



AADPRT Executive Council Meetings

March 2012

Wednesday, March 7, 6:00 pm – 10:00 pm Elevation Room, 30th Floor				
Time	Topic	Presenter	Previous Action Item	Action Items
6:00 -6:25	Dinner			
6:25-6:35	Call to Order/Minutes Approval	Rick Summers		
6:35-6:50	Report from Program Chair	Adrienne Bentman	<p><i>Discussion of topics for the Thursday morning 9-11:45a time slot. Lifer's Workshop will occupy one of three slots.</i></p> <p><i>Other possibilities include: Best Practices – Duty Hours, supervision rules, others; cultural change as a consequence of recent regulatory changes, physician wellness and resilience; Model Curricula winners; popular and recurrent large attendance workshops e.g. Use of Technology</i></p>	
6:50-7:00	Report on Pre-meeting <u>Addenda Reports</u> Pre-meeting Schedule Pre-meeting Scholars 2011 RB Meeting Evaluation <i>Not included, but sent to EC members: Teaching Evidence Based Approaches to Suicide Risk Assessment and Prevention that Enhance Psychiatric Training</i>	Sid Zisook/Deb Cowley	<p><i>Complete planning for 2012 Pre-meeting, including replacing one of the speakers (Dr Judith Cohen) with another speaker appropriate for childhood stress and trauma.</i></p> <p><i>May need to replace Paul Mohl as the Chair of the mentorship Subcommittee.</i></p>	Begin plans for 2013 Pre-meeting, including selecting a theme and Conference Director. As the NIMH will again be providing funds for the 2013 meeting, what, if any additional fees should be charged to attendees? NIMH will no longer reimburse for meals. It is not yet clear if this will result in reduced funding or if we will be allowed to redistribute the allotted budget. Should we consider entering a contract with Learners Digest (formerly Audio Digest) to capture and disseminate lectures and some workshops and provide 'enduring materials' (suggested by Deb Hales)?
7:00-7:15	APA	Dilip Jeste		Discussion

7:15-7:30	Task Force-Review Committee	Gene Beresin	<p><i>PIF results need to be sent to the membership.</i></p> <p><i>An approach for protected time for coordinators needs to be developed.</i></p> <p><i>Review Revised RRC General and Child Essentials when completed.</i></p>	<p>Resend the PIF survey and then send the results to the membership if EC thinks this would be useful.</p> <p>Schedule a meeting with Chris Thomas regarding the process of Milestones development, review new General and Child Essentials.</p> <p>Discuss the future of data collection and program accreditation. Consider having representative contact other specialty program directors and collectively approach the ACGME regarding the process of data collection; and consideration of having some input into the development of Common Program Requirements.</p>
7:30-7:50	ACGME-RC	Chris Thomas, Louise King		Discussion
7:50-8:00	Task Force-Combined Training Programs <i>Addenda</i> Combined Training Program Accreditation/Approval Statement	Sheldon Benjamin		
8:00-8:20	ABPN	Larry Faulkner		Discussion
8:20-8:30	BREAK			
8:30-8:50	Discussion Question	Rick Summers		Milestones, GME Funding, Next Accreditation System – What Are Our Priorities?
8:50-9:00	AAMC/CAS Liaison	Sid Weissman		Discussion
9:00-9:10	Finance	Michael Jibson		No action items
9:10-9:30	Development <i>Addenda</i> Listing of 2012 Exhibits	Art Walaszek		No action items
9:20-9:35	Task Force-Duty Hours	Deb Cowley	<p><i>Survey AAPRRT members to determine how programs are implementing the new duty hour rules, identify issues/problems, and solicit further “best practices” to share with the field.</i></p>	<p>Disseminate relevant results from the survey to AAPRRT membership.</p> <p>Encourage Model Curriculum Committee to send out another solicitation for curricula regarding residents as</p>

			<i>Determine from this the need/value of presenting a session/workshop at the 2012 annual meeting.</i>	teachers and supervisors. Do we still need this task force?
9:35-9:45	Task Force-Duty Hours-Hand Offs Subgroup	John Q. Young	<i>Create, distribute, and analyze a survey to AADPRT membership about duty hours and specifically handoffs -- endorsed by the EC. Present workshop at AADPRT 2012 Annual Meeting on implementing new ACGME handoffs requirements – endorsed by the EC. Update Guidelines on Implementing Handoffs Regulations.</i>	No action items
9:45-10:00	Regional Representatives	Sahana Misra	<i>Sahana Misra will propose a plan to more effectively communicate to regional representatives as several regional representatives did not respond to her queries</i>	Time to reflect - Inquire how many programs used the various tools the AADPRT duty hours taskforce created and disseminated re: AGCME mandates that took effect July 1, 2011. Other goals/action items as identified during the 2012 conference.
Thursday, March 9, 12:00 N-4:30 pm Sapphire 400, 4th floor				
Time	Topic	Presenter	Previous Action Item	Action Items
12:00-12:25	Lunch			
12:25-12:40	Academic Psychiatry	Gene Beresin		Discussion of our membership/dues structure and how this impacts our subscriptions may be required. <i>(from Bruce Levy's Academic Psychiatry Governance Board Report)</i>
12:40-12:50	Information Committee	Bob Boland		Temporary annual meeting CME survey/evaluation system. Creation of news sites with varying access (Ex. Child Training Site) Appointment of new Chair for this committee.

12:50-1:00	COPE (Coordinators of Postgraduate Education)	Ari Zaretsky Chair, Cope (2010-2012)		
1:00-1:15	AACDP	Stuart Munro, President, AACDP Paul Summergrad, President-elect		
1:15-1:25	NRMP	Laurie Curtin, Director, Match Policy National Resident Matching Program		☎
1:25-1:35	ERAS	B. Renee Overton Director, ERAS AAMC		
1:35-1:45	Child & Adol Psych Caucus	Arden Dingle	<p><i>Confirmed ERAS representative attendance at child caucus meeting during 2012 annual meeting, Renee Overton</i></p> <p><i>Develop additional content for child section of website</i></p> <p><i>Further encouragement of child members to submit annual meeting submissions</i></p>	<p>Develop additional content for child section of website</p> <p>Continued encouragement of child members to submit annual meeting submissions</p> <p>Finalize timeline of activities for child chair</p>
1:45-2:00	Fellowship & Awards <u>Addenda</u> Listing of awardees Number of fellowship submissions	Kathy Sanders	<p><i>Continue to monitor cost to the organization for these awards</i></p> <p><i>Observe the effects these changes will have on number of submissions and the workload of the committees.</i></p> <p><i>Continue the Awardee Reception during the Annual Meeting for networking and mentorship opportunities</i></p>	<p>Will monitor the cost of these fellowships at the May EC meeting</p> <p>Continue with standardized earlier submission deadline for all awards at November 1. Start advertisement via "heads up" email message(s) this summer (sometime in July) before actual posting of the application on line system in the Fall.</p> <p>Consider selecting Pre-Meeting resident awards from both Ginsberg and IMG fellowship awardees based on research/scholarly activity associated with Pre-Meeting theme.</p>

2:00-2:10	Membership Committee <u>Addenda</u> Membership statistics New Member Manual to be sent to EC members	Tami Benton/Isis Marrero	<i>Planning NTD program for annual meeting Review compliance of membership with payment of dues and registration for annual meeting to report to EC and membership Present AADPRT Manual for EC review at next meeting</i>	Maintain AADPRT manual up-to-date and work in making it available to members through the AADPRT website. Continue to streamline process of connecting new members to mentors.
2:10-2:20	Model Curriculum Committee	Tony Rostain	<i>EC requested that the Model Curriculum Committee provide a specific proposal about what they would like to do with videos and model curricula submission. EC approved subscription to Vimeo if recommended by the model curriculum committee and the information committee after additional research on the matter</i>	Approve membership expansion plan Approve additions/revisions to the content areas Approve a “generic” portal for curricular materials Approve the concept of MCC workshops at annual meeting Approve the hosting of “video” curricular content on the server
2:20-2:30	Subspecialty Committee	Robert Rohrbaugh	<i>AADPRT will sponsor a survey of its members regarding the issue of recruitment into fellowships.</i>	No action items
2:30-2:40	BREAK			
2:40-2:50	AAP	Karen Broquet, President AAP		
2:50-3:00	Psychotherapy Committee	Adam Brenner/Donna Sudak	<i>Deb Cowley will serve as liaison from the milestones working group with the psychotherapy committee on integrating the psychotherapy milestones with the overall milestones project. EC members will review the psychotherapy milestones draft and provide additional feedback to the psychotherapy committee.</i>	Continue to search for and assess the utility of measures of psychotherapy competence. Synthesize basic competencies into a document for training directors linked to available assessment measures. Offer consultation and training materials to interested programs; become a resource/clearinghouse for psychotherapy training materials.

3:00-3:10	Recruitment	Sandra DeJong	<p><i>The results of the survey will be disseminated to membership.</i></p> <p><i>The Recruitment Committee will draft a letter to NRMP based on the survey and the consensus of the EC. This correspondence will recommend exceptions for off-cycle applicants and recommend that the new policy apply only to PGY-I applicants. Concern will be conveyed about the potential negative effect of the new policy on recruiting for small programs and rural programs. There is also ambiguity regarding post-match issues which need to be clarified. An effort will be made to coordinate our response with the Council on Medical Education of the APA.</i></p>	No action items
3:10-3:20	Task Force-Neuropsychiatry/Neuro-science <u>Addenda:</u> Education Survey	Sheldon Benjamin	<p><i>Request to review survey draft. Plan is to survey members in early October</i></p>	It is proposed that this TF sunset although the members will go on to write up the data for publication.
3:20-3:35	Task Force-CSV General and Child	David Kaye-Child Michael Jibson-General	<p>Child <i>Finalize consent process for new videos.</i></p> <p><i>Complete remainder of six vignettes; two school-aged and one more preschool.</i></p> <p><i>Assess various training models during annual meeting and recommend two or three.</i></p> <p><i>Place the existing videos on the website for wider use</i></p> <p><i>Develop strategy to collect inter-rater reliability data</i></p> <p>General <i>1) Review and approve video consent forms</i></p>	<p>Child--No Action Items</p> <p>General-- Organize a group to do consensus ratings of the new videos</p> <p>Prepare additional training materials to accompany the new videos</p> <p>Draft a manuscript on the CSV survey</p> <p>Conduct a CSV validity survey</p>
3:35-3:45	Task Force-Professionalism & the Internet	Sandra DeJong	<p><i>Implementation and dissemination of the curriculum</i></p> <p><i>The EC approved establishing a formal liaison with the APA on this initiative</i></p>	No action items

3:45-3:55	Assistant/Associate Training Directors	Melissa Arbuckle/Sal DeGolia	<i>Proposal to have venues for relatively new training or associate training directors at the annual meeting. There is potential space for that on Thursday morning at the annual meeting. Melissa will coordinate plans for the above activity with Adrienne for the 2012 Annual Meeting</i>	We would like to have an early career workshop each year as a fixture within the annual program (and suggest coordinating this to parallel the new training director's symposium similar to what we've arranged for this year).
3:55-4:10	APA	Debbie Hales		
4:10-4:20	APA Council on Medical Education	Debbie Hales/Sandra Sexson		
4:20-4:30	ADMSEP	Janis Cutler, President, ADMSEP		

Saturday, March 10, 7:00 am – 9:00 am

Elevation Room, 30th Floor

Time	Topic	Speaker	Previous Action Item	Action Items
7:00 –8:30	Breakfast and reports from Regional Representatives	Sahana Misra and Regional Representatives		
8:30-8:40	Resident Caucus	Alik Widge, APA Trustee		
8:40-8:50	Coordinators Caucus	Michele Peliel/Vickie White		
8:50-9:00	WRAP UP			

AADPRT
2012 ANNUAL MEETING REGISTRATION
Hilton San Diego Bayfront

Categories	SAN DIEGO-2012	AUSTIN-2011*	DISNEY-2010*
Date	2/29/2012	3/18/2011	3/24/2010
Members-advanced reg	308	285	299
Members-late reg	14	42	37
Non-Members-advanced reg	41	62	40
Non-Members-late reg	3	15	24
Residents-advanced reg	43	28	47
Residents-late reg	2	15	9
Coordinators-advanced reg	120	117	116
Coordinators-late reg	3	5	11
Awardees	13	13	13
Fee Waived-invited	4	8	11
Past Presidents		5	
Exhibitors	9	4	5
TOTAL(without paid guests)	560	599	612
Guests (\$160 fee)	11	17	28
TOTAL ATTENDANCE	571	616	640
PreMeeting	151	170	160
Cancelled & No shows	8	23	
<i>*Final Registration figures</i>			

AADPRT Committee, Task Force, Caucus Report

Executive Council Meeting

Date: February 6, 2012

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 2011-2012:

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

Action Items from September 2011:

- Complete planning for 2012 Pre-meeting, including replacing one of the speakers (Dr Judith Cohen) with another speaker appropriate for childhood stress and trauma.
- May need to replace Paul Mohl as the Chair of the mentorship Subcommittee.

