

**AADPRT Executive Council**  
**May 4, 2008**  
**Washington, DC**

**Present:** Deb Cowley (President), Catherine Woodman (Subspecialty Caucus), Paul Mohl (presidential appointee), Ron Rieder (presidential appointee), Rick Summers (Program Chair), Kathy Sanders (Treasurer), Adrienne Bentman (Membership co-chair), David Kaye (President Elect), Dorothy Stubbe (Child Caucus), Steve Schlozman (Membership co-chair), Ron Krasner (Past president), Bruce Levy (Academic Psychiatry liaison), Don Rosen (Regional Reps), Art Walaszek (Development co-chair), Deborah Katz (Workforce Committee), Bob Boland (Information Committee) Lucille Meinsler, Sheldon Benjamin (Secretary).

Meeting was called to order at 12:30 PM by Deborah Cowley.

**Corrections to Minutes:**

Adrienne Bentman proposed the minutes of the last meeting be corrected as follows:

**5. Interview Skills Credentialing Task Force.** ... "A recent pilot project at Yale/IOL of the current live patient exam (e.g. including formulation, differential diagnosis, and treatment in addition to interviewing and case presentation skills) found that most residents (given in November of PG II year) were unable to perform **acceptably at the level expected for graduates currently being examined**. Minutes were accepted as amended.

**Report on the 2008 Annual Meeting:** The feedback about the meeting content seems very good overall but there were some critical comments about the hotel, relating to the change in management, the remodeling, etc. Sheldon and Lucille had extensive communication with the Westin management about the issues and the hotel has generously discounted approximately 25% of the banquet/AV expenses. The 2008 meeting was the largest AADPRT meeting yet and the meeting overall remained completely within budget. The full CME evaluation summaries will be ready for the September EC meeting.

**2009 Meeting:** Rick Summers briefed the group on the upcoming annual meeting. The 2009 annual meeting keynote speakers will be: Christian Keysers, a mirror neuron researcher; George Vaillant on spirituality and connections to neurobiology; and Tom Nasca, the new Director of ACGME. A number of suggestions related to Dr. Nasca's lecture were made, including informing him about Larry Smith's lecture from the 2008 annual meeting. Congratulations to Rick on already having lined up the 2009 speakers!

**Pre-meeting Report:** Michele Pato reported on the 2008 pre-meeting. Overall evaluation average was 6.5/7, an excellent record. Feedback on the meeting has been excellent. The overall diagnostic theme of depression seemed to work well. The meta-analysis information, though perhaps not as exciting to participants when asked, was nevertheless cited as something participants intended to teach in their programs. Four

programs have already taken Pri Weerasekera up on her offer to consult with programs on developing training in therapeutic alliance this year.

The plans for the 2009 pre-meeting on Neuroscience will include schizophrenia as an anchoring disease, and neural circuitry, bedside cognitive testing, neuroimaging, and formulation as the smaller group topics. The smaller group topics will be more like laboratories so that each participant will attend all 4 laboratory/presentations. There has also been discussion about how to explain the neuroscience to the patient. Ron Rieder, Deb Cowley, and Sheldon Benjamin have been working with Michele, along with Grace Thrall, John Coverdale, and Michael Jibson, in planning for the 2009 meeting. A suggestion was made to tie normal neurodevelopment into the presentation for 2009.

The final pre-meeting of the 5-year cycle will be the 2010 annual meeting. Michele asked the EC for a sense of whether AADPRT would be interested in requesting funding for a further 5 years of support. Application deadlines are April, August, and December. To allow time for resubmission in the case of non-funding of the initial proposal, Michele is asking about submitting as early as August or December of 2008 with only 3 years of data analysis rather waiting for the entire 5-year data analysis. Michele asked for suggestions about topics for future pre-meetings, if we submit a renewal application. Whatever the specifics of the pre-meetings, Michele reminds us that she would always have some type of research component to the pre-meeting.

**ABPN Clinical Skills Assessment and Verification:** David Goldberg, Chair of the AADPRT Clinical Skills Assessment Taskforce, joined the EC for a discussion of the process to date. The FAQ document has been posted online along with the approved ABPN and AADPRT forms. The FAQ document was vetted with ABPN before posting. A request for feedback from the EC on the FAQ document elicited the following comments: We are de facto making a public statement about what we feel the minimum interviewing skills for psychiatrists should be. Therefore, if we say that by end of PGY-2 training a resident can already demonstrate the minimal competence expected of a graduate psychiatrist, we may be endorsing a view of credentialing that would water down expectations to the point of allowing performances that would previously have constituted a failure on part 2. This feels like lowering the bar to some. Others felt that although they are not happy with the details they understand that the process is reactive to an externally imposed requirement and, given that, they feel it would be acceptable. Although this is a compromise in some ways, there was also feeling that earlier testing of this competency allows for more opportunity for remediation of individuals who have difficulties---in that way we could be seen as actually raising the bar. An issue with item c (essential data) was raised---what exactly we should say about the data to be gathered, and should we not just say a psychiatric history and mental status examination? However, there was disagreement on this issue, and a consensus sentiment for our specifying in an explicit fashion exactly what is meant by "the data to be gathered." One way of conceptualizing the process would be to pass the new clinical skills assessment (the interview/presentation task as defined now by the ABPN)

in the first two years but pass a more traditional clinical skills assessment (including formulation, differential diagnosis, and treatment) in the latter two years of training.

