AADPRT Executive Council Meeting
St. Louis, MO
September 18-19, 2008

Present: Deb Cowley, President; David Kaye, President Elect; Kathy Sanders, Treasurer; Rick Summers, Program Chair; Sheldon Benjamin, Secretary; Ron Krasner, Former President; Sandra Sexson; Paul Mohl; Catherine Woodman; Art Walaszek; Lee Ascherman; Don Rosen; Dorothy Stubbe; Bob Boland; Chris Varley; Sid Weissman; Ron Rieder; Mike Jibson; Adrienne Bentman; Steve Schlozman; Lucille Meinsler, Executive Office Director

Announcements: Mark Servis is unable to be here because his youngest son was just diagnosed with a serious condition and is having surgery tomorrow. Although the ACGME has sent out a note about UTMB Galveston residents needing placement, all the psychiatry residents are being received at nearby programs with which they already have a relationship.

The minutes of the May EC meeting were approved.

Old Business (follow up on action items from last meeting): Dorothy Stubbe and David Kaye surveyed members about double counting of in-residency clinical skills assessments for residents going into child psychiatry. The data were transmitted to the ABPN which then agreed to allow the double counting of one of the 3 exams toward both programs' (general psychiatry's and child and adolescent psychiatry's) requirements. Deb sent a letter (drafted by Mark Servis, Sheldon Benjamin, and Catherine Woodman, and reviewed by the IMG Caucus) to the USMLE expressing AADPRT's concerns about proposed changes in the licensing examinations. Steve Schlozman took over the workforce committee with Debra Katz's sabbatical.

Paul Mohl asked if people were interested in discussing the IOM work hours hearings. A national issue regarding nursing certification was raised. These issues were taken under advisement for later discussion.

Annual Meeting: Rick Summers reviewed plans for the 2009 annual meeting: "The Mind at its Best: Empathy, Learning, and Belief." Speakers will include Christian Keysers, PhD (Shein Lecture) on Mirror Neurons and Empathy; Tom Nasca, MD, CEO of ACGME; and Andrew Newberg, MD on the Neurobiology of Belief. This year there will be a 3 ½ hour workshop on the clinical skills assessment process on Thursday morning, and the New Training Directors symposium has been moved to Wednesday evening. Vince Redhouse will again play his flute at the sunset reception, and the Bill Gantz Cowboy Band has been engaged for Saturday night. The Sunday morning session will be an international comparison of clinical skills assessments, coordinated by Joan Anzia. The pre-meeting will be about psychiatric neuroscience, using schizophrenia as an anchoring disorder to focus discussion. After a keynote by Nancy Andreasen there will be a series of 4 skills workshops on bedside cognitive assessment; neuropsychology; neuroimaging; and neurobiological formulation. At day's end, the

group will reassemble to apply the neuroscience taught to treatment planning, with a rehabilitation focus. A future pre-meeting topic suggestion is the assessment of educational interventions. The idea of studying our pre-meeting teaching in a way similar to that recently suggested by Grace Thrall and John Coverdale—with a controlled experiment of team-based learning--was discussed. A suggestion was that perhaps having a cross-over design among two teaching methods for two topics might be more efficacious than "teaching as usual" versus "innovative" learning. A discussion of other interesting potential future topics followed. These included the critical appraisal of association studies, effectiveness studies, and educational research methods such as surveys and qualitative research.

Survey about Annual Meeting: The survey yielded many interesting comments. There did appear to be a lot of sentiment for ending the meeting on Saturday mid-day in the future. Asked for comments on meeting length, responses included that we might wish to end by some time Saturday afternoon, and that the meeting could be condensed and made more efficient. Historically, we have needed half as many hotel rooms on Saturday night as we have on Thursday and Friday nights. It looks, however, as if airlines will gradually return to the practice of discounting airfares for Saturday night stays.

ACTION ITEM: It was moved and seconded that for the 2012 annual meeting we conclude the meeting on Saturday at a time to be determined. The motion carried.

