Addendums to Reports

RRC

1. PIF recommendations
2. PIF Survey summary
3. PIF survey all comments

Pre-meeting

1. Anticipated budget 2012
2. Committee minutes

Annual Meeting

1. Meeting overview
2. Meeting At A Glance

Development

1. AADPRT Donor Privacy Policy

Clinical Skills

1. ABPN –informed consent
2. Consent for video recording-Univ of Michigan
3. Consent for video recording-Bradley Hospital

Fellowships

1. President-elect opening announcement
2. Fellowships chairs/committee members
3. Two year expense comparison

NPNS Task Force

1. Survey Draft

September, 2011

Chairman, Psychiatry Residency Review Committee
Accreditation Council for Graduate Medical Education

Dear Dr. _____,

As the RRC prepares for the next iteration of the Psychiatry Essentials, we would like to provide further input on behalf of the American Association of Directors of Psychiatry Residency Training RRC Review Task Force.

The AADPRT RRC Task Force surveyed training directors and other interested stake-holders (associate training directors, division chiefs, chairs, vice deans, etc) regarding the Program Information Form (PIF). Only those training directors who had completed the PIF for a site visit within the last two years were asked to respond. While the majority of those training directors (49 of 96 responding -59%) indicated that they had difficulty completing the PIF we are making only the following recommendations based upon the data from the survey.

1) Improve technical process for entering faculty CVs in Web ADS system

2) Improve specificity of questions and reduce redundancy in the common and specialty specific PIFs

3) Improve ease of formatting for printing of specialty specific PIF

We look forward to seeing the new iteration of the Essentials, and will continue to work with the RRC to develop excellence in our child and adolescent psychiatry residency training programs.

Sincerely,

Jeffrey Hunt, MD, Adrienne Bentman, MD,
Eugene Beresin, MD on behalf of
AADPRT RRC Task Force

2011 PIF Survey Results:
Summary of findings

Jeffrey Hunt, Adrienne Bentman, and Eugene Beresin

The below information corresponds to the questions asked of Program Directors in the spring of 2011. The comments were tabulated in a qualitative manner and categorized to comprehensively reflect the opinions expressed for each question in the narrative section of the survey. Numbers of respondents for each question are in parentheses. When possible, the frequency of a particular type of response is listed.

1. **74% (120) Program Directors (PDs) for 3 or greater years; 26% (43) were new PDs**

2. **57% (96) of PDs have completed PIF in last 2 years**

3. **59% (49) of PDs had difficulties completing PIF**
   - CVs difficult to enter in Web ADS - (16/49 -33%)
   - Confusing questions - (14/49 -28%)
   - Technical issues – Formatting, printing of boxes difficult - (10/49 – 20%)
   - Redundant, burdensome, and too long - (5/49 -10%)

4. **43% (36) of PDs had problems with the Web ADS system**
   - Majority were technical concerns (26/36-72%)
     - Difficulty with input of data
     - Challenge for off cycle or mixed clinical /research residents
     - Inconsistent templates for MD and non-MD
     - Faculty CV input labor intensive
     - System times out too soon
     - Pagination for printing difficult
     - Inconsistency between web and non-web portions

2011 PIF Survey results

5. **41%(34) of PDs had problems with the Specialty Specific PIF (most common comments listed- limited content in most comments made)**
   - Didactic table cumbersome and complicated
   - Technical issues: printing, formatting
   - Use of "PGY level" challenging; "Training year" better
   - Should be similar format to Web ADS

6. **30% (25) of PDs indicated that questions were asked during site reviews that were not contained in the common PIF or specialty program requirements.**
   Site visitor questions were focused on:
   - Resident's ability to confidentially report concerns
   - Faculty research
   - Wording of final/summative letters
   - ACGME survey results
   - Strengths and critiques of program
   - Whether there was a confidential interview room in ED
   - Number of faculty with peer reviewed research
   - Board pass rates for graduates
   - Faculty development activities
   - Education committee meeting minutes
   - Independence of program director

7. **66% (55) of PDs felt there should be a 1:1 correspondence between specialty program requirements, the PIF, and site visitor questions**
   - Would help avoid surprises and eliminate ambiguities (9/29 responding with comments)
   - Many respondents were not in favor of a 1:1 correspondence (13/29 responding with comments)
     - "As long as they ask questions about resident education it is ok"
     - Should be prerogative of site visitor
     - Give and take should be allowed
     - Site visitor should be allowed to be creative but not off topic

8. **36% (30) of PDs felt they needed more assistance than was available to fill out Web ADS faculty data section of the PIF (no clear trends- see below examples of comments)**
   - "Just tedious"
   - Support staff was helpful at ACGME
   - Institutional assistance was helpful
   - Coordinator spent inordinate amount of time
   - Inefficient process

2011 PIF survey results

9. **17% (14) of PDs felt they needed more assistance than was available for the specialty specific narrative reports**
   - "I had to fill it out so I did"
   - "Just time consuming"
   - Ambiguous questions
   - Difficult for new program directors

10. **35% (29) of PDs were not aware that there were descriptions and documentation for each competency posted in the "Program Director Guide to Common Program Requirements" on the ACGME website.**
   - Not aware until late in the process
   - Very helpful

AADPRT RRC Task Force PIF Survey

SurveyMonkey

1. How long have you been a training director?

	Response Percent	Response Count
0-2 years	26.4%	43
3-5 years	17.8%	29
6-10 years	**29.4%**	**48**
10 + years	26.4%	43
	answered question	**163**
	skipped question	**0**

2. Have you completed the Program Information Form (PIF) within the last two years?

	Response Percent	Response Count
Yes	**59.6%**	**96**
No (if no, the survey is complete)	40.4%	65
	answered question	**161**
	skipped question	**2**

3. Which of the following best describes your overall experience with the PIF?

		Response Percent	Response Count
I had no problems completing the PIF		41.0%	34
I had difficulties completing the PIF (please add comments)		**59.0%**	**49**
		Please comment about problems	49
		answered question	**83**
		skipped question	**80**

4. Which of the following best describes your experience with the Web ADS system?

		Response Percent	Response Count
The system worked fine as is		**56.6%**	**47**
There were problems (please comment)		43.4%	36
		please comment about problems	36
		answered question	**83**
		skipped question	**80**

5. Which of the following best describes your experience with the Specialty Specific (written) PIF.

		Response Percent	Response Count
I had no problems completing.		**59.0%**	**49**
I had problems completing (please comment)		41.0%	34
		Please comment about problems	35
		answered question	**83**
		skipped question	**80**

6. In your last site visit, were questions asked about your program that were not contained in the PIF or special program requirements? If so, please describe in comment box.

		Response Percent	Response Count
No		**69.9%**	**58**
Yes (please describe in comment box below)		30.1%	25
		Please describe	33
		answered question	**83**
		skipped question	**80**

7. Should there be a 1:1 correspondence between your Specialty Program Requirements, the PIF, and Site Visitor questions?

		Response Percent	Response Count
Yes		**66.3%**	**55**
No		33.7%	28
		Please comment	30
		answered question	**83**
		skipped question	**80**

8. Were there any problems in filling out the Web ADS faculty data section of the PIF for which you needed more assistance than was available?

		Response Percent	Response Count
No		**63.9%**	**53**
Yes (please specify)		36.1%	30
		please specify	35
		answered question	**83**
		skipped question	**80**

9. Were there any problems in filling out the Specialty Specific Competency-based narrative reports section of the PIF for which you needed more assistance than was available?

	Response Percent	Response Count
No	**83.1%**	**69**
Yes (please specify)	16.9%	14
	please specify	13
	answered question	**83**
	skipped question	**80**

10. Are you aware that there are descriptions and documentation examples for each competency posted separately from the PIF in the "Program Director Guide to the Common Program Requirements" on the ACGME website?

	Response Percent	Response Count
Yes	**65.1%**	**54**
No	34.9%	29
	Comments	8
	answered question	**83**
	skipped question	**80**

Page 3, Q1. Which of the following best describes your overall experience with the PIF?

1	mostly software problems at my institutional end because security would not permit the most recent version of Adolbe that the RRC was using.	May 31, 2011 1:40 PM
2	They are not specific about what constitutes "a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location" and how many hours the faculty must devote to meet the requirement to "devote suffiient time to the educational program to fulfill their supervisory and teaching	Apr 29, 2011 2:05 PM

Page 3, Q1. Which of the following best describes your overall experience with the PIF?		
	responsibilities"	
3	The table was complicated and the amount of details required unclear. I was cited for not providing enough details in my description of didactics. I had available for the site visitor all of the didactic schedules, topics and materials along with attendance logs which were not reviewed for any verification. There seems to be a disconnect between that PIF and the site visit as best I can tell. I have since added several pages to my PIF to give full details on the topics covered in the courses which seems to me to be too much detail.	Apr 28, 2011 2:06 PM
4	Some of the sections were very confusing. I also thought that some of the material was redundant.	Apr 27, 2011 7:53 PM
5	it is confusing.	Apr 27, 2011 5:56 PM
6	I didn't think that the questions followed a logical progression, and at times they were silly, and seemed to lend themselves to answering the question in the way that they seemed to want to hear.	Apr 27, 2011 1:33 PM
7	Boxes are too small to type and visualize the contents.There is no spell or grammer check.	Apr 27, 2011 1:15 PM
8	LOTS OF OVERLAP AND REPTITION	Apr 27, 2011 11:47 AM
9	In numerous areas it was difficult to understand what the questions meant/what type of information they wanted, and it was A LOT of work.	Apr 27, 2011 10:22 AM
10	I had to struggle to complete the PIF in particular to have detailed competency based electives in the Year 2015	Apr 27, 2011 9:47 AM
11	One part requests CVs of ONLY faculty who spend 10 hours/week teaching fellows. I followed that advice, thereby not reporting the faculty who are most involved with research and publications. I was then cited for "inadequate scholarly activities." The faculty with the most scholarly activities DO teach the fellows, but not at the 10 hours/week stated level.	Apr 27, 2011 9:02 AM
12	Very time consuming. While it promotes review of the program and looking at the details, I found myself dragged away from the teaching and primary goals of Program Director.	Apr 27, 2011 8:52 AM
13	Web Browser at my institiution was not as advanced and therefore it was harder to populate. Once I found this out, I added another web browser that worked well. Overall, it was quite tedious to load in the information on CV's to the point that we wanted to limit them-which then has the potential to work against a program for not having sufficient key faculty.	Apr 26, 2011 11:28 AM
14	Some of the paragraphs were very time consuming.	Apr 19, 2011 10:32 AM
15	The faculty CV section is not user-friendly and takes alot of time. Can't easily import sections of a digital CV from other media except for publications.	Apr 19, 2011 12:05 AM
16	No major problems after two presentations on "how to".	Apr 14, 2011 9:33 AM
17	Not intuitive how to do the separate parts. Took some extra work. Also, some instructions do not pop up until you are actually putting in the information (word limits) and if you were working on these off line you didn't know this until you	Apr 11, 2011 6:04 PM

