

AADPRT Executive Council Meeting
San Juan, Puerto Rico
March 7, 2007

Present: Ron Krasner (President), Mark Servis, David Kaye, Deb Cowley, Sid Weissman, Chris Varley, Sandra Sexson, Dorothy Stubbe, Jane Eisen, Joe Layde, Kathy Sanders, Adrienne Bentman, Rick Summers, Bruce Levy, Debbie Katz, Don Rosen, Lee Ascherman, Sheldon Benjamin, Michael Jibson, Lucille Meinsler, Lisa Mellman, David Goldberg

Ron Krasner called the meeting to order at 6:45 pm. Members introduced themselves and their roles on the Executive Council (EC).

Report from Program Chair (David Kaye):

David Kaye thanked Lucille for her fabulous work planning this meeting with him. David has introduced yoga on the beach each morning. The Input Session has been lengthened to include some comments from the AADPRT President and to make this session less rushed. The workshop and poster submissions this year were reviewed and evaluated by a committee of David Kaye, Sheldon Benjamin, and Deb Cowley. Dorothy Stubbe announced that there will be a Book Café again this year.

Subspecialty Caucus (Joe Layde):

Joe Layde reported ongoing concerns in the subspecialty caucuses (addictions, geriatrics, forensics, psychosomatic medicine) about workforce and how many subspecialists should be trained. Addiction Psychiatry training directors are concerned about recruitment. There is some concern about Maintenance of Certification (MOC), and whether subspecialists will need to do more hours. Forensics and geriatrics program positions are 50-60% filled, although accurate data are very difficult to obtain. Chris Varley pointed out that there are data regarding salaries and post-residency positions for child and adolescent psychiatry fellows, and suggested that such data could be compiled for other subspecialties. There was some discussion of reasons residents may not go into subspecialties and how we define the purpose of subspecialty training and the scope of practice of subspecialists. Ron Krasner asked what AADPRT can do to help the subspecialties.

Action Item:

1. Joe Layde will ask each of the heads of the subspecialty caucuses what AADPRT can do to support and help them. He will report back to the EC.

Finance Committee (Rick Summers):

Rick Summers reported that the organization is in good shape financially. We now have accounting software and a budgeting process in place, which allows us to track our financial status more accurately.

There are several programs that have not paid institutional dues. The Finance Committee has decided that the AADPRT President will contact these programs.

There have been some changes in the banquet and other expenses this year to reduce annual meeting costs.

Some programs cannot use PayPal.

We have now submitted all back taxes, and have been levied a fine. However, our accountant expects that this fine will be waived.

The EC thanked Rick Summers and Lucille for their magnificent work in organizing the finances of the organization.

Action Items:

1. The President will contact institutions that have not paid dues.
2. Lucille is looking into alternatives to PayPal.

Regional Representatives (Dorothy Stubbe):

Dorothy Stubbe gave the Regional Representatives report and there was discussion of questions to give the regional representatives to discuss in their Regional Caucus sessions at this meeting.. Sheldon has set up regional listserves on the website, but has the impression that members are not using these. The regional representatives could be reminded about the listserves, and listserves could be used to solicit feedback about particular issues. Sandra Sexson brought up a question for the regional representatives regarding whether it would be feasible to convert the PRITE to a computer-based administration. Sheldon Benjamin asked that regional caucuses be asked about the utility of developing case vignettes on the website for teaching/practice for Part II, and whether training directors/programs would be willing to submit sample vignettes. He also wanted to remind people about the web suggestion box. Other questions Ron raised are: 1. Have people looked at the new RRC essentials and what do they think of them? and, 2. How are ACGME site visits going currently? Regional caucuses should also be informed about developments regarding the ABPN Part II exam. There was some discussion of asking the regional caucuses about problems with the ADS system, and whether/how they are working with medical students interested in Psychiatry within the region. The EC felt it was important to discuss in the regional caucuses how members can have a voice and become more involved in the organization. The EC also discussed ways of giving regional representatives specific feedback about how AADPRT has responded to their concerns. Of note, EC minutes are available to all members on the website.