Lucille was asked for a discussion of venue parameters. She explained that we like to be at hotels in which we can be the major occupant, rather than the massive convention hotels. Ideally we look for 500-600 room hotels with adequate meeting space. In addition, we select hotels at which there is room to negotiate on the banquet expenses. Depending on the status of the next submission of the R-13 grant, the EC could be faced with other issues that could affect meeting length, etc. Locations that are out of the way are not popular with the membership due to the difficulty in reaching them. An attempt is made to find places that most people can get to with a single transfer rather than multiple transfers. Places like Sanibel and Santa Fe don't have sufficient hotels of the right size.

ACTION ITEM: After some discussion, it was decided that Rick Summers (who will be President at the 2012 meeting) and Lucille will propose about three alternative venues for further consideration.

Venue for Fall EC Meeting: In several years the ABPN oral exams will stop and we will have to determine when and where to hold the meeting. About 4-5 EC members each attend the board exams, the AAP meeting, the APA Components meetings and the child psychiatry meetings. Another idea floated was to hold an independent AADPRT EC meeting at an airport hotel. A suggestion for virtual meetings was also floated (but there were a number of detractors).

Clinical Skills Verification Rater Training Taskforce: Mike Jibson updated the EC on the taskforce deliberations. They are looking at the creation of 20-minute online modules covering conduct of the exam, incorporation of the process into teaching in a naturalistic manner (rather than a high stakes exam), and other issues. A number of positives that arise from a naturalistic process were presented. The sense of the taskforce is that skills in gathering and presenting data should be mastered by the end of the PGY-2 year, but they recognize a tendency to set the bar too high in many programs. The assessment is supposed to be aimed at demonstrating the minimal acceptable performance for a practicing psychiatrist in the community. The taskforce will work toward creating video samples as anchor points to develop a degree of inter-program inter-rater reliability, using a group of training directors as the standard setting group. External pressures from child psychiatry admissions and from directors faced with failing their senior trainees may have led us to lower the bar some for our expectations in this assessment. One member felt we should acknowledge this honestly. He also felt that we should be aware that over the years there has been some drift upward away from the older "standard' of "safety" in determining passage of the oral board exams. Mike presented his concern that as we establish inter-rater reliability we not narrow our assessment to an inappropriate standard. i.e. that we not establish inter-rater reliability around an inappropriate standard. Another taskforce member was more optimistic that we would be able to establish an appropriately reliable standard. There is still work to be done to establish the data collection method for establishing the standard---perhaps some combination of audience feedback devices and small group feedback discussions.

Another interesting issue is whether or not the rater training being developed will become a requirement for skills assessment examiners. There is some feeling that eventually the training will be required.

The taskforce feels that once a reliable training standard is established that we should go on to look at consistency, conflict of interest, outcomes, etc. Currently the system is designed to run on face validity and there will need to be a movement toward a more evidentiary validity in the future. Going forward we will need to be clear that we are talking about a minimum bar and not a developmental model.

By-laws Changes: Chris Varley walked the group through some remaining proposed changes in the by-laws. Changes to the by-laws must be approved by the voting members of the organization but changes must be proposed at the annual business meeting by a voting member and seconded by another voting member. The ballot can then be sent to all voting members of the organization by e-mail. It will be important to inform the membership in advance of the annual meeting about the proposed by-laws changes.

ACTION: The final proposed amendments to the by-laws, making the wording regarding membership categories in sections 3.2 (b) and 3.3 (b) consistent with the actual membership categories of the organization (i.e. changing "Individual" to "Affiliate" members in these sections), were approved by the EC.

