AADPRT Executive Council Meetings

Friday, September 23, 2011: 6:00 pm - 10:00 pm

Saturday, September 24, 2011: 11:00 am – 3:00 pm

Meeting Room: Sonoran AB

Hyatt Regency Scottsdale Resort & Spa at Gainey Ranch

Scottsdale, AZ

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
September 23-24, 2011

Date: August 31

Committee or Liaison Group Name: RRC Task Force

Chair/Representative's Name: Gene Beresin, MD

Adrienne Bentman, MD, Chair General Psychiatry Task Force
Jeff Hunt, MD, Chair Child Psychiatry Task Force

Brief summary of committee, taskforce, or caucus purpose or charge:

Action Items from May 2011:

(1) Input from the Coordinators Group will be solicited and an addendum to the original letters to the RRC will be crafted and sent to the RRC. It is important to have a discussion about how to make the proposal for protected time, as stating a specific time might jeopardize certain programs (e.g. limit the coordinator to say 50%) while others may finally get firm protected time. How we suggest this needs EC, Coordinators and RRC collaboration for the best possible outcome in the draft of the new General and Child Essentials.
(2) Present the results of the Membership PIF Survey in General and Child, discuss it and send it to the membership.
(3) Prepare to review the draft of the RRC Essentials in General and Child, send a survey to the membership, and consider adding a component about the new use of WebAds in the survey to assess training directors' responses.
(4) Rick Summers will participate in the initial planning process for the Psychiatry Milestones Project and will nominate key AADPRT members to serve on the working groups to make sure that we have a central role in the development of the milestones.

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

PIF survey, administered once; second round possibly needed. Data needs review and structured to send the results to the membership. We need to discuss how to address the WebAds process in the dissemination of the results as they preceded the recent WebAds update requirement.

Report/Updates of Importance & Pertinence:
See above notes.

New Action Items:

1. PIF results need to be sent to the membership.
2. An approach for protected time for coordinators needs to be developed.
3. Review Revised RRC General and Child Essentials when completed.

Respectfully submitted,

Gene Beresin, MA, MD

Milestone Development

Orientation Guide for Milestone Groups

1. Background and Purpose

Milestone development is the next step in the Outcome Project. Milestones describe, in specific behavioral terms, the performance level expected of a resident by a particular time during their residency. In the next accreditation system, aggregate resident performance on the milestones will be used as an indicator of a residency's educational effectiveness. ABMS boards may want to use individual resident milestones information when determining eligibility for certification. In partnership with the certification board, Milestones will be developed for the General Competencies and will be more specific than the competency language in the ACGME's Common Program Requirements

2. Overview of the Milestone Development Process

Listed below is a general timeline and sequence of activities.

June – August 2011

- An orientation call with board executive, Working Group chair, and ACGME staff to discuss milestone group formation is held.
- Informal (phone, email) and formal (letter) invitations are issued, the former by the Milestone Chair or Board officials and the latter by ACGME staff.
- Chairs work with ACGME staff to schedule meetings and develop meeting plans.

August – December 2011

- Meeting 1 orients group to the charge and engages members in initial development tasks, focusing on the patient care competency.

January 2012 – December 2012

- Development work continues between and during meetings.
- Advisory Group provides feedback on the draft milestones.
- Meeting 2 the group (a) continues work on milestone development for all six competences and (b) begins consideration of tools or methods for resident assessment and the semiannual milestone report that will be submitted to the ACGME by each program
- Meeting 3 the group completes milestone development. Aided by the Assessment Group, the Working Group will identify potential assessment tools or methods

December 2012

- Working draft of Milestones prepared and avaibale for comment and pilot testing

3. Milestone Group Organization and Constituency

Milestone groups are composed of physician educators who are active in the specialty's professional organizations and typically include a 10-15 person Working Group and a small Advisory Group (5-7 members). The former consists of clinician educators from the Board, RRC, program director, and other specialty organizations, as well as ACGME staff. This group does the hands-on work of developing the milestones. Primary functions of the Advisory Group are to provide feedback on the milestones and

develop communication and dissemination strategies. The Advisory Group may attend the Working Group meetings, but it is not required.

