

American Association of Directors of Psychiatric

Residency Training

Executive Council Meeting

Sunday, May 6, 2012

Salon A/B

Hilton Garden Inn

Philadelphia, PA

AADPRT Executive Council Meeting

Sunday, May 6, 2012

AGENDA

*Salon A/B
Hilton Garden Inn
Philadelphia, PA*

Time	Topic	Presenter
10:15 am – 10:30 am	Welcome/Introductions	Kathy Sanders AADPRT President
10:30 am – 10:40 am	Review of 2012 Meeting	Adrienne Bentman
10:40 am – 10:50 am	Update-2013 Meeting	Bob Boland
10:50 am – 11:00 am	Finance Report	Michael Jibson
11:00 am – 11:30 am	GME Task Force	Jed Magen
11:30 am – 12:00 N	APA Update	Deborah Hales
12:00 N – 12:30 pm	ACGME Liaison Task Force	Gene Beresin
12:30 pm – 1:00 pm	Milestones	Kathy Sanders
1:00 pm – 1:30 pm	LUNCH	
1:30 pm – 3:30 pm	Committee, Caucus & Task Force Reports	
1:30 – 1:40	Model Curriculum	Tony Rostain
1:40 – 1:50	Pre-meeting	Sid Zisook
1:50 – 2:00	Child & Adolescent Psych Caucus	Arden Dingle
2:00 – 2:10	Development	Art Walaszek Brian Palmer
2:10 – 2:20	Membership	Tami Benton Isis Marrero
2:20 – 2:30	Information Management	Sahana Misra
2:30 – 2:40	Recruitment	Sandra DeJong
2:40 – 2:50	Regional Representatives	Chandlee Dickey
2:50 – 3:00	Subspecialty Caucus	Robert Rohrbaugh
3:00 – 3:10	Duty Hours Taskforce	Deb Cowley
3:10 – 3:20	Coordinators' Organization Plans	Lucille Meinsler
3:20 – 3:30	WRAP UP	Kathy Sanders

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: February 6, 2012

Committee or Liaison Group Name: Program Committee

Chair/Representative's Name: Adrienne Bentman, MD

Brief summary of committee, taskforce, or caucus purpose or charge:
Organize and implement Annual AADPRT Meeting including selection of theme, title, plenary speakers, and workshops. Support Lucille in her tasks.

Goal(s) or tasks to be completed in 2012-2013:

Plan for 2013 Annual Meeting in Ft. Lauderdale, Fl.

Report/Updates of Importance & Pertinence:

2012 Annual Meeting Evaluation Results

The overall meeting was a success with the majority of ratings exceeding expectations/outstanding.

Commercial bias – 2. Symptom Media handout at the Pre-meeting and the “pitch” for the Tarrytown conference at a workshop on leadership.

The exhibitor space was well received and felt to be biased by a very small minority of 1-5 raters.

Ratings of the logistics were near outstanding including the city, hotel, facilities, service, food.....and the WEATHER!!!! Many appreciated the accessible neighborhood available on foot. Raves regarding the plentiful fruit and vegetables were paired with the plea, “sometimes I just want a donut.”

The plenary speakers met/exceeded expectations. Though overall members were pleased with the reputation, imagination, creativity, and their capacity to inspire; others looked for more concrete application of their message to our work. AV left much to be desired.

Thursday morning programming which featured the NTD Symposium, programming for experienced and early career PD's, CA CSV training, and the GME workshop were a hit.

The workshop sessions remain the favorite events. Useful requests included allowing sufficient time for small group exercises or questions & answers, offering curricula or explicit examples, attending to the needs of resource rich and poor programs. The ultra-large workshops were unwieldy to some.

For Action Item 3 below –

Workshop criteria with additions in **bold**:

Submissions reviewed and ranked by Committee comprised of former, current, incoming Program Chairs

Current Program Chair may neither submit nor present a workshop or poster (new in 2011-12)

Criteria include educational value, audience appropriateness, topic diversity, connection to the meeting theme, innovation, and **inter-institutional collaboration**

Submissions must include identification of a Practice Gap, Educational Objectives linked to the Practice Gap, **and workshop agenda (time utilization)**

May only be named on three (3) workshop proposals either as leader/co-leader or presenter (new in 2011-12)

New Action Items:

1. Determine how much money AADPRT wants to devote to the support of technology and internet access requests being made by workshop and poster presenters (refer to information below and from Treasurer/Lucille)
2. Determine who pays for the presentation needs of AADPRT Task Forces and Committees
3. Discuss addition of the highlighted items to the list of workshop criteria invited from members (see workshop criteria above)

2013 Meeting

Wednesday, March 6, 2013 - Saturday, March 9, 2013

Hilton Fort Lauderdale Marina

Fort Lauderdale, FL

Theme (tentative): Training the Future Psychiatry (in this Milestoned Landscape).

Summary: This is meant to be a practical meeting focusing on the issue of curriculum. What do psychiatrists really need to know to be competent psychiatrist, now and in the foreseeable future? What should our curriculum look like?

For example, we frequently hear that the future psychiatrist must be a neuroscientist, having an understanding of research discoveries from neuroimaging, genetics and other areas of neuroscience, but it is often difficult to articulate why this is so. The discoveries from neuroscience are often presented as being of little practical value now but of great future importance, but, what is the evidence for either statement? Are we underestimating the current relevance of neuroscience? And what can we reliably predict about its future significance.

Similarly, most residency programs spend substantial time teaching psychotherapy. This is true even despite the fact that many, if not most, psychiatrists will not be practicing this treatment. There is no doubt that psychotherapy is an important treatment option for patients, but there seems to be considerable doubt regarding whether psychiatrists are the ones who should be considered the experts in this modality. Given this, what aspects of psychotherapy are critical for psychiatrists to know? Is it simply a matter of understanding theories and being attuned to dynamic issues with patients, or are there specific psychotherapeutic skills that one must have to be a competent psychiatrist? If so, what specific skills are knowledge are essential?

Finally, our curriculum draws on other disciplines, both within and outside of psychiatry. Residents are required to spend time on primary care and neurology services, but little is said about what they should be learning while on the service. Are there specific subject areas that are critical to being a good psychiatrist, or is it simply a matter of learning to integrate with other disciplines and absorb the common cultural values of the profession? Similarly, when residents spend time on subspecialties of psychiatry, there is often little guidance as to the content they must learn. For example, the experience learning forensic psychiatry or community psychiatry can vary widely across programs and there is little guidance as to what a resident should learn from these subspecialties.

Previously, psychiatry residency programs had considerable leeway to answer these questions themselves and to develop a philosophy and teaching approach that was unique to their program. With increasing regulation, residency programs have been under increasing pressure to adhere to a common

curriculum. The introduction of milestones in the coming year will make this only more so. It is important that Psychiatry, as a discipline, comes to some consensus regarding the most important elements of their profession and how these should be reflected in the residency curriculum. It is hoped that this meeting will serve as a forum for an informed discussion of these issues, and that it will help guide a consensus in our field.

The plenaries will focus on these issues, and it is anticipated that there will be one focused on neuroscience and one on psychotherapy. In each case, a leader in that field will be asked to address the issue of what in their field is essential to the psychiatry curriculum. It is imagined that the last plenary will be a panel discussion with representatives from allied fields (internal medicine, neurology) and subspecialties (forensic psychiatry, community psychiatry).

Although, as always, considerable flexibility will be allowed with workshop submissions, the membership will be encouraged to submit workshops that help bear on this question and address practical issues of the psychiatry curriculum.

AADPRT
Balance Sheet
March 31, 2012

ASSETS

Current Assets		
BOA Checking - General	\$ 121,507.36	
BOA Savings - General	40,321.38	
BOA Savings - Paypal	118,076.52	
PNC - Checking	349.23	
PNC - Money Market	244,115.24	
Wells Fargo-Checking	63,167.00	
Wells Fargo-Neuro	<u>57,434.61</u>	
Total Current Assets		644,971.34
Property and Equipment	<u></u>	
Total Property and Equipment		0.00
Other Assets		
Prepaid Expense - Deposits	<u>2,500.00</u>	
Total Other Assets		<u>2,500.00</u>
Total Assets		<u><u>\$ 647,471.34</u></u>

LIABILITIES AND CAPITAL

Current Liabilities	<u></u>	
Total Current Liabilities		0.00
Long-Term Liabilities	<u></u>	
Total Long-Term Liabilities		<u>0.00</u>
Total Liabilities		0.00
Capital		
Beginning Balance Equity	\$ 458,260.83	
Net Income	<u>189,210.51</u>	
Total Capital		<u>647,471.34</u>
Total Liabilities & Capital		<u><u>\$ 647,471.34</u></u>

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: May 2, 2012

Committee or Liaison Group Name: GME Task Force

Chair/Representative's Name: Jed Magen

Brief summary of committee, taskforce, or caucus purpose or charge (Definition of the Committee):

Coming changes in GME reimbursement are going to result in strain on the system. Psychiatry may be vulnerable due to lower reimbursement rates, fewer involved stakeholders and unfilled positions in fellowships. The committee will try to:

- 1) Serve as a repository for and push out best practices to the field related to GME cuts
- 2) Do individual consultations with training directors/chairs who have GME issues
- 3) Define skill sets that may be useful in a changing GME environment that training directors and chairs may not have. AADPRT's annual meeting and to some extent the APA and AACDP maybe places to acquire some training in these skills
- 4) Liaison with APA around policy issues

Action Items from March 2012

The committee has membership from AADPRT, AACDP and the APA and held a preliminary meeting at the AADPRT conference in March.

Goal(s) or tasks to be completed in 2012-2013:

There are unlikely to be significant Federal actions until after the election, at which time the lame duck congress is going to have to address the end of the Bush tax cuts and the mandated sequestration of Federal funds. At such time as things heat up, the committee will begin to do phone conferences and develop action items.