Page 3, Q1. Which of the following best describes your overall experience with the PIF?		
	were putting in the information.	
18	better than previous versions but still very repetitive	Apr 8, 2011 3:34 PM
19	The chart regarding all of training experiences was challenging and it was unclear how much information to put in the description section.	Apr 7, 2011 2:43 PM
20	not all parts of the PIF were accessible on the computer my secretary used, so we had to obtain a different computer to complete.	Apr 7, 2011 1:04 PM
21	I would like to see the format more organized to begin with.	Apr 7, 2011 10:47 AM
22	That depends on what you mean by "problems". No technical problems, but it is not always clear exactly what they want on some of the questions, and completing the common PIF is a challenge in that they ask how much time faculty spend in various areas (e.g., clinical, administration, teaching and research) but don't define these parameters; so someone who does lots of adminstrative work and research for their particular program and not for the residency is regarded then as "core faculty" based on admin hours, when in fact they have little (or nothing) to do with the program. In other words, they need to be clearer about how to count hours, etc. The other big challenge on this aspect of the common PIF was getting people to respond to me with ALL the questions. No matter how clearly I spelled out exactly what I needed, people didn't fully answer my questions! It took forever to get all the data entered on faculty!	Apr 6, 2011 4:22 PM
23	while the PIF is a little easier than in the past, it still is too long. who thought 400 word essays were a good way to review a program? Also it was a struggle entering faculty c.v.'s but that has been changed since our site visit.	Apr 6, 2011 3:14 PM
24	Difficult to show our teaching faculty within the categories provided-- most contribute 2 hours/week or occasional lectures.	Apr 6, 2011 12:32 PM
25	The sheer volume of information became burdensome, especially detailed information about large numbers of faculty and a wide variety of clinical experiences. I would have expected that our depth in these areas would be an advantage in accreditation, but it made documentation on the PIF a total pain.	Apr 6, 2011 12:22 PM
26	Transferring data into ADS on-line format is exceedingly time- and labor-intensive. Direct import from Office would be huge improvement.	Apr 6, 2011 12:19 PM
27	I believe there was some redundancy in the questions on the common PIF about program improvement and the questions in the specialty-specific PIF that had to do with the program's approach to addressing the competencies of IC&S, Profesionalism and SBP.	Apr 6, 2011 9:41 AM
28	The level of detail demanded in the faculty profiles was extremely onerous for our program coordinator. Are the many hours of data entry justified?	Apr 6, 2011 9:22 AM
29	The faculty CV section was tedious, at times very frustrating.	Apr 5, 2011 9:51 PM
30	Much repetition and duplication of information however	Apr 5, 2011 6:05 PM
31	The only problems were the hassles - we had to enter each faculty CV by hand, which took MANY hours. It would be great if they had a downloading function for these services.	Apr 5, 2011 5:54 PM

Page 3, Q1. Which of the following best describes your overall experience with the PIF?		
32	Even with the examples on the ACGME website under the common requirements--the definitions and examples of how to document the core competencies--I was not certain whether our methods would meet the standard. In addition to examples, it would be very helpful if ACGME would provide criteria for standard setting. For instance, does there need to be a pre and post-measure, an efficacy measure, or does there need to be a measure at all? Can a single exercise be sufficient to train in multiple competencies? (e.g. individual psychodynamic psychotherapy supervision can really be seen as sessions that teach professionalism, patient care, and practice-based learning and improvement--but where are the criteria that will tell me if that in-fact would be sufficient?).	Apr 5, 2011 5:54 PM
33	There is a limit to 150 characters on some of the Bio Sketch items, but not for other items under Bio Sketch.	Apr 5, 2011 5:37 PM
34	These were relatively minor in comparison with past PIFs, and the ACGME person I contacted (last name Goldberg?) was extremely responsive and helpful.	Apr 5, 2011 5:26 PM
35	questions were unclear and seemed to target "guessing what they want to hear"	Apr 5, 2011 5:15 PM
36	Instructions unclear; link to Program Requirements not clear; ACGME glossary inadequate; inconsistent responses to my questions from the RRC staff and directors	Apr 5, 2011 5:14 PM
37	Lenghty Certain requirements onerous and of doubtful benefit Certain requirements restrictive - allow no room for alternative and more efficient strategies	Apr 5, 2011 4:58 PM
38	However, this docuement is extremely redundant. It would be better if the ACGME/RRC gave specific instructions on the content and order of information to be included in residency training manuals (that are often updated yearly anyways) such that these could be reviewed and compared to the national standard with supporting documentation made available at the site visit to prove the accuracy of the manual. Most of what is asked for in the PIF is included in the training manual.	Apr 5, 2011 4:51 PM
39	There were substantial difficulties merging and printing the whole PIF. The Web ADS and PIF merge took considerable effort. Blank pages printed out, and some things ran together. One question, in the section Medical Knowledge, section c, question 4 had a block that wasn't necessary.	Apr 5, 2011 4:34 PM
40	Some of the questions were ambiguous.	Apr 5, 2011 4:20 PM
41	Faculty tempelate was not users's friendly. each single thing has to be typed in.	Apr 5, 2011 3:35 PM
42	too long and many questions asking for minutae	Apr 5, 2011 3:28 PM
43	Resident to Faculty ratio question was difficult to do. It also does not appear to really be needed in our specialty. Basing the number on core faculty seems to lack validity, especially in programs with large number of faculty who each do some teaching. We found the detail requested for the evaluation assessments to be burdensome.	Apr 5, 2011 3:16 PM
44	sometimes not sure about questions	Apr 5, 2011 2:52 PM
45	Getting the pagination right was more difficult than it should have been. Why	Apr 5, 2011 2:43 PM

Page 3, Q1. Which of the following best describes your overall experience with the PIF?		
	does the specialty specific PIF house the pagination and table of contents, when the common requirements section comes first? Why can't CV's be uploaded, rather than laboriously typed in? What is the real story about publications and presentations: is more than five years too old, or can they be included if representative of an individual's work?	
46	The formating of the boxes in part II were variable and frustrating to control. The common PIF bio on facutly took forever to enter one item at a time and this seemed to be overy cumbersom for no reason.	Apr 5, 2011 2:38 PM
47	The section for rotation and conference descriptions would not align properly at the bottom, for example, the words would disappear as I continued to type.	Apr 5, 2011 2:36 PM
48	Was no used to the format and the amount of information required as a new training director	Apr 5, 2011 2:34 PM
49	Some of the questions were confusing. It was hard to know exactly what they were asking. The CV portion is horrible.	Apr 5, 2011 2:33 PM

Page 3, Q2. Which of the following best describes your experience with the Web ADS system?		
1	It seemed to not hold information that I had carefully entered, and, therefore that information was not available for the RRC rviewer. I only learned about this when receiving the survey response letter and was informed about missing information.	May 31, 2011 1:40 PM
2	We have just transitioned to four-week blocks for some of the years, while having one-month blocks in the other years. That was not my doing. It is just the way the medical center is doing things to accommodate other centers. That then leaves little amounts of time (ten days here, 12 in another place) where I have activities for the residents	Apr 29, 2011 2:05 PM
3	At times it was difficult to connect to the system.	Apr 27, 2011 1:33 PM
4	It is somewhat confusing but the support service was very helpful.	Apr 27, 2011 12:43 PM
5	Hard to make changes on the template	Apr 27, 2011 10:59 AM
6	Didn't work well for off cycle residents.	Apr 27, 2011 10:22 AM
7	I'm sure I had issues but don't recall. I liked the ability to revise which.	Apr 27, 2011 8:52 AM
8	Same problem with updating CV's	Apr 26, 2011 11:28 AM
9	difficult to input data	Apr 19, 2011 10:32 AM
10	handled mostly by the coordinator	Apr 14, 2011 9:33 AM
11	Inconsistencies in templates between MDs and nonMDs in the examples given embedded in the PIF versus what was expected when you started filling out WebADS Hidden information that was not described on the template provided and then more was expected when entering data	Apr 13, 2011 9:21 AM

Page 3, Q2. Which of the following best describes your experience with the Web ADS system?		
12	Faculty CVs very time consuming and labor intensive Tech support very responsive and helpful	Apr 8, 2011 3:34 PM
13	The WebADS system is not well designed from a functional perspective. 1. It times out too soon - those entereing information are often attending to more than one task when completing the form or entering data. 2. the entry blocks to not allow one to see all of the words being entered, 3. the faculty entries and CV's allow very little maneuverability. These are but a few examples.	Apr 7, 2011 11:10 AM
14	I would be nice if the entire reaccreditation application was in one format (instead of going back and forth between what goes on the Web ADS and what goes in the Specialty Specific PIF), also i had no control over page breaks with the Web ADS once it was completed which made it difficult when it came to pagination, the CVs are VERY time consuming (I had to enlist another staff member who was not trained in this system to help me)	Apr 7, 2011 10:47 AM
15	The system was occasionally not available.	Apr 6, 2011 9:12 PM
16	The process was enormously time consuming and produced virtually nothing regarding the wuality of the program. Abysmal experience!	Apr 6, 2011 6:39 PM
17	Generally it worked pretty well; when trying to print out the common PIF, the pagination was a nightmare!	Apr 6, 2011 4:22 PM
18	my coordinator had entry problems-kept getting kicked out, although that may have been computer or system problems at our end (ACGME staff were helpful). Also, there was still a miscount by the RRC of residents who had left our program since the last site visit, resulting in a "concern".	Apr 6, 2011 3:14 PM
19	We had no trouble entering information, but the system was not flexible enough to allow us to accurately include residents who were doing mixed clinical and research training, which led to some problems with our CIO, who wanted the Web ADS info to correspond exactly with the reports we were submitting internally.	Apr 6, 2011 12:22 PM
20	The most challenging technical part was using the ADS faculty CV entry system. This was very cumbersome, and occupied a lot of my program coordinator's time. Otherwise, using ADS overall went well.	Apr 6, 2011 9:41 AM
21	Combining the WEB portion of the PIF with the non-web portion of the PIF created huge formatting problems which wasted large amounts of time. Either make the whole thing web based or the whole thing non-web based.	Apr 5, 2011 11:45 PM
22	The system times out too quickly or at very inopportune times. There isn't sufficient mechanism to save work at time out. More safeguards should be in place as a great deal of work can be lost.	Apr 5, 2011 11:01 PM
23	Match related problems. Servers went down	Apr 5, 2011 10:14 PM
24	If you have made a request to the RRC, then making a second one after this is difficult until the first one has been responded to.	Apr 5, 2011 9:51 PM
25	some of the questions were rigid about accepting answers which meant that it was hard to explain things exactly to correspond to the actual delivery of training in a specific the cv section was very problematic and required multiple calls for tech support, data would not always be saved, formatting would change, etc.	Apr 5, 2011 6:05 PM

