



## AADPRT Executive Council Meeting May 4, 2014

**Sunday, May 4, 2014**

Attending: Chris Varley (President, ACGME Liaison Committee), Bob Boland (President-Elect), Art Walaszek (Secretary), Sandra DeJong (Program Chair), Mike Travis (Treasurer), Adrienne Bentman (Past President), Chandlee Dickey (Regional Reps), Melissa Arbuckle (Co-Chair, Model Curriculum Committee), Glenda Wrenn (Chair, Recruitment Committee), Dorothy Stubbe (Co-Chair, Membership Committee), Bob Rohrbaugh (Subspecialty Caucus), Sahana Misra (Chair, Information Management Committee; by phone), Shashank Joshi (Chair, CAP Caucus), Jed Magen (GME Task Force), Sandra Stock (Presidential appointee), Donna Sudak (Co-Chair, Psychotherapy Committee), Jane Eisen (Presidential appointee), Lucille Meinsler, (Administrative Director), Sara Stramel (Administrative Director), Tony Rostain (Co-Chair, Model Curriculum Committee), Sallie DeGolia (Co-Chair, Membership Committee, by phone), Brian Palmer (Chair, Development Committee).

Unavailable or Absent: Adam Brenner (Co-Chair, Psychotherapy Committee), Sid Zisook (BRAIN Conference), Kathy Sanders (Past Past President).

Invited Guests: George Keepers (Chair-elect, Psychiatry RC), Rick Summers (Chair, APA Council on Medical Education and Life-Long Learner), Sheldon Benjamin (Liaison to *Academic Psychiatry*).

Dr. Varley called the meeting to order at 11:10 a.m. He welcomed and thanked the members of the committee.

### **1. Review and approval of meeting minutes**

The committee reviewed and approved, on a motion by Dr. Dickey and seconded by Dr. DeJong, the minutes of the March 2014 meeting.

### **2. Introductions and getting involved (Varley)**

Dr. Varley asked committee members to develop ideas for enhancing members' involvement and engagement in AADPRT. Dr. Varley has asked chairs of AADPRT committees to review how new members are recruited to their committees.

### **3. GME Task Force (Magen)**

Dr. Magen updated the committee on funding for GME. He reported that there has been little activity on a national level to address GME funding, despite the projection that in 2018 there will be more U.S. medical graduates than PGY1 positions in the Match. An IOM report on GME funding is forthcoming; the content is not yet known publicly. Hospitals in states that did not accept expansion of Medicaid funding as part of the

Accountable Care Act (ACA) will be losing funding due to the end of Disproportionate Share Hospital (DSH) payments.

Dr. Eisen asked if Psychiatry is considered a primary care specialty. Dr. Magen stated that psychiatry is considered primary care via Federally Qualified Health Center programs, but generally not in other contexts.

Dr. Varley asked Dr. Magen to project what may happen with GME funding. Dr. Magen noted that new funding is available via the Teaching Health Center provision of the ACA; also new funding might be available via State budgets. Dr. Magen believes that programs should determine how to reduce the cost of education, e.g., sharing didactics among residency programs. Dr. Magen recommends that departments of psychiatry try to identify new funding sources, e.g., telepsychiatry.

Action Plan: Dr. Magen will send AADPRT members an update on GME funding.

#### **4. Report from ACGME (Keepers)**

Dr. Keepers is presenting on behalf of Dr. Chris Thomas, who is the Chair of the Psychiatry RC of ACGME through June 2014. Dr. Keepers noted that the Psychiatry Subspecialty Working Groups will begin developing the subspecialty milestones in June 2014 with a meeting in Chicago:

- Addiction Psychiatry: Marian Fireman (Chair), Robert Ronis, Jeffrey J. Wilson, Kyle Kampman, Andrew Saxon
- Child & Adolescent Psychiatry: Jeff Hunt (Chair), Cynthia Santos, Howard Lu, Sandra DeJong, Chris Thomas
- Forensic Psychiatry: Andrea Stolar (Chair), Charles Scott, Howard Zonana, Richard Frierson, Stephen Noffsinger
- Geriatric Psychiatry: Iqbal Ahmed (Chair), Josepha Cheong, Mara Llorente, Sandra Swantek, Susan Maixner
- Psychosomatic Medicine: Bob Boland (Chair), Mark Servis, James Levenson, Madeline Becker

The subspecialty milestones will be completed by December 2014, and must be implemented in July 2015. There will also be an advisory group, which will include Dr. Varley.

Dr. Keepers presented feedback from the Annual Update process. Residency programs are encouraged to include all relevant faculty scholarship activities and should use all available categories (not just publications with PubMed IDs). The minimum amount of scholarly activities set by the RCs may be too high, leading to many programs being referred to the RCs for review.

Small programs can have problems with their resident surveys due to the small number of residents per program (e.g., one negative set of responses may lead to overall poor scores); so, the ACGME may change how survey results from small programs are reported. Dr. Bentman noted that DIOs may have concerns about small programs receiving citations from the ACGME on the basis of resident survey results; Dr. Keepers

suggested that program directors contact the RC if they have concerns about how DIOs are responding to citations.

Dr. Varley asked Dr. Keepers to clarify to members about what program directors can say to residents about the resident survey. Dr. Keepers will investigate this. Dr. Dickey noted that, based on research by Dr. Gene Beresin, a message about this had been sent to members about this approximately two years ago.

Dr. Keepers noted that the Annual Update process seems to have uncovered residency programs who have developed problems subsequent to a recent successful site visit. This is viewed as a marker of the success of NAS.

The Council of RCs has recommended to the leadership of ACGME that the results of surveys be released to program directors earlier than the current plan of sending results in the summer after the survey, namely, as soon as the results are available.

Dr. Keepers reviewed the new joint ACGME-AOA agreement for accreditation of osteopathic residencies.

The ACGME has told the Psychiatry RC that the Program Requirements cannot make any requirements about Departments of Psychiatry and qualifications of their Chairs. When the new Program Requirements are posted, members are encouraged to comment on this issue.

Dr. Bentman asked if there will be any other anticipated changes to Program Requirements. Dr. Keepers stated that language about double counting of CAP requirements during general residency will be moved out of program requirements into an FAQ.

Regarding Fast Tracking during the PGY4, there does not appear to be consensus in the field regarding fast tracking; thus Dr. Keepers believes the Psychiatry RC will not move ahead with this at this time.

Some of the RCs and Boards are considering using Milestones data in decisions about individual resident eligibility for certification. The ABPN does not plan to request Milestones data from the ACGME. The ACGME does not plan to release resident-specific data to certification boards.

Action Plan: 1. Dr. Varley will develop a plan for communicating with members regarding the plan for the subspecialty milestones and regarding subspecialty program requirements. 2. Dr. Varley will check with ACGME for more information about what program directors can share with residents about the resident surveys. 3. SC will consider further actions by AADPRT regarding the ACGME receipt of trainee-specific data.

## **5. Transition in Administrative Director position (Varley)**

Dr. Varley profusely thanked Lucille Meinsler for her work for AADPRT and for developing a comprehensive plan to aid in the transition to a new Administrative Director. Dr. Bentman, who has a three-decade long relationship with Ms. Meinsler,

shared her sentiments. Ms. Meinsler made very kind and elegant remarks at this, her last, EC meeting.

Dr. Varley announced that AADPRT has hired Sara Stramel as the new Administrative Director, effective May 19, 2014. Dr. Varley recognized Dr. Boland, who led the national search for an Administrative Director. Dr. Varley welcomed Ms. Stramel to AADPRT.

Ms. Stramel introduced herself to the committee. She own Lizgroups LLC, is the part-time Executive Director of the Indiana Psychiatric Society, and has worked with local chapters of AAPL and AACAP. She will be married in June and her name will change to Sara Brewer.