Report/Updates of Importance & Pertinence for May Meeting:

American Psychiatric Association

Date: April, 2012



American Psychiatric Association, Division of Education
Deborah J. Hales, MD, Director
Sandra Sexson, MD, Chair, Council on Medical Education and Lifelong Learning
Nancy Delanoche, MS, Associate Director for Graduate and Undergraduate Education

Continuing Medical Education

Support for MOC

The Division of Education, Division of Research, including Practice Guideline and Quality Improvement staff, have collaborated to create five MOC Part 4 - Performance in Practice (PIP) Modules. First published in *Focus*, these modules cover Substance Use Screening, Major Depression, PTSD, Assessment of Suicide, and Assessment and Treatment of Substance Use Disorders. A PIP module on Schizophrenia will be published in the Spring, 2012, issue of *Focus*.

The APA Board of Trustees recently voted to make PIP modules free for APA members. We are working to have these available on the APA website. Two modules, "Screening for Substance Abuse" and "Assessment and Treatment of Substance Use Disorders" are now available online, free for APA members. Members who complete these modules will have the date and topic of the PIP recorded in their personal transcript, which can be transmitted to the ABPN. Non-members will be charged \$399 for these modules.

This summer we will introduce the **FOCUS MOC Workbook Series**; the first volume on Major Depressive Disorder will include a self-assessment activity, PIP module, Practice Guideline on MDD and several recent reprints, and a "Real Time Tool for Assessment of MDD" created by Laura Fochtmann, Farrah Duffy and other APA staff. Also included will be patient and peer feedback forms created by the ABPN and detailed instructions on "How to Participate in MOC." The softcover workbook is intended to be used in conjunction with the APA Learning Management System (LMS), so that all MOC activities completed are recorded in the individual's transcript and transmitted to the ABPN without need for auditing.

The **2012 Annual Meeting Self-Assessment**, is available to all registrants on the LMS from February 19 through May 9, 2012. The activity, which is ABPN-approved for Part 2 of MOC, was designed to help registrants identify areas of strength and weakness and then choose their Annual Meeting activities accordingly. First offered for the 2011 Annual Meeting, it received very positive evaluations from those who participated. A high percentage of survey respondents indicated that the course was of excellent quality, met its stated objectives, provided information that they could apply to their practice, and helped them to identify areas for further study.

FOCUS: The Journal of Lifelong Learning in Psychiatry and the FOCUS Self-Assessment Program

The 2012 Focus topics are: **Women's Mental Health** (edited by Susan Kornstein and Anita Clayton), **Schizophrenia** (edited by Peter Buckley and Brian Miller), **Child and Adolescent Psychiatry through the Life Cycle** (edited by Gene Beresin and David Kaye) and **Major Depressive Disorder and Dysthymia** (edited by Maurizio Fava and David Soskin).

The Division of Education has introduced a new CME tool, **eFOCUS**, edited by Carl Chan and David Fogelson). It is an ABPN-approved self-assessment activity available for free to all APA members. Each eFOCUS Commentary covers a different topic in psychiatry and includes a clinical vignette, survey questions comparing approaches to a clinical problem, expert commentary, and peer comparison. Participants who successfully complete the eFOCUS module receive 2 *AMA PRA Category 1 Credits*[™].

APA Online CME

In collaboration with Marathon Multimedia/Learner's Digest, APA produced the 2011 Annual Meeting On Demand, a website and DVD featuring 104 hours of lectures, symposia and workshops from Honolulu, with accompanying quizzes and CME credit. Last October we captured content from the IPS meeting for a new CME product, IPS On Demand.

We will again capture popular lectures and symposia from the Annual Meeting in Philadelphia for the **2012 Annual Meeting on Demand**, it can be purchased and is available as an online course or on a thumb drive.

IPS Meeting

The 64th Institute on Psychiatric Services will be held in New York City on October 4-7, 2012. In addition to an **"integrated care track"**, a health services research track and an OMNA on Tour track have been scheduled. Overall, the sessions will focus on issues of concern to general psychiatrists, primary care physicians, psychiatrists working with the severely mentally ill, community psychiatrists, residents and other related mental health professionals. CME credit will be provided for physician attendees by the APA; an application to provide CE credits for other disciplines is pending with Drexel University.

Graduate and Undergraduate Education

PSYCHIATRY REVIEW 2012, a day-long Master Course at the APA Annual Meeting in Philadelphia, is being held Saturday May 5, 2012, 9am to 4 pm. Organized in collaboration with the American College of Psychiatrists, this program that will offer a comprehensive review of Psychiatry using an audience response system and multiple choice questions. A separate fee is required for this special course.

Director: Arden D Dingle, M.D. Associate Professor of Psychiatry, Emory University School of Medicine; Editor in Chief – PRITE^R

Co-Director: Robert Boland, M.D. Professor of Psychiatry, Warren Alpert School of Medicine at Brown University; Associate Editor PRITE^R

Faculty: Richard Balon, M.D., Sandra DeJong, M.D., Natalie Lester, M.D., Avram Mack, M.D., Vishal Madaan, M.D., Anthony Rostain, M.D., Mark Servis, M.D. Marcy Verduin, M.D.

Educational Objectives At the conclusion of this session, the participant should be able to: 1) Identify gaps in knowledge in psychiatry as part of an exercise in lifelong learning; 2) Analyze multiple-choice questions pertinent to clinical topics using an Audience Response System; 3) Identify preparation strategies for lifelong learning; 4) Be able to search the clinical literature to prepare for lifelong learning; and 5) Demonstrate a working knowledge of the various topical areas likely to be encountered during lifelong learning activities.

CHIEF RESIDENT LEADERSHIP CONFERENCE - Registration for the 2012 APA Chief Resident Leadership Conference is now open. The conference is Monday, May 7, 2012 in Philadelphia during APA's Annual Meeting. This one-day program provides an intensive hands-on training for leadership and an opportunity for the incoming chief residents to network with one another. Supported by a grant from Eli Lilly.

IMG INSTITUTE – Orientation to US psychiatry for IMGs, the one day session will be held Saturday, May 5, 9am-4 pm, Room 123 Level 1, Philadelphia Convention Center. Chair- Raghu Rao, MD; no preregistration required.

RESIDENT and MEDICAL STUDENT POSTER SESSION - The 2nd Resident and Student Poster Competition at the APA meeting is scheduled for Saturday, May 5th at the Philadelphia Convention Center, Exhibit Hall C-E, near registration. Session I 10-11:30 am and Session II 2-3:30 pm. Coffee will be served during the poster sessions.

There are over 140 posters, and resident/student authors will be there to discuss their posters. Winners for each of the 4 categories will be announced during the sessions:

1. Community Service
2. Patient-Oriented & Epidemiology
3. Curriculum Development and Education
4. Psychosocial and Biomedical Research.

PsychSIGN The APA continues to support of **PsychSIGN**. The National PsychSIGN conference will be held May 5-6 in Philadelphia. Please encourage your students to attend. Visit www.psychsign.org for more information regarding the new PsychSIGN leaders and their plans for regional conferences for the year.

Awards: Bryce Templeton, MD, received the **Vestermark Award** and will lecture at the Annual Meeting. The **Nancy CA Roeske Certificate of Recognition for Excellence in Medical Student Education** and the **Irma Bland Award for Excellence in Teaching Residents** will be announced this spring and certificates sent to the awardees from each academic institution.

MindGames Finalists: Cornell, Columbia and University of Texas- Houston Final Competition: Tuesday May 8, 2012 at 6:30 pm; Philadelphia Marriott, during the APA Annual Meeting. GLEN GABBARD WILL MODERATE THE SESSION, FRANK FERNANDEZ, MICHELLE RIBA AND CHARLIE NEMEROFF WILL SERVE AS JUDGES. A NO-HOST RECEPTION FOLLOWS, SUPPORTED BY SEVERAL OF THE PHILADELPHIA RESIDENCY

TRAINING PROGRAMS AND THE SCATTERGOOD FOUNDATION, WITH ACOUSTIC MUSIC BY PINK FREUD.

Division of Research and APIRE

DSM-5 Update

The American Psychiatric Institute for Research and Education will again be coordinating a series of sessions at the 2012 APA Annual Meeting under the DSM-5 Track. The series will open with a research forum, followed by a three-part symposia series featuring **updates from each of the 13 DSM-5 Work Groups**. An additional symposium will discuss implementation and findings from the recently completed **DSM-5 Field Trials**. Although not formally part of the DSM-5 Track, select DSM-5 Work Group members will also participate in an open-discussion panel on posttraumatic stress disorder and the military.

Research Training Opportunities at the APA Annual Meeting

The APA Work Group on Research Training, along with APIRE staff, will present the **17th Annual Research Colloquium for Junior Investigators** on May 6, 2012, in Philadelphia as part of the 2012 APA Annual Meeting. Thirty participants – including residents, post-residents, and junior faculty – will be invited to attend and spend the day meeting in small breakout groups consisting of five mentees and three mentors, wherein trainees present their research projects and receive feedback from mentors.

A group of over 130 potential future investigators are invited to attend the **Early Research Career Breakfast** during the APA Annual Meeting. Under this format, mentors with experience in different areas of research meet in small groups with mentees at the medical school, residency, or post-residency level who are interested in initiating a research career. Mentees are encouraged to spend time with several of the invited mentors in order to learn about different research areas and gain a variety of advice and perspectives on establishing a research career. A total of 10 research topics are covered, with two mentors representing each area.

Resident Research Awards

Five current or former psychiatry residents will be honored during the APA Annual Meeting as recipients of the Lilly Resident Research Award. This award is for residents who produce a scientific paper during their residency training that has not been previously published.