Page 3, Q2. Which of the following best describes your experience with the Web ADS system?		
	MAJOR hassle	
26	We found the faculty CV section on WebADS to be complete chaos. The available titles for faculty were not well suited to many allied mental health folks so we had to stretch a point--for psychiatric social workers, NP's or what have you. The drop down menus for board certification were not relevant to most non-MD areas. The subspecialties were only for MD's. PhD's with subspecialties for instance had no place. Not that I felt compelled to list the precise credentials of non-MD's but how does the RRC glean from the CV what exactly that faculty member is trained to do if they are a non-MD?	Apr 5, 2011 5:54 PM
27	As above Also, No rationale for not using CVs of faculty rather than the ACGME' s own facutly roster form. It was a complete waste of my amd my program coordinator's time	Apr 5, 2011 5:14 PM
28	Formatting problems for my coordinator	Apr 5, 2011 4:58 PM
29	Extremely SLOW- terribly inefficient data entry system. A real pain.	Apr 5, 2011 4:51 PM
30	We had a resident whose medical school wasn't listed in Web ADS, and this was problematic. There was no way to write in the medical school. The site visitor needed additional documentation as a result. The Web ADS interface wasn't always clean and easy to use-sometimes (such as facult CV) windows overlapped and were difficult to access.	Apr 5, 2011 4:34 PM
31	in particular there is no way to coordinate combined training residents- they were left out of the resident survey and also there has not been a satisfactory way to count them consistently.	Apr 5, 2011 4:11 PM
32	Many difficulties getting the CVs of faculty entered.	Apr 5, 2011 3:33 PM
33	We cannot easily change an address for sites that happened to move.	Apr 5, 2011 3:16 PM
34	Had to call in to get resident information to match reality (not sure how the discrepancies got in, but they were there when I tackled the PIF.)	Apr 5, 2011 2:43 PM
35	Mostly it worked fine but It took many weeks to get a site added to the Web Ads, and it only appeared two days befor ethe site visit after efforts to include it early on in the process of pif preparation.	Apr 5, 2011 2:38 PM
36	very non-intuitive. The lables on what things are called what seems to be an inside language that requires one to learn ACGME	Apr 5, 2011 2:38 PM

Page 3, Q3. Which of the following best describes your experience with the Specialty Specific (written) PIF.		
1	Mainly it remains long and redundant, formatting is sometimes a problem with the worry that any little error will invalidate all the work.	May 31, 2011 1:40 PM
2	Although not a major problem, one difficulty had to do with the terminology of "PGY level". In a child and adolescent program, residents in the same year of training may have similar levels of competency in child psychiatry yet be of widely differing PGY levels. Would it be better to use the term "Training Year" or	May 2, 2011 3:48 PM

Page 3, Q3. Which of the following best describes your experience with the Specialty Specific (written) PIF.		
	"Year of Training" when talking about program expectations and responsibilities?	
3	I cannot fit everything in those boxes. Then things disappear. Get rid of the boxes and just have blank sheets.	Apr 29, 2011 2:05 PM
4	The table was complicated and the amount of details required unclear. I was cited for not providing enough details in my description of didactics. I had available for the site visitor all of the didactic schedules, topics and materials along with attendance logs which were not reviewed for any verification. There seems to be a disconnect between that PIF and the site visit as best I can tell. I have since added several pages to my PIF to give full details on the topics covered in the courses which seems to me to be too much detail.	Apr 28, 2011 2:06 PM
5	Some of the questions seemed contrived, and they didn't follow a logical sequence	Apr 27, 2011 1:33 PM
6	Boxes are too small to type and visualize the contents.There is no spell or grammer check	Apr 27, 2011 1:15 PM
7	See my comments for #1--same issues.	Apr 27, 2011 10:22 AM
8	As above	Apr 27, 2011 8:52 AM
9	paragraph responses were very time consuming	Apr 19, 2011 10:32 AM
10	No major problems after two presentations on "how to"	Apr 14, 2011 9:33 AM
11	Remains repetitive	Apr 8, 2011 3:34 PM
12	The chart re all of the training experiences was challenging and it was unclear how much information to put in the description section.	Apr 7, 2011 2:43 PM
13	There are some repetitive questions	Apr 7, 2011 11:10 AM
14	the only thing i ask is if this could be in a similar format as the Web ADS, and have it be more consistent between the various years of the PIF completions - it was like i was completing a whole new form and reinventing the wheel.	Apr 7, 2011 10:47 AM
15	see above-400 word essays. Really??	Apr 6, 2011 3:14 PM
16	Entries and numbers on annual resident surveys on Part I had errors & couldn't be corrected because ACGME has system locked.	Apr 6, 2011 12:32 PM
17	Once again, the volume of information we had to include was high.	Apr 6, 2011 12:22 PM
18	Had difficulty understanding some of the questions under the Systems-Based Practice and Practice-Based Learning and Improvement sections.	Apr 6, 2011 11:36 AM
19	See above.	Apr 6, 2011 9:41 AM
20	much repetition of content in different places	Apr 5, 2011 6:05 PM
21	The CAP PIF asks 4 questions under Scholarly Activity, but those questions are specific to resident research. There should be an addtional question like, "Besides research, what other scholarly activities have your residents engaged in during the past 5 years?"	Apr 5, 2011 5:37 PM

Page 3, Q3. Which of the following best describes your experience with the Specialty Specific (written) PIF.		
22	above	Apr 5, 2011 5:15 PM
23	As above	Apr 5, 2011 5:14 PM
24	See above	Apr 5, 2011 4:58 PM
25	again redundancy	Apr 5, 2011 4:51 PM
26	This section was easier to use.	Apr 5, 2011 4:34 PM
27	formatting consistently in word was at times complex.	Apr 5, 2011 4:11 PM
28	too long	Apr 5, 2011 3:28 PM
29	Too many essays	Apr 5, 2011 3:16 PM
30	The listing of all our different lectures and seminars and attributing them to all the different rotations is burdensome, especially when trying to number them.	Apr 5, 2011 3:16 PM
31	The section asking for the listing of core faculty is limited by those conributing 15 hours or more, and this list does not allowed for the inclusion of large numbers of researchers and core teachers who are key to the academic scholarship of the department that shows the strengths of the department and the capacity to train residents. For example, the faculty as a whole had hundreds of publications that were not visible by the present system. This skews the actual capacity of a training program to demonstrate scholarship and research opportunities.	Apr 5, 2011 2:48 PM
32	See above. The curriculum section was difficult to format; had to watch carefully to make sure that the numeration was accurate, and that things did not either duplicate or drop off when the pages changed.	Apr 5, 2011 2:43 PM
33	I can't say I had difficulties in one way- although it is a major challenge to complete- especiallly the large cross referenced table or topics and didactic and clinical settings	Apr 5, 2011 2:38 PM
34	Why all of the boxes? They were hard to edit and even our best word people were frustrated.	Apr 5, 2011 2:38 PM
35	See #1	Apr 5, 2011 2:36 PM

Page 3, Q4. In your last site visit, were questions asked about your program that were not contained in the PIF or special program requirements? If so, please describe in comment box.		
1	Well, perhaps I answered this above. But, it also seems there were questions I answered very well, with documentation that again were cited as missing information (not in the PIF0 in the review letter. This was specifically about Curriculum Reviews.	May 31, 2011 1:40 PM
2	Questions about residents' ability to confidentially report concerns	May 3, 2011 12:12 PM
3	More specific questions about faculty research and the wording of final letters/summative evaluations.	May 2, 2011 3:48 PM

Page 3, Q4. In your last site visit, were questions asked about your program that were not contained in the PIF or special program requirements? If so, please describe in comment box.		
4	There was nothing inappropriate. The examiner had some special areas of interest, and he asked about those, and I was able to answer just fine.	Apr 29, 2011 2:05 PM
5	Not had a site visit yet (due next month)	Apr 27, 2011 5:02 PM
6	I think so, but they were appropriate follow-up questions, to pursue more detail about something that was noted on paper.	Apr 27, 2011 1:33 PM
7	I was very dismayed by the site surveyor and her implying that our residents were similiar to abused children.	Apr 27, 2011 8:52 AM
8	The site visitor begins with the ACGME survey as if it is the honest truth and proceeds through each response. Since the questions are often vague or confusing, it makes a stressful start. I would hope that we could work on the survey questions,	Apr 26, 2011 11:28 AM
9	only a few, this really wasn't a problem	Apr 19, 2011 10:32 AM
10	Our problem was that they wanted information they could not find, but did not ask us to help them find it.	Apr 19, 2011 12:05 AM
11	Don't have notes with me	Apr 14, 2011 9:33 AM
12	Site visitor asked us to give both strengths and critiques of our program in general comments with him. Other than that, all questions of me or my staff were consistent with PIF	Apr 13, 2011 9:21 AM
13	Questions were asked about results from the ACGME survey and the information that was asked of residents prior to the site visit.	Apr 11, 2011 6:04 PM
14	1.I was asked whether our ER had a confidential interviewing room for the resident and the patient. Though there is a general requirement for appropriate space there is no specific requirement for this. She was clearly asking this question from a list of such questions. By that time I had a good nough relationship with the site visitor, a non-psychiatrist, where the question came from. She responded that site visitors are given a specialty-specific list. This is unfair to us. Program Directors deserve access to all such lists. 2. The site visitor counted the number of faculty involved in reseach with resultant peer-reviewed publications. Again I inquired and was told that the magic number was 50%. If such magic number exist, we deserve to be informed of them.	Apr 7, 2011 11:10 AM
15	The reviewer asked about whether we discuss things like Board pass rates, PRITE results, faculty development, etc. at our education committee meetings and wanted information about these things to appear in our committee minutes; nowhere did I see those as "requirements" anywhere.	Apr 6, 2011 4:22 PM
16	things followed along in the order of the PIF so it seemed to work well.	Apr 5, 2011 6:05 PM
17	Perhaps some, but this was not generally an issue.	Apr 5, 2011 5:54 PM
18	The site visitor worked COMPLETELY from the resident survey from what I could see. None of our survey responses were greater than the specialty-matched peer group but the site visitor asked faculty and residents to reflect on things raised by only 1-2 residents. Requesting 5 strengths and weaknesses from the residents also goes beyond the PIF. I thought our site visitor was	Apr 5, 2011 5:54 PM