Report/Updates of Importance & Pertinence:

- 2011 assessments have been completed (see attachment 1). In general, feedback was positive and helped inform changes for the 2012 meeting (e.g., better AV equipment for the noon session, including material directly related the Child/Adolescent Directors, continue interactive work-shops).
- Publication from the 2011 conference has been submitted and is in review at Academic Psychiatry (see attachment 2).
- Speakers, objectives, selection of scholars/fellows and schedule for 2012 Pre-meeting has been finalized (see attachments 3 and 4).
- As of now, Paul will continue as Chair of the Mentorship Subcommittee. There is nothing new to report from this subcommittee.
- The Tracking Subcommittee (Jane Eisen, Ron Rieder and Art Walaszek) has completed an informative survey of MD/PhD residents at 50 research rich programs (see attachment 5). Next steps will be discussed at the 2012 Pre-meeting Conference.

New Action Items:

- Begin plans for 2013 Pre-meeting, including selecting a theme and Conference Director.
- As the NIMH will again be providing funds for the 2013 meeting, what, if any additional fees should be charged to attendees?
 - NIMH will no longer reimburse for meals. It is not yet clear if this will result in reduced funding or if we will be allowed to redistribute the allotted budget.
 - Should we charge a fee every year, or every other year?
- Should we consider entering a contract with Learners Digest (formerly Audio Digest) to capture and disseminate lectures and some workshops and provide 'enduring materials' (suggested by Deb Hales)?

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date:

Committee or Liaison Group Name: RRC Task Force

Chair/Representative's Name: Gene Beresin, MD

Adrienne Bentman, MD, Chair General Psychiatry Task Force

Jeff Hunt, MD, Chair Child Psychiatry Task Force

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

Action Items from September 2011:

1. PIF results need to be sent to the membership.
2. An approach for protected time for coordinators needs to be developed.
3. Review Revised RRC General and Child Essentials when completed.

Goal(s) or tasks to be completed in 2011-2012:

PIF survey, administered once; second round possibly needed. Data needs review and structured to send the results to the membership. We need to discuss how to address the WebAds process in the dissemination of the results as they preceded the recent WebAds update requirement.

Report/Updates of Importance & Pertinence:

1. Do we need a second round for the PIF survey?
2. Discuss with Chris Thomas the future planning for new WebAds updates and surveys
(possible greater advanced notice to PD's from the ACGME or thru the conduit of the RC along with a rationale)
3. Amend the review of the RRC General and Child Essentials Action item above as we need to confirm with Chris Thomas if these are postponed until the Milestones drafts are completed. Then we need to review the drafts.
4. Consider the future process of data collection. Clarification needed about the "continuous" collection of data; the frequency of such collection; and the process of assessing programs if the proposed new data collection system is going live. Timeline needed. What is the mechanism of feedback, if any to the ACGME regarding this unfunded mandate especially given the current risks to GME funding.
5. Consideration of the FTE requirement for program director and associates based on program size. .5 FTE may not be sufficient for large programs,

- especially if continuous data collection and program responsivity and quality improvement and outcomes data collection are coming.
6. Consideration of collaborating with the leadership of other specialty program directors' organizations to lobby the ACGME for review of the accreditation process.
 7. Consideration of mechanisms through which programs may weigh in/vet ACGME policies for the Common Program Requirements, as we do for our specialty RRCs. Is this possible?

New Action Items:

1. Resend the PIF survey and then send the results to the membership if EC thinks this would be useful.
2. Schedule a meeting with Chris Thomas regarding the process of Milestones development, review and new General and Child Essentials.
3. Discuss the future of data collection and program accreditation
4. Consider having representative contact other specialty program directors and collectively approach the ACGME regarding the process of data collection; and consideration of having some input into the development of Common Program Requirements.

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.
 SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS – GENERAL OPERATIONS
 FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	2011	2010
REVENUES		
Membership dues	\$ 177,634	\$ 172,636
Interest	1,380	2,613
Miscellaneous	1,080	2,667
Donations, American Board of Psychiatry & Neurology, Inc.	<u>17,000</u>	-
 Total revenues	 <u>197,094</u>	 <u>177,916</u>
 EXPENSES		
Salary	71,971	72,546
Subscriptions	25,674	28,697
Webpage	20,561	29,487
Executive committee meetings	11,936	1,780
Liaison, dues (AAMC)	4,401	4,302
Liaison, meeting reimbursements	5,102	2,993
Legal and accounting	6,957	5,575
PayPal fees	4,836	4,520
Travel, staff	2,698	3,346
Telephone	3,641	3,514
Editorial office support	2,000	1,500
Executive council annual meeting, site visit	1,355	121
Postage and shipping	1,526	368
Fees	448	1,517
Executive committee meetings, travel	193	2,427
Committee and task force	1,950	-
Office supplies	3,397	434
Miscellaneous	2,574	251
Photocopies and printing	233	288
 Total expenses	 <u>171,453</u>	 <u>163,666</u>
 Net revenues over (under) expenses	 <u>\$ 25,641</u>	 <u>\$ 14,250</u>

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.
 SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS – ANNUAL MEETING
 FOR THE YEARS ENDED JUNE 30, 2011, AND 2010

	2011	2010
REVENUES		
Registration fees	\$ 241,206	\$ 211,171
Donations, University of Southern California	-	28,682
Donations, Wiley	-	2,000
Donations, Sabol	-	10,000
Exhibits	<u>7,500</u>	<u>5,580</u>
 Total revenues	 <u>248,706</u>	 <u>257,433</u>
EXPENSES		
General		
Audio visual	17,734	24,501
Hotel miscellaneous	21,304	4,576
Printing	7,518	5,223
Annual meeting, next year	-	2,500
Supplies	3,304	4,592
Entertainment	650	1,195
Computer and internet connection	3,060	4,000
Equipment rental	2,322	1,500
Poster boards and computer kiosk	2,178	4,358
Postage and shipping	1,808	1,970
Pre-meeting rooms	4,477	6,370
Meeting reimbursements	2,435	2,410
CME, meetings	-	29
Support	312	368
Guest rooms	2,107	-
Plaques, other	<u>1,709</u>	<u>9,978</u>
 Total general expenses	 <u>70,918</u>	 <u>73,570</u>
 Banquet		
	<u>170,803</u>	<u>190,045</u>
 Speakers		
Honorarium	4,500	8,000
Travel	<u>1,619</u>	<u>4,739</u>
 Total speakers' expenses	 <u>6,119</u>	 <u>12,739</u>
 Other Staff		
Travel	437	711
Rooms	<u>2,072</u>	<u>5,541</u>
 Total other staff expenses	 <u>2,509</u>	 <u>6,252</u>
 Total annual meeting expenses	 <u>250,349</u>	 <u>282,606</u>
 Net revenues over (under) expenses	 <u>\$ (1,643)</u>	 <u>\$ (25,173)</u>

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.
 SCHEDULES OF REVENUES AND EXPENSES – CASH BASIS – FELLOWSHIPS
 FOR THE YEARS ENDED JUNE 30, 2011 AND 2010

	2011	2010
REVENUES		
FFR paper award	\$ 4,060	\$ -
Donations, Cedar Family Foundation	<u>5,000</u>	<u>-</u>
Total revenues	<u>9,060</u>	<u>-</u>
EXPENSES		
General		
Supplies	116	-
Total general expenses	<u>116</u>	<u>-</u>
Ginsberg		
Travel and meals	2,464	2,506
Rooms	<u>790</u>	<u>3,966</u>
Total Ginsberg expenses	<u>3,254</u>	<u>6,472</u>
Henderson		
Travel and meals	572	374
Rooms	-	793
Honorarium	<u>500</u>	<u>500</u>
Total Henderson expenses	<u>1,072</u>	<u>1,667</u>
IMG		
Rooms	2,370	5,136
Travel and meals	<u>1,613</u>	<u>3,257</u>
Total IMG expenses	<u>3,983</u>	<u>8,393</u>
FFR Paper Award		
Rooms	790	793
Travel and meals	527	455
Honorarium	<u>300</u>	<u>300</u>
Total FFR Paper Award expenses	<u>1,617</u>	<u>1,548</u>
Total fellowship expenses	<u>10,042</u>	<u>18,080</u>
Net revenues over (under) expenses	<u>\$ (982)</u>	<u>\$ (18,080)</u>

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.
 SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES – CASH BASIS
 FOR THE YEAR ENDED JUNE 30, 2011

	Program	General & Administrative	Fundraising	Total
REVENUES				
Registrations	\$ 241,206	\$ -	\$ -	\$ 241,206
Dues	-	177,634	-	177,634
Donations	-	22,000	-	22,000
Interest	-	1,380	-	1,380
Miscellaneous	-	1,080	-	1,080
FFR Paper Award	-	4,060	-	4,060
Exhibits	7,500	-	-	7,500
Total revenues	248,706	206,154	-	454,860
EXPENSES				
Banquet	170,803	-	-	170,803
Salaries and benefits	-	68,372	3,599	71,971
Subscriptions	-	25,674	-	25,674
Meetings	2,435	17,038	-	19,473
Travel and meals	7,383	2,891	-	10,274
Webpage	-	20,561	-	20,561
Equipment	19,912	-	-	19,912
Rooms	18,069	-	-	18,069
Legal and accounting	-	6,957	-	6,957
Honorarium	5,300	-	-	5,300
Printing	7,142	-	376	7,518
Supplies	3,139	3,227	335	6,701
Postage and shipping	1,718	1,449	167	3,334
Dues	-	4,401	-	4,401
Internet	3,060	-	-	3,060
PayPal fees	-	4,836	-	4,836
Equipment rental	2,322	-	-	2,322
Telephone	-	3,641	-	3,641
Office support	-	2,312	-	2,312
Attendee gifts	-	-	-	-
Plaques	1,295	-	-	1,295
Miscellaneous	-	3,371	-	3,371
Entertainment	650	-	-	650
Executive Council Annual				
Meeting, Site visit	-	1,355	-	1,355
Hotel miscellaneous	16,104	-	-	16,104
Committees/Task force	-	1,950	-	1,950
Total expenses	259,332	168,035	4,477	431,844
Change in net assets	\$ (10,626)	\$ 38,119	\$ (4,477)	\$ 23,016

AMERICAN ASSOCIATION OF DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING, INC.
 SCHEDULE OF FUNCTIONAL REVENUES AND EXPENSES – CASH BASIS
 FOR THE YEAR ENDED JUNE 30, 2010