Post-residency Fellowships

Four post-residency research fellows will receive awards during the APA Annual Meeting that will provide support for 1 year during which the awardees initiate their individual research fellowships. Two of the awards are supported by Lilly and the other two are supported by Pfizer.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: April 29, 2012

Committee or Liaison Group Name: ACGME Liaison Committee

Chair/Representative's Name: Gene Beresin, MD

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

The AADPRT ACGME Liaison Committee was established to supplant the AADPRT RC Task Force, when it became apparent that there are much broader issues than the initial charge to the Task Force. It was supposed to work with the Psychiatry RC in its revision of the Essentials in General and Child Psychiatry and vet the modification with the AADPRT membership. Since its inception, the scope of the problems has substantially broadened in the following manner:

- The RC Revisions have become redirected to focus on the Milestones. These new Essentials along with their assessment instruments (that have to be produced or approved by the RC) need vetting by stakeholders, particularly AADPRT.
- The Common Program Requirements including initiatives such as the New Accreditation System (NAS), WebAds surveys of residents, directors and in the future, faculty, and new requirements such as handoff monitoring, quality improvement projects have been instituted and significantly impact the RCs (that may not have authority to modify them) as well as Programs, Fellowships, and their sponsoring Departments and Institutions.
- The Executive Council felt that AADPRT needs to have a voice in working with the RC as well as the ACGME in future modifications of training and education guidelines and regulations.
- The impact of future changes will have a tremendous effect not only on program directors, but faculty, services, and medical institutions.
- The ACGME Liaison Committee will serve to interact with the leadership of the RC and the ACGME as the Milestones, and NAS are rolled out.
- In addition, in order to have a greater impact on the evolution of the Milestones, their assessment and the NAS, the Committee will establish

communications and coalitions with other stakeholder groups such as OPDA, the Chair's Organization, and in addition work with Resident Groups (e.g. Residents members of the RCs, Resident Groups in the APA and other organizations), DIOs, Deans, Hospital Presidents and others who have stakeholding positions in the outcome of the new NAS as it impacts the infrastructure of programs and services. We need to consider multiple issues: approval of the draft of the Milestones for General and Child Psychiatry; fiscal and time impact on program directors and faculty; effective use of programs' information technology as well as a means to transmit information efficiently to the ACGME; and how to streamline the system of accreditation overall to promote effective education and training while building efficient means of using valid and reliable assessments that are able to be applied realistically in times of increasing demands on faculty, administration and in light of future GME funding cuts.

- Identify key "Consultants" to the Liaison Committee representing important groups, such as other Residency and Fellowship Program Presidents, a representative from the Chair's group, a Dean, a hospital CEO, Larry Faulkner or another representative of the ABPN, Darryl Kirsch, or a representative of the AAMC, a DIO, and others, as deemed appropriate by the EC.

Action Items from March 2012

1. Discontinuation of the RC Task Force and Initiation of the new ACGME Liaison Committee

Goal(s) or tasks to be completed in 2012-2013:

General Initial Tasks for the EC now:

1. EC approval and/or modification of the charge of the Committee as stated above.
2. Approval of membership of the Committee (attached)
3. Discussion of first steps in developing appropriate and effective coalitions, and indentifying consultants to be invited.
4. Discussion of prioritizing steps of the Committee in the next year.
5. Discussion of frequency and kinds of meetings, as this potentially has a fiscal impact on AADPRT.

Specific Tasks for the Committee

1. Begin discussions with Chris Thomas and the RC in the Development of the Milestones, and obtain a timeline for vetting them with the AADRPT membership.
2. Begin discussions with Ingrid Philbert or another ACGME Staff person in terms of appreciating the steps in the NAS rollout.
3. Invite (perhaps by AADRPT President and the Committee Chair) the “Consultants” we wish to include in our deliberations.
4. Identify the need for face-to-face committee meetings, conference calls, and attendance at important organizations, e.g. ACGME annual meeting, OPDA, Chairs Group, etc.

Report/Updates of Importance & Pertinence for May Meeting:

See above.

Respectfully submitted,

Gene Beresin, MA, MD

ACGME Psychiatry Milestones

A work in progress

Milestones Work Group

- Formed Fall 2011
- Three meetings
 - Dec 2011
 - April 2012
 - August 2012
- Work complete by January 2013
- Roll out to field for comment during 2013
- Implementation July 2014

Milestones Work Group Membership

Christopher Thomas, Chair

- | | |
|--------------------|----------------------|
| • Sheldon Benjamin | Gail Manos |
| • Adrienne Bentman | Don Rosen |
| • Robert Boland | Kathy Sanders |
| • Deborah Cowley | Mark Servis |
| • Jeffrey Hunt | Kaillie Shaw |
| • George Keepers | Alik Widge (trainee) |

Patient Care Milestones

- Evaluation
- Formulation
- Treatment Planning and Management
- Psychotherapy
- Somatic Therapies
- Psycho-social Interventions

Medical Knowledge Milestones

- Somatic Therapies
- Psychotherapies
- Psychopathology
- Human Development
- Neuroscience
- Practice of Psychiatry

Professionalism Milestones

- Ethics and Values
- Personal Accountability to self, patients, colleagues, and the profession

Interpersonal and Communication Skills Milestones

- Relationship development and conflict management with patients, families, colleagues, and members of the health care team
- Information sharing and record keeping

Practice-based Learning and Improvement Milestones

- The ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning
- Research and Teaching

Systems Based Practice Milestones

- Patient Safety and the Healthcare Team
- Resource Management
- Community Based Care
- Consultation to non-psychiatric medical providers and non-medical systems (e.g. military, schools, businesses, forensic settings)

AADPRT Committee, Task Force, Caucus Report

Executive Council Meeting

May 6, 2012

Date: May 1, 2012

Committee or Liaison Group Name: Model Curriculum Committee

Chair/Representative's Name: Tony Rostain, MD

Brief summary of committee, taskforce, or caucus purpose or “charge”

The charge for the Model Curriculum Committee (MCC) is to pull together models of useful curricula on a variety of topics, and to showcase work which Training Directors are doing to promote curricular innovation.

In line with this charge, the members of the MCC will:

1. Constitute a diverse committee broadly representing AADPRT, including subspecialties
2. Set annual priorities of which curricular areas to showcase
3. Develop a process for soliciting, reviewing, and selecting curricula and educational materials of interest to the membership
4. Coordinate with the Information Committee the posting of selected curricular materials

AADPRT Model Curriculum Committee Meeting Minutes

San Diego, CA , March 10, 2012

Present: Joan Anzia, Northwestern; Belinda Bandstra, Stanford; Hind Benjelloun, Georgetown; Cletus Carvalho, University of Kentucky; Joanna Chambers, Indiana University; Debra Forrest, University of Connecticut; Jacqueline Hobbs, University of Florida; Waguhi IsHak, Cedars Sinai Medical Center; Kaz Nelson, University of Minnesota; Audrey Newell, St. Mary Mercy Residency Program, Livonia, Michigan; Manisha Punwani, Southern Illinois University; Bob Rohrbaugh, Yale (Secretary); Tony Rostain, University of Pennsylvania (Chair); John Sargent, Tufts; Asher Simon, Mount Sinai; Glenda Wrenn, Morehouse; Sandra Stock, University of South Florida.

1. Dr. Rostain welcomed both new and returning members of the Model Curriculum Committee. He reported that committee members had three main editorial responsibilities vis a vis curricula that are submitted: (1) accept for web publication; (2) ask authors to revise their curriculum and re-submit, and (3) reject the curriculum.
2. Dr. Rostain suggested that all members will learn about the function of the committee by having everyone on the committee review all applications, it may be that in the future we will want to develop subcommittees that would have special expertise in a particular area.
3. Dr. Rostain reported that posted Model Curricula had received a significant number of hits, suggesting that educators had found the selected model curricula to be helpful. Many members of the committee reported they had shared the curricula with faculty working in the area. There was interest in having AADPRT IT develop a system to catalog the curricula on line (especially as the number increases) and to identify who accessed the curriculum so they could be sent an email about what use they had made of the curriculum.
4. Dr. Rostain suggesting extending the time for submitting curricula for the current round of requests for submissions as there has been difficulty uploading the curricula related to current topics.
5. The committee discussed the challenges involved in submitting a curriculum for review. It takes considerable effort to write the curriculum and the training manual. Dr. Rostain said he felt the effort was similar to that of writing an article. The benefit for the faculty member was that they have written a peer-reviewed national model curriculum that they could include in their academic portfolio for appointment, reappointment and promotion. The Committee suggested having an AADPRT workshop on how to submit a curriculum may be helpful to junior faculty.
6. Dr. Rostain reported that no curricula related to Neuroscience had been submitted. The committee discussed whether this was because the topic is too broad and whether there might be ways to split it into smaller components. Some programs have also attempted to integrate neuroscience into a broader patient-oriented teaching program. This approach is not easily disentangled into “pure” neuroscience curricula. This led to a suggestion that it would be useful to have an inventory about how different programs approach the topic of neuroscience teaching. The committee wondered whether we should set up a resource center for neuroscience teaching rather than having a few comprehensive model curricula.
7. The committee discussed a policy issue on whether the committee would endorse a book created by someone who submits a curriculum. The committee decided that if a book author writes a curriculum which is accepted according to our criteria, we would not exclude it from being named a model curriculum. The committee felt that if we accepted the curriculum, we

would not be endorsing the book though we do understand that educators using the curriculum may desire to buy the book.

8. In addition to curricula on Neurosciences, the committee is also seeking curricula related to sub-specialty training in general adult residency and psychopharmacology as well as in Residents as Teachers, Quality Improvement, Professionalism, and Psychiatric Interviewing. Dr. Rostain recommended continuing to solicit curricula on these topics. The committee agreed with this and suggested a “no good offer will be refused” approach, so that faculty with curricula on any topic could submit it for review.
9. New topics for the future might include Handbooks for orienting residents in special settings like inpatient and ER and Faculty Guides to help faculty developing teaching skills and monitoring competence in the same settings.
10. The Committee agreed to solicit and review curricula between the end of recruitment one year and the beginning of recruitment the next year, i.e. early March through the end of September.