Page 3, Q4. In your last site visit, were questions asked about your program that were not contained in the PIF or special program requirements? If so, please describe in comment box.		
	wonderful, but the above does accurately reflect what happened.	
19	The CAP PIF does not prompt for a PLA between the CAP program and the affiliated categorical Psychiatry program; the CAP program requirements do mention the need for such a letter.	Apr 5, 2011 5:37 PM
20	The site visitor reviewed the ACGME resident survey in detail. Also, I was not prepared for the request for resident lists of strengths and weaknesses to be sent to site visitor, and we actually had to correspond back and forth a few times before it was clear to me what this meant (e.g. was it by PGY year or from all the residents, etc.).	Apr 5, 2011 5:26 PM
21	Focus on areas in resident surveys not covered in PIF	Apr 5, 2011 5:15 PM
22	However, after months of preparation the site visitor barely glances at most of the documents- just "checked" that they were present- no review of quality.	Apr 5, 2011 4:51 PM
23	However, questions were not asked about teaching or assessment of psychotherapy competencies. This is an area that is important to psychiatry training, This specific skill set has not been assessed in our last two site visits. The site viosits and PIF focus much more on the general competencies.	Apr 5, 2011 4:34 PM
24	Ofcourse, but I cannot remember what they were.	Apr 5, 2011 4:20 PM
25	What are the program's most novel or best features?	Apr 5, 2011 4:07 PM
26	my first one coming up	Apr 5, 2011 3:28 PM
27	Probably, can't name examples	Apr 5, 2011 3:16 PM
28	Our site visitor required our residents to give her a list of 5 things that they wanted to be improved in the program.	Apr 5, 2011 3:16 PM
29	Issues of independence of program director were raised. Some of them, including what are in the PIF, are unrealistic--to expect that a program director has as much authority over faculty as the requirements say, is asking too much.	Apr 5, 2011 2:43 PM
30	visit is next month so this is over 5 years ago	Apr 5, 2011 2:38 PM
31	N/A- have completed PIF but have not yet had site visit.	Apr 5, 2011 2:37 PM
32	I have not gone through a site visit, coming next year	Apr 5, 2011 2:35 PM
33	My PIF is filled out but I have not had my site visit yet.	Apr 5, 2011 2:33 PM

Page 3, Q5. Should there be a 1:1 correspondence between your Specialty Program Requirements, the PIF, and Site Visitor questions?		
1	If additional information is offered during the face-to-face review that needs to be very visible to the COmmittee.	May 31, 2011 1:40 PM

Page 3, Q5. Should there be a 1:1 correspondence between your Specialty Program Requirements, the PIF, and Site Visitor questions?		
2	You are hiring intelligent people as site visitors. As long as they are asking questions about resident education in psychiatry, and the questions are important, I am fine with that.	Apr 29, 2011 2:05 PM
3	I have not idea. I'd think the site visitor can ask whatever he wants to.	Apr 27, 2011 5:02 PM
4	Not necessarily....I think it should be the prerogative of the Site Visitor to ask questions as they arise, or if they are tipped off to an area of concern.	Apr 27, 2011 1:33 PM
5	What does this mean?	Apr 27, 2011 10:59 AM
6	I'm not exactly sure what this question means.	Apr 27, 2011 10:22 AM
7	Many confusing issues could have been avoided had we been given the opportunity to clarify aspects of the pif prior to the visit and had we had the opportunity to organise supporting documents prior to the visit	Apr 27, 2011 9:47 AM
8	That would help and would avoid unpleasant surprises on the day of the site visit.	Apr 27, 2011 9:02 AM
9	Certainly there should be some give and take and I would like to be open and have discussion with recommendations and the site surveyors expertise given and implimneted . I am now of the mind that this is not the spirit of the visit and I liken the experience to an IRS audit.	Apr 27, 2011 8:52 AM
10	If we are to be judged on whether or not we are meeting the requirements, it is reasonable to deal with the speciality specific requirements. The site visitor is supposed to verify that the PIF is accurate so that the committee can determine if the program meets the requirements.	Apr 26, 2011 11:28 AM
11	As PD that would make life easier, but in looking at the purported function of the RRC, I doubt that they would be able to get the information needed to weed out problems...	Apr 19, 2011 12:05 AM
12	Could address different areas	Apr 14, 2011 9:33 AM
13	the site visitor can be creative in asking us more details about what is on the PIF, but not to go off topic	Apr 13, 2011 9:21 AM
14	not sure what is menat by this question	Apr 7, 2011 7:22 PM
15	although I did not have many questions, it would have been nice to have a "go to" that understood my specialty (I had to explain triple board to the site visitor and the acgme person and how should i list it)	Apr 7, 2011 10:47 AM
16	The best surprise is no surprise! I think it should be crystal clear what the expectations are. Our site reviewed made some comment about a new requirement that had not been in place during our 2008 Internal Review and referred to it as a deficiency (don't recall exactly what it was). Seems like they shouldn't be able to "hold it against you" for new rules that weren't in effect when something was done before!	Apr 6, 2011 4:22 PM
17	would be helpful to eliminate ambiguities	Apr 6, 2011 12:58 PM
18	I think it is appropriate for the site visitor to investigate resident concerns or other	Apr 6, 2011 12:22 PM

Page 3, Q5. Should there be a 1:1 correspondence between your Specialty Program Requirements, the PIF, and Site Visitor questions?		
	issues that may impact the quality of training that are not explicitly addressed in the PIF.	
19	I answered "Yes," but actually I'm not sure. It really depends on what the role of the Site Visitor is: - to verify the information in the PIF (in which case, there must be 1:1 correspondence) - to appreciate the culture of the program (in which case, the Site Visitor should go "off script")	Apr 6, 2011 9:41 AM
20	The site visitor, being from a different discipline, could not understand that we we at home call. In the Site visits we were sited for not having a call room in 1 of the institutions we cover, despite all residents have a home within 30 minutes, an option of a call room in the medical center and in the VA center.	Apr 5, 2011 9:51 PM
21	Generally, yes, just as our goals and objectives for residents on various rotations should be what we then evaluate them on, the PIF should have the relevant questions that the site visitor reviews. That said, I can imagine that there might be areas of programming that are not explicitly reviewed in the PIF that a PD might want to elaborate on with the site visitor.	Apr 5, 2011 6:05 PM
22	Not necessarily. I think it's good for the site visitor to have some flexibility; still, the focus should remain on the ACGME requirements and PIF.	Apr 5, 2011 5:54 PM
23	In the ideal world!	Apr 5, 2011 5:37 PM
24	It is important that the field representative have some leeway in exploring how the program is functioning. Therefore, he or she must be able to explore areas such as program culture, specific challenges of the program, or details of program design.	Apr 5, 2011 5:26 PM
25	This is absolutely essential and not done!!!!!!!!!	Apr 5, 2011 5:14 PM
26	or No - depends on the questions and the reasons for not adhering to the PIF	Apr 5, 2011 4:58 PM
27	I am not really sure what this question is asking- but given that the site visitor is not within the speciality the are reviewing I don't see how this would be helpful. Our site visitor said he was only here to check things off -not comment on the quality per se of our requirements	Apr 5, 2011 4:51 PM
28	If what you are asking is whether every specialty requirement needs to be questioned in the PIF and then verified at the site visit, then the answer is surely not.	Apr 5, 2011 3:16 PM
29	need some room for creativity and interpretation	Apr 5, 2011 2:43 PM
30	Site visits seem mysterious. the qualifications for a 5 year approval seem vague and erratically applied.	Apr 5, 2011 2:35 PM

Page 3, Q6. Were there any problems in filling out the Web ADS faculty data section of the PIF for which you needed more assistance than was available?		
1	CAn't recall exactly but I htink with the CV	May 31, 2011 1:40 PM

Page 3, Q6. Were there any problems in filling out the Web ADS faculty data section of the PIF for which you needed more assistance than was available?		
2	Get rid of the boxes and use blank space.	Apr 29, 2011 2:05 PM
3	it is not that I needed help but they way the questions are asked is cumbersome.	Apr 27, 2011 5:56 PM
4	It was hard to understand whether to include faculty members who seem to be under the indicated hours per week working with residents, but are still integral faculty members.	Apr 27, 2011 1:33 PM
5	Yes but the support staff was helpful.	Apr 27, 2011 12:43 PM
6	WHILE PUTTING IN SITES THEY COVER AS WELL AS ENTERING THEIR CREDENTIALS	Apr 27, 2011 11:47 AM
7	Changing the template as needed	Apr 27, 2011 10:59 AM
8	Seemed OK from what I recall.	Apr 27, 2011 8:52 AM
9	It just takes a long time and personnel to complete it.	Apr 26, 2011 11:28 AM
10	just tedious	Apr 19, 2011 10:32 AM
11	Assistance provided got us through the difficulties	Apr 13, 2011 9:21 AM
12	Definite problems but got help. Main problem was the data entry system very labor intensive	Apr 8, 2011 3:34 PM
13	2 weeks before I needed to send the materials to the site visitor there was a notice which appeared telling me that WebADS was shutting down for 1 week in 1 week for routine updating. It may be that the ACGME believes that we should be ready for a site visit with no notice and that our matierails should be ready long in advance, this is not the reality of life for any of us. I felt that this was disrespectful to all of us due to be reviewed at that time.	Apr 7, 2011 11:10 AM
14	this is VERY time consuming, it is like re-entering everyone's CV's - I had to enlist another staff member that was not trained in our fellowship, GME, or Web ADS which took training time - that process alone took 4 months	Apr 7, 2011 10:47 AM
15	We were able to do this institutionally.	Apr 6, 2011 6:39 PM
16	See comments to question #1	Apr 6, 2011 4:22 PM
17	assistance was available, it was a pain	Apr 6, 2011 3:14 PM
18	As noted above, we had a hard time getting all the information together.	Apr 6, 2011 12:22 PM
19	see above-- this was the most burdensome part of the process	Apr 6, 2011 9:22 AM
20	it was ugly...really ugly...	Apr 5, 2011 6:05 PM
21	As above.	Apr 5, 2011 5:54 PM
22	I wrote a discussion of the problems with the learning "activities" for the core competencies already.	Apr 5, 2011 5:54 PM
23	It remains completely unclear which faculty members should be included here.	Apr 5, 2011 5:26 PM

Page 3, Q6. Were there any problems in filling out the Web ADS faculty data section of the PIF for which you needed more assistance than was available?