4. Work Group Logistics and Activities

ACGME provides staff support for conference call scheduling, meeting logistics (scheduling, hotel reservations, meal arrangements, agenda book preparation), and agenda preparation. Milestone conference calls are hosted by staff and billed to the ACGME service provider. Milestone group members will be able to arrange flights through the ACGME travel agency if desired. ACGME support staff will communicate this information to milestone group members. Staff can also assist with set-up and management of an interactive website (Grovesite.) Time needed to complete the work has been estimated at one year. Milestone groups are asked to plan for three meetings with interim conference calls and work.

Topics and activities that have been included in the first meeting agendas of the existing milestone groups:

a. Background and purpose of milestones
b. Charge to the Milestone Group
c. Discussion of frameworks for milestones
d. Review of examples of milestones
e. Consideration of benefits and concerns related to milestone implementation
f. Review of related initiatives by specialty organizations and their relation to the milestone development; including discussion of instructional materials and assessment tools that have been developed for the specialty and their possible use for milestone assessment
g. Preliminary steps in milestone identification, e.g. identify PGY when resident should be competent or proficient in performing essential common procedures/operations
h. Content templates for four competency areas (Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice) will be developed by a panel of experts being convened by ACGME. Each milestone group will have the opportunity to use and edit these templates as required for their specialty.

<u>GroveSite</u>

GroveSite provides web-based collaboration technology that has shown to be an effective communication tool for dispersed groups such as our Milestone Groups. It offers a secure online workspace where documents and information can be posted and shared. Issues of interest and concern can be identified and tracked using GroveSite. The GroveSite library helps members keep track of who is working on the latest version of documents and serves as a centralized repository. Other useful features include an online calendar and discussion forums.

5. Milestone Group Work Products

Milestone groups are expected to produce the following:
a. Milestones for competency components – narrative descriptions of performance that depict a progression from less to more capable together with an indication of when in the residency residents should attain a level indicating competent or proficient
b. The names of assessment tools or methods that are recommended for use by the specialty
c. A semi-annual milestone report which programs will complete and submit to the ACGME

Below are draft examples of milestone frameworks for laparoscopic skills and components of professionalism. Milestone groups are expected to produce similar frameworks for essential competency components.

2. Effectively counsels, educates, and obtains informed consent (also see PC)				
Level 1 (Entry)	Level 2	Level 3	Level 4 (Expectation for a graduating resident)	Level 5 (Post-residency or More Advanced than Expected of a Graduating Resident)
Is attentive to patient and responds sensitively to emotions. Provides generic information on risks and benefits.	Consistently checks for patient understanding and invites questions and exhibits most patient-centered basic skills for routine cases. Gaps may be present in condition-specific information related to risks, benefits, and treatment options.	Consistently and capably performs patient-centered skills while counseling and obtaining informed consent across a diverse set of situations involving serious illness. Condition-specific Information related to risks, benefits, and treatment options is mostly complete and accurate.	In addition, provides patient centered counseling in cases of acute and probable terminal illness	Demonstrates counseling behaviors that are finely tuned and customized to patient in terms of pacing, amount of information, etc. taking into account patient age, health, health literacy etc.
○	○	○	○	○	○	○	○	○
Comments:				

Milestone Framework for Laparoscopic Surgery				
Level 1 (Entry)	Level 2	Level 3	Level 4 (Expectation for a graduating resident)	Level 5 (Post-residency or More Advanced than Expected of a Graduating Resident)
Steps are omitted, partially completed, or done out of sequence and/or done with too much or too little force, speed, depth, distance.	A step is repeated or done out of sequence. A step is done with too much or too little force, speed, depth, distance.	Steps are completed in sequence and done with appropriate force, speed, depth, and distance for routine cases.	Steps are completed in sequence and done with appropriate force, speed, depth, and distance for routine and complicated cases.	Technical performance for complicated cases, including improvised movements, is fluid and error free.
○	○	○	○	○	○	○	○	○
Comments:				

6. Implementing the Milestones

The most frequently discussed scenario for implementation of milestones is described below.

Step 1. Programs will assess each resident against the milestones two times per year and that the the semi-annual report to the ACGME will be prepared by a Competency Committee. Initially programs may use assessment methods of their own choosing unless other tools are available and recommended for use as a core set by the specialty's Milestone Group and Residency Review Committee.

Step 2. This step will phase in as core assessment tools become available to the specialty. Resident performance against the milestones will continue to be evaluated semi-annually as described above. However, the core assessment tools will be used by all programs to assess resident performance and these results will be used for the semi-annual assessment against the milestones.