Respectfully submitted,
Bob Rohrbaugh

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

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 2012-2013

- Plan for 2012 pre-meeting.
- Complete assessments and publications from 2011 and 2012 pre-meetings.
- Continue development of mentorship and monitoring projects.

Action Items from March 2012:

- 1) *The Steering Committee will address the fee issue for the pre-meeting.*

Report/Updates of Importance & Pertinence for May Meeting:

n/a

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: 4/29/12

Committee or Liaison Group Name: Child & Adolescent Psychiatry Caucus

Chair/Representative's Name: Arden D Dingle MD

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

- Facilitate and promote the communication and collaboration of child and adolescent psychiatry training directors
- Develop, identify and promote useful and appropriate educational and program material for child and adolescent psychiatry residency programs
- Collaborate with relevant educational groups from other organizations (e.g. AACAP, APA, ADMSEP)

Action Items from March 2012

- New chair needs to be appointed in March 2013
- Finalize CAP program participation in ERAS for the July 2014 class

Goal(s) or tasks to be completed in 2012-2013:

- Provide a forum for child/ adolescent psychiatry training directors to collaborate, have access to educational and program resources, remain up to date on educational and program initiatives and obtain/ provide mentoring
- Coordinate meeting during the AADPRT annual meeting
- Collaborate with AACAP workgroup on education and training; continue to work on the development of program and educational materials that can be useful to child/ adolescent psychiatry training directors
- Continue to provide support for the CSV development groups; investigate the copying of and posting on the AADPRT website of the curriculum, with special attention to issues of privacy for patient and resident videotapes.
- Identify and develop electronic based information and formats that can be useful to child/ adolescent psychiatrists for website, listserv and other sites
- Obtain feedback from child directors on child caucus activities with suggestions for improvement/ additional activities; use feedback to develop possible initiatives that can be presented and reviewed by the group with decisions about proceeding
- Continue to encourage child members to submit annual meeting submissions and contribute information to child section of website
- Finalize timeline of activities for child chair
- Consolidate a process to choose the chair

Report/Updates of Importance & Pertinence for May Meeting:

- Letter to ERAS from AADPRT confirming participation
- Child Chair Job Description

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: May 6, 2012

Committee or Liaison Group Name: Development Committee

Chair/Representative's Name: Art Walaszek, MD, Brian Palmer, MD, Co-Chair

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 March 2012

No Action Items

Goal(s) or tasks to be completed in 2012-2013:

1. Explore the development of AADPRT educational products for sale.
2. Identify external sources of donations for Ginsberg, Henderson and IMG Fellowships.
3. Continue to monitor for possible conflicts of interest (COI) related to exhibitors at the Annual Meeting.
4. Continue implementation of COI policy for AADPRT leadership.

Report/Updates of Importance & Pertinence for May Meeting

1. COI Policy for Exhibitors

Since the 2010 Annual Meeting, we have solicited feedback from attendees regarding the appropriateness of the exhibitor space. In 2011, we reworded the questions to make them clearer; we can now directly compare 2012 Annual Meeting results with those from 2011. We also added a question regarding the value of the exhibits.

	2012 (N=356)			2011 (N=425)		
	Yes	No	Don't know	Yes	No	Don't know
Exhibitor space interfered with my ability to attend educational sessions	1%	98%	1%	2%	96%	1%
Displays/vendors in exhibitor space will inappropriately influence my clinical practices	0.3%	98%	2%	2%	92%	6%
AADPRT appeared to endorse one or more vendors in the exhibitor space	0.3%	98%	2%	1%	89%	10%
Exhibits add value to the meeting	39%	53%	8%	N/A	N/A	N/A

Comments about the exhibits were generally positive (especially the discount that APPI offered for its books). This year, we had three new exhibitors (Menninger Clinic, ICANotes, MyEvaluations), all vetted through our Exhibitor COI policy.

2. COI Policy for AADPRT Leadership

With the most recent changes in AADPRT leadership, Lucille Meinsler will collect new COI disclosures as per our policy. These will be posted on the AADPRT website when available.

3. Donations for Ginsberg, IMG and Henderson Fellowships

Next steps will include another round of requests for donations from AADPRT members and identifying donors outside the organization.

4. Development of AADPRT products for sale

A work group that includes Sandra Sexson, Sandra DeJong and Sahana Misra is exploring the possibility of identifying AADPRT educational materials that could be sold to support the costs of the organization and Annual Meeting. The results will be presented in a separate report.

Proposal for Development of AADPRT Products for Sale or Licensing

May 2012

Background

Our organization is fortunate to have many committed members who have participated in the development of numerous educational tools. These tools are valuable to Psychiatry residency training directors, and many may also be of value to undergraduate and graduate medical educators in general. As such, it may be of benefit to the organization to sell educational products in order to generate revenue to help finance the activities of the organization.

Other professional medical associations sell products. The educational products of the American Psychiatric Association and the American College of Psychiatrists are well known. Other examples:

- The American Psychological Association sells videotapes of psychotherapy techniques (\$100).
- The American Academy of Pediatrics sells various webinars, as well as a “Mental Health Toolkit” on CD-ROM (\$175 for members, \$200 retail).
- The American Academy of Child & Adolescent Psychiatry sells the Child and Adolescent Service Intensity Instrument (CASII) manual (\$25-\$35 each) and training (\$2250-\$2500 per day).
- The Council of Medical Specialty Societies sells access to webinars.
- The Association of Program Directors in Internal Medicine sells a toolkit for Program Directors (\$75) and Chief Residents (\$45).
- The Association of Family Medicine Residency Training Directors and Society of Teachers of Family Medicine plans on offering a subscription services to curricula developed by members of these associations.
- The Council of Emergency Medicine Residency Directors offers a web-based practice test (\$150 per residency).
- The Association of Program Directors in Surgery partners with the Association of Surgical Education (ASE) to sell study guides to medical students. ASE also sells a kit to train users of surgical simulation (\$40 DVD).

The Council of Medical Specialty Societies *Code of Interaction with Companies* (2011) provides some guidance regarding licensing or selling products.

Opportunities

AADPRT has an educational tool that has garnered wide-spread interest and could be marketed and sold, namely the “Professionalism and the Internet Curriculum.” Sandra DeJong, Chair of the Task Force on Professionalism and the Internet, has been in communication with Debbie Hales at the American Psychiatric Association about a joint venture to sell this product.

When new products from AADPRT task forces or committees are being discussed, consideration should be given as to whether the organization could and should sell these products.

Consideration could also be given to recording and selling plenaries and other components of the Annual Meeting and Pre-Meeting. We could also consider selling existing materials in new formats (e.g., iPad or Kindle). Finally, it is possible that AADPRT could develop products that could be approved as ABPN PIP products (e.g., peer and patient feedback).

Proposed Procedure

1. As early as possible in the process of developing a new educational tool (in a task force or committee), a determination should be made as to whether AADPRT (or AADPRT in conjunction with a partner) will sell the tool.
2. The members of the team working on the tool (that is, the authors) should be reviewed for potential conflicts of interest. The process could be identical the one already in place for identifying conflicts of interest among AADPRT leadership.
3. Authors should be informed as early as possible that AADPRT may sell the tool. We should ask authors to sign a release acknowledging this. This step would also apply to plenary speakers whose presentations are being recorded for sale.
4. Special care must be taken to ensure that no element of the tool is the intellectual property of another party, i.e., that all work is original. Authors will need to sign a release stating they have not used copyrighted materials and perhaps a copyright transfer. For plenary speakers, any copyrighted materials would need to be removed.
5. In general, such products would be made available for free to AADPRT membership and for sale to those outside AADPRT. In special cases, certain products may be sold to AADPRT members at a discounted rate.
6. In any products, AADPRT should include language to “prevent misuse, unintended use, and modification of licensed material” and to “prohibit modification of licensed materials in a way that would their meaning.” Other professional medical associations also have terms of service describing limitations of liability and products being provided without warranty.
7. AADPRT could market, sell/license and distribute products in one or both of the following ways:
 - a. Partner with another group with such an infrastructure, e.g., APA
 - b. Develop our own web-based store front
8. There should be an annual review of each AADPRT product in order to ensure that each product remains up-to-date, to calculate revenue from each product, and to determine whether or not to continue to offer the product

A legal review might be necessary for steps 3, 4 and 6.

Prepared by Sandra DeJong, Sahana Misra, Sandra Sexson and Art Walaszek.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: May 6, 2012

Committee or Liaison Group Name: Membership Committee

Chair/Representative's Name: Tami Benton, MD, Isis Marrero, MD

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

Our committee is charged with recruitment of members, orientation to AADPRT, and maintaining awareness of issues pertinent to our members, responding proactively to their needs or concerns, and communicating those concerns to AADPRT leadership. We are also charged with expanding our membership and encouraging their participation. We accomplish our mission through the membership committee, new training directors program and the mentorship program.

Action Items from March 2012

No Action Items

Goal(s) or tasks to be completed in 2012-2013:

1. New Training Directors Program for next year-speakers, course content for next year
2. Mentorship program to be repeated and expanded. Turnout for new program much higher than expected.
3. Distribution of completed membership and orientation manual
4. Evaluation of feedback for NTD boot camp and consideration for repeating this program
5. Review feedback for mentorship survey and program to enhance participation for next year with Joan Anzia

Report/Updates of Importance & Pertinence for the May Meeting:

1. Excellent feedback about presentations for NTD program and presenters. Added one presentation focused upon the life and times of a popular training director, and the joys of the field- extremely well received. Should consider yearly inclusion of such a focus for the program.
2. Mentorship program attendance significantly exceeded expectations and should be expanded for next year.
3. NTD boot camp well received and will evaluate repetition for next year

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: 4/27/12

Committee or Liaison Group Name: Information Committee

Chair/Representative's Name: Sahana Misra MD

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

This committee oversees the organizations communication with its members and with the public at large. This includes overseeing the organization's web site and list serve. The members of the committee are charged with both initiating and vetting proposals for the web site and directing the web master as to changes or enhancements to the site.