	Although there is a number of hours specified, this may have nothing to do with the importance of the faculty member to the residents' education, numbers of hours may vary considerably depending on the size of the program and the number of residents, etc. The ACGME person I spoke with said it was fine to include anyone who had a key role in the program.	
24	faculty cvs	Apr 5, 2011 5:15 PM
25	As above	Apr 5, 2011 5:14 PM
26	Coordinator (who has lots of experience) had to spend inordinate amount of time on this due to arcane and rigid formatting	Apr 5, 2011 4:58 PM
27	Data entry is extremely inefficient and horribly time consuming. I would prefer return to entry of faculty CVs as one attachment per the multitude of questions that took forever to load.	Apr 5, 2011 4:51 PM
28	Psychiatry includes non physician faculty (psychologists) and the forms don't address this well.	Apr 5, 2011 4:34 PM
29	As mentioned in the first question.	Apr 5, 2011 3:35 PM
30	cumbersome to input cv data	Apr 5, 2011 3:28 PM
31	Very time consuming for my coordinator	Apr 5, 2011 3:16 PM
32	took much too long	Apr 5, 2011 2:43 PM
33	It was time consuming and tedious. It was not entirely clear which items to include in certain sections.	Apr 5, 2011 2:40 PM
34	We are blessed with seasoned program staff. Without them, this whole process would be very difficult.	Apr 5, 2011 2:35 PM
35	Just tedious.	Apr 5, 2011 2:33 PM

Page 3, Q7. Were there any problems in filling out the Specialty Specific Competency-based narrative reports section of the PIF for which you needed more assistance than was available?

1	No, but again, it seemed that the questions were somewhat contrived.	Apr 27, 2011 1:33 PM
2	At times some of the questions were confusing but the support staff was helpful in answering questions.	Apr 27, 2011 12:43 PM
3	But what does "more assistance than was available mean?" I had to fill it out, so I did. More assistance, or an easier process would have been nice, but even if it took 500 hours, I still needed to complete it.	Apr 27, 2011 10:22 AM
4	it just was time consuming	Apr 19, 2011 10:32 AM
5	Some questions were ambiguous and this was because they has so many parts	Apr 11, 2011 6:04 PM

Page 3, Q7. Were there any problems in filling out the Specialty Specific Competency-based narrative reports section of the PIF for which you needed more assistance than was available?		
	in the instructions that it was impossible to know what they were looking for.	
6	I do believe that these are difficult for new program directors and for those with less active GME offices and DIO's. Some of the wording is awkward, the sentences run-on.	Apr 7, 2011 11:10 AM
7	Just VERY tedious on the CAP PIF II. B. where all of the Required Educational (Patient Care and Didactic) Experiences for Patient Care and Medical Knowledge seemed redundant to information supplied previously.	Apr 5, 2011 5:37 PM
8	no assistance was available from RRC I was assigned a mentor by AADPRT, but he only responded to 1 email and did not followup	Apr 5, 2011 5:15 PM
9	at times unsure if our narrative fit what was wanted	Apr 5, 2011 5:08 PM
10	and No - where the assistance would come from is probably of relevance -	Apr 5, 2011 4:58 PM
11	excessive - not good use of time	Apr 5, 2011 3:28 PM
12	as above: the narrative boxes did not wrap well	Apr 5, 2011 2:43 PM
13	Some of the questions were confusing; eg. PBLI questions #1 and #3. The same is true for some of the questions about Systems-based practice.	Apr 5, 2011 2:40 PM

Page 3, Q8. Are you aware that there are descriptions and documentation examples for each competency posted separately from the PIF in the "Program Director Guide to the Common Program Requirements" on the ACGME website?		
1	I think so. I did my PIF 2 years ago, so my memory isn't fresh on this point.	Apr 27, 2011 10:22 AM
2	I am now aware of that, but 18 months ago I did not know about the descriptions and examples.	Apr 27, 2011 9:02 AM
3	Just found it this week.	Apr 19, 2011 12:05 AM
4	I was not aware of this until much too late in the process and regreted that. This should be highlighted in the PIF or somewhere that catches the training director and staff's eyes!!	Apr 13, 2011 9:21 AM
5	the coordinator completed the PIF - maybe this should be listed under the "Coordinator Tools" as well	Apr 7, 2011 10:47 AM
6	This manual could be clearer- The requirements could be more relevant- Many of the current requirements lead to busy work rather than program improvement - we (and our residents) are spending way too much time documenting our fulfillment of these multiple obsessive requirements. I doubt if their is 1 director in 5 who feel the current process is productive or genuinely of value.	Apr 5, 2011 4:58 PM
7	I found these very helpful, a large part of the reason that the PIF - while an enormous amount of work - did not pose any particular problems.	Apr 5, 2011 3:33 PM

Page 3, Q8. Are you aware that there are descriptions and documentation examples for each competency posted separately from the PIF in the "Program Director Guide to the Common Program Requirements" on the ACGME website?

8	I didn't know that. Thank you for telling me.	Apr 5, 2011 2:33 PM

	A	B	C	D	E	F	G	H	I
1		**# ATTENDEES/**	**per person**	**Subtotal**	**TOTALS**		*(Tax & Service calculations)*		
2		**quantity/hours**					*Tax is calculated on the sum of the*		
3							*total cost and the service charge*		
4	**MEETING SUPPLIES**								
5	programs/printing			500.00					
6	nametags			200.00					
7	xerox-(onsite?)			20.00					
8	**Total supplies**				**720.00**				
9									
10	**BANQUET**								
11	Tues, 3/6 dinner	16	50	800.00			(not at hotel)		
12									
13	Wed, 3/6 continental breakfast	150	18	2,700.00					
14	service (22%)			594.00			2700.00	22.00%	594.00
15	tax (8.75%)			288.25			3294.00	8.75%	288.23
16									
17	Wed, 3/6 lunch	150	36	5,400.00					
18	service (22%)			1,188.00			5400.00	22.00%	1188.00
19	tax (8.75%)			576.45			6588.00	8.75%	576.45
20									
21	Morning Coffee break								
22	10 gallons coffee	10	70	700.00					
23	service 22%			154.00			700.00	22.00%	154.00
24	tax-8.75%			75.72			854.00	8.75%	74.73
25									
26	PM break								
27	12 gallons lemonade/ice tea	12	70	840.00					
28	service-22%			184.80			840.00	22.00%	184.80
29	tax-8.75%			89.67			1024.80	8.75%	89.67
30									
31	Thurs, 3/7 committee breakfast	17	28	476.00					

	A	B	C	D	E	F	G	H	I
32				73.92			476.00	22.00%	104.72
33				48.12			549.92	8.75%	48.12
34	**Total Banquet**				**14,188.93**				
35		**# ATTENDEES/**	**per person**	**Subtotal**	**TOTALS**		*Tax & Service Calculations*		
36	**MEETING**								
37	Honoraria			0.00					
38	Total Honoraria				0.00				
39									
40	Parking ($30 per day)	6	30	180.00					
41	Misc		50	50.00					
42	**Total Parking**				**230.00**				
43									
44	**ROOMS**								
45	Fellow-1	2	220	440.00					
46	tax -8.75%			38.50			440.00	8.75%	38.50
47	city convention tax-12.64%			60.48			478.50	12.64%	60.48
48									
49	Fellow-2	2	220	440.00					
50	tax -8.75%			38.50			440.00	8.75%	38.50
51	city convention-tax-12.64%			60.48			478.50	12.64%	60.48
52									
53	Fellow-3	2	220	440.00					
54	tax -8.75%			38.50			440.00	8.75%	38.50
55	city convention-tax-12.64%			60.48			478.50	12.64%	60.48
56									
57	Fellow-IMG-1	2	220	440.00					
58	tax -8.75%			38.50			440.00	8.75%	38.50
59	city convention tax-12.64%			60.48			478.50	12.64%	60.48
60									
61	Fellow-IMG-2	2	220	440.00					
62	tax -8.75%			38.50			440.00	8.75%	38.50
63	city convention-tax-12.64%			60.48			478.50	12.64%	60.48
64									

	A	B	C	D	E	F	G	H	I
65	**Total Rooms**				**2,694.90**				
66									
67	**TRAVEL**								
68	Travel for 3 fellows			2,400.00					
69	**Total-Travel**				**2,400.00**				
70									
71									
72		**# ATTENDEES/**	**per person**	**Subtotal**	**TOTALS**				
73	**AUDIO VISUAL**								
74	Anticipated expense with added sound (1,588 in 2011)			2,500.00					
75	**Total AV (approximate)**				**2,500.00**				
76									
77									
78	**SUPPORT**								
79	assistance with program, scheduling, CME	10	40	400.00					
80	On-site registration, evaluation	8	25	200.00					
81	on-site--Tracy Riley	4	40	160.00					
82	**Total Support**				**760.00**				
83									
84	**Approximate Total**			**23,493.83**	**23,493.83**				
85									
86	**Registration**	**150**	**125**	**18,750.00**					
87									
88	**Approximate expenses**				**23,493.83**				
89	**Minus Registration fees**				**-18,750.00**				
90	**Difference**				**4,743.83**				

Pre-Meeting Committee Meeting Minutes: June 8, 2011

Present: Adrienne Bentman, Bob Boland, Deborah Cowley, Rebecca Cyr, Jane Eisen, Kathleen McKenna, Maria Oquendo, Michelle Pato, Grace Thrall, Rick Summers, Brian Touchet, Sid Zisook.

1) Bill McDonald has shifted positions at Emery and no longer will be on the pre-meeting committee.

2) Summary of 2011 Meeting (Sid)

   There were 170 participants (overbooked) at the 2011 Pre-meeting. By all parameters, the meeting went well and participants were more than satisfied (see below). About $8,000 is left over for the 2012 meeting. The NIMH has agreed to permit us to carry over funds. Since next year is one of the unfunded meetings, the EC approved a $125 charge per participant for the 2012 meeting (in San Diego).

3) Evaluations of 2011 Meeting- (Michelle and Rebecca)

   A summary is attached. Overall, evaluations were quite positive. We achieved an 88% response rate. Most respondents felt satisfied with all aspects of the program. 85% gave an overall approval rating of 6-7/7. Knowledge scores increased from 4-5 to 5-6. 86% of programs provide a research opportunity, but only 20% have research budgets. The only aspect of the program that did not receive high ratings was the lunchtime meeting: while most participants felt the lunchtime meeting was a good idea, the A-V set up was inadequate. Dr. Pato also provided data on the "longitudinal" study which will be facilitated now that we have obtained IRB approval (from UCSD) to gather data re: the institution. The first paper from the initial 5 years has received a positive review from Academic Psychiatry and is being revised.