	Program	General & Administrative	Fundraising	Total
REVENUES				
Registrations	\$ 211,171	\$ -	\$ -	\$ 211,171
Dues	-	172,636	-	172,636
Donations	-	-	40,682	40,682
Interest	-	2,613	-	2,613
Miscellaneous	-	2,667	-	2,667
FFR Paper Award	-	-	-	-
Exhibits	5,580	-	-	5,580
Total revenues	216,751	177,916	40,682	435,349
EXPENSES				
Banquet	191,561	-	-	191,561
Salaries and benefits	-	68,919	3,627	72,546
Subscriptions	-	28,697	-	28,697
Meetings	2,439	4,773	-	7,212
Travel and meals	9,927	5,773	-	15,700
Webpage	-	29,487	-	29,487
Equipment	28,859	-	-	28,859
Rooms	24,714	-	-	24,714
Legal and accounting	-	5,575	-	5,575
Honorarium	8,800	-	-	8,800
Printing	4,962	-	261	5,223
Supplies	4,362	412	251	5,025
Postage and shipping	1,872	350	117	2,339
Dues	-	4,302	-	4,302
Internet	4,000	-	-	4,000
PayPal fees	-	4,520	-	4,520
Equipment rental	1,500	-	-	1,500
Telephone	-	3,514	-	3,514
Office support	-	1,868	-	1,868
Attendee gifts	8,813	-	-	8,813
Plaques	1,165	-	-	1,165
Miscellaneous	-	2,056	-	2,056
Entertainment	1,195	-	-	1,195
Executive Council Annual				
Meeting, Site visit	2,500	121	-	2,621
Hotel miscellaneous	4,576	-	-	4,576
Committees/Task force	-	-	-	-
Total expenses	301,245	160,367	4,256	465,868
Change in net assets	\$ (84,494)	\$ 17,549	\$ 36,426	\$ (30,519)

AADPRT
Balance Sheet
January 31, 2012

ASSETS

Current Assets

BOA Checking - General	\$ 106,633.80
BOA Savings - General	40,316.09
BOA Savings - Paypal	147,626.79
PNC - Checking	389.23
PNC - Money Market	244,020.82
Wells Fargo-Checking	38,580.00
Wells Fargo-Neuro	<u>57,415.73</u>
Total Current Assets	634,982.46
Property and Equipment	<u> </u>
Total Property and Equipment	0.00
Other Assets	
Prepaid Expense - Deposits	<u> </u> 2,500.00
Total Other Assets	<u> </u> 2,500.00
Total Assets	\$ <u> </u> 637,482.46

LIABILITIES AND CAPITAL

Current Liabilities

Total Current Liabilities	0.00
Long-Term Liabilities	<u> </u>
Total Long-Term Liabilities	<u> </u> 0.00
Total Liabilities	0.00

Capital

Beginning Balance Equity	\$ 458,260.83
Net Income	<u> </u> 179,221.63
Total Capital	<u> </u> 637,482.46
Total Liabilities & Capital	\$ <u> </u> 637,482.46

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 2012

Date: February 19, 2012

Committee or Liaison Group Name: Development Committee

Chair/Representative's Name: Art Walaszek, MD

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 September 2011

1. Review Donor Privacy Policy – done

Goal(s) or tasks to be completed in 2011-2012:

1. Continue to monitor for possible conflicts of interest (COI) related to exhibitors at the Annual Meeting.
2. Begin third iteration of COI policy for AADPRT leadership.
3. Solicit donations for the Ginsberg, IMG and Henderson Fellowships.

Report/Updates of Importance & Pertinence:

1. COI Policy for Exhibitors

The Committee continues to review potential conflicts of interests of exhibitors. No concerns arose this year with the 10 exhibitors, including 3 new exhibitors (Menninger Clinic, ICANotes, MyEvaluations).

As with prior Annual Meetings, we will monitor attendees' feedback regarding our Exhibitor space.

2. COI Policy for AADPRT Leadership

The most recent disclosures (6/13/11) remain on the AADPRT website (About AADRPT >

Disclosures):

<http://www.aadprt.org/documents/COI.pdf>

The next iteration of disclosures will begin after the Annual Meeting, with a deadline of May 31.

3. Donations for Ginsberg, IMG and Henderson Fellowships

In October 2011, we sent out our first solicitation to AADPRT members for donations to support these fellowships. Lucille Meinsler and Rick Brandt updated the AADPRT website with a logo and on-line donation system via PayPal:



We have received a total of \$950 in donations. We will acknowledge the donors in the annual meeting materials and in communications about the programs:

Sheldon Benjamin, M.D.
Steven Fischel, M.D.
Richard Summers, M.D. and Ronnie L. Bloom
William Penn Foundation

Our next steps will be (1) to reach out to donors outside the organization and (2) to contact our members again during and after the Annual Meeting.

Action items:

1. No action items

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: 2/17/2012

Committee or Liaison Group Name: Duty Hours Task Force

Chair/Representative's Name: Deb Cowley MD, MD, Bill Greenberg, MD

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

This Task Force was formed in January, 2009 to coordinate AADPRT's response to the December, 2008 Institute of Medicine report, provide input from our membership to the ACGME, and help members implement the new ACGME common requirements regarding resident duty hours, supervision, and transitions of care.

Action Items from September 2011:

1. *Survey AADPRT members to determine how programs are implementing the new duty hour rules, identify issues/problems, and solicit further “best practices” to share with the field.*
2. *Determine from this the need/value of presenting a session/workshop at the 2012 annual meeting.*

Goal(s) or tasks to be completed in 2011-2012:

1. Develop documents and examples to help programs comply with the new duty hours rules.
2. Survey our members to see how different programs are implementing the new rules, and to solicit further “best practices.”
3. Sponsor and present any material at the next annual meeting that would be helpful for AADPRT members.

Report/Updates of Importance & Pertinence:

1. Three task force members (Drs. Walaszek, Sanders, and Young) designed a survey that was sent to program directors to identify issues/problems and “best practices” in implementing the new duty hours, supervision, and transitions of care requirements. The results of this survey will be presented at the Executive Council meeting.
2. The handoffs subcommittee is presenting a workshop at the annual meeting (please see their report).

New Action Items:

1. Disseminate relevant results from the survey to AADPRT membership.
2. Encourage Model Curriculum Committee to send out another solicitation for curricula regarding residents as teachers and supervisors.
3. Do we still need this task force?

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: January 20, 2012.

Committee or Liaison Group Name: Duty Hours Task Force//Hand-off's Subgroup

Chair/Representative's Name: John Q. Young, MD, MPP

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

Action Items from September 2011:

1. Create, distribute, and analyze a survey to AADPRT membership about duty hours and specifically handoffs -- endorsed by the EC.
2. Present workshop at AADPRT 2012 Annual Meeting on implementing new ACGME handoffs requirements – endorsed by the EC.
3. Update Guidelines on Implementing Handoffs Regulations.

Goal(s) or tasks to be completed in 2011-2012:

1. Subcommittee on Handoffs created. In addition to John Young (UCSF), two additional members are: Claudia Reardon (University of Wisconsin) and Melissa Arbuckle (Columbia).
2. Collect current and proposed practices from AADPRT members and selected other hospitals, organizations, and specialty groups in 3 areas:
 - a. Handoff processes
 - b. Handoff related training
 - c. Assessment of handoff-related competency
3. Prepare and disseminate to AADPRT members guidance on how to best respond to the new ACGME requirements regarding handoffs.

Report/Updates of Importance & Pertinence:

- Survey about duty hours and handoffs was created and distributed to AADPRT. 61% response rate. Report summarizing results to be finished by March 1, 2012 under Art Walaszek's guidance.
- Workshop entitled “Making Handoffs Simple” accepted for 2012 Annual Meeting. Goal is to provide additional guidance and support to programs seeking to comply with the new ACGME handoffs requirements.
- Guidelines to be updated in light of new curricula and assessment tools identified via survey and/or research for the workshop.
- Items 1-3 under Goals to be completed in 2011-2012 all done.

New Action Items:

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 2012

Date: 2/14/12

Committee or Liaison Group Name: Regional Representatives Committee

Chair/Representative's Name: Sahana Misra MD

Email: misras@ohsu.edu

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.

1) Action Items from September 2011 EC Meeting:

- *Gather information for the EC from regional representatives re: the use of the regional list-serves.*
 - Received responses from 4 out of 7 regions. In general regional reps felt that the regional list serves were a good way to communicate within the region but was not frequently used. Primary use was when regional reps were soliciting feedback. Feedback generally is low, ‘handful of responses’. Region 5 mentioned some technical difficulties in the fall with the ‘old system’.
 - “The main list-serve seems to trump the regional one b/c people want as many people to see their message as possible”.
 - “Despite not using it frequently, I still think it is at least good if not the best way to facilitate regional communication especially for a large geographical region”
 - “I do think the regional list serve is an effective mechanism but folks should be reminded about the uses of the list serve and maybe we could make sure that everyone updates their list serve email”.

Summary: Regional reps do not have strong negative issues with the regional list-serve – but not frequently used –likely b/c the main list-serve ends up being more useful to program directors (more responses/view points).

2) Prepare for Regional Rep activities at 2012 Annual Conference

- a) Wednesday: EC meeting - obtain topics for review with Regional Reps at Thursday Luncheon
- b) At Thursday Regional Rep Luncheon –prepare for caucus meetings, review any additional topics to add to the caucus agenda.
- c) Friday: Conduct Caucus meetings and prepare for EC presentation
- d) Saturday: Regional Reps to report back to EC with summary of caucus meetings.

3) President to identify a new Regional Representative Committee Chair ☺

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

- 1) Time to reflect - Inquire how many programs used the various tools the AADPRT duty hours taskforce created and disseminated re: AGCME mandates that took effect July 1, 2011.
- 2) Other goals/action items as identified during the 2012 conference.

Report to AADPRT Executive Council March 2012

1. We have arranged with APPI to distribute additional copies at this meeting of the special issue on Residents as Teachers (July-August 2010), guest edited by Jonathan Polan, M.D., and Michelle Riba, M.D. These copies are available at the Registration Center for the meeting.
2. Submissions remain steady, with an average of 200 new papers received annually since 2005. We are on pace to exceed 200 new submissions again this year
3. Impact Factor – The latest available score (2010), 1.062, is the highest so far achieved by our journal.
4. Metrics for the Journal – We remain very timely in processing submissions; first decisions are made within 48 days on average, and final decisions are rendered in an average of 85 days.
5. Because, with the assistance of our international advisory board, we have achieved our goal of enhancing the international status of the journal and increasing the number of international submissions we receive, we have brought this advisory board's service to an end after 3 years. Some members have joined our editorial board, as have several academic physicians from around the world, so that we have international voices to advise us as we continue to grow our journal.
6. Anticipated "line up" for 2012: Jan-Feb – cluster of papers on patient suicide and its effects on trainees; Mar-April – spontaneous; May-June – focus on medical student education in psychiatry; July-August – special issue on international medical graduate education in psychiatry from guest editors Joel Yager, M.D., and Nyapati Rao, M.D.; Sept-Oct and Nov-Dec – spontaneous, with editorials planned on prevention and "Your Journal, Our Journal 10 Years Later."
7. Active calls for papers: Suicide Prevention, Evaluation, and Intervention; Psychiatric Education and Neuroscience; Future of Psychiatric Education; Why I Like Being an Academic Psychiatrist.
8. New feature, Snap Shots, established to encourage early-career authors to write very short (i.e., less than 1000 total words) conceptual or empirical papers that generate further scholarly work and share work that possesses characteristics such as pilot data, single-site or specific context, or small sample size. Michelle Goldsmith, M.D., and Glendon Tait, M.D., are serving as the Snap Shot editors.
9. APPI has changed production companies, and the new company has the ability to publish online ahead of print. We will look at articles that are not scheduled for publication in the first 3-4 issues of 2012 and set them aside as articles that should be copyedited and typeset in early 2012. Ultimately the goal is to be working on all articles immediately upon acceptance for online publication, but first we have to eliminate the backlog. We then will work toward the point where issue preparation involves mainly repaginating previously published content, with issue copyediting saved for accompanying editorials or any other items solicited/prepared for the specific issue's theme.
10. Backlog: As we have decreased our acceptance rate, we have reduced the number of accepted papers waiting for publication. A paper accepted for publication today would see print production in the November-December 2012 issue. We anticipate that any remaining author anxieties over the time lag between acceptance and publication will be eliminated by the new online publication capabilities of APPI.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: Committee or Liaison Group Name: Governance Board, Academic Psychiatry

Chair/Representative's Name: Bruce Levy, MD

Report/Updates of Importance & Pertinence: The Governance Board held a conference call on Nov. 30, 2011.