Action Items from March 2012:

- New CME survey/evaluation system
- Creation of new sites with varying access (ex. Child training site)

Goal(s) or tasks to be completed in 2012-2013:

- 1) Pursue our own CME system if financially feasible
- 2) Complete the migration of all list serves to new location and update list serve members
- 3) Begin reorganization of the Virtual Training Office
- 4) Partner with NIMH - have their Neuroscience and Psychiatry Modules available to membership

Report/Updates of Importance & Pertinence for May Meet:

Announcements:

- 1) March meeting – workshop/submission update

Meeting	Workshops	Posters
2012	27	14
2011	30	18
2010	34	19
2009	29	10
2008	30	18

2) Migration of List Serves

- a. Old list serves will no longer be accessible after May 30th
- b. Reminder will be sent to membership about this deadline with instructions on how to access new list serves
- c. Archived entries from old list serves will be available at a later date – based on priority of activities our web folks have to take care of.
- d. Regional list serves and subgroup list serves (child, VA, associate training director) will also migrate to new system with same deadline – due to cost and low usage, archives will not be available for these smaller list serves.

Topics for EC discussion and action:

1) CME system -consider building our own system

- a) Google ultimately worked for most folks but about 1/5th of folks did express having problems getting on right away.
- b) Need estimate from Shan- Costs upfront for first year, with possible increased cost the second year for tweaks likely will be required, but then the system should be stable.

2) Model Curricula Committee Process with re: to website logistics:

Due to few submissions, keeping this part of the website open for submissions throughout the year may be useful. It, however, would be helpful for web programmers to have the process clarified in order to refine/maintain that part of the site in an efficient way. Specific issues that we need to resolve in order to make improvements to the site:

- a) Will the concept of submission cycles with start/end dates continue? If so, can we have the same dates for cycles (e.g. submissions between March and September of every year)?
- b) When reviewers need access to submitted works and if a select group of reviewers, a method for alerting our webmasters which reviewers will need access.
- c) Scoring system – a way to keep the same rating scale (ala Ginsberg/IMG) that does not allow for blank fields.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: 4/27/12

Committee or Liaison Group Name: Recruitment Committee

Chair/Representative's Name: Sandra DeJong, MD

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

To enhance and promote recruitment into psychiatry through educational efforts and liaison with ancillary organizations.

Goal(s) or tasks to be completed in 2012-2013:

1. Develop an online toolkit to be posted on AADPRT website for recruitment strategies and resources that can be used with target populations (millennials, medical school administrators, medical students, etc.)
2. Participate as a co-investigator on a World Psychiatric Association study of recruitment looking at personal and training issues that affect decision to pursue psychiatry (a subcommittee chaired by Francis Lu).
3. Provide an interface between NRMP and AADPRT members re upcoming All-In rule implementation, including posting on the listserve an Executive Summary of the rule once it is finalized this spring; collating questions from members to present to NRMP; providing answers to questions on the AADPRT listserve.
4. Develop a workshop for the AADPRT annual meeting.
5. Continue to interface with PsychSIGN, APA, ADMSEP, AACAP.

Action Items from March 2012

No action items

Report/Updates of Importance & Pertinence for May Meeting:

NRMP All-In Rule is scheduled to be implemented this spring. Results of our fall 2011 survey on members' concerns re impact of implementation are linked to the home page of the AADPRT website.

**AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 2012**

Date: 4/25/12

Committee or Liaison Group Name: Regional Representatives Committee

Chair/Representative's Name: Chandlee Dickey, MD

Brief (e.g. 3 sentences) summary of committee, taskforce, or caucus purpose or “charge”:

This committee provides a channel of communication between individual training programs and the AADPRT executive council. Communication is facilitated by regional representatives and the committee chair during the year, typically through the AADPRT regional list serves. Information is relayed from and to the AADPRT executive council for each EC meeting. Once a year, during the annual meeting, this information exchange occurs in person - within regional caucuses, Regional Representative Committee meetings and EC meetings.

Action Items from March 2012 EC Meeting:

1. To identify a group comprised of a general psychiatry program director, a CAP program director, and a program coordinator to inform the Executive Council about off cycle residents/leave management/completion of general psychiatry training requirements while in subspecialty training in the pre-certification era.

(from Regional Reps meeting on this topic): Child programs would like adult programs to enter all adult program time data into Pre-cert before the resident comes to the child program. Clarification from ABPN is needed about who is responsible for entering data.

2. Chandlee Dickey will be the next head of the Regional Representatives

Goal(s) or tasks to be completed in 2012-2013:

1. All Resident Survey:

Issue: Residents continue to misinterpret questions from the survey yet program directors (PD) and DIO are loathe to be too directive to the residents in answering the questions.

Possible Action Items for follow-up:

a. Membership requested that ACGME consider looking for patterns over multiple years when reviewing survey results, not just a single year. Question is what would be the best mechanism for achieving this request?

b. EC to inquire to ACGME who might be the best people to write the questions as they are confusing. Our resident rep to RRC could discuss with other housestaff reps to encourage ACGME to ask for resident input into the survey.

c. AADPRT consider writing a unified document on FAQ on the AADPRT website that could be emailed to all residents describing the purpose of the survey so that individual PD would not be exerting undue influence.

2. Tracer Method:

Issue: ACGME is instituting a “tracer method” at site visits but PD have little information regarding what the “tracer method” means when applied to residency program site visits. One program suggested that it had to do with systematically asking questions from the survey, previous citations, program strengths and opportunities.

Possible Action Items for follow-up:

a. EC to ask ACGME for clarification of “tracer method” to share with PD.

3. GME Funding:

Issue: some programs reported that they may be losing slots or need to continue to fill slots without being able to provide a rich educational environment.

Possible Action Items for follow-up:

a. Joint APA-AAPRT Chairs group to discuss GME funding issues.

b. EC to encourage PD to develop and share skills needed to calculate value added, write business plans, learn from Jed Magen about finances.

4. Model Curriculum:

Issue: There are likely model curriculum existing that have not be specifically requested by the Model Curriculum committee that can be shared.

Possible Action Items for follow-up:

a. Regional reps encouraging their membership to submit. Questions remain: submit to whom and how to achieve academic recognition for the work.

Additional Items from March, 2012

1. Maintaining smaller *list serves*: Region 1 and Child list serves are down and are worthwhile maintaining. Requesting that IT look into migrating the regional and child list serves to the new system.

2. Annual meeting schedule: Regional reps would like their meeting to be on Thursday instead of Friday to allow for more time to prepare for EC (as would the rep to the EC!). This would mean moving the other caucuses to Friday possibly.

3. Annual meeting attendee book: Regional reps thought it would be helpful to have meeting attendees listed by state rather than alphabetically.

4. Resident safety: Regional reps requested that IT consider highlighting AADPRT's comments on providing a safe learning environment to a more obvious location on the website.

Reports/Updates of Importance for the May Meeting:

N/A

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: 4/29/12

Committee or Liaison Group Name: Subspecialty Caucus

Chair/Representative's Name: Bob Rohrbaugh, M.D.

Brief summary of committee, taskforce, or caucus purpose or charge (Definition of the Committee):

1. Represent interests of Program Directors in Addiction, Forensics, Geriatrics and Psychosomatics on the AADPRT Executive Committee
2. Facilitate opportunities for General Adult program directors to learn more about educating general adult residents in these sub-specialty areas

Action Items from March 2012

1. The Subspecialty Caucus has committed to improve general adult training director's knowledge of innovations in teaching about addictions, forensics, geriatrics and psychosomatics.
2. Catherine Woodman has been the AADPRT Psychosomatics Lead for several years. However, she did not attend AADPRT this year and has not renewed her membership in the organization.
3. The Sub-Specialty Caucus believes there are three compelling reason to review the possibility of residents entering subspecialty fellowship in their PGY 4 year. These reasons include:
 - A. The crisis in recruitment of fellows in addiction, geriatrics and psychosomatics is acute and threatens the viability of these subspecialty training programs.
 - B. Federal budget cuts in GME seem highly likely to occur in the next several years. Psychiatry could be proactive in managing these cuts by training subspecialty certified psychiatrists in four rather than five years (a 20% cost advantage).

- C. Many residents are highly indebted as they begin their career. This proposal would facilitate residents joining the workforce and begin to pay back their educational loans one year earlier.

Although we had a brief discussion of this issue at the March AADPRT EC meeting, we did not develop an action plan on how to respond to this issue.

Goal(s) or tasks to be completed in 2012-2013:

1. Presentation at the AADPRT Annual Meeting on innovations in teaching in the subspecialties
2. Appoint a new AADPRT Psychosomatics Lead
3. Explore more effective liaison between AADPRT and the Sub-Specialty Organization's Training Committee
4. Develop and implement action plan on residents entering Subspecialty Training as PGY 4's.

Report/Updates of Importance & Pertinence for May Meeting:

1. Joseph Layde, AADPRT Forensic Psychiatry Lead, has agreed to encourage educators in forensic psychiatry to submit a proposal for the AADPRT 2013 Annual meeting on a new multi-media method to teach forensic psychiatry to general adult residents.
2. Catherine Woodman did respond that she is no longer interested in continuing as the AADPRT Psychosomatics Lead. In light of this, Kathy Sanders and I are in the process of selecting a new chair of the Psychosomatic group.
3. Further discussion of the recommendation from the Subspecialty Caucus to support development of pilot programs to evaluate PGY 4 residents entering Subspecialty Fellowships.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: 5/1/2012

Committee or Liaison Group Name: Duty Hours Task Force

Chair/Representative's Name: Deb Cowley, M.D.