4) Proposed 2012 Meeting (Sid)

   a. Topic: "Evidence-based Approaches to PTSD Assessment, Prevention and Treatment: Insights from the Neurosciences and Behavioral Sciences for use in Psychiatry Residency Training" (sexier titles will be considered)

   b. Speakers: 1) Murray Stein, MD: What Research tells us About PTSD: Boundaries, Diagnosis and Treatment.
      2) Judy Cohen, MD: Childhood Trauma
      3) Ariel Lang, PhD: Providing and Teaching Evidence-Based Treatment for PTSD in Resource-Rich as well as Resource-Challenged Training Programs.

   c. Proposed workshops: 1) Using Team-Based Learning to Teach Evidence-Based Psychiatry in PTSD (Grace Thrall & Michelle Pato)
      2) Teaching Evidence-Based Psychotherapy (Ariel Lang & Colleagues)
      3) Developing an Evidence-Based Curriculum (Judy Cohen, et al)

   We discussed the pros and cons of asking participants to rotate through all 3 workshops vs. each selecting 2. Most of the committee members preferred the former. Participants were asked to submit other ideas for workshops, possible to replace the one on "developing a curriculum". Fellows (or should we call them 'Scholars") will be involved in workshops again.

5) 2012 Fellows (Deb)

We will likely select approximately 3 Pre-meeting and 2 IMG Fellows (depending on budget). Lucille will help us coordinate selection with the IMG Fellowship Committee so that we can select and notify the fellows in a more timely fashion than in 2011. We will encourage program leaders to nominate applicants and let them know that previous work and/or interest in stress and trauma will be considered. We will have a pre- pre-meeting dinner for fellows and plenary speakers and explore the possibilities (time and budget allowing) for a special Thursday morning breakfast meeting with fellows and the committee. We will ask fellows and their training directors to provide brief descriptions of their research (mostly how they are able to find time, mentorship, resources, navigate roadblocks, etc) and lead an interactive discussion. We discussed whether the Fellows presentation should occur at an expanded lunch meeting (with appropriate AV support) or as an afternoon workshop. The consensus was for the lunchtime session. We also will consider what roles some or all may have in the afternoon workshops. Grace and Michelle feel they can incorporate more than 1 on their "team-based learning" workshop. We also discussed encouraging fellows to submit posters which can be displayed during the pre-meeting.

6) Mentoring Committee – Table(Paul was not able to join the call)

7) Teaching Committee (Jane)

Ron, Art and Jane piloted a survey of 10 research rich programs, gathering data on MD/PhDs. They got a 100% response rate! This data will be used to develop a broader survey including more programs.

The meeting was adjourned after 1 hour. The next meeting will be scheduled a month or two before 2012.

Respectfully submitted,
Sid

2012 AADPRT ANNUAL MEETING

NEW FRAMEWORKS FOR LEARNING: MODELS, MEANING, AND MILESTONES

Hilton San Diego Bayfront Hotel

San Diego, CA

The 41st Annual ADDPRT Meeting will be held Thursday, March 8 through Saturday, March 10 (Pre-meeting Wednesday, March 7). The 2012 meeting will be AADPRT's fourth visit to San Diego.

New Frameworks For Learning: Models, Meaning, And Milestones

The 2012 Annual Meeting will offer new frameworks for our work as program directors. The plenaries will focus on i) an overarching conceptual model for psychiatry, ii) new ways of perceiving and their effect on learning, and iii) the residency milestones, a new developmental model of training.

In these times of change and transition, we must be mindful of the need to innovate and develop without losing sight of the basic elements at the heart of our work -- ailing patients, caring doctors, dedicated teachers, and the creation of a community of learners. These are the sustaining aspects of our endeavors. The links between the old and the new, and between foundational ideas and real experience, continue to influence and inform us.

We will use the three new frameworks to help us to develop in our work as educators. The plenaries will inspire us with ideas, and the workshops will allow us to explore them and apply them to the following questions: what deepens clinical learning, what fosters the development of resident-patient ties, what preserves the intimacy and safety of the trainee-supervisor bond, and what makes this work meaningful to us?

PLENARY SPEAKERS

We are pleased to announce this year's plenary speakers. They are a scholar and researcher, artist and teacher, and medical educator, all distinguished in their fields, each with important ideas to tell us about to help us in our mission.

Jonathan D. Cohen, MD, PhD

Eugene Higgins Professor of Psychology, Princeton University.
Co-Director and co-founder, Princeton Neuroscience Institute.
Director, Regina and John Scully Center for the Study of Mind, Brain, and Behavior.

Dr. Cohen's research focuses on the neurobiological mechanisms underlying cognitive control, and their disturbance in disorders such as schizophrenia and depression, using behavioral and brain imaging methods together with computational modeling.

He will offer a new cognitive model for organizing our understanding of the mind, the brain, and disease.

Sean Kernan

Mr. Kernan is an award winning photographer, writer, and teacher. He has exhibited in galleries and museums throughout the world including The Whitney in the US. He is the author of "Among Trees" (Artisan Books, May, 2003) and of "The Secret Books" with Jorge Luis Borges.

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

He will encourage us to look at our perceptions and challenge us to see things differently.

William F. Iobst, MD

Dr. Iobst, a rheumatologist, former program director, vice-chair for education, and DIO is currently a member of the Executive Board of the ABIM and its Vice President of Academic Affairs.

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

He will help us understand the conceptual basis and practical applications of the residency milestone project so that we can begin to understand its implications for psychiatry.

CALL FOR ABSTRACTS

It's time to consider your workshop and poster submissions for AADPRT 2012. We encourage you to contribute new ideas, educational programs and techniques. Please share with your colleagues what gives meaning to your work along with tried and true solutions to mundane problems.

The online abstract submission system opens Monday, August 8th.

- Submissions will be reviewed and ranked by a committee comprised of former, current, and incoming program chairs
- Current program chair may neither submit nor present a workshop or poster
- Selection criteria include educational value, audience appropriateness, topic diversity, connection to meeting theme, and innovation
- Submissions must include identification of a Practice Gap and Educational Objectives linked to the Practice Gap
- Members may be included in a maximum of three workshop proposals, either as leader/co-leader or presenter.

DEADLINE FOR SUBMISSION: October 11, 2011

NO submissions will be accepted after the deadline. ALL submissions must be completed online.

Link to abstract submission system: http://www.aadprt.net/abstract/submit

PRE-MEETING: Evidence Based Approaches to Prevention, Diagnosis and Treatment of Post-Traumatic Stress and Related Disorders

The Pre-meeting, Wednesday, March 7, will feature plenary sessions with internationally renowned experts on stress and trauma. The emphases will be on new and emerging findings as well as teaching methods for both large and small programs, with and without local expertise in emerging evidence-based psychotherapies.

At least five resident scholars will be invited to present an interactive workshop on how to help residents navigate the choppy waters of research during residency. Afternoon workshops will reinforce material covered in the morning sessions and provide take-home tools for cutting edge teaching and training. **The $125 fee for the Pre-meeting will cover all sessions, hand-outs and breakfast and lunch.**

ATTENTION NEW TRAINING DIRECTORS, ASSOCIATE DIRECTORS

Don't miss the New Training Director's Symposium Thursday morning March 8th. The Symposium provides a welcoming experience for those new to the organization and to their role. New Training Directors and Associate Training Directors will have the opportunity to meet in small groups during lunch on Thursday. This year New Training Directors and Early Career Training Directors will also meet on Saturday, March 10 from 7:45 am – 8:45 am.

CSV WORKSHOPS

AADPRT will offer workshops on the ABPN Clinical Skills Verification process for both general and child/adolescent program directors. The Child and Adolescent workshop on Thursday, March 8 from 10:30 am – 11:45 am is designed for all child/adolescent program directors. The general workshop is intended only for **NEW** program directors inexperienced in this process. It is also scheduled for Thursday, March 8 from 10:30 – 11:45 am.

COORDINATORS MEETING

The 2012 AADPRT meeting will feature an even more extensive Coordinators Program, including a half-day Coordinators Symposium Thursday morning, a special session on Thursday afternoon for new coordinators, and additional workshops for coordinators throughout the meeting. Last year, over 130 coordinators attended the annual meeting. Feedback shows it has been tremendously valuable for those who have attended.

PLAN YOUR TRAVEL

Saturday's events include Workshop Session III and the final poster display. Breakfast and a snack will be served. The meeting will conclude with Dr. Iobst's Plenary presentation and panel discussion on the ACGME Milestones Project and end promptly at 12:45 pm in order for attendees to catch their flights home.

MEETING AT A GLANCE

AADPRT 41st Annual Meeting
New Frameworks for Learning: Models, Meaning, and Milestones

March 7 – 10, 2012

Hilton San Diego Bayfront
San Diego, CA

Date/Times	**Event**
Wednesday, March 7, 2012	
8:00 am – 5:00 pm	Pre-meeting*: Evidence Based Approaches to Prevention, Diagnosis and Treatment of Post-Traumatic Stress and Related Disorders*
3:00 pm – 7:00 pm	Registration
4:30 pm – 6:00 pm	Steering Committee
6:00 pm – 10:00 pm	Executive Council Dinner & Meeting
Thursday, March 8, 2012	
7:30 am – 8:30 am	Henderson Award Committee
7:30 am – 8:30 am	IMG Fellowship Committee
7:30 am – 8:00 am	Continental Breakfast-New Training Directors
8:00 am – 10:15 am	Symposium-New Training Directors
7:30 am – 8:30 am	Continental Breakfast-Residency Coordinators
8:30 am – 10:00 am	Pre-meeting Committee Meeting
8:30 am – 11:45 am	Symposium - Residency Coordinators
9:00 am – 10:15 am	Special Workshop for Experienced Training Directors (1)
	Special Workshop for Experienced Training Directors (2)
	Special Workshop for Experienced Training Directors (3)
10:30 am – 11:45 am	General (Adult) Psychiatry CSV—for NEW Training Directors/Assistant/Associate Training Directors
	Child & Adolescent Psychiatry CSV Training for ALL Child & Adol Training Directors
10:30 am – 11:45 am	Special Workshop for Experienced Training Directors (1)
10:30 am – 11:45 am	Special Workshop for Experienced Training Directors (2)
10:30 am – 11:45 am	Special Workshop for Experienced Training Directors (3)
11:45 am – 1:15 pm	Lunch available to purchase
11:45 am – 1:15 pm	New Training Directors' Lunch and Breakout Groups
11:45 pm – 1:15 pm	Lunch-Residency Coordinators
12:00 N – 4:30 pm	Executive Council Lunch & Meeting
12:00 N – 1:00 pm	Lunch-Regional Representatives
12:00 N – 1:00 pm	Triple Board Program Directors' Meeting
1:15 pm – 4:00 pm	Orientation For New Residency Coordinators
1:30 pm – 2:15 pm	RRC workshop
2:15 pm – 3:00 pm	NRMP workshop
3:00 pm – 3:15 pm	Break