Residency Application Issues: Chris Varley reported on some preliminary ideas about creating a document advising applicants to psychiatry residency programs about the application process. Such a document would include a number of issues that have come up involving applicants—plagiarism, falsified bibliographic citations, etc., as well as procedures for transfers between residency programs. This document could include expectations of both applicants and program directors for ethical behavior. It was also suggested that programs give out information on maternity/paternity leave without being asked at the time of interview. Chris requested input on specific ideas to be included in such a summary statement and ideas on how it should be distributed. One possibility, in addition to distributing the document to AADPRT members, would be working with the AAMC Careers in Medicine subgroup. Caution was advised in terms of not taking actions that could be seen as restraint of trade. An alternative direction to the Careers in Medicine group would be to direct this to the Deans of Student Affairs.

ACTION ITEM: EC members are asked to submit ideas to Chris on specific items to include in a draft.

Treasurer: Kathy Sanders presented the treasurer's report (see separate report). FY'08 saw an unusual balance of greater than $100,000 positive cash flow due to a collection of one-time anomalies related to the annual meeting (including a large settlement from the hotel and other items). The coming annual meeting will be much more expensive in terms of banquet expenses and we are projecting a budget that will include a small deficit for fiscal 2009. Fellowship costs are not completely covered by industry support. The office director's salary and the webmaster's contract amount are both being increased this year.

Development Committee: Art Walaszek and Mike Jibson are in the process of applying for industry grant support for the coming year's meeting and fellowships. Janssen appears committed to continuing the Ginsberg Fellowship support. They are applying to Pfizer, Lilly, and AstraZeneca for support of the plenary speakers. Last year, it was not possible to find funding for the IMG fellowship. Various alternative ideas for funding the IMG Fellowship were discussed, including obtaining funding from departments, organizing around a particular speaker, or decreasing the number of awardees. Given the substantial percentage of IMGs in US psychiatry residency programs, the challenges facing this group of residents and their training programs, the positive effect that the IMG fellowship has had on the careers of several IMG residents, and AADPRT's positive cash flow from this past year, the EC discussed maintaining this fellowship for the coming year with the same number of awards. However, going forward, ongoing external funding will be necessary in order to maintain this award program. There was some discussion of the need to track the outcome and benefits of the award to its recipients in order to justify applications for funding. In addition, an attempt to clarify the criteria for the fellowship will be made to facilitate the nomination process for training directors. Some issues that have come up repeatedly include focusing the award more clearly toward education and giving priority to nominees from less resource-rich programs and/or to nominees without already established research

track records.,. An idea proposed was to aim the fellowship at individuals transitioning to junior faculty position to foster their development as resident educators.

ACTION ITEM: The Development Committee and David Kaye (as President-Elect) will work with the IMG Caucus to find ongoing funding for this award, to better define the nomination and selection criteria, and to track outcomes of recipients.

Workforce Committee: Steve Schlozman has been working on reorganizing the Workforce Committee to include not only Psych SIGN but also liaison to other training groups like ADMSEP. Working with NRMP data, they have looked at top recruiting schools (in terms of recruiting their own students) and their characteristics. There has also been some international comparative work on this subject---one study comparing Harvard students and Kings College UK students revealed that a common perception is that psychiatry lacks a scientific foundation but this is balanced by a tension among students who look to psychiatry as an interpersonal field and don't want to see it move away from this. Open-mindedness by school faculty is another interesting issue. Schools in which spirituality is emphasized may be facilitative toward students choosing psychiatry careers. In psychiatry there is also a tendency for well known psychiatrists to publicly disagree with one another, which is viewed negatively by students. Some high recruiting schools tend to be state schools with a clear mission to care for the populations in their area.