Brief summary of committee, taskforce, or caucus purpose or charge (Definition of the Committee):

The Duty Hours Task Force was established in January 2009 with the charge of coordinating the AADPRT response to the 2008 Institute of Medicine report regarding resident duty hours, supervision, and transitions of care; liaison with the ACGME and Psychiatry RRC around this issue; and educating and informing our membership about the new 2011 ACGME Common Program Requirements.

Action Items from March 2012

1. Provide an Executive Summary, results of the survey of the membership regarding implementation of the new requirements, and resources/"best practices" to members on the AADPRT website.
2. Continue to serve as a resource for members with questions regarding these requirements.

Goal(s) or tasks to be completed in 2012-2013:

1. Write up the results of the survey for publication.

Report/Updates of Importance & Pertinence for May Meeting:

1. The survey results and related materials are on the AADPRT website.
2. Many thanks to Art Walaszek for his leadership in conducting the survey and in compiling and analyzing the results.
3. Do we want to do another survey/study looking at effects of the new requirements on psychiatry residency training?

Psychiatry Residency Coordinators' Caucus (PRCC)

Mission Statement:

Keeping with the core values of the American Association of Directors of Psychiatric Residency Training's mission of excellence in educating and training future psychiatrists, the PRCC is equally dedicated to the professional growth of its members. PRCC's mission is to better educate our members in the administration and management of residency training programs and allow for more opportunities in professional growth, which will enhance our ability to work collaboratively with program directors to strive for excellent quality training in our programs.

Objectives:

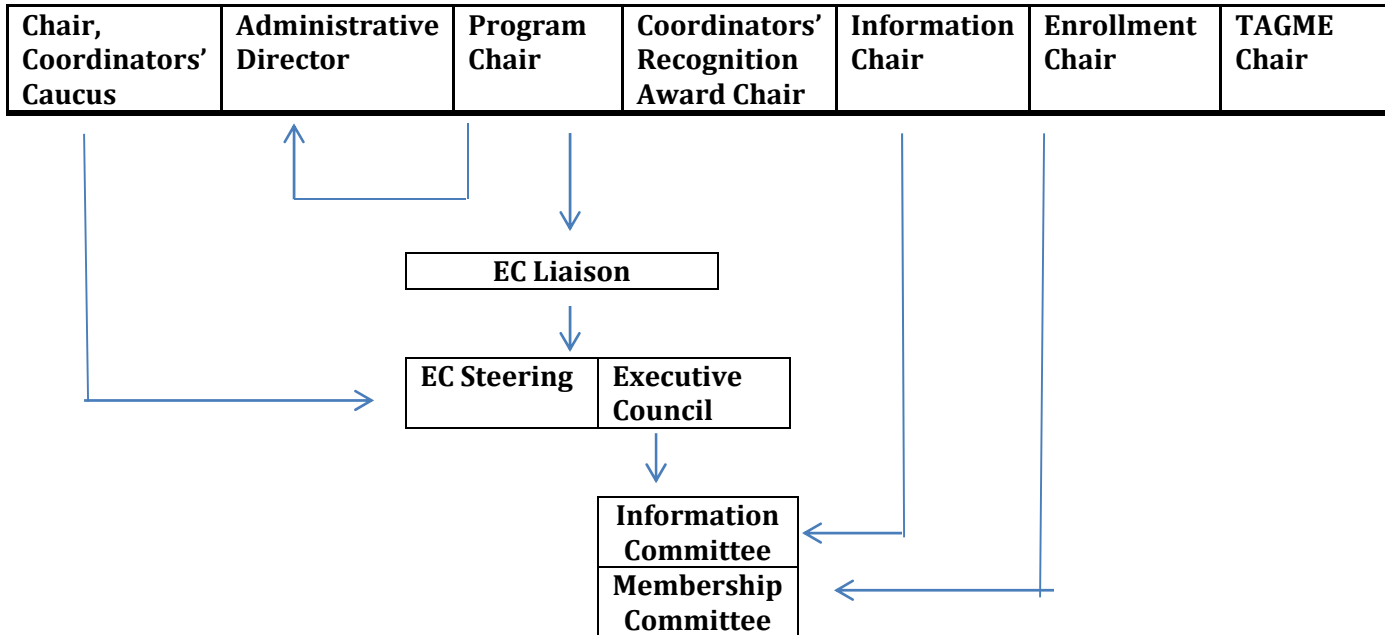
- To assist program directors in keeping the core mission of the AADPRT.
- To provide a nurturing learning environment for our members.
- To provide high quality presentations at every level.
- To mentor our colleagues so they can do the best job they can.
- To encourage individuals to grow professionally so that the profession continues to grow.
- To recognize and enhance the excellence of each member's skills.
- To educate all members to the benefits of TAGME certification.
- To provide current and helpful IT resources for our members so they can keep up with the changing demands of our field.
- To improve our membership by educating programs of the importance of our role and of sending them for continued education annually.

Membership:

Membership in the Coordinators' Caucus is open to all residency coordinators associated with AADPRT Institution Member programs in good standing (i.e., their yearly Institution dues are paid). There is no membership fee for coordinators. Membership privileges include access to the AADPRT website, coordinators and member section (excluding listserv archives and member listserv); subscription to the coordinators' listserv; access to mentoring by a senior coordinator if requested; receipt of notifications/messages sent from the AADPRT Administrators email list. Coordinators are invited to attend the annual meeting at the coordinators' registration fee.

Psychiatry Residency Coordinators' Caucus Organizational Chart

Coordinators' Steering Committee



Leadership Structure

The leadership of the Psychiatry Residency Coordinators' Caucus will consist of Steering Committee comprised of the Chair of the Coordinators' Caucus, Administrative Director, and the chairs of the standing committees: Program, Coordinators' Recognition Award, Information, Enrollment, and TAGME.

The Chair of the Coordinators Caucus and the Administrative Director will convene a nominating committee in the fall and present the members with the names of the 5 current chairs for nomination for the position of Chair of the Coordinators' Caucus. Members will be invited to also submit nominations. A vote will be held prior to the Annual Meeting and the announcement will be made at the Annual Meeting. All chair positions will be for 3 years with re-nomination for a one or two year extension.

Psychiatry Residency Coordinators' Caucus Chairs & Committee Descriptions

Chair, Coordinators' Caucus

The Chair of the Coordinators Caucus will be responsible for:

- Ensuring the Caucus meets its objectives in line with its mission.
- Leading regular meetings with committee chairs to discuss the ideas and improvements to be made in each committee.
- Acting as a Liaison between the Coordinators Caucus and the AADPRT leadership.
- Assisting committee chairs in making decisions in the best interest of the group.
- Overseeing the voting process for individual committee chairs
- Acting as a leader/mediator for the overall group.
- Being a mentor for the committee chairs as the leader of the group.
- Chairing the Coordinators' Steering Committee

Program Committee

Objectives: To plan the Coordinators' Symposium for the Annual Meeting.

The program committee chair will:

- Work with the program committee members and the administrative director to determine the program for the coordinator's section of the meeting. This may involve a formal survey or a request for topics using the listserv. The chair will confer with the administrative director regarding the number and types of presentations that can be accommodated with the available space.
- Solicit presentations through the listserv for the meeting. The coordinators' program committee members (3 at this time; east coast, middle of country and west coast) will vote on the presentations that will be used at the meeting after they are assembled by the committee chair. Final program decisions will be made by the program committee chair and the administrative director.
- Confirm audio visual requests with the coordinator workshop leaders
- Arrive a day early to the AADPRT annual meeting to help the administrative director with last minute preparations for the meeting and registration.
- Facilitate the coordinators' meeting, introduce the speakers, co-chair the coordinators' caucus meeting, and provide a report, with the coordinator Information Chair, to the AADPRT Executive, on issues and requests suggested by the coordinators' group.
- Assist the Administrative Director to develop an evaluation survey to send to attendees after the meeting.

AADPRT Psychiatry Coordinator Recognition Award

Objectives: The Coordinator Recognition Award Committee was formed to recognize a coordinator for their ability to demonstrate outstanding communication and interpersonal skills, possess excellent skills in organizing and coordinating the PIF preparation and site visit, demonstration of originality in improving an aspect of the residency program, and actively participate at the national level in program coordinators' meetings.

Committee members are responsible for:

Review of applications.

Submission of evaluations of applications to Chair of the Committee.

Committee chair is responsible for tabulating results.

Committee chair discusses results of the application evaluations with Committee members to determine awardee.

Committee members present award at the annual AADPRT meeting.

Current Committee Members:

Maria Jennings, TAGME, Chair, Coordinator, General Psychiatry, University of Arizona

Angelia Powell, TAGME, Coordinator, Child & Adolescent Psychiatry, Palmetto Health, USC School of Medicine

Beverly Pernitzke, TAGME, Fellowship Coordinator, Medical College of Wisconsin

Bruce Levy, MD, EC Liaison

Lucille Meinsler, Administrative Director, AADPRT

The Committee voted to include the yearly Recognition Awardee on the committee.

Committee member terms are a three-year commitment.

Information Committee

The Information Committee will be in charge of reviewing information on the Coordinators section of the AADPRT website and looking at ways to improve the organization/content of materials and discussing/implementing changes as needed in collaboration with the AADPRT Executive Council Information Management Committee.

Objectives:

- To recruit members to the committee who are committed to making the website a helpful resource to administrators.
- To improve the organization of the Coordinators area of the website by looking at each section to make sure it is easy to find what you need and helpful.
- To review the website for any old information that should be eliminated.
- To divide up the tasks equally in the committee so each member can concentrate in one area.
- To meet quarterly with committee members to review ideas and follow up on tasks to be completed.
- To collaborate/meet with the Information Management Committee regarding updates in our progress.
- To collaborate with members on the Coordinators LISTSERV about any suggestions for improvement.

