricula in action. This suggestion came up in our last review of David Ross's submission on the Biopsychosocial Formulation. There was some concern that requiring videos might limit submissions. In addition, it would be important for the quality of the videos (particularly the sound) to be good. The videos themselves could potentially be hosted on Dropbox or YouTube with a link on the website. Since

- the “teacher’s guide” appears to be the weakest component of submissions, these might greatly enhance the ability of potential users to see how to apply model curricula and tools in vivo. We piloted this at AADPRT since David Ross did a workshop on this BPS Formulation curriculum.
- c) We also discussed the possibility of featuring a variety of model curricula or milestones toolkits in Academic Psychiatry as part of their Educational Resource Column.
 - d) In addition, we may want to see if we could have a few workshops in the annual meeting set aside each year to feature model curricula.

3. We would like to facilitate and solicit more submissions.

- a) We did not receive many submissions this last cycle (although the quality was very high). People may not realize the difference between the model curriculum and the milestones toolkit. The committee discussed using the analogy of a brief report (perhaps a one hour class) vs a full article (a comprehensive curriculum). It may be helpful to emphasize that “tools” are highly portable, creative, teaching activities.
- b) Provide on the website some answers to FAQs (such as “How are the model curricula and toolkits different from publications on MedEdPortal?”)
- c) Post on the website the guide written by Kaz Nelson about how to put together a model curriculum
- d) There was a lot of enthusiasm about setting up a Work in Progress (WIPS) session at AADPRT (similar to AAP) asking members to come with their ideas and to spend the time getting consultation on how to transform their curriculum into a model curriculum or milestones toolkit for dissemination.
- e) In the meantime, Committee members could partner with other AADPRT members in providing consultations in developing their curricula. We might want to create a brief profile of committee members on the website so faculty could reach out directly.
- f) All programs are faced with needing to improve faculty scholarship. The model curriculum and milestones toolkit initiatives are a nice mechanism for programs to support their faculty scholarship (as peer reviewed publications). Program directors could reach out to their own faculty to encourage them to make submissions.
- g) It would also be helpful for our committee to collect and draw attention to other useful teaching resources that might already be available through YouTube, or on APA or ACGME websites.

Action Items for Committee Members

In addition to reviewing submissions, this year we felt that it was important for each committee member to play a role in soliciting and brining submissions into the committee. As such, we are asking each committee member over the next year to do at least one of the following:

- Work on getting your own curriculum submitted (several members mentioned that they were planning to submit a curriculum)
- Partner with your own faculty or other AADPRT members to help them make a submission
- Pull together important other teaching resources (as described in 2h above) with an annotated bibliography

**AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2014**

Date: April 25, 2014

Committee or Liaison Group Name: Recruitment Committee

Chair/Representative's Name: Glenda Wrenn, MD, MSHP

Goal(s) or tasks to be completed in 2014-2015:

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

Report/Updates of Importance & Pertinence:

- 1) Committee engagement – The committee conducted a phone mtg 4/24/14 with incoming Chair.
- 2) Membership – Continuing members: Mark Servis, UC Davis, Erika Ryst, CAP, Nevada, Francis Lu, UC Davis & Nyapati (“Raghu”) Rao, Nassau, John Spollen, Arkansas (ADMSEP rep), Bob Rohrbaugh, Yale, Jed Magen, DO, Michigan; Consultants: Geri Fox, CAP Debbie Hales, APA; New Members: Aparna Sharma, Loyola, Resident Representative: TBD
- 3) Committee focus: Healthcare Reform and implementation of the Affordable Care Act continue to confound recruitment issues in psychiatry. Despite this shift favoring access to quality care; imminent GME funding threats shape a climate of scarcity and competition. Equitable recruitment of representative groups in Psychiatry are impaired by competing priorities of Academic Institutions (LCME vs. non-LCME) as well as recruitment strategy knowledge gaps exacerbating continued disparities in access to care for disadvantaged populations. Unmet need is a continued concern related to CAP, Geriatrics, Addiction sub-specialties in particular.

This committee's tentative game-plan to influence these challenges is to:

- Develop a strategic plan to inform AADPRT membership of the critical workforce issues facing our field potentially involving a plenary topic at an annual meeting.

- Equip members to positively impact known gaps via workshops at the AADPRT annual meeting and development of online resources to promote effective equitable recruitment strategies.

- Conduct an assessment of perceived impact on recruitment of proposed Fast Track innovations on programs with and without available subspecialties.

- Promote data-driven discussion of key issues and collaborate to assess emerging recruitment opportunities and threats.