APA Council on Medical Education: Sandra Sexson reported on the Committee on Medical Education's deliberations. There is some momentum nationally toward integrated clerkships rather than a prescribed minimum length clerkship. As a field we need to be cautious about being too rigid about resisting integration of clerkships. A useful idea in interesting students in psychiatry is to have patients who are relatively functional describe their experience (as opposed to demonstrating their MSE findings and pathology) and how they have adapted. This type of correlation is much more effective with classes of medical students. The stigmatization of psychiatry and psychiatrists is a big factor that has long been present and will be very difficult to overturn. Sandra pointed out that we as a field have to advocate for more neuroscience in the MCAT's (though this is a frequent undergraduate field of concentration). Advocating for psychology knowledge in undergraduate study as a medical prerequisite would be another helpful strategy. The APA IMG Orientation initiative is going to be offered to both PGY-1 and PGY-2 IMG residents this year. This covers orientation to American medicine and medical systems. By the time of the APA it is hoped that there will be an on-line course on research design, statistics, and related knowledge areas with some sort of evaluative questions available to trainees. Michele Pato has been working with them on the content of this. The APA was asked to sign on to a letter to the IOM opposing possible decreases in work hours limits for residents to 56 hours per week. The APA has not signed on to this letter because the IOM has already deliberated and is writing up its findings, so it was perceived as being too late to provide further input. Even with the current 80-hour restriction there continue to be major problems with handoffs at end of shift causing safety issues. The impact of further

restrictions on work hours could ultimately be having 3 shifts of residents per day and lead to deterioration in the quality of care that comes with consistency and involvement of physicians as primary care providers. The IOM final report should be out this fall.

ACTION ITEM: The Council would like help from AADPRT members in writing and/or reviewing modules for the online research literacy curriculum.

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Child Caucus: In 2010 Child Psychiatry programs will have to begin the clinical skills assessment process, with 3 assessments similar to the adult process, though one of them can be double counted with adult psychiatry. New form templates appropriate to children will have to be developed. AADPRT members are working with the ABPN on this.

There are still only 3 sites in the post-pediatric child psychiatry portal program, fewer than had been hoped for in the planning. Although it is widely felt that this is an important program and that pediatrician applicants are typically quite skilled, the programs require a good deal of organizational work, funding, etc. Financial issues have been problematic for some schools considering this. There are 2 other programs considering this. Funding is quite individual to the particular program (i.e. where the training slots come from). There are also some Medicare funding issues (after first board eligibility additional training years reimbursed at 50% direct costs though they are still eligible for 100% of indirect). It was suggested that AADPRT take a stand in support of this (though AADPRT has already issued a strong statement of support). Another suggestion was that reaching out to state mental health directors with information about this process as a way to increase numbers of child psychiatrists. It was suggested that the Child Caucus publicize the availability of assistance in planning for possible new pediatrics portal programs and present a workshop on this at the annual meeting.

Discussion of the Future of AADPRT: Deb Cowley introduced the topic by explaining that a feeling of a need to be proactive in advocating for psychiatric education emerged in March following Larry Smith's talk. Rather than doing a retreat on the subject as one suggestion had it, Deb decided to solicit input from each member of the EC as to what direction they feel AADPRT should take as a starting point. Each member was given one minute to say what they feel AADPRT could do better going forward to establish a framework for discussion…

Rick Summers: Inspired by Larry Smith's talk addressing the whole physician, Rick feels we should pay some positive attention to the issue of balance between work and personal life. This connects to job satisfaction, work hours, recruitment, etc. Perhaps a task force to address this.

Don Rosen: Don suggested we look at creating greater synergies, looking to develop ourselves more as education professionals while at the same time developing curricula. Pre-meetings on developing ourselves as professional educators would be one idea.

Ron Krasner: A large part of our position is as educational administrators. The past five years we have had to be quite reactive to other agendas, as administrators. We need to look at our competence as educators more, perhaps address research to this end (i.e. research into educator competence). AADPRT may want to consider sponsoring forums on how we can do our education in a more academic fashion.

Paul Mohl: Paul feels we don't come close to fulfilling the mission in our mission statement. For instance, our reluctance to take on setting the bar for the clinical skills assessment process. We have been reluctant to set standards. Starting with the clinical skills issue we should take the lead in setting the standards.

Sid Weissman: Sid cautions against implementing measures before we know what they should be (citing the financial markets issue of the week as an example). We have allowed external bodies to dictate what we have to do rather than taking responsibility ourselves. He suggests we internally examine what is needed to train individuals as psychiatrists.