Action Plan: The hiring of Ms. Stramel will be announced to the members in June.

#### **6. APA Council on Medical Education and Life-Long Learning (CMELL) (Summers)**

Dr. Summers reports that CMELL has been working on a white paper on teaching of integrated care, to be released in fall 2014. APA has also been focused on recruitment of residents, who will then become early career psychiatrists and then hopefully members of APA. APA is recording a number of sessions at the Annual Meeting this year, with the goal of providing this material to residents after the meeting, and the hope that residents would then provide feedback to program directors. Topics of interest include neuroscience, QI and integrated care. This may be an opportunity for AADPRT to work with the APA on curricula that may be of interest to program directors.

#### **7. Development Committee (Palmer)**

Dr. Palmer reported that the Meinsler Program Coordinator Award endowment has raised \$9,120 during the first 6 weeks of fundraising. Dr. Palmer reminded EC that it has committed to 100% donations by committee members; Dr. Stubbe made a contribution during the meeting. Drs. Palmer and Sudak are looking to other organizations to help support funding of IMG fellowship awards. Dr. Palmer reminded members that conflict of interest reports will be due in the near future.

#### **8. Treasurer's Report (Travis)**

Dr. Travis presented the AADPRT balance sheet. The financial state of the organization is sound. One consideration for next year's Annual Meeting may be providing two lunches for all attendees (rather than requiring separate purchases). Ms. Meinsler noted that the logistics of the two purchased lunches (independent of overall registration) at the 2014 meeting were complex. Dr. Travis discussed the financial implications, namely increasing the registration fee by at least \$50 to cover the cost of lunches.

#### **9. 2014 Program Chair Report (Walaszek)**

Dr. Walaszek presented summary statistics, selected feedback from attendees, and suggestions for next year. Total registration numbers were very slightly higher this year, and registration was much higher at the BRAIN conference than prior years. Overall meeting feedback was excellent; themes in the comments included interest in more

content related to the milestones and NAS, and some concern about the format, content and scheduling of workshops. Feedback about individual speakers and special workshops, including the new “lifespan” series, was also excellent. Attendees asked for more physical space for posters. Attendees rated workshops higher than any other component (besides BRAIN). Dr. Walaszek has provided lessons learned from the 2014 meeting to Dr. DeJong, chair of the 2015 meeting.

#### **10. 2015 Program Chair Report (DeJong)**

Dr. DeJong presented a preview of the 2015 Annual Meeting, the title of which is “Innovate, Integrate, Inspire: Educating the 21st Century Psychiatrist.” The plenary speakers will include Dr. Bruce Perry, child psychiatrist and trauma expert, and Dr. Ranga Krishnan, Dean for Duke-NUS Graduate Medical School Singapore. Dr. DeJong discussed new ideas for Saturday, given the lower attendance on that day. Ideas include a fourth workshop slot or a practical skills’ fair. Anecdotal feedback from the 2014 including the meeting being very busy; so, an idea for 2015 is to decompress the schedule. Dr. DeJong hopes to include self-care activities at the meeting, too.

Ms. Meinsler noted that closing the meeting with workshops may interfere with a sense of community at the end of the meeting. Dr. Benjamin reviewed the history of the scheduling of the final day of the meeting, which used to include Sunday morning meetings and a Saturday lunch. He supported the idea of a skills’ fair as a way of ending the meeting on a high point, which would prevent attendance attrition.

Action Plan: Dr. DeJong will solicit ideas via the listserv for skills to be covered at the skills’ fair.

#### **11. Future meeting locations (Walaszek, Dickey, Eisen, all)**

Dr. Walaszek presented results of the meeting location survey taken by attendees of the 2014 Annual Meeting (74% response rate). Respondents rated ease of access of meeting city as most important, followed by climate, milieu and cost. In the comments, logistical factors (ease of access of city, location of hotel relative to city) were most commonly cited. The most commonly asked for future locations were San Diego, New Orleans, Seattle, Puerto Rico, San Francisco, Austin and Santa Fe.