The following was unanimously agreed upon:

1. The quality of the Journal is becoming more robust with more empirical papers, greater visibility, and a broader author pool. An increased number of submissions has lead to an increased number of rejections. We still feel that a mix of empirical and non-empirical work is a good thing and we should maintain our mission of fostering first time authors.
2. Production issues with APPI continue (inaccuracy of printed text, rigid on white space – can't begin a new article on same page as prior article, “double widens” are no longer allowed for special topics or to clean up backlog, rigid about page count, lack of advertising, and displacing overhead costs onto the Journal). We agreed to have Laura Roberts prepare a letter requesting a formal bid from Springer Press. Once we receive the bid, we will go back to APPI and possibly Elsevier to see if they will beat it. As the current subscription rate of \$88 has been in place for a number of years, there is the possibility that a small increase may be required.
3. We want to remain a print Journal for the time being.

The question was again raised concerning the by-laws which requires member organizations to have subscriptions for all of their members. Because of our membership/dues structure, AADPRT does not strictly adhere to this policy. I explained our reasoning and nothing further was said. This may come up again in negotiations with new publishers.

New Action Items:

1. Discussion of our membership/dues structure and how this impacts our subscriptions may be required.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 2012

Date: 2/28/2012

Committee or Liaison Group Name: Information Committee

Chair/Representative's Name: Robert Boland, MD

Email: Robert_boland_1@brown.edu

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

This committee oversees the organization's 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.

Goal(s) or tasks to be completed in 2011-2012:

Old/ongoing items:

-Largest challenge in the fall was migrating the listserv. Although there were a few glitches (ex. who gets an email why you hit reply) it seems to have gone relatively smoothly and traffic seems back to normal.

-Improvements to Model Curricula, ongoing work between web team and Tony Rostain, system seems improved.

-prep for annual meeting. Most of this was done in the summer.

-access levels. We've started implementing this (giving different pages different levels of access). Right now there are two levels – public, and nonmember. We are still discussing creation of the third ("guest – registration required") level.

-improvements to president's page. Some posts, hopefully this will pick up as more people become aware.

New projects:

-Temporary annual meeting CME survey/evaluation system. Seems to be working...we'll see.

-Creation of news sites with varying access (Ex. Child Training Site)

-Appointment of new Chair for this committee.

Report/Updates of Importance & Pertinence: Most challenging recently has been the last minute creation of an online evaluation system for the meeting. If it works, this could also serve as a model for future surveys and evals.

As usual, following the meeting it will be important to update the annual meeting page (to reflect that it is over), and make materials available.

Webpage usage and stats will be presented at the meeting.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: February 17, 2012

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 September 2011:

1. Confirmed ERAS representative attendance at child caucus meeting during 2012 annual meeting, Renee Overton
2. Develop additional content for child section of website
3. Further encouragement of child members to submit annual meeting submissions

Goal(s) or tasks to be completed in 2011-2012:

- 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 (e.g. website, listserve)
- 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
- Develop a timeline of activities for chair

Report/Updates of Importance & Pertinence:

- Confirmed presentation by ERAS representative, Renee Overton for child program directors during annual meeting

- Asked Chris Thomas to give child caucus update on potential plan milestones for child
- Developed a structure and initial content for child website; sent it to IT support and should be available soon
- Attended the AACAP Education and Training WorkGroup in October 2011 (AACAP Annual Meeting); discussed collaboration and importance of not duplicating efforts
- AACAP asked for formal letter appointing the AAPRT Child Caucus Chair as liaison to AACAP Education and Training WorkGroup; also asked AAPRT to pay travel costs to attend AACAP mid-year educational meeting; AAPRT EC agreed to letter which Dr Summers wrote, unable to pay travel costs
- Reminded members of Child MATCH dates
- Helped several training directors obtain information from other child caucus members (wanted to remain anonymous)
- Encouraged child caucus members to collaborate and submit submissions to the annual meeting, particularly those who had volunteered to submit presentations on specific topics

New Action Items:

- Develop additional content for child section of website
- Continued encouragement of child members to submit annual meeting submissions
- Finalize timeline of activities for child chair

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: March 7, 2012

Committee or Liaison Group Name: AADPRT Fellowships

Chair/Representative's Name: Kathy Sanders, MD

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

This position oversees and coordinates the selection process for the various AADPRT Resident Fellowships and Awards, and the Teichner Award. The President-Elect works with the Chairs of each of the AADPRT Award/Fellowship Committees to review membership and prepare for the selection process.

Action Item from September 2011:

1. Continue to monitor cost to the organization for these awards
2. Observe the effects these changes will have on number of submissions and the workload of the committees.
3. Continue the Awardee Reception during the Annual Meeting for networking and mentorship opportunities.

Report/Updates of Importance & Pertinence:

This year, the deadline for all awards was standardized at November 1. This is significantly earlier than past years when the deadlines could range from late November through mid-December. This resulted in an earlier posting for these awards, shortly after Labor Day. The desired outcome of this change was several fold: ease of remembering the deadline for various awards, earlier announcement of awardees to allow for travel plans to meeting, and greater ease for the executive office as annual meeting preparation intensifies in February. This is the first year of this change and we had to extend the deadline for most awards by 2-3 weeks. All deadlines were completed around Thanksgiving. Most of the committees' work was completed in the selection of awardees before end of the year.

For cost savings to the organization, we have continued with awarding only 5 Ginsberg Fellows and 5 IMG fellows. Additionally, two of the 4 Pre-Meeting Scholars were also IMG awardees. These cost savings are noted and will be reviewed during financial reports during the May 2012 EC meeting once the budget from the Annual Meeting can be reconciled.

The Ginsberg Fellowship applications fell to 29 (lowest number in 6 years – usually in the high 30's). The IMG applications stayed the same in the mid 20's. The Henderson Paper submissions hit an all time high at 10 and the Ann Alonso (formerly FFF) paper submissions were average at 5.

New Action Items:

1. Will monitor the cost of these fellowships at the May EC meeting
2. Continue with standardized earlier submission deadline for all awards at November 1. Start advertisement via “heads up” email message(s) this summer (some time in July) before actual posting of the application on line system in the Fall.
3. Consider selecting Pre-Meeting resident awards from both Ginsberg and IMG fellowship awardees based on research/scholarly activity associated with Pre-Meeting theme.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: 2/10/12

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 September 2011

1. Planning NTD program for annual meeting
2. Review compliance of membership with payment of dues and registration for annual meeting to report to EC and membership
3. Present AADPRT Manual for EC review at next meeting

Goal(s) or tasks to be completed in 2011-2012:

1. Continue to expand avenues for outreach and progressive inclusion of new members. The AADPRT list serve is monitored to identify members who could benefit from the Mentorship program or other resources. (We have been reaching out to NTD's who send questions to the listserv and making them aware of the mentorship program and NTD program.)
2. Planning NTD Program
3. Improved timely compliance with dues and expanded membership
4. Exploring the creation of two new groups during the caucus's session at the AADPRT Meeting: a NTD Adult PD Caucus (1-2 years) and Early Career Caucus (2-3 years).
5. Finalize update of AADPRT manual.

Report/Updates of Importance & Pertinence:

1. For the NTD program this year we repeated those portions of the program that have been well received in the past (i.e., topics such as "My Life as a TD," "A Survival Guide for NTD" and "The Nuts and Bolts," as well as the lunch and BOG.) In addition, a mentoring activity has been scheduled for Saturday 3/10 which would allow for NTD and other members to meet their mentors.

2. A “bootcamp” workshop was developed to provide a more in-depth hands-on training to NTD and help them learn some of the basic, but complex duties associated with their roles.
3. Compliance of membership dues and registration for annual meeting has been closely monitored. A full report will be presented at the meeting.
4. The AADPRT manual was revised and updated by members of the Membership Committee, membership chairs and Lucille Meinsler. A second level of review by BOG leaders is expected to be completed before presenting to EC members.

New Action Items:

1. Maintain AADPRT manual up-to-date and work in making it available to members through the AADPRT website.
2. Continue to streamline process of connecting new members to mentors.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 2012

Date: February 27, 2012

Committee or Liaison Group Name: Model Curriculum Committee

Chair/Representative's Name: Tony Rostain

Goal(s) or tasks to be completed in 2011-2012:

1. Expand committee membership
2. Notify membership about the MCC and solicit submissions
3. Develop and refine on-line submission and review procedures
4. Select best curricula using group consensus format (reviewer grading followed by committee discussion of each submission)
5. Facilitate member/user access to posted curricula

Report/Updates of Importance & Pertinence:

Current Membership: Bob Boland, Deb Cowley, Sandra DeJong, Emily Frosch, Patrick McMillan, Bob Rohrbaugh, John Sargent, Saundra Stock, Kari Wolf.

Additional Members: Approximately **24** people have offered to join the committee. Instead of going through an extensive selection process, we are inviting these individuals to attend our committee meeting in San Diego. Our goal is to include as many people as would like to take on the work of the committee, with the hope that we can break down into sub-groups to work on distinct curricular areas (e.g. child and adolescent, geriatrics, medical psychiatry).

Member Notification of Submission Cycle and Application Process: A broad call for submissions was made on the website and via email. It is likely that problems with the list serve interfered with this dissemination effort, as only four curricula have been submitted this academic year. The committee will be meeting on March 9 to discuss ideas to improve the rate of submissions.

On-Line Submission Process

- Submissions are easy to post and to review
- Minor adjustments need to be made to assure ease of submitting material – for instance, the current topical linkage is of limited value, and we need to make a simpler link to the application process
- Audio visual materials are not yet able to be uploaded.

Submission Cycles for 2011-12

Fall: Normal Development through the Lifespan (*one submission*)
Interventional Non-Pharmacological Treatments in Psychiatry
Manualized Psychotherapy (*two submissions – psychodynamic and CPT*)

Winter: Clinical Neuroscience and Neurodevelopment for Psychiatrists
Neurology for Psychiatrist (*one submission*)

Statistics

	Submissions	Approved	Approved with Revisions	Rejected
Fall	3	pending	pending	pending
Winter	1	pending	pending	pending

It is likely that the MCC will issue an additional call for these content areas with a deadline of May 31 in order to expand the pool of submissions for this academic year.

Suggested Content Areas for Future Cycles (2012-13)

- Inpatient Psychiatry
- Disaster Psychiatry
- Cognitive Neuroscience
- Teaching Psychiatry to Non-Psychiatrists

Dissemination of Model Curricula

- Encourage “model curricula” workshops at annual meeting (e.g. automatic acceptance for first year after being selected)
- Send out regular notices of availability of curricula

Action Items:

- Approve membership expansion plan
- Approve additions/revisions to the content areas
- Approve a “generic” portal for curricular materials
- Approve the concept of MCC workshops at annual meeting
- Approve the hosting of “video” curricular content on the server

ADDENDUM - Charge for the MCC

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

Criteria for selection of model curricula. Requirements include submission in English, willingness to have the curriculum posted on the AADPRT website and willingness to allow others to utilize the curriculum at no cost to AADPRT members. In addition, each submission will be evaluated on equally weighted criteria:

1. Organization/Coherence of Curriculum (including a table of contents and introductory section that summarizes the various curricular components)
2. Comprehensiveness of Curriculum
3. Quality of Educational Materials
4. Innovativeness of the Curriculum
5. Faculty Curriculum Guide (to help faculty implement the curriculum)
6. Evaluation Tools (for faculty to use to assess resident competence)
7. Bibliography / References
8. Adaptability /Portability (suitability for a variety of settings including programs with limited resources)

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: February 12, 2012

Committee or Liaison Group Name: Subspecialty Caucus Report
Chair/Representative's Name: Robert Rohrbaugh, MD

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

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 May 2011

AADPRT will sponsor a survey of its members regarding the issue of recruitment into fellowships.