To continue to refer to the website with members so it will be utilized more.

Enrollment Committee

Objectives: This committee shall be responsible for obtaining information on new coordinator registration information from the Administrative Director and then contacting new coordinators to welcome them to AADPRT and to inform them of the resources available through participating in AADPRT.

The Committee Chair will:

- Select an assistant chairperson.
- Solicit coordinators as committee members to assist with the various tasks.
- Set up a record system of new coordinator members
- Communicate to those who cannot attend the AADPRT meeting regarding topics discussed at the meeting.
- Ensure that new members have a mentor or buddy at the AADPRT meeting
- Along with members of the Enrollment Committee members will organize and be responsible for the New Coordinators workshop at the Annual Meeting with committee members alternating presentations each year.

TAGME

Training Administrators of Graduate Medical Education (TAGME) has been created to establish standards for the profession, to acknowledge the expertise needed to successfully manage graduate medical education programs and to recognize those training program administrators who have achieved competence in all fields related to their profession. The role of this Committee is to promote lifelong learning and provide career enhancement and professional development for Graduate Medical Education administrators. The Committee will oversee the assessment process of certification for education administrators throughout the country as well as at the national meeting of the AADPRT.

Committee members will be responsible for:

- Promoting and fostering professionalism as an education administrator.
- Soliciting current TAGME members' assistance in providing a possible site for assessments to take place.
- Proctor assessments at AADPRT.
- Evaluate assessments.
- Meet annually at AADPRT.
- Assess the curriculum in order to maintain current assessments.
- Elect Members-at-Large to attend TAGME Board Meetings.
- Plan a workshop to be presented at the Annual Meeting.

Psychiatry Residency Coordinators' Planning Group

Tiffany Burns, BA, TAGME

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Housestaff Coordinator

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Department of Psychiatry

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Lucille Meinsler

Administrative Director

AADPRT

aadprt@verizon.net

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
May 6, 2012

Date: 4/26/2012

Committee or Liaison Group Name: *Academic Psychiatry* Governance Board

Chair/Representative's Name: Bruce R. Levy, MD

Brief summary of committee, taskforce, or caucus purpose or charge (Definition of the Committee):

Represent AADPRT on the journal's Governance Board along with the representatives of the other three sponsoring organizations and the editors. Administer and make decisions related to all business/financial, publication, membership and staffing issues that are necessary to publish the journal.

Action Items from March 2012

The Governance Board is still reviewing options for a contract with a new publisher. There has been nothing new with this since the March meeting.

Goal(s) or tasks to be completed in 2012-2013:

Sign a contract with a new publisher or renegotiate our contract with our current publisher.

Report/Updates of Importance & Pertinence for May Meeting:

There is nothing to discuss at the May meeting.

ADDENDA REPORTS

AADPRT
2012 ANNUAL MEETING REGISTRATION
Hilton San Diego Bayfront

Categories	San Diego-2012*	AUSTIN-2011*	DISNEY-2010*
Date	3/12/12	3/18/2011	3/24/2010
Members-advanced reg	308	285	299
Members-late reg	26	42	37
Non-Members-advanced reg	39	62	40
Non-Members-late reg	9	15	24
Residents-advanced reg	47	28	47
Residents-late reg	2	15	9
Coordinators-advanced reg	119	117	116
Coordinators-late reg	2	5	11
Awardees	13	13	13
Fee Waived-invited	7	8	11
Past Presidents		5	
Exhibitors	10	4	5
TOTAL(without paid guests)	582	599	612
Guests (\$160 fee)	11	17	28
TOTAL ATTENDANCE	593	616	640
Pre-Meeting	154	170	160
Pre-Meeting-scholars	5		
total Pre-meeting	159		
Cancelled & No shows	13	23	
<i>*Final Registration figures</i>			

GME Task Force

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Chairperson, Associate Professor

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Chair

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AADPRT

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May 1, 2012

Dear Renee

The Child and Adolescent Psychiatry (CAP) Fellowship Directors, as represented by the ADDPRT Child & Adolescent Psychiatry Caucus would like to participate in ERAS (Electronic Residency Application Service) starting with the recruitment season that starts in July 2013. We appreciate your very helpful presentation at the AADPRT annual meeting in March 2012. It certainly helped all of us understand the process and underscored the importance and necessity of the CAP Fellowships using an electronic application process. This letter serves as a formal agreement on the part of the CAP Fellowships to participate in the ERAS system.

Please let us know if you have any questions or need any additional information.

Sincerely,

Kathy Sanders, MD
President

Arden D Dingle, MD
Chair, Child & Adolescent Psychiatry Caucus

Role:

Represents to the AADPRT Executive Council the interests of the members who are Child and Adolescent Psychiatry (CAP) Residency Training Directors

Functions as a liaison to the AACAP (American Academy of Child and Adolescent Psychiatry) Work Group on Education and Training, representing the CAP members of AADPRT

Functions as a liaison to the ADMSEP (Association of Directors of Medical Student Education in Psychiatry), representing the CAP members of AADPRT

Functions as a liaison to the NRMP (National Resident Matching Program) representing the CAP members of AADPRT

Functions as a liaison to ERAS (Electronic Residency Application Service) representing the CAP members of AADPRT

Duties:

AADPRT

Child Caucus Meeting (during annual March meeting)

- Develops Child Caucus meeting agendas with input from child members and distribute to child listserve prior to the meeting; solicits agenda items in the areas of most pertinence to child and adolescent psychiatry training directors; arranges for presentations on relevant issues (e.g. child RRC updates, etc); distributes minutes/information after meetings
- Chairs the two meetings of the Child Caucus at the annual AADPRT meeting; supports and facilitates active information sharing and discussion of pertinent issues within the Child Caucus meetings.

Executive Council

- Attends the AADPRT Executive Committee Meetings in March (annual meeting), May (APA annual meeting) and September (AAP annual meeting)
- Prepares an update/ summary on Child Caucus activities for the meeting
- Reports back to the AADPRT Executive Council the topics of discussion, activities of the Child Caucus, and any action items for deliberation by EC.

Child Caucus

- Provides a resource for new and continuing child and adolescent psychiatry training directors regarding information, available resources and support.
- Facilitates sharing of information and communication between CAP members
- Collaborates with CAP members to develop and enhance resources for CAP training (e.g. curriculum, website, educational and informational material)

Job Description

Chair, Child and Adolescent Psychiatry Caucus

American Association of Directors of Residency Training (AADPRT)

- Solicits workshop submissions, helps CAP members collaborate and assists the Program Chair in identifying relevant topics on child psychiatry training for the annual AADPRT meeting.
- Monitor, monitor and update the child section of the AADPRT in collaboration with IT

AACAP (Howard Liu, hyluu@unmc.edu, Jeffrey Hunt, Jeffrey_Hunt@brown.edu)

- Attends the Education and Training meetings at the annual AACAP meeting (October) and the mid-year meeting (often January)
- Updates CAP directors on relevant AADPRT issues during annual AACAP meeting during the training directors lunch
- Collaborates on CAP curricular projects
- Updates AADPRT CAP members on AACAP education and training issues and projects

ADMSEP (Geri Fox, foxg@uic.edu)

- Collaborates on medical student and recruitment projects and issues

NRMP (NRMP@aamc.org)

- Introduces self after appointment to Mona Signer, Executive Director msigner@aamc.org
- Signs annual agreement in April (verifying 75% program participation)
- Updates CAP members on NRMP issues, process and deadlines
- Encourages CAP member participation in the CHILD MATCH
- Collects and shares information on results of CHILD MATCH with CAP members and AACAP workforce representative (WunJung Kim, kimwj@upmc.edu)

ERAS (Renee Overton, broverton@aamc.org)

- Introduces self after appointment to Renee Overton, Director
- Updates CAP members on ERAS issues, process and deadlines
- Collaborates with ERAS to support CAP program participation in ERAS/ electronic application process

EXECUTIVE COUNCIL

March 2012-March 2013

Position	Name	Term of Appointment	Date of Appointment
President	Kathy Sanders, MD ksanders@partners.org	1 year	2012-2013
President-elect	Chris Varley, MD cvarley@u.washington.edu	1 year	2012-2013
Secretary	Adrienne Bentman, MD Abentman@harthosp.org	1 year	2012-2013
Treasurer	Michael Jibson, MD, PhD mdjibson@med.umich.edu	1 year (<i>can be re-elected for 2 additional years</i>)	2011-2013
Program	Bob Boland, MD Robert_boland_1@brown.edu	1 year	2012-2013
CHAIRS			
<i>All Standing Committee Chairs appointed for 3 years; can be reappointed up to 5 years; then need to be reassessed.</i>			
ACGME Liaison Committee	Gene Beresin, MD eberesin@partners.org	3 years	2012-2015
Child & Adolescent Caucus	Arden Dingle, MD adingle@emory.edu	3 years	2010-2013
Development	Art Walaszek, MD awalaszek@wisc.edu	3 years (reappointed for 2 additional years, 2011)	2008-2013
	Brian Palmer, MD, Co-Chair Palmer.brian@mayo.edu	3 years	2012-2015
Information Management	Sahana Misra, MD misras@ohsu.edu	3 years	2012-2015
Membership	Tami Benton, MD bentont@email.chop.edu	3 years (reappointed for 2 additional years, 2011)	2008-2013
	Isis Marrero, MD, Co-chair imarrero@health.usf.edu	3 years	2011-2014
Model Curriculum	Tony Rostain, MD Rostain@med.mail.upenn.edu	3 years	2010-2013
Pre-meeting	Sidney Zisook, MD szisook@ucsd.edu	3 years	2010-2013
Psychotherapy	Adam Brenner, MD, Co-chair Adam.Brenner@UTSouthwestern.edu	3 years	2011-2014
	Donna Sudak, MD, Co-chair donna.sudak@drexelmed.edu	3 years	2011-2014
Recruitment	Sandra DeJong, MD sdejong@challiance.org	3 years	2011-2014
Regional Representatives	Chandlee Dickey, MD Chandlee.Dickey@va.gov	3 years	2012-2015