Dr. Dickey (reporting from the regional reps) noted that there was gratitude regarding the organization’s response to the issue. The regional reps suggested that there be a committee devoted to meeting location. The results were consistent with the survey. Dr. Eisen (reporting from the EC breakfast at the Annual Meeting) noted that there were no comments from the EC breakfast regarding meeting location.

Ms. Meinsler commented on the results. AADPRT is quite different from other organizations in terms of meeting planning. Whereas most organizations are shrinking, AADPRT is getting larger. Many cities simply cannot accommodate a meeting of our size. Ms. Meinsler reviewed the history of how the 2016/2017/2018 meetings were booked as a package. Significant savings were realized by booking three sites simultaneously, though Ms. Meinsler recommended against doing so for now given how quickly the milieu of locations may change.

Dr. Sudak asked when we need to begin planning to select the 2019 meeting and beyond. Ms. Meinsler suggested this should take place in the next 18 months.

Dr. Wrenn noted that it is useful to members to have transparency about how meeting locations are selected. She argued that a meeting venue must support networking and camaraderie among program directors. Dr. Wrenn argued the organization must follow ethical principles in the selection of future meetings.

Dr. Rostain wondered if the meeting would return to Arizona. Dr. Varley said that no decisions have been made about which locations are or are not acceptable. Dr. Sudak said the discussion should not necessarily be about specific locations, but about how to be transparent with members about locations and how to involve members in making decisions about locations. Dr. Palmer suggested that members could be presented with options for locations, and the members would select from among options.

Dr. Stock wondered how to communicate with members about what the organization has thus far done to address the issue. Dr. DeJong argued that members should be informed of the results of the survey and a committee should be appointed to determine next steps.

Dr. Sudak highlighted two questions: (1) Should members have direct input on the selection of meeting locations? (2) Should the organization abandon multi-year contracts and should members be made fully aware of the consequences of the decision?

Action plan: Drs. Eisen, Stubbe, Dickey, Wrenn and Rohrbaugh will form the Meeting Site Advisory Group and will be charged with synthesizing the organization's discussion about meeting location heretofore and about how the organization will proceed with future decision making. This will include the decision to not cancel any current contracts. This would be completed in time for Dr. Varley to be able to send a message to the membership by June 15.

## **12. Regional Reps (Dickey)**

See above. In addition, Dr. Dickey reported that members had many questions about the ACGME faculty survey: "How are faculty selected for participation in the Faculty Survey? How many faculty are selected? Is there a randomization process? How will the Faculty data be evaluated by ACGME? Many of our faculty don't know our program details. What information are we able to give our faculty prior to their taking the survey? What are we allowed to say about the survey to the faculty? How do we select core faculty for WebADS?"

Dr. Dickey presented a "Pathways to Involvement in AADPRT" document for distribution to members.

Action Plan: 1. Dr. Varley will submit the questions above about the faculty survey to the ACGME. 2. The "Pathways to Involvement in AADPRT" document will be posted on the website and advertised to members.

## **13. Summary of Comments from EC Breakfast (Eisen)**

See above.

#### **14. Model Curriculum (Rostain and Arbuckle)**

Dr. Rostain noted two challenges the committee is facing: (1) infrastructure of submission system, and (2) lack of submissions. The committee is looking for feedback about the model curricula, including how curricula are being used and what elements of the curricula were and were not useful. Dr. Arbuckle said that an idea being considered is a “works in progress” process, whereby curricula could be shaped into model curricula. Dr. Arbuckle elaborated on concerns about the organization of the website in order support dissemination of model curricula. Dr. Varley has asked Drs. Boland and Walaszek to consult with Dr. Misra (Chair of Information Management committee) on the website. Dr. Varley attended the APA IMG Summit yesterday and met an associate program director interested in curricula related to the training of IMGs; he suggested that this person be added to the Model Curriculum Committee.

