

AADPRT
Executive Council Meeting
May 20, 2006
Noon—5pm, Sheraton Centre Hotel, Toronto

Members Present: Ron Krasner, Sheldon Benjamin, Don Rosen, Michael Jibson, Sandra Sexson, Bruce Levy, David Goldberg, Mark Servis, Kathy Sanders, Lisa Mellman, Rick Summers, Deb Cowley, Lucille Meinsler

Ron Krasner called the meeting to order, the minutes from March were approved, and Ron introduced newly appointed members, who are Michael Jibson, Sandra Sexson, Don Rosen, and Jane Eisen.

Executive Council Membership: Ron Krasner reviewed changes in the Executive Council. The President is now Ron Krasner, President-Elect Mark Servis, Treasurer Rick Summers, Secretary Deb Cowley, Program Chair David Kaye, and Past Presidents David Goldberg and Lisa Mellman. Three-year appointments are: Lee Ascherman (Chair, Competency Committee), Dorothy Stubbe (Regional Representatives), Sheldon Benjamin (Information Committee Chair), Deborah Katz (Chair, Workforce Committee), Adrienne Bentman (Chair, Membership committee), Chris Varley (Child and Adolescent Caucus Chair), Kathy Sanders (Development), Grace Thrall (Publications), Joe Layde (Subspecialty Caucus Chair). One –year appointments are: Michael Jibson, Jane Eisen, Sandra Sexson (RRC Representative), and Don Rosen (Chair, Ginsberg Fellowship Committee). Bruce Levy will serve as the liaison to Academic Psychiatry. Mark Servis will coordinate the fellowship programs and coordinate the response to the ACGME regarding site visit issues, Deb Cowley will chair the Child Portals taskforce, Chris Varley will chair the Henderson committee, and David Goldberg and Gene Beresin will coordinate the response to the ABPN.

Update on Michele Pato: Lisa talked to Michele yesterday. Michele was articulate, verbal, and on top of things. She states she has full function except she cannot fly or run, and she is back to working almost full-time. NIMH provided a 90-day extension for the annual Progress Report for the R-13. She and Grace Thrall are working on next year's pre-meeting program, which will again focus on teaching Evidence Based Psychiatry. The program will include 6 workshops, with each attendee doing three of these. Some will be more basic, with others being more advanced, so that attendees can find sessions geared to their level of expertise, without needing completely separate "tracks."

Action Item: Deb Cowley (as incoming AADPRT liaison/consultant to the R13 grant) will arrange a conference call with Michele, Chris Morley, Lisa Mellman, and Grace Thrall, to discuss further planning for the 2007 pre-meeting.

APA Division of Education and Career Development Report: Deborah Hales MD reported that the APA will start a national journal club for residents to provide experience in research literacy and critical analysis of the psychiatric literature. The editors of the

American Journal of Psychiatry and Psychiatric Services will select articles and they, as well as the articles' authors, will serve as discussants. Residents will critique the articles. The journal club will use a listserv structure and will begin on a quarterly basis. To participate, residents will need to be APA members, and will be recruited through training directors. There was discussion about providing residents with an outline of how to approach summarizing and critiquing the article. Debby Hales will contact Grace Thrall about developing such an outline and nominating a resident to critique the first article. Bob Friedman would like to set up a national curriculum for residents based on the American Journal of Psychiatry and the APA would like to invite a representative from AADPRT participate in this. The APA is also launching Psychotherapy rounds online this summer and would like input about how to provide residents with credit for presenting their cases. Finally, there are 100 medical students interested in Psychiatry who are attending the APA meeting as part of PsychSIGN.

Action Items:

1. AADPRT should choose a representative to participate in the development of a national curriculum based on the American Journal of Psychiatry.
2. Representatives from the APA and the ABPN will meet this summer. Ron Krasner will attend this meeting to represent AADPRT.

Annual Meeting Issues: Lucille Meinsler presented the attendance statistics from the 2006 meeting. Attendance was very good (total 515; 271 members, 46 residents, 44 non-members, 16 awardees, 90 coordinators, 2 exhibitors, 33 guests, 13 fee-waived attendees), with a marked increase in coordinators over the past 3 years. The new CME arrangement through the Institute of Living will make it necessary to have the speakers and program in place by November 1, 2006 for the 2007 meeting. They will also require, in future, that attendees fill out an evaluation for every event they claim CME credit for. Lucille will investigate whether the APA can manage the CME credit for our meeting instead. Kathy Sanders pointed out that having the speakers identified by September 1 would be very helpful in soliciting funding from pharmaceutical companies. It is also highly desirable to send out the workshop submission request earlier in the fall, as soon as a theme and perhaps only one speaker are identified.