Milestones Chair:

Responsibilities

1. Member of Working Group and Advisory Group
2. Works with ACGME senior milestone staff to plan meetings and interim activities
3. Leads/facilitates the meetings, conference calls (including calls with the Advisory group), and other development activities

Qualifications

1. Must be a recognized specialty leader with current formal affiliation with the Board or ACGME/RRC
2. Must be skilled at group facilitation, including moderating discussion, mediating disagreements, and reaching consensus
3. Must be able to make the time commitment necessary

Working Group Description:

Structure and Responsibilities

1. 10-15 members; includes RRC ED and Milestone Consultant
2. Create Milestones Document for Specialty – Useable draft to be completed prior to December 2012
3. Attend three face-to-face meetings and participate in conference calls

Qualifications

1. Members should have current affiliation with the RRC, Board, and Program Director's group; members from membership/scientific organizations with interest in GME are acceptable
2. Must have GME experience and interest in and commitment to GME -prefer current and former Program Directors; core faculty are acceptable
3. Desirable to have members with good working knowledge of the ACGME General Competencies
4. Willing to do the work necessary to create the list of milestones

Advisory Group Description:

Structure and Responsibilities

1. 5 -7 members including one member from ACGME management
2. Participate in conference calls
3. May participate in Working Group if desired
4. Review documents created by the Working Group and provide constructive feedback on the milestones developed by the Working Group
5. Participate as a spokesperson and advocate for milestones
6. Aid in developing communication and dissemination strategies of the milestones

Qualifications

1. Must be a recognized specialty leader - current or former

Psychiatry Milestones Project

Working Group

Sheldon Benjamin, MD
Adrienne L. Bentman, MD
Robert Boland, MD
Deborah S. Cowley, MD
Pamela L. Derstine, PhD, Executive Director
Jeffrey Hunt, MD, MS
George A Keepers, MD
Gail H. Manos, MD
Donald E. Rosen, MD
Kathy M. Sanders, MD
Mark E. Servis, MD
Kailie Shaw, MD
Susan Swing, PhD, VP Outcome Assessment
Christopher R. Thomas, MD, Chair
Alik Widge, MD, PhD, Resident Member

Advisory Group

Timothy P. Brigham, M.Div., PhD, VP, Senior VP, Education
Beth Ann Brooks, MD
Deborah Hales, MD
Larry R. Faulkner, MD
Victor I. Reus, MD
Richard F. Summers, MD

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

Date:
Committee or Liaison Group Name: Duty Hours Task Force

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

Action Items from May 2011:

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

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

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

Report/Updates of Importance & Pertinence:
The Duty Hours Task Force:

1. With Rick Summers, clarified several aspects of the new ACGME requirements and transmitted this information to our membership.
2. John Young and the Handoffs subcommittee wrote an excellent review of the literature and recommendations regarding transitions of care, now posted on the AADPRT website.
3. The task force decided to delay surveying the membership until the late fall or winter, to allow time for members to have some experience with implementation of the new ACGME requirements.

Action Items:
Same as listed above from May (since it was decided to postpone a survey until members had had more experience with implementation).

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
September 23-24, 2011

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

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

Brief summary of committee, taskforce, or caucus purpose or charge:

Action Items from May 2011:
None

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

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

Report/Updates of Importance & Pertinence:
Goals/tasks #1, #2, and #3 above accomplished. Report posted on AADPRT Web site that summarizes new ACGME handoffs regulations, types of handoffs, and best practices and provides links to model curricula and assessment tools.

New Action Items:

1. Submit workshop at AADPRT 2012 Annual Meeting with goal of stimulating further discussion and supporting programs in complying with the new regulations while also promoting improvements in patient care and education;
2. Collaborate with the leadership of the Duty Hours Task Force to incorporate questions about handoff practices into forthcoming survey of programs.
3. Update online report with additional resources related to handoff curricula and assessment strategies and model handoff processes.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting

September 23-24, 2011

Date: September 1, 2011

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

Chair/Representative's Name: Melissa Arbuckle, MD, PhD and Sallie DeGolia, MD, MPH

Brief summary of committee, taskforce, or caucus purpose or charge:
The Assistant/Associate Training Director Caucus of the American Association of Directors of Psychiatry Residency Training was created to allow ATDs an opportunity to interact and network.