An issue from Child Psychiatry will be whether one assessment can be “double counted” for both adult and child psychiatry if a trainee enters child as a PGY-4 and has not completed all 3 assessments during general psychiatry training. Will this slow down the process for applying to child psychiatry by requiring 3 passed assessments before applying—and would this leave the child psychiatry programs in a position of having to provide remediation to residents who have not yet passed all 3. Child psychiatry residents will soon have to have 3 observed clinical skills assessments by the end of their child psychiatry training (thus a total of 6 assessments in the entire 5 years of training). The idea would be to allow one of the assessments to be counted toward both requirements. One argument in favor of this is that residents must apply to child psychiatry by October of their PGY-3 year

**MOTION:** It was moved and seconded that the EC go on record as endorsing residents being able to double count one assessment if they are applying to begin child training in the PGY-4 year. The motion was carried 13 to 3.

**MOTION:** It was moved and seconded that AADPRT survey child psychiatry training directors about the issue of double counting one assessment, while providing a sheet listing pros and cons of the proposal. The motion carried 8 to 5.

**Action Item:** Dorothy Stubbe and David Kaye will organize the survey and vet it with the EC.

The ABPN is holding a one-day meeting with both psychiatry and neurology training directors on the subject of how to train evaluators for the clinical skills assessments. The ABPN will not be funding the training but is looking for educational organizations to take this role on themselves. They do not intend to provide “certification” for examiners. The AAP, ACP, AACDP, AACAP, and AADPRT will be represented at the meeting (as well as neurology organizations). There was some sentiment for AADPRT participating in the process of training evaluators, although there is a preference for leaving it up to each program to determine exactly how they will train their evaluators (beyond their being board certified as required by the process). The committee has suggested and plans for AADPRT to undertake a training initiative at the 2009 annual meeting to train residency directors to train the evaluators. The Neurology training directors are currently assessing a standardized method for doing the NEXUS inservice examinations. Perhaps we, too, should start relatively small with piloting a method at several programs and sharing the results. The suggestion had been made previously that we participate in developing a web-based evaluator training. There was also pushback that this entire requirement was placed upon us by the ABPN and we are now going to have to spend time and money to create a training process. The APA may also have an interest in creating an on-line training. If we do create a training process it would be important to reserve the right to change it as needed over time. The audience

response technology can be useful in helping create inter-rater reliability during the training workshop. We should also study the process as we do it.

Ron Rieder suggested that we consider making the science of educational evaluation the subject of a future pre-meeting.

**APA Office of Education Input:** Deborah Hales, Director of the APA Office of Education, discussed various APA initiatives. Pharma has cut back on advertising, with attendant decrease in journal ads, exhibits, etc. They have also been cutting back on education funding. Funding for award fellowships is decreasing along with the above. Glaxo SmithKline has pulled out of funding the APA/GSK Fellowship this year. The Psych Sign group has the departments pay for travel and the APA pays for the hotel and food. Their speakers have spoken without honoraria. APA has been able to use rooms at outlying convention hotels. AACAP recently lost funding for a travel fellowship and requires residents to have matching funds from their regional or local organizations. The 7 regional Psych SIGN meetings attached themselves to various meetings this year, an approach that could save money. APA will explore funding its own leadership fellowships but look for matching funds from departments for sending other residents to the APA meetings. Thus far, Lilly has continued to fund the chief resident program. The IMG Institute yesterday attracted about 15 interns and 6 residents, somewhat smaller than anticipated. The meeting highlighted some of the tremendous obstacles IMGs face in entering training. The ECFMG has free acculturation material on their website. The plan is to allow on-line registration for the IMG institute next year, but it is anticipated that there will be a smaller local IMG resident pool in SF next year than there was in the DC area this year. Deborah Hales and Sandra Sexson will represent APA at the ABPN June meeting on training clinical skills evaluators. Pharma does appear interested in supporting public education (as opposed to professional education) at this point. Wyeth provided funding for residents to receive Psychiatry On Line, though it's as yet unclear if that will continue. The APA is interested in restarting the diagnostic clinic for individuals having difficulties passing the ABPN Part Two examination, now that the new credentialing format is settling out.