Action Item: Immediately after this EC meeting, and once Sheldon has talked to Rick Brandt about the timeline possible for development of the online abstract submission process, Ron, Lucille, David Kaye, and Sheldon will decide on a set of deadlines for the 2007 meeting.

As summarized in Deb Cowley's CME reports, the 2006 meeting was, in general, highly rated by attendees. There were some complaints by meeting attendees regarding the isolated nature of the hotel.

Finance Report: The 2006 annual meeting expense was about \$220,000, while the revenue was about \$160,000. The 2006 meeting expenses were significantly higher than those in 2005 (\$131,000) and 2004 (\$157,000). The increase in expense was attributable primarily to banquet expenses, which were higher at this particular resort. In future, it will be important to have a budget for the meeting, select less expensive hotels and/or locations, and cut back some of the food events.

Action Item: The Finance Committee has suggested changing the Friday night reception to a cash bar and light hors d'oeuvres and cutting back the Saturday breakfast to a continental breakfast, if this is permitted by our existing contracts with the hotels. The EC approved this plan.

Sandra Sexson suggested changing the meeting program to have the pre-meeting Wednesday afternoon and Thursday morning instead of all day Wednesday, so as not to have wasted time on Thursday morning.

Action Item: Ron Krasner, David Kaye, and Lucille Meinsler will be discussing some possible changes in the meeting program, and will consider this suggestion as part of that process.

Information Committee Report: Sheldon Benjamin reminded the EC that a new Chair of the Information Committee will need to be appointed once he becomes Program Chair. Rick Brandt is working on setting up Regional representative listservs. Sheldon suggests that, instead of putting out a newsletter, we put the articles individually online and send an e-mail to the members with a link to the article. Articles on the web are archived by date currently. These could also be archived by subject/title. Ron suggested that EC members examine past newsletters and that we revisit this idea at the September EC meeting.

There are some ongoing changes planned in the website, including a secure online payment system, collecting routine data about the year in which members became a training director to track training director retention/turnover, adding a suggestion box, and developing an electronic abstract submission process for the annual meeting workshops and posters. Rick has outlined a proposed abstract submission process that would require submission of CVs and conflict of interest forms with abstracts, track incomplete submissions, and manage workshops, audiovisual equipment need lists, etc. These changes would cost an estimated \$4,850. Rick's contract was also reviewed. There is also a suggestion to change the AADPRT logo, which would cost \$1,000-\$1,500.

Action Items:

The EC voted to:

1. increase Rick's monthly payment
2. spend \$4,850 on the website updates, including the electronic abstract submission process.
3. defer changing the AADPRT logo.

Fellowship Committees: Mark Servis, as President-Elect, will be coordinating the various fellowship committees for this year.

Action Item: Mark will set up a conference call with the fellowship committee chairs, and will also involve Rick Summers, as the prior Ginsberg committee chair, in this call. The purpose and definition of the IMG fellowship will be reconsidered by this group, as well as Kathy Sanders (Development) and Deb Cowley (next President-Elect and thus the next Fellowship Committees coordinator).

Child Portals Taskforce Report: Deb Cowley presented the report of the AADPRT Child Portals Taskforce regarding the proposed 3-year post-pediatrics/family medicine program in child and general psychiatry. This proposal originates from AACAP, is modeled on the successful Triple Board model, would require 18 months of adult and 18 months of child and adolescent psychiatry, and would lead to eligibility for Board certification in both general and child and adolescent psychiatry. AACAP suggests that fully-trained pediatricians or family physicians should be eligible for this training program.

Action Item:

The EC agreed that:

1. AADPRT conceptually favors increased portals of entry into child and adolescent psychiatry, since child and adolescent psychiatry is a critical shortage specialty.
2. For this reason, the AADPRT EC provisionally endorses the AACAP 3-year proposal, with the following concerns and recommendations:
 - a. these residents may have insufficient training time to develop a professional identity and skillset as a general and child psychiatrist.
 - b. the proposed training plan should be piloted initially in a small number of carefully selected programs, with a well-specified plan for outcome monitoring and reassessment. If this proposal is implemented, AADPRT would like to be involved in the monitoring and outcome assessment of these residents and programs.
 - c. AADPRT strongly recommends that these programs include the maximum possible time for outpatient experiences, with maximum continuity of both adult and child outpatient cases (i.e. 18-24 months of outpatient, part adult and part child)
 - d. psychotherapy competencies and requirements need to be met in this program
3. AADPRT would like to propose, as a preferable alternative, a 3-year post-pediatrics program consisting of one year of adult psychiatry and two years of child and adolescent psychiatry, and leading to Board certification in child and adolescent, but not general, psychiatry.