New Action Items: The committee seeks feedback on strategic focus areas.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 4, 2014

Date:

Committee or Liaison Group Name: BRAIN Conference

Chair/Representative's Name: Sidney Zisook, MD

Goal(s) or tasks to be completed in 2014-2015:

- Review evaluations of 2014 meeting
- Submit at least 1 manuscript from the 2013-2014 conferences
- Begin planning for 2015 meeting
- Plan for transition to new chair of BRAIN Committee and considerations of funding mechanisms.

Report/Updates of Importance & Pertinence:

- 204 attended the 2014 BRAIN conference
- 162 completed evaluations
- 34% programs stated they added teaching on treatment resistant depression as a result of 2013 conference
- 36% incorporated more EBM teaching as a result of 2013 conference
- Satisfaction with 2014 meeting was extraordinarily high- mean of 6.34 out of 7
- 58% of participants said attendance at the 2014 conference increased their enthusiasm for and/or confidence in teaching neuroscience
- Most frequently recommended topic for next year is “advanced neuroscience” (27%)

New Action Items:

- Melissa Arbuckle, David Ross and Michael Travis to be the program directors for the 2015 BRAIN Conference

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 4, 2014

Date: 4/25/14

Committee or Liaison Group Name: Information Management Committee

Chair/Representative's Name: Sahana Misra

Goal(s) or tasks to be completed in 2014-2015:

- 1) Finish existing cue projects for the VTO
- 2) Create month at a glance type calendar of IT activities– will include annual activities/updates and will help EC/SC to determine best time frames for large projects in the context of other activities our IT team provides AADPRT administrative director. This calendar will primarily will assist the new AADPRT administrative director as well as the IM committee.
- 3) Provide support to IT team (Rick and Shan) - monthly calls to review progress on projects, assist with transition to new administrative director – sometime this summer.
- 4) Develop a purpose statement, process for new requests for the IM committee and the EC as we look to the future with regards to the website and overall IT needs.

Report/Updates of Importance & Pertinence:

- 1) Subgroup of IM committee (Sahana, Art, Bob) evaluating IT needs of AADPRT currently and looking forward –web needs, meeting needs, etc. This includes developing a clear process for EC/SC to vet proposed projects that are beyond routine. Report to be complete by September EC meeting.
- 2) IT team (Rick, Shan) and IM chair (Sahana) now meeting monthly to review progress on projects, address other issues that come up – this will allow for better evaluation of IT team's available time, etc.
- 3) IT team (Rick, Shan) requesting some time to work with new coordinator to get him/her up to speed with all of the administrative director IT programs/information – hold off on new large projects this summer and fall –will reassess after March 2015.

New Action Items:

- 1) Finish up post-conference work (CME, workshops/posters) and current VTO projects
 - a. re: conference -Next year set up an automated workshop submission process (this is being done by hand now by Rick and Lucille)
- 2) While not an IM committee activity, IT team (Rick and Shan) will be working on updating a web-based system the AADPRT administrative director uses to track memberships, etc.
- 3) IT team (Rick and Shan) to submit proposal to President and SC for new monthly rate to AADPRT day-to-day needs.
- 4) Create month at a glance calendar

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 4, 2014

Date: 4-25-14

Committee or Liaison Group Name: Child & Adolescent Psychiatry (CAP) Caucus

Chair/Representative's Name: Shashank V. Joshi

Goal(s) or tasks to be completed in 2014-2015:

- Provide a web-based forum (through listserv and AADPRT website) for CAP Program Directors to collaborate, have access to educational and program resources, remain up to date on educational and program initiatives and obtain/ provide peer consultation
- Organize agenda and lead CAP Caucus meetings during AADPRT annual meeting
- Collaborate with AACAP Training and Education Committee; continue to work on the development of program and educational materials that can be useful to CAP Program 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 for website, listserv and other sites, and keep CAP section updated
- Obtain feedback from CAP PD's on 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
- Continue to encourage child members to submit annual meeting submissions and contribute information to CAP section of AADPRT website

Report/Updates of Importance & Pertinence:

- A modified CAP Fellowship Eligibility form, (the "PROGRAM DIRECTOR'S VERIFICATION FORM ATTESTING TO CHILD & ADOLESCENT PSYCHIATRY (CAP) FELLOWSHIP ELIGIBILITY"), which was developed in 2013 with input from both General and CAP Program Directors, will be available on the AADPRT website for uploading onto the ERAS site when General (Adult) Residents apply for CAP Fellowship.
- A Gentleperson's Agreement for CAP is being crafted to address the concerns of the CAP Caucus that were expressed at the AADPRT Annual Meeting (Tucson, March 2014) regarding the spirit of the Match, use of ERAS, withdrawal of positions from NRMP after July 1st, and general agreed-upon rules of the game.