**IMG Caucus:** Nyapati (Ragu) Rao came to represent the IMG caucus. Fe Festin, now on the EC, was unable to attend today. Regarding the IMG Fellowship award, the caucus discussed the need to clarify the goals of the fellowship, and offered to work with our development committee to help identify sources of support going forward. They also have a major concern with the proposed changes in the USMLE process. Using scores rather than a pass/fail system is important for IMG applicants who wish to be judged on a level playing field with other applicants. The caucus would like to have AADPRT include this issue in the letter being prepared from AADPRT for input on the proposed changes. The other concern by the caucus is that the USMLE not pull the exam back from international venues to US locations only (this has not been featured in the proposals we have seen). The caucus also voiced concern about the new ABPN clinical skills assessment process, specifically regarding the need for training programs to be able to offer remediation in event of difficulties passing the assessments. It's possible that the new process of in-residency assessments may be helpful to IMG

trainees by giving them difficult feedback earlier in training. The caucus also voiced their support for the president's decision to appoint a member of the IMG caucus to the EC and hoped that there could be input from the IMG caucus to the EC going forward.

**Action Items:**

1. The AADPRT letter on the USMLE process will be vetted with the IMG caucus before sending.
2. The EC will consider how to obtain IMG caucus input in future years (e.g. by having an IMG Caucus report to the EC or an EC member from the IMG caucus).

**Follow up Discussion on Pre-meeting:** A brief discussion was held in follow up to the presentation on the pre-meetings. There was general agreement that the pre-meetings have been successful and highly-rated, that the material has been helpful to many members, and that there are good reasons to continue this program, if further funding can be obtained. It would be useful to once again have an AADPRT co-PI involved in the application process.

**Child Caucus:** A significant issue the Child Caucus has been dealing with is that the ABPN plans to implement a series of 3 clinical skills assessments for child trainees in 2010. The double-counting issue has already been discussed. The Post Pediatric Portal Pilot Program currently has 3 programs signed on (Case Western, Creighton, U Penn). A lot of effort went into setting up the portal. But funding is a serious issue. Applicant quality, however, has been high. The portal programs will be accepted as sufficient training to sit for both the adult and child psychiatry board examinations. The caucus would like to develop a generic child psychiatry application form to post on the website, knowing that there will be some programs that will continue to insist on their own forms. The caucus did an informal self-survey on night call and found a good deal of variability as to whether night call was involved in child psychiatry training. 81% of offered positions did fill through the child psychiatry match this year. AACAP has produced a new child psychiatry recruitment brochure. It was suggested that the brochure be mailed to all psychiatry training directors.

**Treasurer's Report:** The AADPRT certificate of deposit is being divided so that no account would exceed the FDIC insurance threshold. Final accounting figures for the year will be available after we close out the current fiscal year in June.

**Information Committee:** The online vignette system is up and running as of this week. To begin with, the system will be populated with some vignettes from the committee. David Bienenfeld has volunteered to serve as editor for the adult vignettes.

**Action Item:** A call for vignette submissions will go out to the membership soon.

**Development:** The development committee will now be co-chaired by Art Walaszek and Mike Jibson, with Kathy Sanders' assumption of the role of treasurer.

**Regional Representatives:** The regional representatives would like to receive communication between annual meetings if possible.

**Action Items:** The EC minutes will be sent directly to the Regional Reps by Don Rosen going forward. The Regional Rep coordinator should make sure that the EC follows up on all issues raised by the regional reps during the May and September meetings so that the discussions will be reflected in the minutes. Don will also consider creating a summary to accompany the minutes that would provide additional context.

**Workforce Committee:** Most of the workforce committee chair's work this year has been with PsychSIGN and medical student recruitment. With only one person assigned, there has not been attention paid to other workforce issues. There may be workforce issues to discuss with ADMSEP as well, including further discussion of pressure at some schools toward reduction in psychiatry clerkship length. The EC voted to support the ADMSEP statement on preservation of clerkship length at the March meeting. The relationship between AADPRT and ADMSEP can also be further explored. There was some sentiment favoring establishing a formal EC liaison to ADMSEP, at least to send a representative to the ADMSEP annual meeting. There was also general agreement that we should expand the workforce committee to include a few more members to be able to discuss a broader array of workforce issues. Debbie Katz has so far been a committee of one but is interested in expanding the group. In addition, she is about to go on sabbatical for a year and so would like someone else to take over as Workforce Chair.

**Action Items:** A description of the workforce committee will be drafted and the President will work with the Committee Chair to expand the committee to allow additional workforce tasks to be undertaken.

**Membership Committee:** Adrienne Bentman announced that this year we will adhere to a strict deadline of October 31<sup>st</sup> for institutional dues payment. Non-payment of dues will result in loss of access to the website and loss of subscriptions to the journal. The new training directors manual and calendar is being updated and will be posted. Adrienne asked for volunteers to review these materials as they are revised, and several EC members volunteered to do this.

**USMLE Input:** A letter of input has been drafted by Mark Servis that takes the AADPRT member survey opinions into account. Catherine Woodman and Sheldon Benjamin will further edit the letter and forward to Deb Cowley for approval before sending it to the USMLE.

**Action Item:** A letter of input to the USMLE process from the EC will go out shortly.

**Strategic Planning:** This will be addressed at the September meeting.

The meeting was adjourned at 4:50 PM.

Respectfully submitted,

Sheldon Benjamin  
Secretary