Goal(s) or tasks to be completed in 2011-2012:

1. Determine effectiveness of all Sub-Specialty Caucus members meeting together.
2. If thought desirable, develop plan to improve participation of sub-specialty program directors in AADPRT.

Report/Updates of Importance & Pertinence:

1. Clarify Sub-Specialty Caucus charter and structure with EC
 - A. Are there other components to the Charter of the Committee?
 - B. Should there be official sub-specialty AADPRT “leads” representing each of the sub-specialty areas?
2. Represent interests of Sub-Specialty Program Directors:
 - A. More effective liaison between AADPRT and the Sub-Specialty Organization’s Training Committee
 - B. Recruitment Difficulties--What would survey of AADPRT members address?
 - C. Facilitate discussion of pilot 2 year academically oriented subspecialty fellowships which residents enter in PGY 4 year.
3. Improve Program Directors knowledge of subspecialty areas
 - A. “Innovations in Sub-Specialty Education” During AADPRT Annual Meeting provide session on training innovations to improve general residents knowledge of sub-specialty (and potentially interest residents in fellowships in that sub-specialty area). Rotate sub-specialty each year so that each is represented every 4 years at AADPRT annual meeting.

New Action Items:

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: February 9, 2012

Committee or Liaison Group Name: Psychotherapy Committee

Chair/Representative's Name: Adam Brenner, MD, Donna Sudak, MD

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

Goal(s) or tasks to be completed in 2011-2012:

1. The task force plans to develop milestones in psychotherapy training across the four years of general psychiatry. We plan to consider these as they apply to rotations throughout residency and in the specific psychotherapy areas of competency. These milestones will be linked to assessment measures whenever possible.

Action Items from September 2011

1. Deb Cowley will serve as liaison from the milestones working group with the psychotherapy committee on integrating the psychotherapy milestones with the overall milestones project.
2. EC members will review the psychotherapy milestones draft and provide additional feedback to the psychotherapy committee.

Report/Updates of Importance & Pertinence:

Suspended efforts on milestones pending further information from the milestones working group – without such guidance we may be doing work that is not helpful.

New Action Items:

1. Continue to search for and assess the utility of measures of psychotherapy competence.
2. Synthesize basic competencies into a document for training directors linked to available assessment measures.
3. Offer consultation and training materials to interested programs; become a resource/clearinghouse for psychotherapy training materials.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: February 7, 2012

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 2011-2012:

- 1) Define 3-year plan for the committee.
- 2) Assemble new membership to reflect new goals of the committee (see below).
- 3) Monthly conference calls to finalize goals and their implementation.
- 4) Implement goals.

Action Items from September 2011:

1. The results of the survey will be disseminated to membership.
2. The Recruitment Committee will draft a letter to NRMP based on the survey and the consensus of the EC. This correspondence will recommend exceptions for off-cycle applicants and recommend that the new policy apply only to PGY-I applicants. Concern will be conveyed about the potential negative effect of the new policy on recruiting for small programs and rural programs. There is also ambiguity regarding post-match issues which need to be clarified. An effort will be made to coordinate our response with the Council on Medical Education of the APA.

Report/Updates of Importance & Pertinence:

Committee members: Francis Lu, Melissa Arbuckle, Jed Magen, Mark Servis, Steve Schlozman, Michael Scharf, George Tesar, Geri Fox (consultant)

Activities this year:

- 1) Development of a survey to AADPRT members re proposed NRMP changes that resulted in letter from AADPRT (Rick Summers and Sandra DeJong) to NRMP
- 2) Information gathering re data on recruitment into psychiatry, identifying obstacles to recruitment.
- 3) Beginning to develop an online tool-kit of resources for use by medical educators to recruit medical students into psychiatry and overcome potential obstacles to recruitment.
- 4) AADPRT 2012 Workshop: “Recruiting Millennials into Psychiatry: What Works?” with invited speakers from Wisconsin and Toronto (which has an award-winning recruitment program).
- 5) Exploring participation in a World Psychiatry Association research study surveying medical students internationally on choice of specialty.

New Action Items: None.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 2012

Date: February 24, 2012

Committee or Liaison Group Name: NPNSE (Neuropsychiatry/Neuroscience Education) Task Force

Chair/Representative's Name: Sheldon Benjamin

Members: Joey Cooper, Chandlee Dickey, Claudia Reardon, Mike Travis

Collaborators: Mayada Akil (NIMH), Amit Etkin (Stanford)

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

The NPNS Taskforce was convened to survey the field regarding attitudes toward neuropsychiatry/neuroscience education of general psychiatry trainees and availability of resources to provide training in these areas. The timing of the taskforce was, in part, related to the desire by NIMH to create neuroscience education modules for psychiatry residencies and, in part, related to the ongoing maturation of psychiatric neuroscience.

Goal(s) or tasks to be completed in 2011-2012:

Create survey of training directors, conduct survey, and report findings within one year.

The taskforce is expected to sunset in 2012.

Report/Updates of Importance & Pertinence:

After vetting the survey with the EC in September, we conducted the planned survey of the membership. Survey invitations were sent to 485 members including both program directors and associate directors in adult and child psychiatry (fellowship directors were not surveyed as per September EC discussion). Non-responders were sent 2 reminders and a 3rd reminder was sent to program director non-responders. Final N=225 including 167 program directors, 56 associate directors. 152 adult psychiatrists and 81 child psychiatrists responded. 140 were associated with university hospitals and 85 with other settings. The overall (unanalyzed) data are in the attached PDF.

The data are being presented as a poster at this meeting and at the American Neuropsychiatric Association meeting later this month.

The taskforce will be asked to participate in a special issue of AP on neuroscience training to present and reflect on these data.

The Stanford/NIMH parallel survey is going to be sent to APA members this year having been beta tested on a smaller group including AACDP members.

The AADPRT TF and Stanford group will together analyze questions we had in common on the two surveys.

New Action Items:

It is proposed that this TF sunset although the members will go on to write up the data for publication.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: Committee or Liaison Group Name: CAP CSV Task Force

Chair/Representative's Name: David Kaye

Members: Jeff Hunt, David Kaye, Dorothy Stubbe, and Lee Ascherman

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

Five professionally created video clips have been completed. Three are of adolescent interviews with actors. Two are preschool (age 4) videos with mother and child using a patient (with informed consent). Faculty reviewer groups have rated none of the videos. The quality of each is much better than was available previously but each video has certain flaws. None of the clips have been placed on the AADPRT website.

Action Items from September 2011:

1. Finalize consent process for new videos.
2. Complete remainder of six vignettes; two school-aged and one more preschool.
3. Assess various training models during annual meeting and recommend two or three.
4. Place the existing videos on the website for wider use
5. Develop strategy to collect inter-rater reliability data

Goal(s) or tasks to be completed in 2011-2012:

Create a platform on the AADPRT website to publish newly created video vignettes.

Collect and disseminate inter-rater reliability data specific for each new vignette.

Define optimal training recommendations for using the vignettes.

Report/Updates of Importance & Pertinence:

1. **5 CSV stimulus tapes completed (Jeff Hunt 2: 2 preschool; Lee A: 2 adol; David K: 1 adol). David working on school age. This would complete postings for time being.**
2. **Gene B has a roundtable discussion by MGH faculty reviewing how they rated one stimulus tape. Involves faculty discussing interview before and after they have discussed with each other. Will be developing additional stimulus tapes like this with other videos.**
3. **Have discussed Vimeo posting of videos on AADPRT website with Rick Brandt. May be done in time for meeting**
4. **AADPRT workshop Thursday am to focus on developing standards in the field**

New Action Items:

None

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7, 2012

Date: 2/22/12

Committee or Liaison Group Name: CSV Task Force

Chair/Representative's Name: Michael Jibson, MD, PhD

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

Action Items from September 2011:

- (1) Review and approve video consent forms

Goal(s) or tasks to be completed in 2011-2012:

- (1) Prepare new training videos with higher quality production values
- (2) Establish consensus ratings for new videos
- (3) Post videos and other training materials on the AADPRT website
- (4) Conduct training for new program directors in the CSV
- (5) Continue surveys of program activities with the CSV
- (6) Prepare a report on the CSV survey for publication

Report/Updates of Importance & Pertinence:

- (1) Several new videos are available for review and rating
- (2) A consent form has been approved for videos on the AADPRT website
- (3) A training is planned for new program directors at the March 2012 meeting
- (4) Videos are available in the preferred format for the website

New Action Items:

- (1) Organize a group to do consensus ratings of the new videos
- (2) Prepare additional training materials to accompany the new videos
- (3) Draft a manuscript on the CSV survey
- (4) Conduct a CSV validity survey

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting
March 7 – 8, 2012

Date: February 7, 2012

Committee or Liaison Group Name: Internet and Professionalism Task Force

Chair/Representative's Name: Sandra DeJong, MD

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

To develop, implement and disseminate a portable curriculum that could be used to teach psychiatrists and others about professionalism issues in the use of the internet in mental health care, education and training.

Goal(s) or tasks to be completed in 2011-2012:

Implementation and dissemination of the curriculum

Action Items from September 2011:

The EC approved establishing a formal liaison with the APA on this initiative.

Report/Updates of Importance & Pertinence:

- 1) **APA Liaison-** Vignettes with questions have been submitted to Debbie Hales at APA for use on their online CME site. We are waiting to hear from APA re details.
- 2) **Dissemination efforts:**
 - Taskforce members have been participating in Grand Rounds nationally, Graduate Medical Education Committee meetings at their own institutions, and other educational settings to discuss issues re professionalism and the internet and highlight our curriculum and its public availability (protected PDF on the AADPRT website).
 - Members have and will present the curriculum at workshops at AADPRT, AACAP and APA and at PsychSIGN (the medical student psychiatry interest group organization).
 - An article by Taskforce members entitled “Professionalism and the Internet: What to Teach and How to Teach It” has been accepted by *Academic Psychiatry*
 - The committee is completing a rewrite of the curriculum vignettes for use by other medical specialties which we hope to disseminate through AADPRT liaisons with other medical training director organizations and by publication in graduate medical education journal(s).
- 3) Ongoing questions:
 - How will the curriculum be updated after the Taskforce sunsets?

New Action Items: None.

AADPRT Committee, Task Force, Caucus Report
Executive Council Meeting

March 7 – 8, 2012

Date: February 10, 2012

Committee or Liaison Group Name: Assistant/Associate Training Directors Caucus

Chair/Representative's Name: Melissa Arbuckle, MD, PhD and Sallie DeGolia, MD, MPH

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

The Assistant/Associate Training Director Caucus of the American Association of Directors of Psychiatry Residency Training was created to allow ATDs an opportunity to interact and network.

Action Items from September 2011:

1. Proposal to have venues for relatively new training or associate training directors at the annual meeting. There is potential space for that on Thursday morning at the annual meeting. Melissa will coordinate plans for the above activity with Adrienne for the 2012 Annual Meeting.

Goal(s) or tasks to be completed in 2011-2012:

Publication of our 2009 survey of ATDs anticipated in *Academic Psychiatry* this year.
We'll be presenting a poster on some of this data at the annual AADPRT meeting in March.
An Early Career workshop will be part of this year's annual meeting focusing on negotiation.

Report/Updates of Importance & Pertinence:

We're pleased that a special "early career" workshop has been incorporated into this year's annual meeting, paralleling the new training director symposium. This year's topic will be "Effective Negotiating as a Learnable Skill." We were anticipating a second workshop, "Setting your own Career Milestones and Creating a Path towards Success" however, this had to be dropped in order to accommodate a special session on GME funding.

Action Items for March 2012:

We would like to have an early career workshop each year as a fixture within the annual program (and suggest coordinating this to parallel the new training director's symposium similar to what we've arranged for this year).



American Psychiatric Association Report to AADPRT

Date: March, 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

Office of Graduate and Undergraduate Education

RRC Nominations - The APA invites nominations for appointment to the Residency Review Committee (RRC) for psychiatry. The term begins July 1, 2013. These appointments are for 3 years, renewable once. Deadline to submit nomination is March 16, 2012.