Action Items from May 2011:
1. A new co-chair is needed for the ATD Caucus (completed)
2. Consider a building an alternative track for the New AT/ATD symposium with a focus on career development topics.

Goal(s) or tasks to be completed in 2011-2012:
Publication of our 2009 survey of ATDs anticipated in *Academic Psychiatry* this year.
If a career development symposium is not feasible, we will submit another career development workshop for next year's annual AADPRT meeting.

Report/Updates of Importance & Pertinence:
Sallie DeGolia, MD, MPH accepted the position of co-chair for the ATD Caucus.

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

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

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

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

Based upon the New Training Director Symposium schedule for last year's annual meeting, we would propose a complementary symposium aimed at 2nd year attendees (either TD or ATD) who attended the new TD conference the year before and ATDs of any experience level, who feel they need help 'jumpstarting' their career development.

A sample itinerary could be as follows:

<table>
<tr><td>New Training Directors' Symposium
(2011 Meeting)
Wednesday PM</td><td>Alternative Faculty Development Series
(proposed for the 2012 meeting)
Wednesday PM</td></tr>
<tr><td>5:45 pm - 6:15 pm Light dinner for registrants</td><td>5:45 pm - 6:15 pm Light dinner for registrants</td></tr>
<tr><td>6:15 pm – 6:30 pm Welcome
AADPRT: The Organization & Current Initiatives</td><td>6:15 pm – 6:30 pm Welcome
AADPRT: The Organization & Current Initiatives</td></tr>
<tr><td>6:30 pm – 7:00 pm A Survival Guide for New Training Directors</td><td rowspan="4">6:30 pm – 9:00pm
Workshop I:
Setting career goals
Time management Strategies
Negotiating for success</td></tr>
<tr><td>7:00 pm – 8:20 pm Nuts & Bolts Basics of ACGME, ABPN, GME/DIO</td></tr>
<tr><td>8:20 pm – 8:50 pm Questions & Answers</td></tr>
<tr><td>8:50 pm Distribution of the Breakout Group Information</td></tr>
<tr><td>THURSDAY AM
8:00 am – 8:30 am Continental Breakfast
8:30 am – 10:00 am Break-Out Groups:
Breakout Groups --Meeting Residency Education Challenges as New Directors</td><td>8:00 am – 8:30 am Continental Breakfast
8:30 am – 10:00 am
Workshop II: Providing Feedback & Addressing Disciplinary Issues</td></tr>
</table>

New Action Items:
As described above; No additional action items

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
September 23 – 24, 2011

Date:
Committee or Liaison Group Name: Pre-meeting Committee

Chair/Representative's Name: Sid Zisook, MD

Brief summary of committee, taskforce, or caucus purpose or charge:
- Organize and implement annual pre-meeting on teaching research literacy and evidence based practice

Goal(s) or tasks to be completed in 2011-2012:
- Plan for 2012 pre-meeting.
- Complete assessments and publications from 2011 pre-meeting.
- Continue development of mentorship and monitoring projects

Action Items from May 2011:

Action item:
(1) Sid will develop a budget for the pre-meeting including an estimate for the cost of Tracy's time to support the pre-meeting.
- Preliminary budget between $23,000 and $24,000 (see attached)

Report/Updates of Importance & Pertinence:
- The Committee met by teleconference in June to review the 2011 meeting and begin planning for the 2012 meeting (see attached minutes). The theme of the 2012 meeting is "Evidence-based Approaches to PTSD Assessment, Prevention and Treatment: *Insights from the Neurosciences and Behavioral Sciences for use in Psychiatry Residency Training"*. Three plenary speakers were selected for the meeting (Murray Stein, Judith Cohen and Ariel Lang) and a three small groups were preliminarily approved (although there was an agreement to continue the dialogue before finalizing). We all agreed to include the 'Fellows' in the workshops, have more of an orientation program for them, continue the lunchtime workshop (although with appropriate A-V support) and encourage them to submit Poster Abstracts.
- The 2012 meeting will be a test-case of whether training and associate training directors will attend Pre-meetings with associated fees.

New Action Items:
- Complete planning for 2012 Pre-meeting, including replacing one of the speakers (Dr Judith Cohen) with another speaker appropriate for childhood stress and trauma.
- May need to replace Paul Mohl as the Chair of the mentorship Subcommittee.

