

AADPRT  
EXECUTIVE COUNCIL MEETING  
March 9, 2005

Call to Order

David Goldberg called the meeting to order at 6:30 pm.

Members Present: Drs. Ahmed, Andrews, Beresin, Cowley, DeMartino, Goldberg, Jacobs, Krasner, Layde, Levy, Mellman, Rostain, Sanders, Servis, Stubbe, Thrall, Varley, and Weissman  
Administrative Program Co-coordinator-Lucille Meinsler

New Members

Two new members of the EC were introduced-for SAMHSA, Robert DeMartino replacing Mel Hass and for the new chair of the subspecialty caucus, Joe Layde replacing Ike Ahmed.

Information Committee

Sheldon Benjamin, the Info Committee chair, reported the new website will be going live tonight. He reviewed many of the new features of new website for the EC. He reported that Rick Brandt was great and will be here tomorrow to answer questions. Sheldon was recognized by EC for his tremendous hard work and dedication on this project.

Report on Organization of Program Directors Association (OPDA)

Carl Chan is current chair of OPDA, and his term will be ending next October. AADPRT will need to find another rep, but Carl will be on OPDA's Executive Committee for one more year. That important organization which represents program directors from all specialties meets annually in Nov and March of each year. Their meeting includes keynote speakers and reports from NRMP, ERAS, AAMC, and ACGME. In May they will be meeting on competencies and Ron Krasner will represent AADPRT. There is a council of RRC chairs, and David Goldberg will be our nominee to sit on that committee. OPDA has been studying web-based competency modules, as well as looking at pilot projects to improve the accreditation process. Programs with resident management systems can have e log systems adapted to them. Future OPDA agenda items include, the USMLE CSE and the status of state medical boards on licensing issues.

Central Office and Executive Director Position

David Goldberg again announced to the EC that the person whom we had identified to work with Lucille was unable to accept the position due to an unexpected medical condition interfering with her life. As a result of this, Lucille was asked and agreed to continue in her current position. She was lauded by EC for this. The details of the position and her move from UConn to Lebanon, Pennsylvania (i.e. her new home office) will be worked out with the organization. Ron Krasner agreed to manage this process. Finally, it was announced that the CME administration for the meeting will move from U Conn to the Institute of Living with the assistance of Adrienne Bentman.

### RRC Revision of Essentials

David Goldberg stated AADPRT's position to support the IOM's recommendation for a change in the RRC Essentials that psychiatry residents attain research literacy during their residency. A discussion followed regarding this position. Another aspect of AADPRT's recommendations to the RRC, i.e. that psychotherapy competencies be moved from special competencies to the general competencies was also discussed.

### Research Task Force

As a way of introducing the work of this task force, which has 13 members, Deb Cowley reviewed the IOM report and its recommendations for psychiatry residency training. She also noted the National Psychiatry Training Council (NPTC) was put together by NIMH to address several issues from IOM report. The following are the main sections of the AADPRT Research Task Force Report:

1. Research literacy-While most residents will not be researchers; all should be able to critically review the research literature in the field. A discussion regarding the development of a realistic description of research literacy followed. The Essential's definition of scholarly activity as defined as the number of faculty publications is clearly insufficient, several members stated. There was also a discussion of evidenced-based medicine/psychiatry during which several members recommended a better definition. Following some further discussion, EC unanimously endorsed a research literacy statement in the new Essentials.
2. Small programs report-Deb pointed the EC to the Task Force Report for the comments of small programs in relation to the research initiative.
3. Model programs-EC discussed blueprints for several model research programs, which demonstrate there is sufficient time for them without changing RRC essentials. These model programs have been presented to NPTC committees and discussion has followed on how these programs might be applied to subspecialty training.

Following this discussion David Goldberg summarized the relationship between AADPRT and NPTC. Michelle Pato pointed out that since we don't have the instruments to measure competency, we cannot leave the time based requirements, but that there is enough flexibility to achieve the research education and career promotion needs. Others noted that it is very difficult for programs to pay for unfunded mandates. While there is a clear need to make educational change, there is a money problem...who will pay? Gene Beresin noted further that a policy statement may be needed. He pointed out that we don't have instruments, and we don't have the sufficient funding for research. Students with research interests are dropping out, and the pilot programs that are being proposed are not being approved. The elimination of clinical time takes away from clinical missions, and if that is done, it needs to be funded along with the faculty to achieve it.