- A GPA Workgroup has been convened and is writing guidelines based on the article by Varley, Kaye, Cowley et al. *Guidelines for the General Psychiatry Application Process and for Inter-Residency Transitions*, Academic Psychiatry; Dec 2012

New Action Items:

- Shashank Joshi, Mary Margaret Gleason, Adrienne Adams, and Sandra Stock (working with Chris Varley and David Kaye) will have this modified GPA document ready for distribution to CAP Caucus members and AADPRT Listserv before June 1st, in order to allow for those programs who wish to offer out of Match spots prior to July 1st to do so.
- Emails have gone out to CAP Caucus participants from March 2014 encouraging all to register on the AADPRT CAP Listserv, which is now functional.
- A Specialty Milestones input group will be convened by AADPRT President in the coming months, and the CAP Caucus Chair will select Caucus members from diverse programs (diversity based on size of fellowship and location) for this workgroup.

MEMO

To: AADPRT Executive Council

From: Richard F. Summers, MD

Re: Report from APA Council on Medical Education and Lifelong Learning

Date: April 24, 2014

Integration with Primary Care Initiative

CMELL is working on a comprehensive review of education and training for new roles for psychiatrists in integration with primary care. The initiative includes webinars for the Council members, liaison with AADPRT (Integrated Care Task Force chaired by Claudia Reardon) and ADMSEP, and planning for a white paper to be completed in 2014. The paper will include survey data on UME and GME curricula on Integration with Primary Care as well as best practices. We will stimulate the presentation of these curricular ideas at various national meetings, including the fall IPS, APA Annual Meeting, AAPDRT, ADMSEP, AAP, AACDP, and AACAP.

We are working with the APA Board of Trustees Workgroup on Healthcare Reform, chaired by Howard Goldman, MD. A meeting of the Education Officers of APA, American College of Physicians, American Association of Family Practice, American Academy of Ob/Gyn, and the American Academy of Pediatrics along with some members of CMELL will be held in Washington, DC on June 26, 2014 to stimulate discussion about collaborative care education and curricula.

The target date for completion of the report is December, 2014.

National Neuroscience Education Initiative

The Council has a liaison relationship with the AADPRT National Neuroscience Education Initiative and is supporting the development of nationally available curricular materials in this area.

Liaison with ACGME Psychiatry RC

The Council wrote letters to the RC providing feedback about the Psychiatry Milestones in July, 2013 and about the Common Requirements in the fall, 2013. We wrote a letter to the RRC supporting the requirement that Chairs of Departments of Psychiatry be board certified in psychiatry.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 4, 2014

Date: April 28, 2014

Committee or Liaison Group Name: Development

Chair/Representative's Name: Brian Palmer, MD

Goal(s) or tasks to be completed in 2014-2015:

1. Continue fundraising for the Lucille Fusaro Meinsler Coordinator Award Endowment.
 - a. Internal solicitation to EC (last year and this year) – have agreed to 100% participation
 - b. Re-approach membership with messages to listserv and all-member email
2. Establish a similar model for the named awards and solicit past awardees and other interested parties.
3. Establish process for estate gifts.
4. Monitor conflicts of interest and adherence to COI policy in the organization
5. Assess exhibitions in terms of revenue and perceived conflicts, continue to enhance

Report/Updates of Importance & Pertinence:

1. Meinsler Award Endowment Update

\$9120 raised thus far!!:

12 past presidents (\$4125)

13 EC members (\$1850)

Special gift from ABPN executive director

Several members and coordinators

2. COI forms coming soon – update provided at meeting.

3. Exhibitors:

Presenters: American Academy of Child & Adolescent Psychiatry, American Professional Agency, Inc. , American Psychiatric Association, American Psychiatric Publishing Inc., The American College of Psychiatrists, The Psychiatrists' Program/PRMS, ERAS/AAMC , Wiley, Hogrefe

Total Answers: 343

	The Exhibitor Space interfered with my ability to attend educational sessions	The displays and vendors in the Exhibitor Space will inappropriately influence my clinical practices	AADPRT appeared to endorse one or more vendors in the Exhibitor Space	Exhibits add value to the meeting
No	327	321	329	79
Yes	16	19	8	258
N/A	0	0	0	0

Comments similar to last year (10 more concerned about influence on practice), most comments on space/logistics again.

New Action Items: Make your donation now.