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

Date: 9/12/11
Committee or Liaison Group Name: Annual Meeting 2012

Chair/Representative's Name: Adrienne Bentman, MD

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

1. Solidify the plenary speaker titles and goals/objectives
2. Simplify meeting evaluation forms for granting CME
3. Select workshops including those for Thursday AM
4. Conduct Site Visit
5. Prepare materials for online registration materials

Report/Updates of Importance & Pertinence:

1. 2012 Annual Meeting website announcement (title, theme, plenary speakers) – see attachment

2. 2012 Annual Meeting at a Glance – a working DRAFT: see attachment
   Please note the following changes:
   Thursday –
   While new training directors are at their Symposium and CSV Training, more experienced training directors will have the opportunity to attend two workshop sessions
   Friday –
   Task Force and Caucus meetings move from early AM to lunch time
   The Business Meeting moves to 30min and before the Plenary 2
   Saturday –
   A trial of a second set of breakout groups for new and early career Training directors in the morning

3. Modification of workshop entry process –
   The Program Chair may not submit a workshop for consideration nor be a named workshop leader or participant.

New Action Items:

1. Discussion of topics for the Thursday morning 9-11:45a time slot. Lifer's Workshop will occupy one of three slots. Other possibilities include: Best

Practices – Duty Hours, supervision rules, others; cultural change as a consequence of recent regulatory changes, physician wellness and resilience; Model Curricula winners; popular and recurrent large attendance workshops e.g. Use of Technology

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
September 23-24, 2011

Date: September 3, 2011

Committee or Liaison Group Name: Development Committee

Chair/Representative's Name: Art Walaszek, MD

Brief summary of committee, taskforce, or caucus purpose or charge:

The Development Committee seeks to identify funding sources to support the activities of the organization, in particular at the Annual Meeting. The Committee also develops policies to minimize the conflict of interest that may arise from such arrangements, as well as possible conflicts of interest among the leadership of the organization.

Action Item from May 2011
1. Review letters to be sent to membership and to outside organizations.

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

1. Continue to monitor for possible conflicts of interest (COI) related to exhibitors at the Annual Meeting.

2. Post results of second iteration of COI policy for AADPRT leadership, and begin third iteration.

3. Solicit donations for the Ginsberg, IMG and Henderson Fellowships.

Report/Updates of Importance & Pertinence:

1. COI Policy for Exhibitors

The only concern raised from feedback about exhibitors at the 2011 Annual Meeting was that 10% of respondents answered "Don't know" to the statement, "AADPRT appeared to endorse one or more vendors in the exhibitor space." Another 1% answered "Yes."

Review of written feedback revealed though generally positive feedback about the exhibitor space:

No evidence of endorsement	AADPRT appears to endorse vendors
"Very well done – accessible, but not intrusive."	"The presence of any vendor suggests endorsement by AADPRT."

“Did not visit exhibits. No time and they were out of the way.” “Their positioning in a hall at right angles to the posters seemed very well executed and allowed us to peruse both.” “I felt sorry for the exhibitors being off in another hallway. It might discourage them from coming again.”	“Booths from multiple companies were ever present in areas of high traffic between conference rooms.”

We would recommend no change to our planned setup for the exhibitor space; we should continue to monitor feedback from attendees.

2. COI Policy for AADPRT Leadership

Lucille Meinsler has successfully collected the second annual COI disclosures, which are now posted on the AADPRT website:

http://aadprt.org/COI.pdf

The next iteration of disclosures will begin in March 2012 following the start of the new leadership terms after the next Annual Meeting.

3. Donations for Ginsberg, IMG and Henderson Fellowships

Based on a review of literature regarding fundraising, the Committee recommends that AADPRT adopt a Donor Privacy Policy. For example, the website Charity Navigator uses the presence of a donor privacy policy as a metric in its assessment of philanthropic organizations. The Better Business Bureau also includes this in their *Standards for Charity Accountability*. The Committee has drafter a policy for consideration by the EC.

We have revised our letters soliciting donations from AADPRT members and outside donors, based on discussion at the last EC meeting. We have developed a “Fact Sheet” to accompany these letters. These letters will be sent out in early October 2011.

Action items:

1. Review Donor Privacy Policy (attached).