3:15 pm – 4:00 pm	ABPN workshop
3:45 pm – 4:15 pm	Orientation Sessions for Awardees
	Ginsberg Fellows
	Henderson Paper Awardee
	IMG Fellows
	BREAK/Network time
4:15 pm – 5:15 pm	Residency Coordinators-Informal meeting with liaisons from ABPN, NRMP, RRC, APA, PRITE
4:45 pm – 5:45 pm	CAUCUS MEETINGS I
	Addictions, Forensic, Geriatric, Psychosomatic (combined meeting)
	Assistant/Associate Training Directors
	Child and Adolescent Psychiatry
	Combined Training Programs (med/psych, family med/psych, neuro/psych
	Directors of Small Programs
	International Medical Graduates
	Residents
	VA Training Directors
	Global Psychiatry
6:00 pm – 7:30 pm	Shein Lecture—Jonathan D. Cohen, MD, PhD
7:30 pm – 9:00 pm	Reception
Friday, March 9, 2012	
7:30 am – 8:30 am	Continental Breakfast for All Meeting Attendees
8:00 am – 9:30 am	Coordinators Breakfast and Meeting
8:00 am – 9:30 am	Welcome/Input & Award Sessions
9:30 am – 10:00 am	Poster break
10:00 am – 11:45 am	Coordinators workshops
10:00 am - 10:30 am	Business Meeting
10:30 am – 11:45 am	Plenary—Sean Kernan
11:45 am – 1:15 pm	LUNCH—on your own
11:45 am – 1:15 pm	TASK FORCE & COMMITTEE MEETINGS
	Model Curriculum Committee
	Psychotherapy Committee
	Duty Hours Task Force
	Interview Skills Credentialing Task Force
	Professionalism & the Internet Task Force
	RRC Task Force
	Child & Adol Psych Caucus (Session 2)
	Academic Psychiatry Editorial Board
	Recruitment Committee
1:30 pm– 3:00 pm	Workshop Session I
3:00 pm – 3:30 pm	Poster and Refreshment break
3:30 pm – 5:00 pm	Workshop Session II
5:15 pm – 6:15 pm	CAUCUS MEETINGS II
	Regional Caucus Meetings
	Residents' Caucus
	Residency Coordinators' Caucus
6:30 pm – 7:00 pm	Regional Representatives Review Meeting
6:30 pm – 7:30 pm	Presidential Reception for Awardees and Invited Guests
7:30 pm – 8:30 pm	Nominating Committee

Saturday, March 10, 2012	
7:00 am – 9:00 am	Executive Council Meeting With Regional Representatives
7:45 am – 8:45 am	New Training Directors & Early Career Program Directors Meetings
8:00 am – 10:00 am	Coordinators Breakfast & Meeting
8:15 am – 9:15 am	Breakfast for all
9:15 am – 10:45 am	Workshops Session III
10:45 am – 11:15 am	Poster break
11:15 am – 12:45 pm	Plenary –William F. Iobst, MD
12:45 pm	Meeting Adjourns
1:00 pm – 2:00 pm	Steering Committee

AADPRT Donor Privacy Policy

AADPRT will not sell or trade our donors' personal or contact information with anyone else. We will not send mailings to donors on behalf of other organizations. We use partners to provide online payment processing services. The privacy policies of these organizations will be presented to you on their respective websites and typically also as part of your donation process.

We will acknowledge contributors by name in communication about our educational programs (unless the donation is specified as anonymous).

References:

Better Business Bureau, Standards for Charity Accountability [online]. 2003 [accessed September 3, 2011]. Available at: http://www.bbb.org/us/Charity-Standards

Charity Navigator, Donor Privacy Policy [online]. 2011 [accessed September 3, 2011]. Available at: http://www.charitynavigator.org/index.cfm?bay=glossary.word&word=Donor%20Privacy%20Policy&print=1

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY, INC.

VOLUNTARY INFORMED CONSENT AGREEMENT BY LEGALLY AUTHORIZED REPRESENTATIVE OF A DEPENDENT MINOR CHILD

(*Except for signatures, please print in legible block letters*)

_____
Name of Dependent Minor Child

_____
Date of Birth Dependent Minor Child

_____
Name of Legally Authorized Representative of Dependent Minor Child

_____
Date of Birth Dependent Minor Child

_____
Relationship to Dependent Minor Child

1. I am fluent and literate in English, have read and understood this Voluntary Informed Consent Agreement.

2. I have been given the opportunity and adequate time to consider signing this Voluntary Informed Consent Agreement and ask any questions I might have or the listed dependent minor child might have.

3. I am the authorized, legal representative of the dependent minor child listed on this Voluntary Informed Consent Agreement and have the authority to execute this agreement on behalf of the dependent minor child listed on this Voluntary Informed Consent Agreement.

4. The dependent minor child listed on this Voluntary Informed Consent Agreement is a legal dependent of mine.

5. I know of no other authorized, legal representative of the listed dependent minor child who objects to this Voluntary Informed Consent Agreement and have no reason to believe that any authorized, legal representative of the listed dependent minor child would object to this Voluntary Informed Consent Agreement.

6. To the fullest extent possible, I have discussed this Voluntary Informed Consent Agreement with the listed dependent minor child and have no reason to believe that the dependent minor child objects to and/or rejects this Voluntary Informed Consent Agreement.

7. I sign this Voluntary Informed Consent Agreement freely, voluntarily, willingly, knowingly and without any undue influence or coercion by any representative of the

American Board of Psychiatry and Neurology, Inc. (the "ABPN"), Dr. _____, or any other individual or entity.

8. I hereby give the ABPN, its affiliates, representatives and/or agents and Dr. _____ permission to record the listed dependent minor child's image and voice by means of audiovisual techniques, including, but not limited to, videotape, film, tape recording electronic recording, photograph, x-ray and any other means of audio, visual and/or technological reproduction (collectively referred to herein as "reproductions"), and to use all or any portion thereof, including the audio portion only or the visual portion only or any frame thereof for any and all purposes which the ABPN or any affiliate, representative and/or agent of the ABPN deems necessary and/or desirable in connection with the examination and certification of members of the medical profession and related health fields.

9. I hereby waive, and on behalf of the dependent minor child waive, any and all proprietary right, title, interest and privilege in and to the reproductions or any portion thereof, including but not limited to any copyright privileges, and hereby waive and release the ABPN and any affiliate, representative and/or agent of the ABPN and Dr. _____ from any obligation and/or liability with respect to the use thereof.

10. I hereby confirm that the listed dependent minor child's participation in this audiovisual program is entirely voluntary and acknowledge that the listed dependent minor child's to receive the services to be rendered has not been and is in no way conditioned upon the decision or willingness to participate in such program.

11. I hereby confirm that I am of age and competent and capable of understanding the nature, meaning and substance of this agreement.

12. I hereby confirm that I have not been judged or held to be incompetent by any court or administrative agency.

13. This Voluntary Informed Consent Agreement shall be interpreted in accordance with the laws of the State of Illinois.

14. This Voluntary Informed Consent Agreement shall be binding upon my successors, assignees, heirs, legatees, devisees, personal representatives, administrators and executors.

15. This Voluntary Informed Consent Agreement shall terminate, without any action by me or the listed dependent minor child on the dependent minor child's eighteenth (18^{th}) birthday. The termination of this Agreement shall not apply to any actions taken by the ABPN or Dr. _____ prior to the date of termination.

_____

Signature of Legally Authorized Representative of Dependent Minor Child

_____

Date

Name_____

CPI_____

Consent to Observation
University of Michigan Department of Psychiatry

I, _____ (name)

_____ (street address)

_____ (city, state, zip)

know that UMHS is a teaching institution. One way to teach is to allow students to watch patient care sessions, and another is to allow attending psychiatrists to observe resident physicians, students and clinicians. I understand that the outpatient psychiatry clinic, in order to avoid interrupting clinical sessions, has certain rooms equipped with one way mirrored glass that allows students and physicians to observe treatment sessions. I know that all students and residents receive training in the importance of confidentiality and that they would only discuss my case with their teachers and other psychiatry students for educational purposes. I am comfortable with this observation and hereby consent to my treatment sessions being conducted in a room with a one way mirror where students can observe and learn from my care, and where attending psychiatrists may supervise my visits.

In some cases we may videotape your session and use the tape solely for internal educational purposes with our own faculty, staff and students. In certain cases, taped sessions may also be used by medical education organizations at regional and national meetings, on protected websites, or in other educational settings to educate other psychiatrists on reliable ways to evaluate residents. If you do not wish us to tape sessions for these educational purposes, please sign the line below to indicate this.

I give permission for my session to be video recorded and used as described above:

Signed: _____

Printed Name: _____

Date: _____

I do not wish to have any of my sessions video recorded and used as described above:

Signed: _____

Printed Name: _____

Date: _____

Consent for Audio or Video Recording
Bradley Hospital

As parent or legal guardian, I hereby authorize Bradley Hospital to prepare and use

☐ video recording ☐ audio recording ☐ _____

of _____
patient's name

I understand that this recording will be used solely for the following purpose:

☐ treatment ☐ patient/family education ☐ trainee supervision ☐ staff education

☐ _____

I understand that the recording will be used during the following time period:

☐ my child's (the patient's) active treatment at Bradley Hospital

☐ _____

I understand that the recording:

☐ will be erased at the time of my child's (the patient's) discharge from active treatment

☐ will be erased when no longer used for its intended purpose

☐ _____

I understand that these recordings will be kept confidential and will not be further used or disclosed without specific authorization. I further understand that these recordings are the property of Bradley Hospital and will not be included in my child's (the patient's) medical record.

I understand that I may revoke this consent at any time by written request. I understand that I may refuse to sign this consent and that my refusal to sign will not affect my child's (the patient's) access to treatment at Bradley Hospital.

_____ _____
signature patient/parent/legal guardian relationship

_____ _____
witness date

CAVR10/05

TO: All AADPRT Members

FROM: Kathy Sanders, MD, President-Elect, AADPRT

SUBJECT: **2012 AADPRT Resident Fellowships and Award Nominations**

AADPRT is pleased to announce the 2012 Annual AADPRT Meeting's Resident Fellowships and Awards (Ginsberg, International Medical Graduate (IMG), Anne Alonso, Henderson Paper and Pre-Meeting) and the Teichner Fellowship are now open for nominations!