Sandra Sexson: In the past we did a good job at being proactive with the RRC requirements change process. We should be working now on recommendations for the next iteration of the RRC essentials. Also we should take more responsibility as an organization to become better educators. Perhaps we should become more involved in the MedEd Portal project. The 4th training year is another example of where we should be proactive.

Lee Ascherman: There is a tension between wanting to preserve professionalism and seeking balance in work/personal lives. We need to address this tension and the balance issue. Rather than looking to outside agencies to tell us what to do we should proactively set the bar ourselves. As EBM gains are made we have paid less attention to thinking about other aspects of psychiatry practice. For example, it is difficult to publish conceptual articles.

Chris Varley: We need to improve transparency, address the needs of members, attend to the short half life of training directors, and do more to embrace diversity.

Dorothy Stubbe: One area we are particularly good at is humanity in medicine. We should look to the research literature on components of good doctoring and embrace this as one of our priorities.

Adrienne Bentman: We should move from internal consultation and reaction to external forces to thinking of what we must do to preserve what was best from the past and what is needed for the future. We are the soul of medicine in some ways and our attention to the nuances of the doctor-patient relationship and the interview makes us unique so we should attend to this and integrate this with advances in neuroscience.

Bob Boland: The AADPRT meeting serves to help training directors become excited about what they do. We should look to continue that in some way during the year. He values AADPRT as a place to creatively collaborate. He also advocates training as professional educators.

Art Walaszek: On the operations side it would be helpful if AADPRT could become a repository of educational best practices. He would expand the web site's virtual training

office to have more of this. On the vision side, he suggests we address recruitment, perhaps in concert with the chairs group. He feels we should work with junior program directors to mentor them.

Kathy Sanders: Kathy feels we should raise the standard around professionalism and think about how we inculcate that into our trainees.

Catherine Woodman: We need to think more about what professionalism is. We don't focus enough on the pipeline issue---recruitment of medical students, tools we can use, ways of partnering with undergraduate medical training to foster interest in the field.

Ron Rieder: We don't know how we are doing. We should be collecting information from our graduates to find out how we are doing as a field. We should be teaching what is up-to-date or at least true. Perhaps we should have a science committee that makes recommendations on science-based training. Our subspecialties are floundering at a time when they are unable to meet the nation's needs and this should be on our agenda.

Mike Jibson: Mike feels we should set the standards, e.g. for the clinical skills assessment process. We should be cautious about crossing from that into enforcement, which would radically redefine what we do. AADPRT should consider central established curricula, similar to what was presented by the thoracic surgeon at the premeeting several years ago.

Sheldon Benjamin: We need to be proactive about making sure that the increased numbers of medical students graduating from schools in the next decade choose to go into psychiatry in increasing numbers. We as psychiatric educators also need to take responsibility for the brain and make certain that our trainees understand that they "own" the brain as well.

Deb Cowley: She feels we need to continue our efforts at transparency. We need faculty development as residency directors. And we need to work toward web-based curricula for those things that lend themselves to on-line training.

David Kaye: We need to be more proactive about promoting our perspective, seek avenues for putting that out to the field, consider something like a regular column in Psychiatric News. We should increase our emphasis on the family and be sure that we are not just seen as pushing pills in the future.

Rick felt that the comments fell into four categories: Educator Development (pipeline, science, educator training, brain, curriculum); organizational leadership (setting standards, putting our opinion out there); organizational cohesion (transparency, communication, and diversity); professionalism and balance.

Some issues have to do with educational process and others educational content. In this way we are crossing over into content areas that are more for the field in general, a

much harder task. We as individuals cannot set all of these policies within our own departments by ourselves. We are not exactly free agents and our ability to push the boundaries of that varies among individuals and departments.

We could embrace the clinical skills assessment issue as a focus around which to galvanize ourselves as professional educators. There is a clear sense of desire to increase our responsibility and ownership of standards for psychiatric training.

