

AADPRT Executive Council Meeting  
May 23, 2010

Present: Lucille Meinsler (Administrative Director), Sheldon Benjamin (President), Rick Summers (President Elect), Kathy Sanders (Secretary), Chris Varley (Program Chair), Deborah Cowley (Past President), Lee Ascherman, Adrienne Bentman, Gene Beresin, Bob Boland, Sandra DeJong, Arden Dingle, Michael Jibson, Isis Marrero, Steve Schlozman, Art Walaszek, Catherine Woodman

Absent: David Kaye (Past President), Don Rosen (Treasurer), Tami Benton, Bruce Levy, Sahana Misra, Mark Servis, Sandra Sexson

1. **Introductory Comments from the President:** Sheldon welcomed the EC members and began the meeting at 11 AM. Minutes of the March EC meeting had been emailed to the EC. Discussion of March minutes was omitted. The president pointed out that 1 of every 5 members are involved on task forces, committees, as regional reps, and in other AADPRT tasks (over 100 people) reflecting a very active organization. EC members were directed to the 'President's Corner' on the website which now contains several new documents. An initial president's report acknowledges the work of many AADPRT members who have actively been working on the initiatives of the past year. There is also a document with a brief orientation to how AADPRT works. Another orientation to the organization may be found in the New Directors' Manual on the members section of the website. A document from the President's Corner updating the organization on progress to date on the priorities identified in 2008 was distributed and reviewed. For this meeting, Sheldon asked committee and task force chairs to include specific goals for what they want to accomplish by next March. Additionally, this meeting's agenda includes time limits and brief italicized summaries of known action items for EC.
2. **Members introduced themselves.** New or newly appointed to EC:
  - a. Gene Beresin, RRC Task Force Chair (Presidential appointment)
  - b. Sandra DeJong will chair the new Professionalism and the Internet Task Force (Presidential appointment)
  - c. Isis Marrero will chair the Trainee Safety Task Force (Presidential appointment)
  - d. Mark Servis will chair the Combined Programs Accreditation Task Force (Presidential appointment)
  - e. Arden Dingle joined EC as the new chair for the Child and Adolescent Caucus
  - f. Sid Zisook will join EC as Chair of the Pre-Meeting Committee (Deb Cowley representing committee today).
3. **Points of Information**
  - a. **Work Hours Task Force headed by Bill Greenberg:** Tom Nasca, ACGME head, announced on May 4<sup>th</sup> that the proposed new workhours guidelines will be published within 6 weeks (by approximately mid-June) and open to comments for 45 days before final draft is promulgated. No information is yet available but our task force will analyze the document as soon as it is ready and determine whether further input from the membership is needed.

- b. **Movement of Fall 2011 EC Meeting.** Due to the phasing out of the part 2 ABPN exam and the fact that fewer EC members are serving as examiners, the EC has discussed in past years a possible move of the fall meeting to a meeting adjacent to the AAP. Lucille has explored the arrangements and Sheldon has spoken with AAP leadership about the possibility. It appears feasible to hold the meeting on the Friday evening and Saturday at the end of the AAP meeting beginning in October 2011. Lucille will already be there due to the AACDP meeting.

**Action Item: A straw poll was held and there were no objections to moving the fall EC meeting to AAP beginning October 2011.**

- c. **May 2011 EC Meeting.** Given the cost and time needed to attend a meeting in Honolulu, concern was expressed about the 2011 May EC meeting. It was suggested as an alternative that we could look into holding the EC meeting at a centrally located airport hotel.

