

**AADPRT Executive Committee Meeting
New Orleans, Louisiana
Saturday March 15, 2008**

Meeting called to order at 7:10 am

Present: M. Servis, D. Cowley, S. Sexson, C. Varley, S. Benjamin, B. Levy, S. Weissman, D. Stubbe, L. Ascherman, A. Bentman, A. Louie, D. Katz, D. Rosen, D. Goldberg, J. Layde, M. Jibson, K. Sanders, L. Mellman, Boland, L. Meinsler

Regional Reps: Rostain, Joshi, Sonis, Dickey, Misra, Schaepper, Sacks, Guthrie, Dingle, Woodman, Kelley

Regional Reps Reports:

1. ABPN exam. Lots of questions and lots of affect about the process and the requirements. Some of the questions included: What is the standard for passing? In what venues? Real patients vs. standardized pts? Can ABPN look at internal individual's records re # times exam taken to pass? Can programs receive Board program report automatically? Are all ABPN examiners vetted? What about training of evaluators? Concern in the field over being dictated to. Who is in charge of the process? Suggested remediation could involve examination by faculty from another nearby program. Would like an ongoing report from EC about progress of this issue.

Action Items:

1. Remain vigilant about ongoing communication with field about clinical skills verification process issues; periodic updates would be desirable.
 2. Send announcement out to field when new minutes are available online.
 3. Task Force to develop and post on website FAQs on the clinical skills verification process.
 4. Request ABPN automatically send out program information about pass rates.
2. **ACGME.** Specialty PIF continues to be problematic, difficult to complete although it is improved, shorter, less redundant. Common PIF seen as even more difficult. There is a move to standardize PIF across specialties. Outcomes measures section still needs more structure and clarification. Communication from/with ACGME remains inconsistent and less than optimal. Site visits have generally been satisfactory although there have been relatively few; complaints should be forwarded to EC. Would be helpful to have delineated time and other resource support spelled out for program coordinators in RRC guidelines. Encouraged Victor Reus to monitor AADPRT listserve.

Action Items:

1. EC to monitor ACGME website for changes relevant to field and send out email notification to listserve.
 2. Survey program coordinators for amount of time needed by size of program, number of sites, type of program; look to advocate for language about this in next iteration of RRC.
 3. Formalize AADPRT rep on RRC.
 4. Continued monitoring of program experiences with site visits, PIFs and revisit at next meeting.
3. **Workforce/Need for psychiatrists.** Medicare caps on total # residents are not growing while medical schools grow. There are no more residency positions today vs. 10 years ago. Additional issue is to have sufficient faculty.

Action items: AADPRT Workforce to look to partner with AACAP, APA, OPDA to monitor and address this.

4. **New Regional Reps.** Region 1: Kathy Sanders off and Matt Ruble and Jane Eisen will replace. Region 2: Diane Sacks rotates off and Melissa Arbuckle replacing. Region 3: Michael Travis replacing Tony Rostain. Region 4: C. Woodman off; Jeff Bennett taking over. Region 5: TO Dickey rotates off and Grace Thrall will replace. Region 7: Doug Gray replacing Don Rosen. Terms over but Dorothy Stubbe and Kathleen Kelley will stay on for 1 additional year.

Action items: post updated regional rep listing on website

5. **Plagiarism/falsification of credentials/resumes.** This has been a recent issue, including a poster at the meeting this year. Approaches:
- notify ERAS of irregularities.
 - Google suspicious essays.
 - Many universities have vetting program available (e.g. www.turnitin.com) and programs may have access.
 - Add line to applications to attest that information is accurate and that falsification can be grounds for rejection.

Action Items: Initiate dialog with ERAS about addressing these concerns.

6. **CAP records.** Program cited for having summative, but not formative, evals from GP program for transfers.

Action items: EC to clarify policy with RRC.

7. **CORF rep:** P. OLeary.
- Suggestions to improve meeting for residents. Add social event early in meeting. ?lunch with a few experts. Orientation to meeting. Meeting is very rich and very much enjoyed by residents.
 - What kind of resident do we want attending meeting? Answer: Residents who have strong interest in education and administration.
 - Workshops: very useful but would like access to posted materials (members only). Solution: Coordinators and TDs can download for them.
 - Increase marketing to residents. Issues: increase fees needed (we lose money on residents at present rates)? Hotel maximums? Change the flavor of the meeting. Need to think about how much to promote. Consensus to promote residents involvement through presentations (vs. generic encouragement) and awards.
8. **TAGME.** Need clarification from ACGME about sufficient “administrative support”. Programs being cited for inadequate support. Work group to be established to create survey and gather information as above (#2).

Nominating Comm. Report. Bruce Levy will remain on EC. Lisa Mellman finishing as Past, Past President; D. Goldberg, M. Jibson, C. Varley, A. Louie finishing up on EC. Kathy Sanders will be nominated as Program Chair for 2010.

Adjourned 8:53 am.

Respectfully submitted,

David Kaye
Secretary