Action Items:

1. Dorothy will put together a list of questions for the regional reps, based on this discussion.

Child and Adolescent Caucus:

Chris Varley and Sandra Sexson reported that the post-pediatrics combined child and adult psychiatry 3-year program proposal has been approved last Thursday by the ACGME as an innovative educational program. Sandra expects that there will be an

RFA issued shortly, and there will be a limit of 10 programs. The programs will be required to use common competency measures, developed in collaboration with various stakeholder organizations (e.g. AADPRT, APA, AACAP, ACGME). There was some discussion about whether AADPRT will need an ongoing Child Portals Taskforce, or whether issues related to recruitment into child psychiatry should revert to the Child Caucus.

There is some concern on the part of Child training directors about the ABPN's moving part of the Part II examination into residency, and how this might affect them and their residents who begin Child as PGY-4s.

Action Items:

1. After the Child Portals workshop and the Child Portals Taskforce meeting on Saturday, the President and Deb Cowley will discuss whether there is an ongoing need for an AADPRT Child Portals Taskforce.

Competency Committee and Psychotherapy Caucus (Lee Ascherman):

The Psychotherapy Caucus has drafted a document about core psychotherapy competencies, and will finalize this document after this meeting.

Lee would like to revitalize the competency committee. He attended a recent ACGME meeting about competency, which he thought was excellent and addressed issues of teaching empathy.

Action Items:

1. The Psychotherapy Caucus will develop a final draft of the document regarding common psychotherapy competencies.
2. Lee will work with Sheldon to put some materials from the ACGME competency meeting on the AADPRT website, or to provide a link to these materials if they are available on the ACGME website.

Development (Kathy Sanders):

This year we have as much pharmaceutical company support as in the past, but there has been a lower rate of positive responses from pharmaceutical companies, and the companies are increasingly interested in knowing outcomes of the IMG and Ginsberg fellowships that they support. It will be important to follow up fellowship awardees, most likely by requesting a CV. Kathy also noted that applications for funding that she submitted in the summer were more successful than those she submitted in the fall.

Action Items:

1. Kathy will talk with Don Rosen and Mark Servis about ways to follow up Ginsberg and IMG awardees. Fellowship applicants should be informed as part of the application process that we will want to follow up with them.

Workforce Committee (Debbie Katz):

Debbie Katz has decided to focus efforts of this committee on recruitment of the best and brightest medical students into Psychiatry, rather than on workforce statistics and

projections. She has been working with PsychSIGN, the national APA medical student interest group in Psychiatry. She suggested changing the name of her committee to the Recruitment Committee, and inviting the President of PsychSIGN to come to the AADPRT meeting.

Action Items:

1. The EC was very positive about working with PsychSIGN. We will invite their President to come to our EC meeting at the APA meeting in May and/or one of us could attend their meeting at the APA.
2. The EC felt that it would be best to continue calling the committee the Workforce Committee, but have the committee focus on recruitment currently, and other workforce issues as needed over time.

Membership (Adrienne Bentman):

Adrienne Bentman discussed the new online membership system, which is working well. The AADPRT members' guide needs to be revised. This is a booklet originally written by Bruce Levy and Lucille, orienting new members to the organization. It is now outdated.

A significant number of people who are not training directors attend the New Training Directors' symposium. Adrienne asked whether these individuals should be permitted to attend, especially the small break out groups.

There was some discussion of providing more guidance and mentorship for residents attending the meeting.

Action Items:

1. There will be separate break out groups during the New Training Directors session for individuals who are not training directors.
2. In planning next year's meeting, we should examine ways to guide residents who attend and orient them to the meeting.
3. Adrienne will revise the members' guide, in consultation with Mark Servis.

AAMC/CAS Liaison (Sid Weissman):

There is a plan to increase the number of medical students by 30% nationally over the next few years. There is no plan to increase Medicare funding for resident stipends. The cap for residents may be increased in states below the median in workforce. Sid is concerned that we lobby for some of these positions to be in Psychiatry. The number of IMGs applying through ERAS overall has increased, and the number of IMG applicants to Psychiatry has increased.