Criteria:

- Nominees must be currently certified in Psychiatry by the ABPN and must have additional expertise or fellowship certification in Addiction Psychiatry, Forensic Psychiatry, Geriatric Psychiatry or Psychosomatic Medicine.
- Candidate should have experience with residency training and administration
- Candidate must be a present or past psychiatry residency training director (at least 5 years), or otherwise be intimately familiar with the Essentials and the Special Requirements for Psychiatry, as well as having had hands on experience with the administration of a psychiatry residency training program.
- Candidate must be nationally well-known and well respected educator in psychiatry
- Candidate must be a member in good standing of the APA.
- Candidate must commit to attending all RRC meetings, including the fall meeting prior to their appointment date, a workshop for specialist site visitors, and be available as a specialty site visitor.
- Candidate must not be employed by the same program, institution or affiliated institution as current members. Accordingly, individuals must not be nominated from the following **states** (this is a new requirement to foster geographic diversity) or institutions:
 - Yale University, New Haven, Connecticut
 - University of Florida College of Medicine, Jacksonville, Florida
 - Children's Memorial Hospital, Chicago, Illinois
 - University of Maryland, Baltimore, Maryland
 - Brigham and Women's Hospital, Boston, Massachusetts
 - Cambridge Hospital, Cambridge, Massachusetts
 - University Hospitals Case Medical Center, Cleveland, Ohio
 - Oregon Health and Sciences University, Portland, Oregon
 - University of California, Davis, Sacramento, California
 - University of Texas Medical Branch at Galveston, Galveston, Texas
 - Medical College of Wisconsin, Milwaukee, Wisconsin

Nomination requirements: Letter/s of Nomination, CV and ACGME Nomination form (contact the APA to get a copy of the form.)

Send nominations to:
RRC Nomination
Office of Graduate and Undergraduate Education
c/o Nancy Delanoche
American Psychiatric Association
1000 Wilson Blvd, Ste 1825
Arlington, VA 22209
education@psych.org

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 Lilly.

A few important changes for 2012:

1. **Due to reduced funding, only the first 100 chief registrants will receive the \$1,000 grant. Only one person per program can receive the grant.**
2. If you have second/third chiefs who will to attend, they can attend without any grant funding (see separate registration link.)
3. We have a max capacity of 150 attendees for the conference.
4. Conference materials, breakfast and lunch are provided to the attendees. But they need to register separately to the main APA Meeting if they wish to attend the scientific programs.
5. Deadline to apply is April 1st or until we reach capacity (100 for grant-funded, 150 total for everyone)
6. Local residents from Philadelphia will not be eligible for the travel grants, but those programs may send up to 3 chief residents to the program.

For questions, please contact Ms. Grace Shanks at gshanks@psych.org or 703.907.8666

PsychSIGN The APA continues to support **PsychSIGN** and the student chairs and regional leaders. 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.

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 Major Depression, PTSD, Assessment of Suicide, Substance Use Screening, Assessment and Treatment of Substance Abuse 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 and we are working to have these available on the APA website in early March. 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 PIP 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, 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**, will be available on the LMS from February 19 through May. 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.

ANNUAL MEETING IN PHILADELPHIA

MAY 5-9, 2012. IMPORTANT ITEMS FOR EDUCATORS AND TD'S:

CHIEF RESIDENT LEADERSHIP CONFERENCE MONDAY MAY 7
RESIDENT AND STUDENT POSTER SESSION SATURDAY MAY 5
PSYCHSIGN NATIONAL CONFERENCE MAY 5-6
PSYCHIATRY REVIEW 2012, LED BY ARDEN DINGLE AND BOB BOLAND
SATURDAY, MAY 5
AADPRT SESSIONS: INCLUDING INTEGRATED CARE, ETHICS AND TEACHING PSYCHOTHERAPY
IMG INSTITUTE SATURDAY MAY 5

MINDGAMES TUESDAY MAY8 AT 6:30 WITH RECEPTION FOLLOWING, INCLUDING ACOUSITC SESSION WITH BERESIN AND KAYE. SUPPORTED BY THE PHILADELPHIA RESIDENCY TRAINING PROGRAMS.

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™.

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.

PRE-MEETING: EVIDENCE BASED APPROACHES TO PREVENTION, DIAGNOSIS AND TREATMENT OF POST TRAUMATIC STRESS AND RELATED DISORDERS

The pre-meeting Wednesday, March 7 will feature plenary sessions from internationally renowned experts on stress and trauma with emphases on new and emerging findings and teaching pedagogy for both large and small programs, with and without home-based expertise in evidence-based psychotherapies. At least five resident scholars will be selected to attend the pre-meeting. Scholars will be invited to present their experiences and ideas at an interactive lunch-time workshop focused on how programs can help residents navigate the choppy waters of research during residency. Afternoon workshops will reinforce material covered in the morning sessions and provide take-home tools for cutting edge teaching and training.

8:45-9	Deb Cowley & Sid Zisook	Welcome and Introduction
Morning Plenary Session		
9-10	Murray Stein	What Research Tells us About PTSD, It's Boundaries, Diagnosis and Treatment
10-11	Ariel Lang & Carie Rodgers	Providing and Teaching Evidence Based Treatment for PTSD in Resource-Rich as well as Resource-Challenged Training Programs
11-12	Saul Levine, Edith Eger, Lauren Brookman-Frazee and George Montoya	Childhood Trauma and Adult Resilience
12-1:00	Sepideh Bajestan, Ruth Gerson, Alisa Gutman, Gaurav Jain, Brandon Kohrt	Lunchtime Scholars Session
Afternoon Workshops		
Group A:1:15-2:15 Group B: 2:30-3:30 Group C: 3:45-4:45	Robin Weersing, Cecilia Gutierrez, and Alexandra Bettis	Teaching Stress Reduction and Relaxation to At Risk Children and Families
Group B:1:15-2:15 Group C: 2:30-3:30 Group A: 3:45-4:45	Grace Thrall, Michele Pato, Connie Schardt, and Pre-meeting Scholars	Using Team Based Learning to Teach Evidence Based Psychiatry in PTSD
Group C:1:15-2:15 Group A: 2:30-3:30 Group B: 3:45-4:45	Ariel Lang and Carrie Rodgers	Teaching Evidence Based Psychotherapy
4:45-5:15	Sid Zisook	Conclusion and Wrap-up

Pre-meeting Scholars

Scholar	Program	Training Director	Contact
Sepideh Bajestan	Stanford University	Chris Hayward	bajestan@stanford.edu
Ruth Gerson	New York University	Jess Shatkin	ruth.gerson@nyumc.org
Alisa Gutman	University of Pennsylvania	Tony Rostain and Rick Summers	argutman@gmail.com
Gaurav Jain	Southern Illinois University	Manisha Punwani	gjain@siumed.edu
Brandon Kohrt	George Washington University	James Griffith	brandonkohrt@gmail.com

1. Plenary 1: The Neurobiology of Suicide and its Relevance to Clinical Care (Mann)

	Not Effective (1)	2	3	Average (4)	5	6	Outstanding (7)	Rating Average	Response Count
Content	0.0% (0)	0.0% (0)	2.1% (3)	4.1% (6)	17.9% (26)	35.9% (52)	40.0% (58)	6.08	145
Speaker	0.0% (0)	0.7% (1)	2.1% (3)	9.0% (13)	23.4% (34)	30.3% (44)	34.5% (50)	5.84	145
Audio/Visual & Handouts	0.0% (0)	2.1% (3)	5.6% (8)	20.1% (29)	29.9% (43)	25.0% (36)	17.4% (25)	5.22	144
Likeliness to Use Material	0.0% (0)	2.7% (4)	4.8% (7)	6.8% (10)	21.9% (32)	32.2% (47)	31.5% (46)	5.71	146
							answered question		146
							skipped question		5

2. Plenary 2: Myths and Science of Assessing and Managing Suicide Risk (Oquendo)

	Not Effective (1)	2	3	Average (4)	5	6	Outstanding (7)	Rating Average	Response Count
Content	0.0% (0)	0.7% (1)	2.0% (3)	8.2% (12)	17.7% (26)	27.2% (40)	44.2% (65)	6.01	147
Speaker	0.0% (0)	0.0% (0)	2.0% (3)	3.4% (5)	12.2% (18)	32.7% (48)	49.7% (73)	6.24	147
Audio/Visual & Handouts	0.0% (0)	1.4% (2)	2.7% (4)	9.5% (14)	18.4% (27)	26.5% (39)	41.5% (61)	5.90	147
Likeliness to Use Material	0.0% (0)	1.4% (2)	2.0% (3)	8.2% (12)	10.2% (15)	33.3% (49)	44.9% (66)	6.07	147
							answered question		147
							skipped question		4

3. Plenary 3: What the Research Teaches about Preventing Suicide

	Not Effective (1)	2	3	Average (4)	5	6	Outstanding (7)	Rating Average	Response Count
Content	0.8% (1)	0.0% (0)	2.3% (3)	16.3% (21)	18.6% (24)	35.7% (46)	26.4% (34)	5.64	129
Speaker	0.0% (0)	0.0% (0)	1.6% (2)	11.0% (14)	26.0% (33)	35.4% (45)	26.0% (33)	5.73	127
Audio/Visual & Handouts	0.8% (1)	0.8% (1)	0.8% (1)	18.0% (23)	26.6% (34)	32.8% (42)	20.3% (26)	5.48	128
Likeliness to Use Material	0.0% (0)	0.8% (1)	2.3% (3)	10.9% (14)	23.3% (30)	31.8% (41)	31.0% (40)	5.76	129
							answered question		130
							skipped question		21

4. Lunchtime Presentation: What Works for Resident Research

	Not Effective (1)	2	3	Average (4)	5	6	Outstanding (7)	Rating Average	Response Count
Content	5.0% (7)	9.2% (13)	9.2% (13)	27.7% (39)	26.2% (37)	13.5% (19)	9.2% (13)	4.38	141
Speaker	4.3% (6)	7.9% (11)	12.9% (18)	25.0% (35)	22.1% (31)	15.7% (22)	12.1% (17)	4.49	140
Audio/Visual & Handouts	37.1% (49)	19.7% (26)	10.6% (14)	12.9% (17)	9.1% (12)	5.3% (7)	5.3% (7)	2.74	132
Likeliness to Use Material	10.2% (14)	10.9% (15)	10.9% (15)	23.4% (32)	22.6% (31)	12.4% (17)	9.5% (13)	4.12	137
							answered question		142
							skipped question		9

5. Group 1: Using TBL to Teach Suicide Assessment and Prevention (Pato & Thrall)

	Not Effective (1)	2	3	Average (4)	5	6	Outstanding (7)	Rating Average	Response Count
Content	0.8% (1)	0.8% (1)	3.1% (4)	8.4% (11)	28.2% (37)	35.9% (47)	22.9% (30)	5.62	131
Speaker	0.8% (1)	0.8% (1)	2.3% (3)	10.0% (13)	29.2% (38)	31.5% (41)	25.4% (33)	5.62	130
Audio/Visual & Handouts	0.8% (1)	0.8% (1)	1.5% (2)	12.3% (16)	29.2% (38)	26.9% (35)	28.5% (37)	5.63	130
Likeliness to Use Material	0.8% (1)	0.0% (0)	4.6% (6)	14.5% (19)	22.1% (29)	30.5% (40)	27.5% (36)	5.59	131
							answered question		131
							skipped question		20

6. Group 2: Collateral Damages: Coping with Patient Suicides in Training Programs (Anzia, Lomax, Prabhakar)

	Not Effective (1)	2	3	Average (4)	5	6	Outstanding (7)	Rating Average	Response Count
Content	0.0% (0)	0.0% (0)	0.8% (1)	3.0% (4)	8.3% (11)	28.6% (38)	59.4% (79)	6.43	133
Speaker	0.0% (0)	0.0% (0)	2.3% (3)	3.8% (5)	15.0% (20)	33.8% (45)	45.1% (60)	6.16	133
Audio/Visual & Handouts	0.8% (1)	1.5% (2)	2.3% (3)	6.9% (9)	6.9% (9)	22.9% (30)	58.8% (77)	6.21	131
Likeliness to Use Material	0.8% (1)	0.0% (0)	1.5% (2)	0.8% (1)	6.0% (8)	27.1% (36)	63.9% (85)	6.48	133
							answered question		133
							skipped question		18