**Action Item: A straw poll was taken as to the number of EC members planning to attend the Honolulu APA meeting in May 2011 so the meeting will proceed as planned.**

#### **4. APA Report- Debbie Hales**

- a. Big things on the APA agenda. Since 2001, APA has been a 501c6 organization (non-profit but not “charitable” due to its lobbying activities). APA dues are therefore not considered deductible donations (unless they are business deductions for a practice). That year APPI, the American Psychiatric Foundation and APIRE (American Psychiatric Institute for Research and Education) were created as 501c3 subsidiaries of APA. In this re-organization, APPI will become part of the APA, governed by the APA Board of Trustees. Laura Roberts, current president of the APPI board, is carefully evaluating this process, in part to assure editorial independence for APPI, while being able to utilize its reserves in support of APA educational activities. APIRE and the foundation may be merged, and regardless, will remain 501c3 organizations.
- b. APA is working on development of Performance in Practice modules. The Division of Education and CME staff are collaborating with the Practice Guidelines Committee headed by Joel Yager, and the Research staff who oversee development of Quality measures and the Practice Research Network. Staff have regular meetings with Joel, Larry Faulkner (ABPN), John Oldham (president-elect), and Laura Fochtmann (editor of the Practice Guidelines) to discuss development of PIP (Performance in Practice) resources for use in Maintenance of Certification. One of the obstacles has been that there are few evidence-based quality measures in Psychiatry. Two PIP modules (Major Depressive Disorder and PTSD) are available for APA members (free 5 hours of CME credit) on the [www.psych.org](http://www.psych.org) website under education and then click on the CME menu.
- c. NIMH has withdrawn some funded research fellowships through APA (eg. PMRTP) although some pharma sources do still provide research fellowship grants (e.g. Lilly).
- d. The FSMB (Federation of State Medical Boards) is moving toward implementation of a Maintenance of Licensure (MOL) protocol that state medical boards may adopt in the

future. Six states are piloting MOL protocols, which will include some kind of Practice Performance Evaluation. The MOL process has much in common with the ABMS's (and therefore ABPN's) MOC process, including the requirement of an exam within ten years and PIP modules. States that implement the MOL requirement will affect ABPN diplomats who still hold "lifetime certificates". Those holding non-expiring certification from the ABPN will have to either enter the ABPN's MOC process or face their own state's MOL process, which could include a general medical knowledge examination. 30% of all US physicians do not hold specialty board certification so the state board MOL process will be their only source of certification. Credentialing for hospital appointments may be increasingly folded into Licensing Board processes. Once this occurs credentialing could in theory become more streamlined. This is not likely to happen quickly.

#### **5. Conversion of Model Curriculum Task Force to Standing Committee**

Given that the Model Curriculum Taskforce will be soliciting and reviewing curricula on specific topics twice yearly as an ongoing project of the organization, it was proposed that the taskforce become a Standing Curriculum Committee. EC members asked for clarification of the reason for not using the AAMC MedEd Portal process as does ADMSEP, for example, and were explained that taskforce members felt that it was too difficult to quickly locate psychiatry training-specific modules in MedEd Portal due to their search system. A brief discussion was held as to what the formal name of the new standing committee should be. Is Curriculum Committee sufficiently broad? The bottomline process is providing high quality, peer-reviewed curricula for members to build on and develop a place to post these on the website within the VTO.

**Action Item: Unanimously accepted to change the Model Curriculum Taskforce to a standing Curriculum Committee within AADPRT. (the committee can propose a different name if they feel it is important).**

#### **6. Committee and Task Force Descriptions**

The above discussion precipitated a brief discussion of the absence of up-to-date records of the mission/goals for each AADPRT committee. Goals were requested for the current year from all Committee/TF chairs for this meeting.

**For the October meeting, we will ask each committee/taskforce to provide a brief description or "mission statement" for their committees. Chairs will be provided with any existing descriptions from the New Training Directors Manual or the AADPRT files.**

#### **7. Information Committee-Bob Boland:** EC approval needed to pay for several initiatives being considered for the Information Committee's use of the Website. a. COI form will/is being developed to be on line and will cost about \$825:

**Action Item: Development of a COI page for the website at cost of \$825 was approved.**

b. Use of website to guide people into what a model curriculum should look like and submit it on line for about \$2175:

**Action Item: Development of Model Curriculum Submission webpage at cost of \$2175 was approved.**

- c. “Turbo-charged Member Directory-Enhance member directory so that people can post CVs, photos, interests, and search members for cost of about \$1800.