A few things are already emerging as proposals: we should seize the clinical skills assessment process as a way of pushing forward our agenda as educators.

In addition, we should get a sense of the EC on all of the above ideas and suggested tasks as a priority setting exercise. A list of the above suggestions can be collated and sent to the EC as an on-line survey for input along with the question as to which issues EC members would like to personally become involved with.

As an example of how we can impact one of the suggested priorities, Deb suggested we take the issue of organizational cohesion as an issue to explore. Comments: In terms of transparency we already have begun putting the EC and taskforce minutes online for the past several years. We could ask for members interested in taskforce issues to sign up to be corresponding members. We could either feature a taskforce of the month on line or we could create an easy process for members to sign up for interest groups. We need to make certain not to lose our ability to do taskforce work by diluting the membership of committees too much. The group has made a good deal of progress on both transparency and in distributed leadership of the organization. There were a number of comments to the effect that the current president has done a superb job in this regard.

We need to attend to early career program directors as a way of addressing a number of the issues raised.

Paul Mohl wondered whether the most senior members of the organization could be paired with early career directors as mentors.

Mike Jibson pointed out that there are two groups in AADPRT: those who <u>want</u> to be TD's and those who <u>have</u> to be TD's (until their grants come in or something else comes along, etc). The latter group may not want to become career educators. We could be more effective at identifying early career directors in the former group. In addition, it is difficult to become "noticed" by the EC for training directors committed to the job who have been at it for several years. We should be scanning the workshop presenters over the years to help involve those individuals in leadership.

Chris Varley felt that there are opportunities to promote discourse that we could explore between meetings, for instance a "fireside chat" with the president every few months on a particular topic on the listserv. Don resent the minutes of the last meeting to the

regional representatives again before this meeting asking for feedback. He is seeking content to deploy in this pipeline going forward.

Ron Rieder reminded the group that inclusion in committees should be meaningful inclusion.

It was proposed that the EC first be surveyed as to which of the above priorities resonate most with them and then use this information to survey the entire membership. An alternative process would be to throw the entire issue open to the general membership at the same time to select items for surveying the membership at a later point.

Some suggestions about building in to the EC process the requirement for an early career training director in its membership, or to look at ways of opening up the nominations process further, having members at large, etc.

ACTION ITEM: It was proposed that the general membership be surveyed with a two-item questionnaire: a radio button to select length of membership in AADPRT and a blank to submit their ideas as to what AADPRT could do better.

ACTION ITEM: The EC will be surveyed at the same time as to their interest in the above-described priorities as a way of helping focus our discussion. This information will be combined with the data from the membership.

Information Committee: The abstract system has been revised for this year and is up. The vignette submission system is ready to go but has not yet been officially started. The ListServ has been having problems lately and Rick Brandt has been working to prevent the listserv mailings from being considered spam. Work is progressing toward a site map and search system for the website. PacketRat was asked to create an online fellowship nomination system for the Ginsberg and IMG fellowships. They proposed to do this at a cost of $3750 as a one time expense.

ACTION ITEM: The above expenditure was approved to create an online fellowship nomination system.

Membership Committee: Adrienne has been working on revisions to the new training directors manual and is seeking input from EC members as to sections that could be further improved. The annual training calendar is being revised and will go out soon. Volunteers from the EC to help Adrienne review the training director's calendar (for adult programs) in the coming week and to review the child psychiatry training director's annual calendar as well. The question of whether a similar product should be created for fellowship directors was discussed. Catherine Woodman (Subspecialty Caucus) mentioned that the issue of subspecialty participation is currently being debated. She wondered about double board training directors participating in the CL specialty caucus. However, Catherine did not feel that a fellowship calendar would be practical since each specialty has a different calendar. Lucille and Adrienne have worked to try to make the

process of joining the organization more clear and straightforward, but there persists confusion in the field as to the fact that they must purchase an institutional membership in order for the training directors to join as individuals. The system has been tested repeatedly for clarity but over half of all programs have still not paid their institutional membership fees. Various ideas about the meaning of the institution dues and their function were discussed. One idea would be to have the online system reject individual membership payments if Institutional dues are not paid. Another idea would be to bill the department chair either for the institutional dues or for the entire dues payment and force discussions with the training directors. Excellent progress has been made due to the online membership system allowing better data reporting in this area. It's still in process at this point. But the president can follow up to the membership if this remains a problem.