7. Group 3: Physician Depression and Suicide Prevention (Clayton & Oquendo)

	Not Effective (1)	2	3	Average (4)	5	6	Outstanding (7)	Rating Average	Response Count
Content	0.0% (0)	0.0% (0)	2.2% (3)	11.1% (15)	20.0% (27)	31.1% (42)	35.6% (48)	5.87	135
Speaker	0.7% (1)	0.0% (0)	2.2% (3)	12.7% (17)	21.6% (29)	33.6% (45)	29.1% (39)	5.72	134
Audio/Visual & Handouts	0.8% (1)	3.0% (4)	1.5% (2)	12.8% (17)	18.0% (24)	28.6% (38)	35.3% (47)	5.71	133
Likeliness to Use Material	0.8% (1)	0.0% (0)	3.8% (5)	9.0% (12)	20.3% (27)	24.8% (33)	41.4% (55)	5.88	133
							answered question		135
							skipped question		16

8. Please rate your familiarity with the material presented in this pre-meeting.

	No Knowledge (1)	Very Little Knowledge (2)	Little Knowledge (3)	Average Knowledge (4)	Above-Average Knowledge (5)	Extensive Knowledge (6)	Thorough Knowledge and Use (7)	Rating Average	Response Count
BEFORE attending this pre-meeting	0.0% (0)	0.7% (1)	3.4% (5)	35.9% (52)	46.2% (67)	11.7% (17)	2.1% (3)	4.71	145
AFTER attending this pre-meeting	0.0% (0)	0.0% (0)	0.0% (0)	1.4% (2)	41.5% (59)	49.3% (70)	7.7% (11)	5.63	142
								answered question	145
								skipped question	6

9. Please rate this conference overall.

	Poor (1)	2	3	Average (4)	5	6	Outstanding (7)	Rating Average	Response Count
Answer:	0.0% (0)	0.0% (0)	0.7% (1)	4.2% (6)	28.2% (40)	42.3% (60)	24.6% (35)	5.86	142
								answered question	142
								skipped question	9

10. Comments on this year's presentation.

	Response Count
	0
answered question	0
skipped question	151

11. What topics and/or presenters would you like to see at future pre-meetings?

	Response Count
	0
answered question	0
skipped question	151



American Board of Psychiatry and Neurology, Inc.

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Update for Psychiatry GME Programs on Combined Training Program Accreditation/Approval February 2012

Background: Combined residency training is not unique to psychiatry. There are currently 18 different combined specialties (other than medicine/pediatrics) with 112 combined residency programs. Of these programs, four different specialties and 38 combined residency programs include training in psychiatry. They are peds/psych/child psych (“triple board”, 10 programs), internal medicine/psychiatry (14 programs), family medicine/psychiatry (7 programs), and neurology/psychiatry (7 programs). At this time, all of these programs are approved by their respective specialty boards to assure that resident physicians completing combined training are eligible for board certification in each of the component specialties.

In 2009, the ABPN announced a moratorium on the approval of NEW combined residency training programs involving psychiatry and neurology because of questions about state licensing and insurance reimbursement for graduates of residency programs that do not have independent and separate ACGME accreditation. After letters were written on their behalf by the ABPN, no graduates of combined programs have been denied licensure or insurance reimbursement to date. The ACGME does not separately accredit combined training programs, with the exception of internal medicine/pediatrics, which has its own RRC for 80 programs. The following language from the ACGME website regarding combined training speaks to the current oversight of combined training programs (except for internal medicine/pediatrics):

Combined training consists of a coherent educational experience in two or more closely related specialties or subspecialties available for selected individuals. The educational plan for combined training is approved by the specialty board of each of the specialties to assure that resident physicians completing combined training are eligible for board certification in each of the component specialties. Each specialty or subspecialty program is separately accredited by ACGME through its respective specialty review committee. The duration of combined training is longer than any one of its component specialty programs standing alone, and shorter than all of its component specialty programs together.

Update: The ABPN has stated that current residents and accepted applicants to combined residency training programs for 2012-13 will be able to complete their training and become board eligible in the relevant specialties, as is their current policy. The ABPN is continuing its moratorium on the approval of NEW combined residencies pending the resolution of its negotiations with the ACGME to develop an accreditation mechanism for combined training programs, and is working on new proposals to address this issue.

Larry Faulkner, MD
President and CEO ABPN



Richard F. Summers, MD
President AADPRT



**2012 Meeting
Exhibits**

Exhibitor	Amount paid	Exhibited Previously	
Hogrefe Publishing	500	yes	unstaffed book display
Wiley-Blackweel	500	yes	unstaffed book display
American Academy of Child & Adolescent Psychiatry	825	no	
American College of Psychiatrists	825	yes	
APA	825	yes	
Montefiore Medical Center/Chief Residents' Conference	825	yes	
The Menninger Clinic	825	new	
American Psychiatric Publishing	1,100	yes	
ICAN Notes	1,600	new	
MyEvaluations	1,600	new	
Professional Risk Management Services	1,600	yes	
Total amount from Exhibits	11,025		

Fellowship Awardees for 2012

Ginsberg

Region I	Kerry Wilkins, MD University of Massachusetts Medical Center Sheldon Benjamin, MD
Region II	Hiwot Woldu, MD Mount Sinai School of Medicine Ronald O. Rieder, MD
Region IV	Deepak Prabhakar, MD, MPH Child & Adolescent Psychiatry Detroit Medical Center/Wayne State University Beth Ann Brooks, MD
Region V	Kathleen Molly McShane, MD, MPH University of Miami/Jackson Memorial Hospital Radu Saveanu, MD
Region VI	Yasmin Owusu, MD Stanford University Chris Hayward, MD

International Medical Graduate in Psychiatry

Region I	Ujjwal Ramtekkar, MBBS, MPE Children's Hospital, Boston Enrico Mezzacappa, MD
Region II	Renata Sanders, MD SUNY Downstate Medical Center Michael Myers, MD
Region IV	*Gaurav Jain, MD Medicine-Psychiatry Southern Illinois School of Medicine Manisha Punwani, MD
Region V	Marsal Sanches, MD University of Texas Houston Health Sciences Vineeth John, MD

Region VI *Sepideh Bajestan, PhD, MD
 Stanford University
 Chris Hayward, MD

*=Pre-Meeting Scholar, too

Henderson Paper Award

Seetha Ramanathan, MD
SUNY Upstate Medical University
John Manring, MD
Paper Title: *Can The Macroeconomic Environment During Infancy Have Enduring Behavioral Influences?*

Anne Alonso Paper Award

Deepika Shaligram, MD
Fellow, Department of Child & Adolescent Psychiatry
Cambridge Health Alliance
Cynthia Telingator, MD
Paper Title: *Addressing Psychotherapy Challenges in the Medication Visit: a pilot course on brief psychotherapeutic interventions*

AADPRT Fellowships/Papers

Number of applications and paper submissions

2007 – 2012

Year	Ginsberg	IMG	Henderson paper	FFF/Ann Alonso
2012	29	25	10	5
2011	38	24	7	2
2010	34	29	6	5
2009	37	22	6	5
2008	39	31	5	9
2007	38	21	5	3

AADPRT MEMBERSHIP REPORT
March 2012

Type of Membership	2011-2012		2010-2011		2009-2010		2008-2009		2007-2008	
July 1 - June 30										
Institutions	193		186		191		190		194	
Individual Members										
Adult/General Psych TDs	189		186		190		179		188	
Child & Adol Psych TDs	118		116		119		119		110	
Asst/Assoc TDs-General	153		154		138		133		122	
Asst/Assoc TDs-C&A	39		35		33		26		18	
Addictions TDs	25		24		20		21		20	
Forensic TDs	18		17		16		21		20	
Geriatric TDs	32		34		34		32		39	
Psychosomatic TDs	29		27		26		21		20	
Combined/Psych Med	9		10		7		7		4	
Combined/Psych/Family	4		3		2		2		2	
Other Subspecialties	12		14		12		10		11	
Dept Chair/Vice Chair	44		43		40		44		44	
Affiliate Members	28		17		13		12		4	
Division Chief-C&A	5		5		4		5		4	
Fee Waived	3		2		1		1		1	
Total Individual Members	708		687		655		633		607	
Coordinators	330		327		309		300		280	
Membership Paid/Not Paid	Paid	Not Paid FY12	Paid	Not Paid FY11	Paid	Not Paid FY10	Paid	Not Paid FY09	Paid	Not Paid FY08
Institution	186	7	181	5	183	8*	185	5	188	6
Individual	681	27	667	20	599	56	625	8	559	37

*includes 6 programs that have not paid since 2007

AADPRT Neuropsychiatry/Neuroscience Education Survey

Design Survey

Collect Responses

Analyze Results

[View Summary](#)[Browse Responses](#)[Filter Responses](#)[Crosstab Responses](#)[Download Responses](#)[Share Responses](#)

Default Report ▾

+ Add Report

Response Summary

Total Started Survey: 225
Total Completed Survey: 208 (92.4%)[Show this Page Only](#)

PAGE: DEMOGRAPHIC DATA

1. What is your role in training? (you may select more than one option)

[Create Chart](#) [Download](#)

		Response Percent	Response Count
Training Director		74.2%	167
Associate or Assistant Training Director		24.9%	56
Department Chair		1.3%	3
Vice Chair		7.1%	16
Other (specify)		2.2%	5
Please specify if you checked OTHER above.			5
Show Responses			
answered question			225
skipped question			0

2. Number of years in residency training administration.

[Create Chart](#) [Download](#)

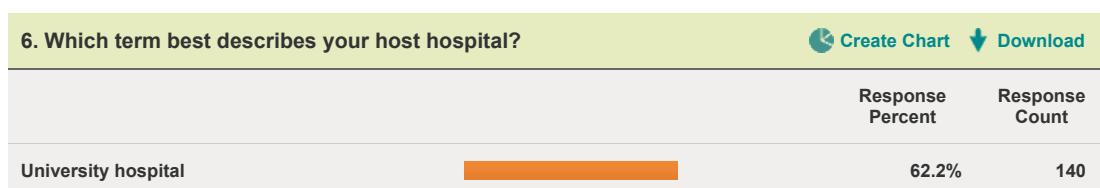
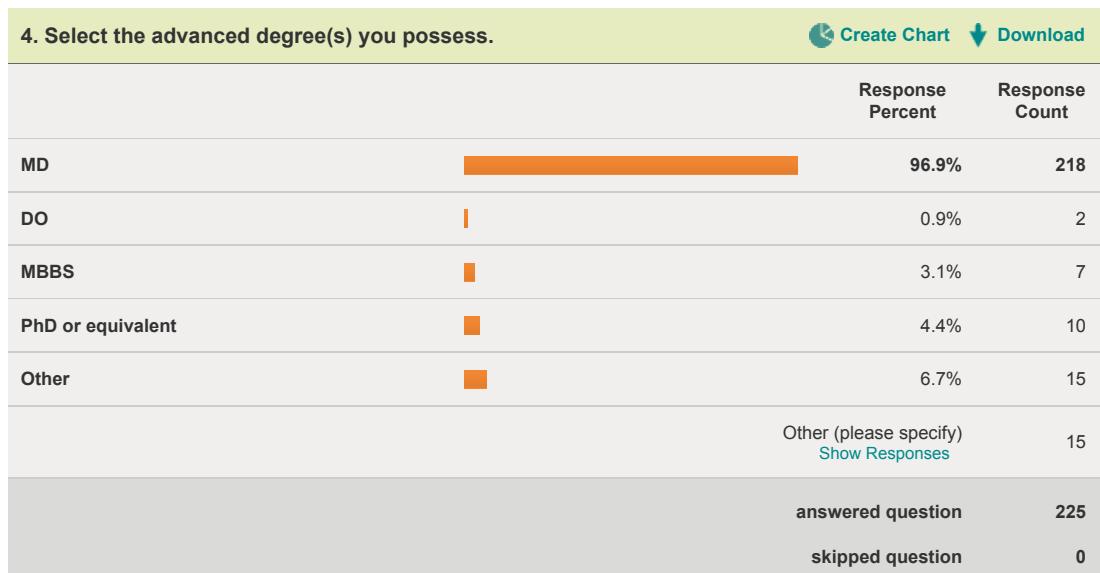
		Response Percent	Response Count
0-2		24.9%	56
3-5		22.7%	51
6-10		25.3%	57
11-19		18.2%	41
>20		8.9%	20
answered question			225
skipped question			0

3. Please indicate the field in which you are involved with training administration. (This survey is being sent to general adult and child psychiatry training directors and associate directors).