ABPN Taskforce:

Ron Krasner updated the EC regarding the proposal by the ABPN to discontinue the live patient examination and move assessment of doctor-patient relationship, interviewing, and case presentation into residency. On January 18, 2007, the ABPN invited

representatives from AADPRT, AACAP, the RRC, AAP, and AACDP to meet with them in San Diego to discuss this proposal. The AADPRT Taskforce (Ron, David Goldberg, Mark Servis, Deb Cowley), in discussions before this January 18 meeting, distinguished between stating that residents have demonstrated particular competencies (which we do already), versus certifying residents, as the ABPN does now. AAP had written a detailed plan for a certification process during residency. However, at the January 18 meeting, the AAP representatives reported that their membership had provided feedback that this would be unrealistic. The Chairs at the meeting also opposed certification during residency. The ABPN report to this AADPRT meeting describes a credentialing process, in which residency training directors will attest that the resident has demonstrated competencies in three patient evaluations over the course of residency. The EC discussed this report in some detail.

Action Items:

1. Larry Faulkner will be meeting with the EC tomorrow and there will be further discussion of this document.

The meeting was adjourned at 10:25 pm.

Respectfully submitted,
Deb Cowley MD
Secretary

AADPRT Executive Council Meeting
San Juan, Puerto Rico
March 8, 2007

Present: Ron Krasner (President), Mark Servis, Deb Cowley, Debbie Katz, Jane Eisen, Sandra Sexson, Chris Varley, Lee Ascherman, Don Rosen, Kathy Sanders, Dorothy Stubbe, Sid Weissman, Rick Summers, David Kaye, Lisa Mellman, Adrienne Bentman, Joe Layde, Lucille Meinsler, Sheldon Benjamin, David Goldberg, Bruce Levy

Ron Krasner called the meeting to order at 10:45 am.

RRC Issues (Sandra Sexson): Larry Sulton and Jerry Kay will come to the EC meeting later this morning. Sandra Sexson reported that the general psychiatry PIF has been prepared. AADPRT will be able to provide input about this.

Action Items:

1. Mark Servis, as incoming AADPRT President, will work with Larry Sulton on a process for giving feedback regarding the new PIF.

Regional Representatives:

Dorothy Stubbe has compiled a list of questions for the regional reps to take to their caucuses, based on our discussion last night. The EC approved the list of questions.

Proposal from AAPDP:

The American Academy of Psychoanalysis and Dynamic Psychotherapy (AAPDP) has a grateful donor who has made a donation to them to endow a visiting professorship. This would be the Victor Teichner Master Teacher Award. Recipient residency programs would be selected by AADPRT and AAPDP jointly, and the contact person from AADPRT is Gene Beresin. The EC discussed the need to explore who potential master teachers would be, and criteria for selecting programs to receive the award.

Action Items:

1. Ron Krasner will explore this further and gather more information.

Fellowship Committees:

IMG fellowship applications are up by about a dozen, and the only difficulty has been selecting awardees from among attractive nominees. The EC needs to clarify the purpose of the IMG fellowship and find new leadership for this fellowship committee. Mark Servis has been serving an interim role as chair of the IMG fellowship committee. There was some discussion of alternative ways to refocus the IMG fellowship. There was also

recognition that the membership, and particularly IMGs should be consulted about this. The number of Ginsberg fellowship applications was similar to last year. Currently, a program with an awardee cannot nominate a resident for the next 3 years (i.e. a program can only nominate someone every 4 years). There was some discussion of allowing programs to nominate a resident every 3 years. There were 6 applications for the Peter Henderson award and the winner submitted a basic science paper. The members of the Henderson selection committee were unclear about the selection process for committee members and the length of their terms.

Action Items:

1. Deb Cowley, as President-Elect, will be taking over coordinating the fellowships and will work on refocusing the IMG fellowship.
2. The EC voted to allow programs to nominate a Ginsberg awardee every 3 years.
3. The EC voted to allow Ginsberg awardees to have won other national awards or fellowships.
4. Deb Cowley will work on clarifying the selection process for the Henderson committee.