In sum, there are things we need to support, things that are obstacles, and things that need to be researched further in order to make progress in these areas.

The NPTC's draft proposal was discussed with most (if not all) EC members expressing support for the 9-month inpatient psychiatry minimum. The reduction of the outpatient minimum was also considered. It was suggested that there be a planned approach to Mike Ebert, RRC chair.

#### PreMeeting Grant

Michelle Pato-discussed the R13 Conference Grant to support the AADPRT pre-meetings for the next 5 years and 5 topics and to study the impact of what was implemented from the pre-meeting conferences. AADPRT will devote the next 5 years of premeetings to IOM report recommendations. The EC recognized Michelle Pato and Lisa Mellman for their work on this.

#### SAMHSA-CMHS

Robert DeMartino described the SAMHSA-CMHS program of transformation of mental health services in this country. Families will be more involved, there will be a strong patient voice, and the recovery model of mental illness will be adhered to. Several EC members wondered about the marginalization of psychiatry in this scenario.

#### Subspecialty training

In response to another NPTC initiative, the question of whether to have a 3 year general program and to start subspecialty training in 4<sup>th</sup> year was raised. This issue addresses the purpose of the 4<sup>th</sup> year of training with the question posed as: can good clinicians with sub training be done in 4 total years? Or can subspecialty residents also do research with 2-year subspecialty program beginning in the 4<sup>th</sup> year? Chris Varley stated child-portals of entry need to be opened, but, perhaps, it must also be held for all subspecialties. Sid Weissman pointed out all of these proposals will end up taking away 4<sup>th</sup> year. Ike Ahmed suggested that the model would be 3 (general) + 2 (fellowship) with the 2<sup>nd</sup> year in research. In all subspecialty residencies the 4<sup>th</sup> year as clinical. Kathy Sanders pointed out that the 4<sup>th</sup> year in subs is more doable if resident stays in same institution. A vote to study the 4<sup>th</sup> year was passed by EC. David Goldberg has appointed Adrienne Bentman to chair the 4<sup>th</sup> year taskforce. Adrienne will work with Lisa Mellman and David Goldberg to set the agenda and recruit taskforce members.

#### Subspecialty Caucus

Ike Ahmed announced that this would be his last EC meeting, however, he will be attending the annual meeting as the education liaison from AAGP. He stated that at this time, the main issue is recruitment as subspecialty programs are filling only 60% of positions. They will be setting up a Task Force to study what to learn during 1 month fte in general programs.

#### ABPN task force in credentialing

The EC discussed the most recent ideas from the ABPN. They are: the establishment of a clinical skills exam in PGY 2, Part 1 or the written examination will be in May or June of PGY 4.

It was observed that graduates of subspecialty residency training programs are not taking subspecialty boards. Recredentialing was also discussed. A Task Force between the ABPN and other organization was established with Dan Winstead and David Goldberg as chairs.

#### Questions for Regional Reps

The EC formulated several questions for David Kaye to bring to the regional reps for their meeting with their regions:

Why are graduates of subspecialty training not taking boards?

Regarding the ASCP psychopharm curriculum-do you wish to have a model curriculum in psychopharmacology?

Is there sufficient voice for members in the organization?

Regarding the teaching of research literacy, are you doing it? Do you need help?

How do you feel about the AADPRT fellowships?

#### AADPRT Fellowships

It was reported that for the IMG fellowship there were 9 total applications with 4 chosen; for the Ginsberg, 18 total applications. This was felt to be a low number, and EC discussed the possible reasons, e.g., too much effort, need to be web based, etc. The procedures of the fellowships were also discussed. It was concluded that AADPRT was committed to continuing both and to explore why submissions are down.

Respectfully submitted,  
Ronald F. Krasner, MD  
Secretary