Dr. Stubbe wondered if reticence to submit workshops was due to concerns about copyright. Dr. Arbuckle responded that the model curriculum is working on FAQ that would help answer this question.

Action Plan: A process is underway for ensuring that the website can accommodate the needs of the Model Curriculum Committee.

#### **15. Recruitment Committee (Wrenn)**

Dr. Wrenn updated EC on the activities of the Recruitment Committee, which discussed venues at the Annual Meeting for dissemination about information related to recruitment challenges. Other topics: potential implications of fast tracking on recruitment; the Recruitment Committee will adding new members to the committee to ensure a diversity of perspectives.

Dr. Eisen wondered about outreach to medical students, including members of underrepresented minorities. Dr. Wrenn stated that this is something the committee is working on.

Dr. Varley pointed out that AADPRT bylaws are not completely clear about how members are appointed to committees, what the terms of membership appointments are, whether people can be on more than one committee. Drs. Benjamin and Summers pointed out the precedents: (a) three-year terms for chairs of committees; (b) at the end of the term of the chair, each member was given the choice to continue or not at the end of the chair’s term; (c) that task forces are created for specific tasks and are sunsetted once the task is complete; (d) chairs of committees recommend to the President new members for their committees.

Dr. Stubbe asked if there is a recommended number of members for the committees. Dr. Sudak noted that the Psychotherapy Committee has about 40 members, is divided up into subcommittees, and meets monthly for conference calls. Dr. Arbuckle says that members of the Model Curriculum Committee are asked to commit to completing specific tasks; the committee may be reorganized into a structure similar to journals, e.g., editors and editorial board members.

Action Plan: A process will begin to clarify appointments to committees.

## **16. Membership Committee (Stubbe and DeGolia)**

Dr. Stubbe reported on the following activities of the committee. Dr. Varley noted that at the Business Meeting, a motion was proposed and approved to change the bylaws to establish an Emeritus Membership Status. Clarity regarding the precise language presented at the March meeting is being sought. Once obtained, AADPRT voting membership will shortly be sent ballots re this measure. If approved, the bylaws will thus be amended and the Membership Committee can address the new Emeritus Status.

Dr. Stubbe asked if the parallel “lifespan” workshops would take place again in 2015. Drs. DeJong and Walaszek will discuss this further in the planning for 2015.

Drs. Stubbe and DeGolia discussed the current status of the mentorship process, which is under the direction of Dr. Joan Anzia. Dr. Bentman provided additional background information about the mentorship program.

Action Plan: 1. Program Committee will review whether or not the “lifespan” workshops will continue. 2. Drs. DeGolia and Stubbe will discuss with Dr. Anzia her interest in continuing in a leadership role with mentorship.

## **17. OPDA (Varley)**

OPDA is a potentially very important venue for AADPRT to air its views and advocate for psychiatry residencies.

Action Plan: Dr. Varley will discuss with Dr. Anzia the role of liaison to OPDA.

## **18. Subspecialty Caucus (Rohrbaugh)**

Dr. Rohrbaugh said that the Caucus is reaching out to subspecialty fellowship directors and increasing their involvement in AADPRT. Dr. Varley pointed out that the ACGME subspecialty milestone working groups will have a lot of work ahead of them; he asked Dr. Rohrbaugh to help him with reviewing the draft milestones as they are developed, and Dr. Rohrbaugh agreed.

## **19. BRAIN Conference (Arbuckle)**

Dr. Arbuckle reported, on behalf of Dr. Zisook (committee chair), that the BRAIN Conference has developed into a broader effort to create sustainable curricula in neuroscience, the National Neuroscience Curriculum Initiative (NNCI). A new grant has been submitted for the development of NNCI (but these funds will not support the conference).