ADMSEP (Ted Feldman):

The ADMSEP annual meeting will be in Park City, Utah, June 21-23. The meeting will address LCME guidelines, technology in medical student education, ethical and cultural issues, new innovations. Information about the meeting and registration is on the ADMSEP website. ADMSEP is updating its website. ADMSEP has been revising learning objectives for psychiatry clerkships. It would be helpful for ADMSEP to have someone from AADPRT attend their council meeting at their annual meeting. The LCME requires that medical school clerkships document the numbers and types of patients students see. ADMSEP is working on a video and computer-based bank of standardized patients to provide exposure to a variety of psychiatric diagnoses and clinical encounters. This system will be demonstrated at the ADMSEP meeting and might also provide a resource for PGY-1 teaching and/or remediation.

Action Items:

1. ADMSEP will discuss ways to have AADPRT provide feedback regarding the clerkship learning objectives.
2. The AADPRT President will attend the ADMSEP meeting as a liaison.

AAP (Pat O'Neill):

Joint activities with AAP include credentialing of residents in patient interviewing and case presentation for the ABPN; the Academic Psychiatry journal; the ASCP psychopharmacology curriculum. AAP had a retreat for two and a half days for 6 of the organization's leaders, facilitated by Don Hilty. AAP plans to focus on international psychiatric education. AAP has workgroups on books, web-based products, videos, curriculum design, consultative services to departments regarding education, career development consultative services. AAP also plans to add a focus on patient education.

The next two meetings will be in Boston and Santa Fe and will be centered around themes of Academic Resiliency and Diversity.

Action Items:

1. AADPRT will form a taskforce to look at assessing the doctor-patient relationship, interviewing, and case presentation during residency. AAP would be happy to collaborate in this.

RRC (Jerry Kay, Larry Sulton):

There are new RRC requirements going into effect July 1, 2007. Jerry Kay thanked AADPRT for providing very helpful input regarding the new RRC essentials. The AADPRT membership previously expressed some concerns regarding the ACGME site review process, the ADS system, and support from the help desk. Larry Sulton stated that the AADPRT feedback regarding the site visit process was very helpful. There is a section on the website regarding the site visit, which the RRC needs to educate training directors about. The ACGME website is being revised to be more user-friendly. The support for the ADS system at the ACGME has improved, but Larry would appreciate knowing if there are ongoing problems with obtaining support. The PIFs are being revised to be correlated exactly with the new RRC requirements. The site visitors will follow exactly the same outline. The PIFs will need to be revised as of July 1, 2007. Larry Sulton brought copies of the new general Psychiatry PIF to this meeting, and will give a copy to Lucille.

Action Items:

1. Input from AADPRT can be discussed at the RRC meetings, with feedback to AADPRT.
2. Larry will discuss having an AADPRT liaison attend the business section of the RRC meeting.
3. Mark Servis will be the contact person from AADPRT to coordinate feedback to the RRC regarding the PIF.
4. We will invite Larry Sulton to the EC meeting regularly.

AADPRT/ASCP Psychopharmacology Curriculum (David Goldberg):

The AADPRT Taskforce on this curriculum decided to do a pilot study developing a slide set teaching schizophrenia to first-year residents. David Goldberg, Michael Jibson, Sheldon Benjamin, Grace Thrall, and Sid Zisook have been involved in this. Michael developed powerpoint slides and a videotape of him teaching using the slides. Now, there is a powerpoint, an index to the slide set, and the videotape/DVD of the lecture. Grace has put together a group PBL exercise related to using depot neuroleptics, clinical decision making, and ethical issues. The taskforce will present a workshop on Saturday demonstrating this curriculum and hopes to have several programs test it over the next year.

Action Items:

1. The taskforce will seek feedback from the workshop and from programs using the curriculum, and will then revise the schizophrenia module accordingly.
2. Sid Zisook would like to develop the next module on depression for PGY-2s.
3. Once the schizophrenia curriculum is revised and put on a DVD and/or the web, the taskforce will distribute it to all AADPRT members.