A separate issue is whether AADPRT should move to Scantron sheets to facilitate compiling the CME feedback at the annual meeting. Lucille will investigate the costs of such a system and report back to the EC.

Regional Representatives: Don contacted the regional reps to solicit suggestions for agenda items for the EC meeting but there was no input. A small issue was that the Regional Rep Lunch inadvertently was scheduled for Thursday instead of Friday and should be moved back to Friday. On Friday they also would like to have the half hour meeting following the regional caucuses as they did last year. It was suggested that the regional reps also be in touch with the PsychSIGN leader(s) in their region.

It was suggested that the regional reps be cued to solicit participation in the survey about what AADPRT can do better. The Regional ListServs need to be repaired so that all listserv subscribers are automatically subscribed to the relevant regional listserv (except for observer members). This has been discussed with the vendor but needs follow up.

ACTION ITEM: The Information Chair is to work with the online vendor to repair the regional listserv mechanism (with monthly database revisions)

Coordinators: TAGME has been working with the coordinators to become TAGME certified. There is some pushback, however, from coordinators who do not wish to participate in the TAGME process. Next year's coordinator's meeting will be prepared so that TAGME is one of the issues but not the only issue discussed in sensitivity to the perspective of the majority of coordinators. This coming year, there will be presenters from the RRC, presentations on marketing and recruitment, and a best office practices by a group of 3 coordinators and training directors. Lucille has been in contact with Linda Gacioch about structuring the emphasis on TAGME at the meeting into a more appropriate amount for the interest of the group. A coordinator survey is going out this week. Lisa Garbo, coordinator representative to the Information Committee, has been doing a great job at monitoring the coordinator's listserv.

Taskforce on Competencies and Common Factors in Psychotherapy: They are drafting a paper on teaching common factors and working to link with the other group working on the psychiatry model related to this. Publication possibilities are somewhat narrow for thought papers like this but they are working on it. Competencies in family therapy have now been drafted and were distributed. The group is also considering working with the clinical skills assessment taskforce to adapt this into competency language. It was suggested that the competencies taskforce could provide members with examples of activities fulfilling requirements for competencies such as systems-based practice.

Subspecialty Caucus: Catherine Woodman presented her work with the subspecialty caucus. Subspecialty training directors have historically been underrepresented at the AADPRT meeting, and tend to attend their national subspecialty meetings instead. The med/psych and FP/psych directors may naturally affiliate with the psychosomatic group. It was suggested that our subspecialty caucus chair initiate contact with the various subspecialty organizations to explain the relationship among the various organizations. In the past that was a productive liaison. Paul Mohl advocated that general training directors should become vice chairs for education to clarify their position as liaison to other specialties among other things.

AAMC/Council of Academic Societies Liaison: Sid Weissman reported on AAMC developments. There is currently a change in leadership underway at AAMC that will in some ways make it into a new organization. A major issue at present is Pharma. They have issued a suggested policy recently aimed at medical schools pooling pharma funding and avoiding all direct pharma relationships with faculty. Obviously APA has recently been asked by Senator Grassley for accounting of their interactions with industry. This issue has been a subject of extensive discussion at AAMC.

The comment was made that AADPRT has not moved for disclosure of industry relationships by EC members and this really should be discussed further, perhaps incorporated into our survey as a conflict of interest policy query.

The meeting was adjourned at 11:35 AM.

Respectfully submitted,

Sheldon Benjamin, MD