EXECUTIVE COUNCIL

March 2014-March 2015

Position	Name	Term of Appointment	Date of Appointment
President	Chris Varley, MD cvarley@u.washington.edu	1 year	2014-2015
President-elect	Bob Boland, MD Robert_boland_1@brown.edu	1 year	2014-2015
Secretary	Art Walaszek, MD awalaszek@wisc.edu	1 year	2014-2015
Treasurer	Michael Travis, MD travismj@upmc.edu	1 year (2014-reappointed for 1 additional years)	2013-2015
Program	Sandra DeJong, MD sdejong@challiance.org	1 year	2014-2015
CHAIRS			
<i>All Standing Committee Chairs appointed for 3 years; can be reappointed up to 5 years; then need to be reassessed.</i>			
ACGME Liaison Committee	Chris Varley, MD cvarley@u.washington.edu	1 year	2014-2015
Child & Adolescent Caucus	Shashank V. Joshi, FAAP, MD svjoshi@stanford.edu	3 years	2013-2016
Development	Brian Palmer, MD, Palmer.brian@mayo.edu	3 years	2012-2015
Information Management	Sahana Misra, MD misras@ohsu.edu	3 years	2012-2015
Membership	Dorothy Stubbe, MD, Co-Chair dorothy.stubbe@yale.edu	3 years	2014- 2017
	Sallie DeGolia, MD, MPH, Co-Chair degolia@stanford.edu	3 years	2014-2017
Model Curriculum	Tony Rostain, MD Rostain@med.mail.upenn.edu	3 years (2013 reappointed for 2 additional years)	2010-2015
	Melissa Arbuckle, MD, Co-Chair ma2063@columbia.edu	3 years	2013-2016
BRAIN Conference	Sidney Zisook, MD szisook@ucsd.edu	3 years (2013 reappointed for 2 additonal years)	2010-2015

Psychotherapy	Adam Brenner, MD, Co-chair Adam.Brenner@UTSouthwestern.edu	3 years (2014 reappointed for 2 additional years)	2011-2016
	Donna Sudak, MD, Co-chair donna.sudak@drexelmed.edu	3 years (2014 reappointed for 1 additional year)	2011-2015
Recruitment	Glenda Wrenn, MD gwrenn@msm.edu	3 years	2014-2017
Regional Representatives	Chandlee Dickey, MD Chandlee.Dickey@va.gov	3 years	2012-2015
Subspecialty Caucus	Robert Rohrbaugh, MD robert.rohrbaugh@yale.edu	3 years (2014 reappointed for one additional year)	2011-2015
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>			
	Jane Eisen, MD Jane_eisen@brown.edu	1 year (Reappointed 2014 for one additional year)	2013-2015
	Sandra Stock, MD sstock@health.usf.edu	1 year	2014-2015
LIAISON			
Governance Board, <i>Academic Psychiatry</i>	Sheldon Benjamin, MD Sheldon.benjamin@umass.edu	1 year	2013-2015
APA Council on Medical Education	Richard Summers, MD summersr@mail.med.upenn.edu	1 year	2013-2015
PAST PRESIDENTS			
	Adrienne Bentman, MD Abentma@harthosp.org	2 years	2014-2016
	Kathy Sanders, MD Kathy.sanders@state.a.us	2 years	2013-2015

AADPRT REGIONAL REPRESENTATIVES

**Chandlee Dickey, MD, Caucus Chair
(2014-2015)**

AREA		GENERAL	CHILD or SUBSPECIALTY
Region I: New England			
Canada (including Quebec, Toronto & Ontario) Connecticut Maine	Massachusetts New Hampshire Rhode Island Vermont	Judith Lewis (2014-2017) judith.lewis@vtmednet.org	Mary Ahn (2012-2015) mary.ahn@umassmed.edu
Region II: New York			
		Timothy Sullivan (2014-2017) tsullivan@siuh.edu	Madhu Rajanna (2012-2015) madhugrajanna@gmail.com
Region III: Mid-Atlantic			
Delaware Maryland New Jersey	Pennsylvania Washington, D.C.	Gary Swanson (2014-2017) gswanson@wpahs.org	Terri Randall (2014-2017) randallt@email.chop.edu
Region IV: Midwest			
Illinois Indiana Iowa Kansas Michigan Minnesota	Missouri Nebraska North Dakota Ohio South Dakota Wisconsin	Susan Stagno (2013-2016) susan.stagno@uhhospitals.org	Laine Young-Walker (2014-2017) Youngwalkerl@health.missouri.edu
Region V: Southeast			
Alabama Arkansas Florida Georgia Kentucky Louisiana Mississippi	North Carolina Oklahoma Puerto Rico South Carolina Tennessee Texas Virginia West Virginia	Scott Winter (2014-2017) swinter@jpshealth.org	Cheryl Hill (2013-2016) chill@hsc.wvu.edu
Region VI: California			
		Raziya Wang (2013-2016) rwang@smcgov.org	Erica Shoemaker (2014-2017) ezshoema@med.usc.edu
Region VII: Far West			
Alaska Arizona Colorado Hawaii Idaho Montana Nevada New Mexico Oregon Utah	Washington Wyoming Canada (including Vancouver, Winnipeg, Manitoba, Alberta, B.C. and Saskatchewan)	Roxanne Bartel (2014-2017) Roxanne.Bartel@hsc.utah.edu	Erika Ryst (2014-2017) eryst@medicine.nevada.edu

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