Subspecialty Caucus	Robert Rohrbaugh, MD robert.rohrbaugh@yale.edu	3 years	2011-2014
APPOINTED MEMBERS			
<i>President can appoint 4 members for one-year terms; can be reappointed by successive presidents for up to 2 additional 1 year terms.</i>			
	Deborah Cowley, MD dcowley@u.washington.edu	1 year (<i>Reappointed 2012 for one additional year</i>)	2011-2013
	Kim-Lan Czelusta, MD czelusta@bcm.edu	1 year	2012-2013
	Cindy Telingator, MD ctelingator@challiance.org	1 year	2012-2013
	George Tesar, MD tesarg@ccf.org	1 year	2012-2013
LIAISON			
Governance Board, <i>Academic Psychiatry</i>	Bruce Levy, MD blevy@lij.edu	1 year (<i>Reappointed 2009-2012 for one additional year</i>)	2005-2013
APA Council on Medical Education	Sandra Sexson, MD ssexson@mail.mcg.edu	1 year (<i>Reappointed 2009-2012 for one additional year</i>)	2007-2013
PAST PRESIDENTS			
	Richard Summers, MD summersr@mail.med.upenn.edu	2 years	2012-2014
	Sheldon Benjamin, MD Sheldon.benjamin@umassmed.edu	2 years	2011-2013

4/19/12

AADPRT
COMMITTEES, TASK FORCES, CAUCUSES
2012-2013

Committees	Chair	Members
ACGME Liaison Committee	Gene Beresin	Joan Anzia
	eberesin@partners.org	Sepideh Bajestan, Resident
		Adrienne Bentman
		Jeff Hunt
		Brian Hurley, Resident
		Rick Summers
Development	Art Walaszek	
	awalaszek@wisc.edu	
	Brian Palmer, Co-Chair	
	palmer.brian@mayo.edu	
Information Management	Sahana Misra	Bob Boland
	sahana.misra@va.gov	Lucille Meinsler
		Michele Peliel
Match Review Board	Bruce Levy	Jerald Kay
	blevy@lij.edu	Sandra Sexson
Membership	Tami Benton	Joan Anzia, Mentorship Program
	bentont@email.chop.edu	Roxanne Bartel
		Kim-Lan Czelusta
	Isis Marrero	Matt Ruble
	imarrero@health.usf.edu	Sheryl Kataoka
		Alexandria Klufas
		Salma Malik
		Robert McCarron
Model Curriculum	Tony Rostain	Joan Anzia
	rostain@mail.med.upenn.edu	Richard Balon
		Belinda Bandstra
		Hind Benjelloun
		David Carlson
		Cletus Carvalho
		Joanna Chambers
		Glenn Currier
		Randall Espinoza
		Robert E Feinstein
		Debra Forrest
		Jacqueline A Hobbs
		Waguih William IsHak
		Kim Kelsay
		Larissa L Loukianova
		Kaz Nelson

AADPRT
COMMITTEES, TASK FORCES, CAUCUSES
2012-2013

<i>Model Curriculum-continued</i>		Audrey Newell
		Julie Niedermier
		Manisha Punwani
		Robert Rohrbauch
		John Sargent
		Asher Simon
		Mary Kay Smith
		Jacob Sperber
		Saundra Stock
		Michael J Travis
		Glenda L Wrenn
Pre-meeting Committee	Sidney Zisook	
	szisook@ucsd.edu	Richard Balon
		Robert Boland
		Deborah Cowley
		Jane Eisen
		Shan Golshan
		Kathleen McKenna
		Maria Oquendo
		Michele Pato
		Ron Rieder
		Kathy Sanders
		Neal Swerdlow
		Bryan Touchet
		Grace Thrall
		Art Walaszek
Program	Bob Boland	Adrienne Bentman
	robert_boland_1@brown.edu	Art Walaszek
Psychotherapy	Adam Brenner	Lee Ascherman
	adam.brenner@utsouthwestern.edu	David Bienenfeld
		Deborah Cabaniss
	Donna Sudak	David Goldberg
	donna.sudak@drexelmed.edu	James Jacobson
		Mark Kinzie
		David Mintz
		David Ross
		Katherine Sanborn
		Edwin Williamson
		Manisha Punwani
		Valery Chamberlin
Recruitment	Sandra DeJong	Melissa Arbuckle
	sdejong@challiance.org	Lisa Clement, Resident

AADPRT
COMMITTEES, TASK FORCES, CAUCUSES
2012-2013

<i>Recruitment-continued</i>		Jed Magen
		Michael Scharf
		Mark Servis
		<i>Consultants:</i>
		Geri Fox
		Francis Lu
		Steve Schlozman
TASK FORCES		
Clinical Skills	David Goldberg	Gene Beresin
	goldber@sutterhealth.org	David Kaye
		Dorothy Stubbe
	Michael Jibson	
	mdjibson@med.umich.edu	
Combined Program Accreditation (2010)	Mark Servis	Sheldon Benjamin
	meservis@ucdavis.edu	Mary Margaret Gleason
		Jeff Hunt
		Robert McCarron
		Catherine Woodman
		Lawson Wulsin
Duty Hours (2008)	Bill Greenberg	Marshall Forstein
	wgreenbe@caregroup.harvard.edu	Kathy Sanders
		Sandra Sexson
	Deborah Cowley, Co-chair	Robert Rohrbaugh
	dcowley@u.washington.edu	Chris Varley
		Art Walaszek
Duty Hours Handoff Subcommittee (2011)	John Q. Young	Melissa Arbuckle
	jyoung@lppi.ucsf.edu	Claudia Reardon
GME Task Force (2012)	Jed Magen	Sheldon Benjamin-AADPRT
	jed.magen@hc.msu.edu	Michael May-AADPRT
		Gregory Dalack-AACDP
		Ondria Gleason-AACDP
		Nicholas Meyers-APA
		Sandra Sexson-APA
CAUCUSES		
Assistant/Associate Training Director (appointed 2009)	Melissa Arbuckle	
	ma2063@columbia.edu	
	Sallie DeGolia	
(appointed 2011)	degolia@stanford.edu	

AADPRT
COMMITTEES, TASK FORCES, CAUCUSES
2012-2013

Child & Adolescent Psychiatry	Arden Dingle	Child & Adolescent Psychiatry Program Directors
	adingle@emory.edu	Asst/Assoc Child & Adol Psychiatry Program Directors
		Division Directors, Child & Adol Psychiatry
Directors of Small Programs (appointed 2012)	Steven Fischel	
	steven.fischel@baystatehealth.org	
Subspecialty Caucus	Robert Rohrbaugh	Addiction: John Renner
	robert.rohrbaugh@yale.edu	Forensic: Joseph Layde
		Geriatric: Robert Rohrbaugh
		Psychosomatic Medicine:
		Neuropsychiatry: Sheldon Benjamin
Triple Board	Mary Margaret Gleason	
	mgleason@tulane.edu	
VA	Robert Daroff	
	Robert.daroff@med.va.gov	
IMG	Consuelo Cagande	
(appointed 2012)	cagande-consuelo@cooperhealth.edu	
Global Psychiatry (appointed 2012)	Mary Kay Smith	
	marykay.smith@utoledo.edu	

AADPRT REGIONAL REPRESENTATIVES

Chandlee Dickey, MD, Caucus Chair
(2012-2015)

AREA		GENERAL	CHILD or SUBSPECIALTY
Region I: New England			
Canada (including Quebec, Toronto & Ontario)	Massachusetts	Chandlee Dickey (2011-2014) Chandlee.Dickey@va.gov	Mary Ahn (2012-2015) mary.ahn@umassmed.edu
Connecticut	New Hampshire		
Maine	Rhode Island		
	Vermont		
Region II: New York		Asher Simon (2011-2014) asher.simon@mssm.edu	Madhu Rajanna (2012-2015) madhugrajanna@gmail.com
Region III: Mid-Atlantic			
Delaware	Pennsylvania	Fauzia Mahr (2011-2014) fmahr@hmc.psu.edu	Alan Newman (2012-2015) anewmanmd@gmail.com
Maryland	Washington, D.C.		
New Jersey			
Region IV: Midwest			
Illinois	Missouri	Claudia Reardon (2010-2013) clreardon@wisc.edu	Adrienne Adams (2011-2014) adrienne_adams@rush.edu
Indiana	Nebraska		
Iowa	North Dakota		
Kansas	Ohio		
Michigan	South Dakota		
Minnesota	Wisconsin		
Region V: Southeast			
Alabama	North Carolina	Allen Richert (2011-2014) arichert@umc.edu	Faiza Qureshi (2011-2014) fqureshi@psychiatry.umsmed.edu
Arkansas	Oklahoma		
Florida	Puerto Rico		
Georgia	South Carolina		
Kentucky	Tennessee		
Louisiana	Texas		
Mississippi	Virginia		
	West Virginia		
Region VI: California		Sallie DeGolia (2010-2013)) degolia@stanford.edu	Ellen Heyneman (2011-2014) eheyneman@ucsd.edu
Region VII: Far West			
Alaska	Washington	Mark Kinzie (2011-2014) kinziem@ohsu.edu	Kimberly Kelsay (2011-2014) Kelsay.Kimberly@tchden.org
Arizona	Wyoming		
Colorado	Canada (including		
Hawaii	Vancouver,		
Idaho	Winnipeg,		
Montana	Manitoba,		
Nevada	Alberta, B.C. and		
New Mexico	Saskatchewan)		
Oregon			
Utah			