**The proposal was rejected.**

**Action Item: Ask Information Committee to look into adding a few drop down menus to the member information page to allow members to select their exact training roles (adult TD, Adult Assoc TD, CAP TD, CAP Assoc TD, etc) and their particular interests. Look into feasibility of allowing members to search for members according to role or interest.**

- d. Bob asked for discussion about the reality that members continue to use the Listserv for advertising position openings even though it is against the listserv policy. Bob proposes that we drop the prohibition and allow members to use the listserv to publicize positions as long as the positions are relevant to training (openings for training directors, residency and fellowship, etc).

**Action Item: EC voted to drop the prohibition against using the Listserv to advertize for program directors and residency positions (positions relevant to residency training)**

## **8. Training Coordinator Award -- Lucille Meinsler and Lee Asherman**

- a. ACGME developed a training coordinator award last year
- b. Our numbers are growing (127 coordinators attended the last annual meeting) and this is an opportunity to really support and recognize the coordinators’ extra efforts for residency training. Discussion of issues around coordinators’ involvement in the process followed. Possible demoralization of coordinators who are asked to apply several years in a row due to the likely number of applicants was discussed. One suggestion might be more detailed requirements for Program Director’s nomination letter. Another was to hold applications for 3 years to allow re-application without having to resubmit.
- c. Nomination and selection process defined and discussed with result in awarding one per year. This award would provide travel, hotel, registration waiver and a personalized desk item (rather than a plaque).
- d. Timetable established for announcing the award by July with deadline of September 1<sup>st</sup> and award decision by early October.
- e. Financial discussion about creative ways money will be saved in budget (less money for Lucille’s travel if we collocate with Chairs Meeting in the Fall and TAGME kick back money) to offset the costs for this award.

**Action Item: EC approved proceeding with annual coordinators award of travel, hotel and registration fee requiring PD nominating letter and coordinator’s personal statement (which will be held for 3 years to allow reapplication).**

## **9. Pre-Meeting Update -- Deb Cowley (and Sid Zisook)**

- a. NIMH Pre-meeting grant ran out with our last meeting; Sid Zisook undertook responsibility for AADPRT to coordinate the premeetings going forward. Sid submitted a proposal to NIMH for ongoing funding of and it will be reviewed in October. The funding will likely support only every other year’s pre-meeting, not annually as has been

the case. We will need to find a mechanism of how the non-funded years are handled (should we get the grant).

- b. Options for managing cost of pre-meeting would be barebones budgets just including food and AV. No books or honoraria included if AADPRT sponsors it. Discussion. No one wants to increase the meeting registration fees and it was questioned whether it is right for the entire membership to absorb the cost for the few who attend the pre-meeting. So discussion went to “What cost to ask members and still keep participation up for the meeting?” and “How to understand the use of the grant spread out or limited to every other year of the grant award.” Deb lets us know that Sid feels strongly that AADPRT should underwrite this first pre-meeting at no cost to members (other than Lucille’s time and the administration costs of putting on the extra meeting). The fiscal context also includes the fact that our annual meeting will apparently finish with an approximately \$14-15,000 deficit, and our fellowship programs cost the organization approximately \$20,000 for a total deficit meeting budget of about \$35,000 without considering pre-meeting expenses.

**Action Item: The EC unanimously agreed to charge \$75 for the first year’s pre-meeting so that the meeting is self-supporting other than the administrative and planning costs involved.**

**Action Item: The EC expressed its unanimous support and gratitude to Sid for his tremendous work and effort for the AADPRT pre-meeting.**

**Action Item: The Pre-meeting Taskforce is converted to a standing Pre-Meeting Committee with Sid Zisook chairing.**

#### **10. Review of Resident Application Process Guidelines, Part 2 – Chris Varley**

- a. Concern about restraint of trade if wording is not written as suggestion rather than policy or expectation around the date when out of match positions can be offered by programs. We can change wording from should to “we suggest” in the section giving a July 1<sup>st</sup> cutoff for out-of-match offers.
- b. Discussion ensued about the legality and probable need for legal advice/consultation. Gene suggested we start the document with a disclaimer that these are meant to be guidelines about behavior in our field around the application and admissions process to CAP residencies.