Pre-Meeting (Michele Pato):

The pre-meeting yesterday was focused on evidence-based medicine and diagnosis. This is the second year of the NIMH R13 grant which funds the pre-meeting program. 134 people attended yesterday's meeting, and Michele reported that the evaluations were good. The pre-meeting Advisory Board met this morning to discuss next year's meeting. For the 2008 meeting, the plan is to continue a mix of small and large group sessions and to focus on a topic related to psychotherapy.

Academic Psychiatry (Laura Roberts, Alan Louie, John Coverdale):

The quality and number of submissions has been improving and there have been some international submissions. In response to this latter development, the journal plans to establish an international advisory board to solicit and review international submissions and help these authors be successful in their relationship to the journal. The issue of having peer-reviewed electronic submissions (e.g. multimedia curricula developed by clinician educators) published by the journal was discussed.

Action Items:

1. Laura Roberts will take the proposal regarding peer-reviewed electronic/multi-media submissions to the editorial board of the journal.

AACDP (Laura Roberts):

There has been significant turnover of Chairs recently, and AACDP has been revitalized. Richard Veith has been leading a group looking at clinical and pharmaceutical trials across departments. AACDP has formed a link with the Annapolis Coalition, which is a consumer advocacy group, and is also planning a retreat for Chairs focused on the economic structure of departments of Psychiatry.

CORF (Justin Hunt, U Arkansas):

CORF is examining a chief resident survey performed at the APA meetings in 2004 and 2005. 229 chief residents responded to this survey. The responses revealed that about half of the chief residents did not have an identified mentor and 31% felt inadequately mentored. CORF is also doing a workshop at this year's APA meeting focusing on negotiating one's first job after residency. At today's Resident Caucus, there will be some discussion of the planned changes in the ABPN Part II exam. Bruce Levy suggested that Justin ask residents attending the meeting what they would like to get out

of the meeting and what AADPRT could do to be helpful in orienting residents to the meeting.

Information Committee (Sheldon Benjamin):

Bob Boland from Brown will be joining the Information Committee. There continues to be no newsletter or newsletter editor. There have been a lot of updates on the website. There are now online meeting registration, membership management, and membership renewal systems. There is a suggestion box on the website, which has not been publicized and is not being used. There is no list of past recipients or photos of fellowship awardees. This year, an online abstract submission and review process was set up for annual meeting workshop and poster submissions. David, Sheldon, and Deb reviewed all abstracts. There are a number of modifications to the abstract submission and review system that will be implemented. Committee chairs are encouraged to submit content to the web. A new committee member is needed to represent the coordinators. Sheldon proposes having Part II-style vignettes on the website. There has been a 40.8% increase in website page requests overall this year compared with last year. There are 379 subscribers to the AADPRT listserve, and 222 to the coordinators' listserve. The EC congratulated Sheldon on his excellent work on the website.

Action Items:

1. The EC decided to “sunset” the newsletter.

ABPN (Larry Faulkner):

The proposal to assess competencies in the doctor-patient relationship, interviewing, and case presentation (i.e. some of the competencies now assessed in the Part II live patient exam) in residency was discussed in the ABPN session with the membership this afternoon and apparently generated lively discussion and questions. Issues involved include how to assess and document residents' competencies, whether there is any specific training needed for faculty assessing these competencies, and what organizations should monitor how well programs do this. The ABPN wants to be as flexible as possible and is open to different ways to accomplish the goal of documenting these competencies.

The ABPN will also implement a tracking system for psychiatry residents which will allow online tracking of resident experiences necessary for credentialing, including 3 required evaluations of the competencies mentioned above, rotations, etc. This tracking system will allow the ABPN to provide accurate information regarding the percentage of residents in a program who take the Board exams, and the pass rates.

The Part I examination will be given in residency starting in June, 2008.

Action Items:

1. AADPRT will form a taskforce to collaborate with the ABPN in developing possible assessment and documentation methods for evaluating competencies in the doctor-patient relationship, interviewing, and case presentation. Jane Eisen,

David Goldberg, Dorothy Stubbe, David Kaye, and Michael Jibson have volunteered to serve on this taskforce.