ABPN Issues: The EC discussed current and proposed changes in the ABPN examinations. The ABPN has replaced the audiovisual part of the Part 2 examination with four vignettes. There is a proposal to move sections of the Part 2 examination (interviewing skills, ability to establish and maintain an appropriate doctor-patient relationship, ability to elicit information and do a mental status examination) into the residency, as is being done in Neurology. This is being piloted at Wake Forest University June 17, 2006. Critical issues are:

1. Who will do these examinations? (internal faculty with potential conflicts of interest? External faculty with potential conflict of interest/competitive issues?)
2. What will be tested and how? (OSCE-type model?)
3. When will this be done? If in PGY-2, what about the development that occurs between PGY-2 and PGY-4?
4. What would the consequences be of failure? (e.g. non-advancement to the next PGY level? Remediation?)

5. Who would have access to information regarding pass/failure of a particular resident?

Other concerns raised in the discussion included the issue of inter-rater reliability, the need for some oversight by the ABPN, the issue of needing additional resources to implement such a program, and the practical consequence that repetitive failure might set residents up for never being able to practice or enter another residency.

ABPN Report: Steve Scheiber and Larry Faulkner from the ABPN came to talk with the EC. Members of the EC introduced themselves to Dr. Faulkner. Dr. Faulkner was Residency Director at OHSU from 1980-1990. Since then he has been Chair of Neuropsychiatry and then Dean at the University of South Carolina. He will take over from Steve Scheiber as Executive Director of ABPN on June 9, 2006 and has been a member of the Board for seven years.

Steve Scheiber announced the pilot program in June at Wake Forest, which is designed to examine the feasibility of training senior ABPN examiners to, in turn, train local faculty as examiners for conducting the live patient examination during residency. Larry Faulkner emphasized that this is a pilot in a long tradition of pilot projects that the ABPN has conducted over the years, some of which have led to implementation of changes, while others have not.

In looking at doing the live interview as part of residency, the ABPN has discussed trying to have the RRC introduce this kind of evaluation as a requirement, and feels that these patient interview skills should be demonstrated by residents in order to graduate from residency. The ABPN would ask residencies to state that residents are credentialed in basic interviewing skills as a condition to sit for the Board examinations. Failure would not require repeating rotations, but just ongoing reassessment of general interviewing skills and remediation in the context of completing other rotations. Residency graduates could also obtain this credentialing after residency through a CME program, as needed, and would not be excluded from the certification process if they are unable to achieve credentialing during residency.

AADPRT would like to have an ongoing collaborative relationship with the ABPN in developing this initiative, and members of the EC expressed interest and willingness to partner with the ABPN in doing this.

RRC: Mark Servis and Ron Krasner wrote a letter to the RRC with comments about the revised requirements. Sandra Sexson addressed the RRC's response to these comments (see below). She plans to take the final document to the ACGME in September, rather than June. This means that the revisions would go into effect July 1, 2007.

As far as the comments that AADPRT sent to the RRC:

1. The RRC would like some suggested wording regarding FTEs for associate training directors.

2. The RRC will use AADPRT's suggested language regarding the requirement for continuous outpatient care (i.e. eliminating numbers such as 1 in 5 outpatients, etc.)
3. The RRC will restore language requiring that the program ensure that residents attend at least 70% of didactic sessions.
4. The RRC will add language requiring no less than two hours of supervision per week, at least one hour of which must be individual supervision.
5. The evaluation of residencies using ABPN pass rates (70% of residents taking the exams, 50% passing) will remain in the document, since this is part of the common requirements.

David Kaye compiled and summarized concerns expressed by many AADPRT members in the Regional Caucuses about ACGME site visits, the PIF, responsiveness of the ACGME staff, and ACGME notification letters. Mark Servis then further organized these concerns into a letter to Larry Sulton. The RRC would like a couple of AADPRT members to work with them in writing the new PIF.

Action Items:

1. Ron and Mark will do work with the RRC to rewrite the PIF.
2. Ron will take the information David and Mark have compiled and meet with Larry Sulton and Sandra to discuss these issues.

Other reports submitted in writing and distributed to the EC in advance of this meeting for informational purposes, but not discussed by the Executive Council in the meeting, included:

1. Report from the Academic Societies Meeting (Jed Magen)
2. Psychotherapy Taskforce Report (Lee Ascherman)
3. AADPRT Subspecialty Caucus Report (Joe Layde)

Respectfully submitted,
Deb Cowley
Secretary