**Action Item: It was agreed to accept the document as is but change the last sentence of item 1 under the ‘Match in Child/Adolescent Psychiatry’ section to “After July 1<sup>st</sup>, if a program participates in the Match, we suggest that no offers be made outside of the Match process.” and create a clear disclaimer at the beginning of the document.**

**Action Item: In response to the concerns of several EC members, it was agreed that we obtain a cost estimate for a legal consult on the format and content of this document and if estimate is deemed appropriate by Steering, then we move forward to vet the document with counsel before posting it on the website. Chris Varley and David Kaye will obtain the estimate for legal counsel on this and report back to Steering.**

**11. HAPPY BIRTHDAY to Steve Schlozman.** A happy face dessert treat was given to Steve by Gene and Adrienne.

**Action Item: The EC unanimously wishes a happy birthday to Steve!**

**11. RRC Survey – Gene Beresin & Adrienne Bentman**

- a. The RRC Taskforce presented the results of a survey of AADPRT members on satisfaction with the current RRC training essentials. The survey received 221 responses of 579 emailed for a 38% response rate. Results showed that 80-90% of responders were content with the current RRC requirements. Just a few comments came in to tweak the requirements, but many of these will be helpful to the RRC process.
- b. Went through the areas where members wrote suggestions for change. For example, needing RRC approval for Research electives and the questionable relevance of measuring program quality/outcome by pass rates of ABPN exam.
- c. Where to go with this? Follow up survey with the items that had high comments? A follow-up survey is expected to gather much clearer opinions since it will include a series of specific questions.
- d. We have more time to do this process since the timeline we thought we had is being drawn out another 6 months by the RRC. We can revisit the membership with a survey to elaborate on the 4 or 5 questions where there was some divergence of opinion.
  - i. For instance, protected time for coordinators and training directors
  - ii. ABPN pass rates required
  - iii. Clinical rotation concerns (eg Forensics and geriatrics)

**Action Item: Gene to talk with Victor Reus about the timeline AADPRT has for input**

- e. Re-survey members based on what comments we have received to encourage more comments and more consensus to move forward? Use our current committee/regional caucuses to further flesh out what this survey says and what to do with it going forward?
- f. Catherine Woodman volunteers to help Gene and Adrienne with the creation of the next survey.

**ACTION ITEM: Task Force will create a more specific follow-up survey and vet it with EC before sending out.**

**12. Annual Meeting Review – Kathy Sanders**

- a. Beta testing of the E-Value system for our CME evaluation process was rough but the company will give us more help to fix it. This will result in us receiving free CME documentation for life using their system.
- b. Data reviewed by Kathy. Surprise about mediocre reception by members of hotel, location, food, and staff when there were no spontaneous complaints from members during the actual meeting.

Members are bland with regard to the Thursday afternoon ABPN/RRC panel presentations (50/50 response); members feel good about plenary speakers with high marks at 75-80%; but the workshops get nearly 90% approval ratings.
- c. Data comments from Lucille: The input sessions were poorly received by the membership. The Input Sessions serve a number of roles, however, and its continuation at the annual meeting is seen as useful to AADPRT as a whole.

### **13. Finance and Development Committee –Art Walaszek**

- a. Sheldon relayed input from Don Rosen who called into Steering Committee this morning. The annual meeting will likely finish \$14-15,000 in the red plus \$20,000 spent on fellowships from AADPRT's funds. Pre-meeting costs will widen that budgeted deficit.
- b. Art reported for the Development Committee
  - i. Separation of vendors at the annual meeting
  - ii. COI form for EC members to be posted on the Web—disclosures in over this summer, reviewed by Steering, and report put together and posted by fall
  - iii. New task for committee: alternate model of funding for the fellowships
    - 1. soliciting funds from membership as a way of honoring training directors, in recognition of events, etc
    - 2. developing a scholarship fund in a separate account within AADPRT to accept tax deductible donations

**Action Item: The EC was polled as to whether the development committee should explore fundraising from AADPRT members and others for the fellowship programs. The EC agreed to proceed.**