TAGME (Linda Gacioch):

There are now 15 Psychiatry program coordinators certified by TAGME. Seven more coordinators are taking the assessment exam for the first time at this meeting, and one additional person is taking the exam for the second time. Linda is meeting tomorrow with the child psychiatry coordinators, who would like to submit tools so that they can work towards certification.

APA (Debby Hales):

Ninety programs took the 150-question Mind Games online examination. The winners will be announced tomorrow. There will be an all-alumni reception at the APA meeting. PsychSIGN is going well and AADPRT members are encouraged to talk to their departments and medical schools about supporting a medical student to attend the APA meeting. There is a decrease in industry sponsored symposia at the APA annual meeting this year. The APA is going to give four \$5000 grants to medical student educators next year for innovative medical education programs. Carolyn Robinowitz is the APA's President-elect and is interested in input from AADPRT regarding what the APA can do to support psychiatry residency education. Ron Krasner suggested that the AADPRT and APA partner in developing assessment methods for the doctor-patient relationship, interviewing, and case presentation, for in-residency Board credentialing. Carolyn Robinowitz is appointing a residency director to the RRC, and AADPRT members are encouraged to apply.

Fourth Year Taskforce (Adrienne Bentman):

The taskforce is finalizing a survey about the PGY-4 year, which will be submitted to Mark Servis for approval and then will be sent to program directors. The survey will cover planning and decision-making about the content of a resident's fourth year, tasks of the fourth year, how training directors differentiate PGY-4s from PGY-3s.

Action Items:

1. Adrienne will forward the finalized survey to Mark Servis, with the goal of distributing it to program directors this spring.

Ron adjourned the meeting at 4:15 pm.

Respectfully submitted,
Deb Cowley MD
Secretary

AADPRT Executive Council Meeting
San Juan, Puerto Rico
March 10, 2007

Present: Ron Krasner (President), Kathy Sanders, Dorothy Stubbe, Diane Sacks, Victor Fornari, Bill Sonis, Catherine Woodman, Guy Palmes, Don Rosen, Deb Cowley, Jane Eisen, David Kaye, Bruce Levy, Lee Ascherman, Shashank Joshi, Sheldon Benjamin, Mark Servis, Rick Summers, Michael Jibson, Tony Rostain, Debbie Katz, David Goldberg, Adrienne Bentman, David Kaye, Lisa Mellman, T.O. Dickey, MaryAnn Schaepper, Joe Layde, Lucille Meinsler

Ron Krasner called the meeting to order at 7:20 am. Members and regional representatives introduced themselves.

Regional Representative Reports:

Region 4 – Catherine Woodman. Region 4 only discussed two issues. There was confusion regarding the timeline and process for changes in the ABPN Part II live patient exam, and a question about the extent and nature of training that will be needed for faculty examiners/evaluators. There were some concerns about the implementation of the BoardPoint tracking system. The other discussion was about the RRC, particularly ongoing difficulties with the online ADS system and ACGME website. The region felt that it was important that these be solved as soon as possible, without waiting for the new PIF. Concerns were expressed regarding the ACGME resident survey and having this process demystified. Regarding the question of how AADPRT and the EC could help members, the region asked whether AADPRT could help training directors by tracking and coordinating information about residents post-graduation.

Region 5 – T.O. Dickey. Guy Palmes is rotating off after two terms as regional representative. There were some concerns in the region about RRC/ACGME issues and difficulties filling out the online PIF and annual updates, including how to answer specific confusing questions regarding duty hours. Two programs reported negative feedback from ACGME site visitors during site visit. Regarding planned changes in the ABPN live patient examination, there were concerns about variation in standards of resident competencies between individual residency programs, the statement that the Board may audit programs, and the timing of assessment of competencies in residents going into child as PGY-4s (i.e. that credentialing should be done before entering child fellowship). Some members felt that there were positive aspects of assessing doctor-patient relationship, interviewing, and case presentation skills during residency because of the poor reliability of the current ABPN live patient examination. The region felt that it would be helpful to receive e-mails when minutes of AADPRT Executive Council meetings are posted on the website. People did not know about the regional listserv and were not sure that this is needed. It could be helpful to have listservs for child, geriatrics, and other subspecialty or interest groups. The group felt that the IMG fellowship should not just be given for research, but would benefit from being broader and focused on

scholarship in general. There was a suggestion to include an AACAP representative in the annual meeting input session. There was also some discussion of differences in GME funding by region.