Drs. Arbuckle, Ross and Travis will also co-chair the 2015 BRAIN Conference. The current NIH funding mechanism will no longer be available beyond 2015. Dr. Varley pointed out the tremendous educational value of the conference. He also argued that there needs to be more rigor in the planning of the conference.



Drs. Dickey and Sudak recommended that the BRAIN Conference be included in the planning of the overall meeting. Dr. Summers asked the Program Committee and BRAIN Committee to consider the pros/cons of this. Dr. Travis argued that, from a financial perspective, it is better to keep the BRAIN Conference separately.

Action Plan: Dr. Travis will determine the cost of the BRAIN Conference if funded completely by attendees. Dr. Varley will discuss with Dr. Zisook the fiscal structure of the conference.

## **20. APA/AADPRT Presidential Symposium (Bentman)**

The title this year is “Developing a National Neuroscience Curriculum: Planning for the Future.” Dr. Bentman suggested that EC anticipate that we will be asked again for 2015, and that we should be ready with a topic.

## **21. Information Management (IM) Committee (Misra)**

Dr. Misra has convened a subcommittee consisting of her, Dr. Boland and Dr. Walaszek, regarding the scope and mission of the IM Committee. The IM Committee is reviewing the organization’s IT needs in the context of the transition in Administrative Directorship. Dr. Misra reported that the tasks of our IT Team (Rick Brandt and Shan Karimushan), who will be submitting a new contract (they have been working on the same contract since 2007). Concerns have been raised about the timeliness of completion of the IM projects; Dr. Misra has started conducting monthly phone calls to ensure that projects are completed. Ms. Meinsler and the IT Team are developing a 12-month calendar of IT projects. Twenty workshops, nine posters and two plenary videos have been presented on the AADPRT website. The products of the Milestones Assessment Task Force and Integrated Care Task Force have been posted on the website.

Dr. Summers asked if new software should be considered for managing the membership. Dr. Benjamin reminded the committee that the membership software was developed in-house by Mr. Karimushan. Dr. Sudak has vetted such systems and could share her advice on this. Dr. Varley suspects that a transition may take place in IT administration along with the change in Administrative Directorship.

Action Plan: Dr. Varley asked EC members to send idea regarding IT needs to Drs. Misra, Boland and Walaszek

## **22. CAP Caucus (Joshi)**

Dr. Joshi reported that the Caucus has developed a CAP Fellowship Eligibility form; members have asked that this form be incorporated into the ERAS application process. ERAS cannot create a new form with radio buttons, etc., but the form could be turned into a PDF and uploaded into ERAS.

The Caucus is developing guidelines (“Gentleperson’s Agreement for CAP”) for transfers from general psychiatry residencies to CAP residencies, based on an article by Varley et al. in 2012 in *Academic Psychiatry*.

Dr. Stock suggested that the “gentleperson’s agreement” and NRMP be rules be covered in New Training Directors’ training. Dr. DeJong recommended reinstating specialty-specific training during the New Training Directors’ session.

Action Plan: Dr. Stubbe (Membership Committee) will consider reinstating specialty-specific training during the New Training Directors’ session, including coverage of recruitment issues. The guidelines re recruitment and transfer into programs will be updated for both CAP and general psychiatry.

### **23. Additional ideas regarding engagement (Varley)**

Over the course of the meeting, a number of ideas were generated to enhancing engagement of members in the organization.

Action Plan: 1. EC members will attend regional caucus meetings to foster communication between EC and members, and foster engagement. 2. Joining the Model Curriculum committee is a very good way of becoming active – Drs. Rostain and Arbuckle will advertise this. 3. The organization needs to make clearer the process of being appointed to committees and terms of the appointments.

The meeting was adjourned at 3:40 p.m.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Art Walaszek". The signature is stylized with a large initial "A" and a long, sweeping underline.

Art Walaszek, MD