### **14. Psychotherapy Competencies Committee – Lee Ascherman**

- a. Evolution of the tasks for this group reviewed by Lee. The taskforce developed specific competencies for the 5 types of psychotherapy, then for the common factors of psychotherapy, then for the CSV components. They anticipate doing this for the child CSV but also move to competencies for case formulation, differential diagnosis, and treatment planning. They are nearly finished with creating these competencies but wish to remain as a working committee in psychotherapy education.
- b. They propose to develop teaching modules for beginning therapy and then create more advanced training curriculum for the PGY-3s and 4s.
- c. This taskforce accomplished the goals originally set out for it and has continued taking on more tasks. A discussion was held concerning possible conversion to a standing psychotherapy committee.
  - i. Discussion included what medical students hear about our field and their interest in spending time with patients
  - ii. A place to safeguard psychotherapy in our field
  - iii. Integration with the CSV process, the model curricula group
  - iv. Importance of a 'Seat at the Table' for psychotherapy within our organization and field
  - v. Move from Task Force to Standing Committee
- d. Any further need for competency creation as the field moves towards "milestones" in the new requirements?

**Action Item: It was unanimously agreed to sunset the Psychotherapy Competencies Task Force and create a standing Psychotherapy Committee with the chair continuing.**

### **15. Membership Committee – Adrienne Bentman**

- a. New organization of this committee: Co-Chairs Tami Benton will focus on the New Training Directors program and Adrienne will focus on broader membership issues.
- b. NTD workshop could be enhanced around preparing for site visit and what the day of the site visit is like. Develop mechanism to share with members how we fulfill the common requirements questions in the PIF. Collect best practices in meeting these common requirements and post on the website. There were some members who felt uncomfortable with posting actual PIF responses on the website. However, a list of ideas for answering PIF questions might be possible without verbatim quotations. Catherine Woodman volunteered to collect responses and edit them for posting on a page in the VTO. A possible workshop was suggested as well.

**Action Item: Catherine Woodman will spearhead efforts to post PIF response examples on the web.**

#### **16. Subspecialty Task Force—Catherine Woodman**

- a. Low numbers of fellowship directors come to the annual meeting. Sheldon has appointed John Renner as the Addictions Caucus chair in hopes of increasing participation by addiction training directors.
- b. All the specialties have fellowship directors groups as part of their annual meeting but the AADPRT content/support is not available in that venue. Want to rally support to get fellowship directors to come to the AADPRT annual meeting. Catherine reports that caucus leaders will send personal invitations to directors to come to next annual AADPRT meeting.
- c. Resident duty hours issues: fellowship directors are supportive of current duty hours and not supportive of the new IOM recommendations. Too early to evaluate changes put into place in 2003 to make changes now.

#### **17. Combined Program Task Force—Sheldon represented Mark Servis, who could not attend.**

- a. ABPN feels both it and training programs face liability due to risk of graduates not getting licensed because of the non-accredited status of these programs (the ACGME posted all combined programs as non-accredited on their website last year). So far, the ABPN has NOT encountered any individuals who have been refused licensure once an explanation of combined training was received from ABPN. The ABPN intends to discuss this issue with its board in July, nevertheless.
- b. Larry Faulkner has suggested a number of possible remedies:  
Sunset combined training programs; have applicants sign a waiver that they know this program is not accredited at the time of interview; make sure they are eligible for accreditation in at least one field by 48 months by postponing all the complementary field rotations until the final years. Naturally, any of these 3 proposals would likely have a fatal effect on combined training.
- c. Another proposal has recently been advanced by Larry Faulkner: Call the trainee a part time resident in an accredited program (psychiatry) so that they graduate from an accredited program but retain multiple board eligibility, assuming the other boards continue to be in agreement.
- d. There are approximately 112 combined programs in 15 medical specialties. None of the other ABMS specialties have been concerned by this issue. It is understood that



many of the changes being discussed would result in the likely closure of many combined programs and attendant impact on the workforce in rural and underserved areas, among other issues. However, the part-time option suggested by Larry could be feasible. APBN may host a discussion within the next month with reps from different programs involved to flesh out the details of a proposal.