Region 6 – MaryAnn Schaepper. MaryAnn introduced Shashank Joshi, who is the new child regional representative from Region 6. Members in the region were surprised to hear that there was a regional listserv. There was some discussion of practices surrounding transfer of residents from one program to another, and whether there was a written agreement that training directors should contact the director of the resident's current program before interviewing the resident. At this point, the EC discussed that there is no requirement to talk to the other residency director until the point of considering making an offer, and that, earlier in the process, contacting the resident's current training director should be done only with the applicant resident's consent. The region noted that the PIF and ADS updates are challenging to fill out. Everyone has a medical student interest group. Expanding the IMG fellowship to include scholarship, not just research, was favorably viewed. In discussing the changes in the ABPN live patient examination, members noted potential problems of conflict of interest for programs in assessing their own residents, liability, and expense. Child programs would want to know that a resident had already demonstrated these required competencies before his/her application to the child fellowship.

Region 7 – Don Rosen. There was a small turnout in this region. Of the 8 attendees, two were new training directors. Nancy Winters has left her position as the child program director at OHSU, and will be replaced by Sahana Misra from OHSU as regional representative. Regarding the website, there was a suggestion to videotape the AADPRT meeting plenaries, as AAP does. Regarding the RRC, there was a desire for clarification of what scholarly activities includes, particularly for faculty in community-based, non-academic programs. The region's members felt that the checklist for site reviewers should be consistent with PIF. One program had a site visit in the week of the Match, and several programs at the same institution were site-visited that week. There was some discussion about interesting medical students in Psychiatry, and that the most important single thing that can be done to attract medical students is to train residents to be excellent teachers. Regarding the IMG fellowship, there was discussion of several alternatives, including local versus national mentors, changing the award to be an achievement award for IMGs rather than an award including mentorship, or changing the award to a visiting professorship for a mentor to spend time at a program with a large number of IMGs. The region felt that the PRITE should not be computerized. Members raised issue of AADPRT's developing model curricula, including web-based curricula that residents could complete. Particular topics where curricula are needed are neuroscience and cross-cultural psychiatry.

Region 1 – Kathy Sanders. Both Kathy and Dorothy Stubbe have terms ending in 2008. To provide some overlap, Kathy will step down a year early, and a new adult regional rep will be identified for Region 1 shortly. Regarding the new RRC essentials, there was a question about the emergency psychiatry requirement and the statement that less than 50% of this can be met by night call. Since there is no timed requirement for emergency

psychiatry, the question is 50% of what? Regarding changes in the ABPN live patient examination, Dartmouth and Brown already have a model of examining for mock boards in the other program. Most programs in the region are not looking at that particular model of exchanging faculty evaluators, but are concerned about whether they need to have blinded evaluators to do these assessments. There were concerns expressed about the validity of mock board exams. There were not a lot of comments about the website, but positive response to idea of e-mail prompt when minutes or other information is posted to the website. There was a positive response to the idea of broadening the IMG fellowship to include scholarship in general. In this region, members expressed concerns about programs across the country accepting residents outside the Match. Region 1 would like AADPRT to help with the cost of living in Region 1! There was a suggestion that AADPRT work with medical schools to have applicants take step 2 CK and CS earlier, and prior to the Match list deadline, given increasing licensure issues in many states that prohibit residents from obtaining even a training license without having passed these examinations. Lisa Mellman stated that medical schools are moving toward earlier deadlines for students taking step 2. A question was raised in this region about including a resident representative on the AADPRT EC. Should this be the representative from CORF? There was some discussion about whether we should have training for chief residents at the AADPRT meeting, or an AADPRT-sponsored course at the APA meeting in May, since many programs have not selected their new chief residents by March.