This year, AADPRT has decided to open and close the nomination process for these awards and fellowships all at the same time. You will note that this nomination and selection process starts earlier then in previous years for ease of planning logistics for the annual meeting. All of these awards and fellowships will close their nomination process on November 1st, 2011. This will give the Selection Committees up to 3 or more weeks to make their selections and announcements near Thanksgiving. Our intention and hopes for this standardization of the awards process will 1) allow training directors to nominate their residents prior to the recruitment process heating up and 2) allow our committees to complete their work prior to January when the planning for our annual meeting becomes more intense. Selected awardees will be invited to participate in AADPRT's Annual Meeting in San Diego, CA, March 8 – 10, 2012 and will have ample time to make travel arrangements.

The Ginsberg & IMG Fellowships will use the AADPRT on-line submission process. Members and coordinators will be able to upload the submission from your Institution. Specific details for the Anne Alonso, Henderson Paper, Pre-Meeting and Teichner Awards are posted on the AADPRT website:
http://www.aadprt.org/pages.aspx?PageName=AADPRT_Awards

Please consider nominating outstanding residents from your program for these trainee opportunities!

The deadline for receipt of all nominations is November 1, 2011**.**

Any comments or questions about the process should be addressed to me at:

AADPRT Executive Office
1594 Cumberland Street, c/o #319
Lebanon, PA 17042
aadprt@verizon.net

FELLOWSHIP CHAIRS AND COMMITTEES

IMG Fellowship in Psychiatry	**Vishal Madaan (2010-2013)**	Ellen Berkowitz (2007) Fe Festin (2009) William Ishak (2008) Francis Lu Scot McAfee (2011) Jacob Sperber (2010) Renato Alarcon (2010), Consultant
George Ginsberg Fellowship	**Michael Travis (2011-2014)**	Regional Representatives Cynthia Telingator Lenore Engel Adair Parr Adrienne Adams Faiza Qureshi Ellen Heyneman Mark Kinzie
Peter Henderson Memorial Paper Award	**Elisabeth Guthrie (2009-2012)**	Arden Dingle (2009) MaryBeth Lake (2009) Emily Frosch (2010) Richard Pleak (2010) Erika Ryst (2011)
Victor J. Teichner Award (indefinite terms)	**Gene Beresin, AADPRT** **Sherry Katz-Bernot, AAPDP**	David Goldberg Mark Servis Cesar Alfonso Jennifer Downey
Anne Alonso, PhD Paper Award (indefinite terms)	**John Herman**	Deborah Hales Laura Roberts Robert J. Waldinger
Pre-Meeting Scholarship Program	**Co-Chairs:** **Sid Zisook** **Deborah Cowley**	
Psychiatry Residency Coordinator Recognition Award	**Lee Ascherman, EC Liaison (2010-2013)** **Maria Jennings, Coordinator Chair (2010-2013)**	Angelia Powell (2010-2013) Beverly Pernitzke (2010-2013 Lucille Meinsler

AADPRT Fellowship Expenses
2010 and 2011

Revenues	2011	2010	Comments
FFR Paper Award	4,060.23		2011 Payment was for 2010 & 2011
Total Revenue	**4,060.23**		
Expenses			
Supplies - Fellowship	115.64		
Plaques - Fellowship	1,295.39	1074.94	
Postage & freight - Fellowship	0.00		
Honorarium - FFR	300.00	300	
Honorarium-Henderson	500.00	500	
Rooms - FFR	790.05	793.14	
Rooms - Ginsberg	790.05	3965.7	
Rooms - Henderson	0.00	793.14	*comp rooms used for 2011
Rooms - IMG	2,370.15	5135.7	*comp rooms used for 2011
Travel & meals - FFR	526.76	455.26	
Travel & meals - Henderson	572.14	374.33	
Travel & meals - Ginsberg	2,464.47	2505.76	
Travel & meals - IMG	1,613.11	3257.11	
Fellowship Reception		1516.25	2011-charges included in presidents' reception
Travel-Coords Award	414.40		
Room-Coord Award	0.00		*comp rooms used for 2011
Total Expenses	**11,752.16**	**20671.33**	

AADPRT Taskforce on Neuropsychiatry & Neuroscience Education
SURVEY DRAFT

INTRO
AADPRT is interested in learning your opinion as to the importance of neuroscience and neuropsychiatry knowledge to psychiatrists who will begin training in 2012, and, to the extent you feel some of these issues are important, whether our residency programs have the capacity and resources to provide this education.

For the purposes of this survey, we will define neuroscience and neuropsychiatry as follows:

Neuroscience: the study of the nervous system and behavior using cellular and molecular biology, animal models, neuroanatomy, neuroimaging, genetics, neuropsychology (cognitive neuroscience), and basic pharmacology (NOT clinical pharmacology).

Neuropsychiatry: the clinical study of brain-behavior relationships as revealed through the psychiatric manifestations of neurological disorders and the neurobiology of psychiatric disorders.

DEMOGRAPHIC VARIABLES
Role: TD, Assoc/Assistant TD, VC, Chair, other (specify)
Field: Adult vs Child
Years in Residency training role (if applicable):
What advanced degree(s) do you have? (MD, DO, MBBS, PhD or equivalent, other-specify)
How many years has it been since you graduated from psychiatry residency? (0-5, 6-10, 11-15, 16-20, 21-30, 31-40, >40 yrs)
Host Hospital Type: University hosp, VA hosp, state hosp, private hosp, other
How many of your faculty identify themselves as neuropsychiatrists? 0, 1-4, 5-9, ≥10
How many psychiatric neuroscience researchers are on your faculty? 0, 1-4, 5-9, ≥10
Does your department offer or is it affiliated with an institution that offers PhD or post-doctoral work in psychiatric neuroscience?
Does your department offer fellowship training in behavioral neurology or neuropsychiatry?
Does your department offer combined training in neurology and psychiatry (“double board program”)?

ATTITUDES

How many years do you believe will be needed for advances in neuroscience to lead to the discovery of significant new treatments or to the personalized application of existing therapies? (5, 10, 20, >20)

Considering a resident starting training in 2012 and graduating in 2016:

How important will clinical neuropsychiatric knowledge (examination and diagnosis) be to their provision of excellent general psychiatry care? 1-5: 1=not important, 5=very important

How important will knowledge of the neuroscientific findings in psychiatric disorders be to their provision of excellent general psychiatry care? 1-5: 1=not important, 5=very important

Rate your agreement with the following statement:
Currently, general psychiatry is clearly delineated from neuropsychiatry.
from 1 (strongly disagree) to 3 (neutral) to 5 (strongly agree)

CURRENT OFFERINGS

In addition to the 2-month required neurology experience, how many hours of seminars does your program currently offer each year (drop down menus)?

	Neuroscience	Neuropsychiatry
PGY-1	_____	_____
PGY-2	_____	_____
PGY-3	_____	_____
PGY-4	_____	_____
PGY-5	_____	_____
PGY-6	_____	_____

Are these seminars integrated into various other topics or dedicated stand-alone seminars?
likert scale from 1 (stand-alone) to 3 (approximately equal stand alone and integrated seminars) to 5 (integrated)

NEUROSCIENCE KNOWLEDGE

Considering an intern entering training in 2012 and graduating in 2016, rate the familiarity you feel he/she should have by the time of graduation with the latest findings from the neuroscience literature in the following areas: 1-5, 1=no familiarity needed to 5= familiarity essential.
(These topics are taken from the NIMH Research Domain Criteria (RDoC) priorities list)

1. Genetics and Genomics
2. Epigenetics
3. Cellular and molecular biology
4. Basic pharmacology
5. Animal models
6. Neuroimaging/neuroanatomy
7. Neural circuits (macro and microcircuits)
8. Fear/extinction
9. Perceptual systems
10. Reward systems
11. Attention/cognition
12. Emotion Regulation
13. Pain perception
14. Neurobiology of attachment
15. Developmental neurobiology
16. Basic research-driven drug development

CLINICAL SKILLS

Considering an intern entering training in 2012 and graduating in 2016, rate the competence you feel he/she should have in the following clinical skills by the time of graduation: 1-5, 1=no competence needed to 5= competence essential.

<u>Patient evaluation</u>

1. performing a bedside COGNITIVE exam including the assessment of attention, memory, language, visual-spatial, and executive functions beyond the MMSE
2. performing and interpreting a basic NEUROLOGIC exam
3. knowing when to order neuropsychological testing, how to construct a neuropsychology consult question, and how to interpret and integrate the recommendations of neuropsychological testing into a patient's treatment plan
4. knowing when to order and how to interpret clinical reports of structural neuroimaging (CT and MRI). (including interpreting the report for the patient)
5. knowing when to order and how to interpret clinical reports of electrophysiological testing (EEG, EMG, evoked potentials, polysomnography). This includes interpreting the report for the patient.
6. knowing how to utilize the results of functional neuroimaging studies (PET, SPECT, fMRI)
7. knowing when to order and how to interpret the results of CSF(cerebrospinal fluid) analysis
8. knowing when to order a neurology consult and how to construct a neurology consult question

Patient education:

Rate the importance of graduates in 2016 being able to explain to patients the current understanding of the neurobiological basis of Axis I and II psychiatric disorders.
from 1(not important) to 3 neutral to 5 (very important)

Rate the importance of graduates in 2016 being able to explain to patients the current understanding of the neurobiological basis of the treatment they are/will be receiving.
from 1(not important) to 3 neutral to 5 (very important)

Patient Management:

Considering an intern entering training in 2012 and graduating in 2016, rate the competence you feel he/she should have in the following examples of clinical neuropsychiatry skills by the time of graduation (the disorders were selected as examples rather than a comprehensive list): 1-5, 1=no competence needed to 3= neutral to 5= competence essential.

Differential diagnosis and treatment of dementia
Differential diagnosis and treatment of drug-induced movement disorders
Differential diagnosis and treatment of Tourette spectrum disorders
Differential diagnosis and treatment of sleep disorders

BARRIERS

Rate the extent to which you perceive the following as barriers to implementing or enhancing neuroscience/neuropsychiatry education within your residency program. (1=no barrier at all, 3=moderate barrier that can be overcome, 5=severe barrier)
Lack of neuroscience faculty
Lack of neuropsychiatry faculty
Lack of interest or time of faculty to teach this material to residents
Lack of time within the didactic curriculum
Lack of interest of psychiatry residents in learning this material
Lack of available neuroscience curricula for psychiatry trainees
Lack of available neuropsychiatry curricula for psychiatry trainees

PORTABLE CURRICULA

Rate the interest your program would have in utilizing a series of 18-minute multi-media learning modules with pre and post questions being created by the NIMH on topics similar to those under NEUROSCIENCE SKILLS (above). from 1 (no interest) to 3 (neutral) to 5 (extremely interested)

Are you currently using portable curricula from any source for any topic in your residency?
from 0 (none) 1 (at least once during the year) to 3 (at least once a month) to 5 (every week)