- e. Sheldon is talking about this with the Chairs group, the Council on Medical Education and Lifelong Learning, with the APA leadership, and in ongoing communications with Larry. He has also been in touch with the presidents of the internal medicine, family practice, and neurology training director associations.

#### **18. Resident Safety Task Force—Isis Marrero**

- a. A new taskforce on Resident Safety has been convened with Isis Marrero as chair, and with Chris Thomas, Gail Manos, Ze-ev Levin, Ann Schwartz, Benedicto Borja, Sheldon (ex-officio) and Sarah Johnson (APA MITTE) as members. A recent survey by APA Leadership fellows revealed that 25% of over 600 residents at 13 programs had been physically assaulted during training, and about 85% had been threatened. This task force is intended to develop curricula and policies to help reduce threats to resident safety.
- b. The committee has begun collecting curricula, prevention and post-vention policies and will create a web page on the AADPRT site to keep the materials they generate for the membership.
- c. They will consider submitting a workshop for the next AADPRT annual meeting
- d. It was pointed out that the perception of danger in going into psychiatry is well known among medical students and likely affects recruitment.
- e. It is hoped that the Taskforce will begin posting materials on the new webpage before the October EC meeting and will have completed their work by the March EC meeting.

#### **19. Professionalism and the Internet Task Force – Sandra DeJong**

- a. This taskforce arises from the steadily increasing numbers of incidents involving trainees or faculty in social networking applications with professionalism implications, that came into sharp focus at a workshop during the 2010 AADPRT meeting. A Presidential Task Force has been established for this year with Sandra as the Chair. Members include Jim Lomax, Joan Anzia, Tony Rostain, Sheldon, and Nadyah John (a child psychiatry resident).
- b. At issue is the high use of Facebook and other non confidential social networking sites by trainees as well as faculty, and how to best train residents to consider the issues involved.
- c. Creation of a webpage on the AADPRT site is expected by the fall to serve as a clearinghouse for resources concerning this topic, for curricula, departmental and GME policies to be collected by the taskforce. The group will consider what the attributes of a model policy would be and consider submitting a workshop for the 2011 annual meeting.

#### **20. Workforce Committee—Steve Schlozman**

- a. Medical student perceptions about our field as not fun, poor pay, and dangerous.

- b. Steve is working on a consensus paper about the field for publication that will highlight what is true about our field and lifestyle and contradict the misperceptions. Misrepresentations by other medical professionals to medical students about psychiatry is an ongoing issue as well. Example, an HMS professor told med students that there is a movement to eliminate the 3<sup>rd</sup> and 4<sup>th</sup> years of medical school for those going into psychiatry to not waste clinic time/resources.
- c. Steve raised a question about AADPRT being more proactive in the future to advocate directly to general public and medical students and articulate the truth about psychiatry. Our field is the most misrepresented and misunderstood of health fields.

#### **21. CSV Update – Rick Summers**

- a. Faculty CSV training is the priority for this year
- b. They are creating a web based training module for the CSV process
- c. Developed recommendations on how to do faculty workshops to train CSV evaluators and what CSV evaluators should have done in order to be an examiner. Mike Jibson and Joan Aniza will conduct a CSV faculty training at the ABPN exams in Little Rock on June 5-7.
- d. Survey members about how programs are doing the CSV, how faculty is being trained and how programs are training residents about interviewing skills.
- e. Trainings are being provided around country (APA, ABPN) as well as at AADPRT
- f. Scholarly activity with Jibson article in *Acad Psychiatry*, chapters in books etc
- g. Funding issues going forward to produce web based curricula for APA and ABPN. New consent form has verbiage about being posted on national website for training purposes.

#### **22. 2011 Annual Meeting – Chris Varley**

- a. Austin TX March 2011: Inspiring Residents to Make a Difference
- b. Speakers so far: Helen Mayberg, a global psychiatrist, and a social perspective speaker
- c. Meeting over by Saturday afternoon. Last Plenary will be the last event and it will be over lunch. Done by 2pm.
- d. Where will the CSV sit? Thursday Morning?

Adjourned on time: 3:59pm

Respectfully Submitted,

Kathy Sanders MD