Region 2 -- Victor Fornari. There were 33 members present at the Region 2 caucus. Victor will be rotating off as regional representative and will be replaced by Liz Guthrie, the child program director from Columbia. The region congratulated David Kaye on an excellent program and Carol Bernstein on the APA election results. The Child PIF is cumbersome and difficult to use. Members were not aware of the regional listserv. There was discussion about the IMG fellowship and the tension between rewarding accomplished IMGs versus providing mentors. The IMG fellowship could also be focused on leadership. The region appreciates the EC's following up on regional representatives' concerns. Should there be a formal mechanism for feedback from the Thursday afternoon caucuses to the EC (in addition to child and subspecialties, which already have EC representation).

Region 3 – Bill Sonis. The group appreciated Dorothy Stubbe's list questions for the regions. Bill is rotating off and will need to be replaced. There were many issues raised and suggestions made in this region, and Bill will provide a full written report. Some of these issues are listed briefly here. Regarding the ACGME, there was some distress about the green book's no longer being published and the PDFs of RRC requirements are cumbersome to use. There was a recommendation that the essentials be on the ACGME website in Word, not just PDF form. There were several concerns about the accreditation process, ADS, the resident survey validity and reliability, lack of feedback on PIF Part 1 during the site visit process, and the lack of operational definitions of terms like "concerns", "citations", etc. that are used in accreditation letters. The region recommends addressing these issues and, in particular, that feedback be solicited from the field regarding resident surveys before incorporating such a survey in the accreditation process. There was also a recommendation that the ACGME clarify the language used in

accreditation letters. In general, the group was pleased by the plan to move into residency programs assessment of interviewing and case presentation competencies now included in the ABPN Part II exam. However, there were concerns about boundary issues regarding the roles of the ABPN and RRC; duplication of effort in entering data in BoardPoint; the provision for ABPN audits of residency programs and the lack of criteria for such audits; cost shifting of training examiners and assessing residents in this way. AADPRT, not ABPN, should take leadership in assessing residents. The AADPRT annual meeting should be used to train evaluators, rather than having ABPN or an outside organization do this. AADPRT should involve regional program directors in developing the procedures, forms, and criteria for these competency assessments and should make use of existing regional models of citywide clinical assessments that allow development of regional norms. These models should be examined and brought forward in looking at general models. Regional program directors did not know about the regional listserv. Bill Sonis will help regional members use the listserv. The region recommended that the IMG fellowship criteria include research, education, scholarship, and/or leadership.

There was some general discussion of the regional representative reports. Tony Rostain brought up the fact that many different fields and institutions are concerned about the ACGME resident survey and its validity. This may be an issue where we can partner with other specialties and DIOs. AADPRT needs an OPDA representative to work with program directors in other specialties on such issues. The IMG award is important as recognition for IMGs seeking academic careers. There was some discussion about whether we should eliminate the requirement for a mentor? However, for some, mentorship outside the institution can be beneficial as a form of national networking. Is this award only for programs with no resources for mentorship? There was discussion of the ACP model, in which Laughlin fellows are assigned a mentor prior to the national meeting, and this mentor guides the fellow during the meeting and throughout the year. AADPRT will continue to discuss the IMG fellowship.

Action Items:

1. The EC will discuss all of the issues raised by the regional representatives.
2. AADPRT will appoint a representative to OPDA so that we can work with program directors in other specialties on issues related to the ACGME.

EC Wrap Up:

Ron thanked the EC for its hard work throughout the year. Steering will meet tomorrow. The Nominating Committee (chaired by Lisa Mellman) recommended that Rick Summers be Program Chair for the 2009 annual meeting and Kathy Sanders be Treasurer as of March, 2008. The EC agreed with these nominations.

The EC thanked Ron Krasner for a wonderful year as President. The meeting was adjourned at 9:05 am.

Respectfully submitted,
Deb Cowley MD
Secretary