[Create Chart](#) [Download](#)

	Response Percent	Response Count

Adult Psychiatry		63.6%	143
Child and Adolescent Psychiatry		32.0%	72
Both		4.0%	9
NA (explain why below)		0.4%	1
Please specify reason for NA response		Show Responses	3
		answered question	225
		skipped question	0



VA hospital		3.1%	7
State hospital		2.7%	6
Private hospital		16.4%	37
Other (specify below)		15.6%	35
Other (please specify) Show Responses		37	
		answered question	225
		skipped question	0

7. Please estimate the number of faculty in your department or in the institution with which your department is affiliated who:

 [Create Chart](#)  [Download](#)

	0	1-4	5-9	≥10	Response Count
identify themselves as neuropsychiatrists?	26.5% (59)	53.8% (120)	9.0% (20)	10.8% (24)	223
are engaged in psychiatric neuroscience research?	19.4% (43)	49.5% (110)	12.6% (28)	18.5% (41)	222
				answered question	225
				skipped question	0

8. Does your department:

 [Create Chart](#)  [Download](#)

	Yes	No	Response Count
offer or is it affiliated with an institution that offers PhD or post-doctoral work in psychiatric neuroscience?	63.8% (143)	36.2% (81)	224
offer fellowship training in behavioral neurology or neuropsychiatry?	21.9% (49)	78.1% (175)	224
offer combined training in neurology and psychiatry ("double board program")?	7.2% (16)	92.8% (207)	223
		answered question	225
		skipped question	0

[Show this Page Only](#)

PAGE: ATTITUDES

1. How many years do you believe will be needed for advances in neuroscience to lead to the discovery of significant new treatments or to the personalized application of existing therapies?

 [Create Chart](#)  [Download](#)

	Response Percent	Response Count
About 5 years	32.1%	71
About 10 years	50.2%	111
About 20 years	14.0%	31
Greater than 20 years	3.6%	8

answered question	221
skipped question	4

**2. Considering a resident starting training in 2012 and graduating in 2016
(or 2017-18 from child training)**

 Create Chart Download

skipped question

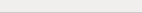
	1 (Not Important at all)	2 (Somewhat important)	3 (Important)	4 (Very important)	5 (Critically Important)	Response Count
How important will clinical neuropsychiatric knowledge (examination and diagnosis) be to their provision of excellent general psychiatry care?	0.0% (0)	8.6% (19)	26.7% (59)	42.1% (93)	22.6% (50)	221
How important will knowledge of the neuroscientific findings in psychiatric disorders be to their provision of excellent general psychiatry care?	0.5% (1)	8.6% (19)	31.2% (69)	38.5% (85)	21.3% (47)	221
answered question						221
skipped question						4

3. Rate your agreement with the following statement: Currently, general psychiatry is clearly delineated from neuropsychiatry.

 Create Chart  Download

Biology 2015

skipped question

		Response Percent	Response Count
1 (strongly disagree)		7.7%	17
2 (disagree)		43.4%	96
3 (neither agree nor disagree)		29.9%	66
4 (agree)		15.4%	34
5 (strongly agree)		3.6%	8
answered question			221
skipped question			4

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PAGE: NEUROSCIENCE KNOWLEDGE

1. Considering an intern entering training in 2012 and completing adult psychiatry training in 2016 (or completing child psychiatry in 2017-18), n he/she should have by the time of graduation with the latest findings from the following (NIMH Research Domain Criteria - RDoC) areas:

 Create Chart  Download

3

Journal of Oral Rehabilitation 2003; 30: 106–112

	1 (no familiarity needed)	2 (little familiarity needed)	3 (no opinion)	4 (familiarity desirable)	5 (familiarity essential)	Response Count
GENETICS & GENOMICS - changes to the genome that confer altered disease risk	0.0% (0)	6.0% (13)	4.6% (10)	62.8% (137)	26.6% (58)	218
EPIGENETICS - micro and macro environmental changes that effect gene expression	0.0% (0)	6.9% (15)	10.1% (22)	57.3% (125)	25.7% (56)	218
CELLULAR & MOLECULAR						

BIOLOGY - cellular/molecular structure and function in health and disease	0.9% (2)	14.7% (32)	18.3% (40)	48.6% (106)	17.4% (38)	218
BASIC PHARMACOLOGY - the interaction of endogenous neurotransmitters/receptors and second messengers	0.0% (0)	1.4% (3)	1.8% (4)	29.0% (63)	67.7% (147)	217
ANIMAL MODELS - specific rodent and non-human primate models of human disease	3.2% (7)	23.0% (50)	24.4% (53)	46.1% (100)	3.2% (7)	217
NEUROIMAGING/NEUROANATOMY - neuroimaging methods/technologies and specific knowledge of neuroanatomical regions	0.0% (0)	1.8% (4)	2.3% (5)	47.0% (102)	48.8% (106)	217
NEURAL CIRCUITS (macro and microcircuits) - key neural circuitry implicated in cortical processing	0.0% (0)	2.3% (5)	3.7% (8)	44.5% (97)	49.5% (108)	218
FEAR/EXTINCTION - the amygdala and its connections -- relevance to anxiety disorders, processing of trauma	0.5% (1)	2.8% (6)	4.6% (10)	40.6% (88)	51.6% (112)	217
PERCEPTUAL SYSTEMS - neural processing from sensation to cognition	0.5% (1)	3.7% (8)	11.9% (26)	49.5% (108)	34.4% (75)	218
REWARD SYSTEMS - frontal-striatal-midbrain neural circuitry -- relevance to addictive, compulsive, and repetitive behaviors	0.0% (0)	0.9% (2)	4.6% (10)	40.4% (88)	54.1% (118)	218
ATTENTION/COGNITION – the neural systems subserving attention/cognitive processing and integration	0.0% (0)	0.5% (1)	4.1% (9)	41.3% (90)	54.1% (118)	218
EMOTION REGULATION - the neural systems subserving emotion processing and integration	0.0% (0)	0.5% (1)	2.8% (6)	36.9% (80)	59.9% (130)	217
PAIN PERCEPTION - the neural basis of acute, chronic, and emotional pain	0.0% (0)	3.7% (8)	7.4% (16)	56.7% (123)	32.3% (70)	217
NEUROBIOLOGY OF ATTACHMENT - the biological basis for social connectivity and how it is effected during critical phases in development	0.0% (0)	2.8% (6)	5.5% (12)	44.5% (97)	47.2% (103)	218
DEVELOPMENTAL NEUROBIOLOGY - critical phases in brain development and effects on behavior	0.0% (0)	3.7% (8)	5.0% (11)	47.7% (104)	43.6% (95)	218
BASIC RESEARCH-DRIVEN DRUG DEVELOPMENT - pathophysiologically based drug development	0.5% (1)	8.7% (19)	15.1% (33)	56.0% (122)	19.7% (43)	218
					answered question	218
					skipped question	7

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PAGE: CLINICAL SKILLS

1. Considering an intern entering training in 2012 and completing adult psychiatry training in 2016 (or completing child psychiatry in 2017-18), rate the competence you feel he/she should have in the following clinical skills by the time of graduation:

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	1 (No competence needed)	2 (Little competence needed)	3 (Competence somewhat helpful)	4 (Competence very helpful)	5 (Competence essential)	Response Count
PATIENT EVALUATION: Performing a bedside COGNITIVE exam including the assessment of attention, memory, language, visual-spatial, and executive functions beyond the MMSE	0.0% (0)	0.0% (0)	1.4% (3)	22.2% (48)	76.4% (165)	216
Performing and interpreting a basic NEUROLOGIC exam	0.5% (1)	0.5% (1)	9.7% (21)	32.9% (71)	56.5% (122)	216
Knowing when to order neuropsychological testing, how to construct a neuropsychology consult question, and how to interpret and integrate the recommendations of neuropsychological testing into a patient's treatment plan	0.0% (0)	0.5% (1)	3.2% (7)	23.6% (51)	72.7% (157)	216
Knowing when to order and how to interpret clinical reports of structural neuroimaging (CT and MRI). (including interpreting the report for the patient)	0.0% (0)	1.4% (3)	9.7% (21)	32.9% (71)	56.0% (121)	216
Knowing when to order and how to interpret clinical reports of electrophysiological testing (EEG, EMG, evoked potentials, polysomnography). This includes interpreting the report for the patient.	0.5% (1)	5.6% (12)	16.4% (35)	45.8% (98)	31.8% (68)	214
Knowing how to utilize the results of functional neuroimaging studies (PET, SPECT, fMRI)	0.0% (0)	3.7% (8)	15.7% (34)	44.0% (95)	36.6% (79)	216
Knowing when to order and how to interpret the results of CSF(cerebrospinal fluid) analysis	2.3% (5)	7.4% (16)	20.9% (45)	40.9% (88)	28.4% (61)	215
Knowing when to order a neurology consult and how to construct a neurology consult question	0.0% (0)	0.5% (1)	0.9% (2)	14.9% (32)	83.7% (180)	215
PATIENT EDUCATION: Being able to explain to patients the current understanding of the neurobiological basis of Axis I and II psychiatric disorders.	0.0% (0)	0.5% (1)	4.2% (9)	23.6% (51)	71.8% (155)	216
Being able to explain to patients the current understanding of the neurobiological basis of the treatment they are/will be receiving.	0.0% (0)	0.0% (0)	4.6% (10)	25.9% (56)	69.4% (150)	216
PATIENT MANAGEMENT: Differential diagnosis and treatment of dementia	0.5% (1)	0.5% (1)	2.3% (5)	17.1% (37)	79.6% (172)	216
Differential diagnosis and treatment of drug-induced movement disorders	0.0% (0)	0.5% (1)	1.9% (4)	15.7% (34)	81.9% (177)	216
Differential diagnosis and treatment of Tourette spectrum disorders	0.5% (1)	1.4% (3)	7.9% (17)	38.1% (82)	52.1% (112)	215
Differential diagnosis and treatment of sleep disorders	0.0% (0)	0.0% (0)	3.3% (7)	36.3% (77)	60.4% (128)	212
					answered question	216
					skipped question	9

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PAGE: CURRENT OFFERINGS

1. How many hours of seminars does your program currently offer each year?

[Download](#)

NEUROPSYCHIATRY

	N/A	None	1-4	5-9	10-14	15-19	20-24	≥25	Response Count
PGY-1	15.6% (26)	13.8% (23)	37.7% (63)	16.8% (28)	7.8% (13)	4.2% (7)	3.0% (5)	1.2% (2)	167
PGY-2	12.5% (21)	8.3% (14)	31.0% (52)	24.4% (41)	8.9% (15)	5.4% (9)	6.5% (11)	3.0% (5)	168
PGY-3	13.1% (22)	12.5% (21)	31.0% (52)	19.0% (32)	11.9% (20)	7.7% (13)	3.0% (5)	1.8% (3)	168
PGY-4 (or 1st year Child)	3.5% (7)	11.9% (24)	33.7% (68)	28.2% (57)	11.9% (24)	5.4% (11)	2.5% (5)	3.0% (6)	202
PGY-5 (or 2nd year Child & combined programs)	39.1% (54)	5.8% (8)	23.9% (33)	13.0% (18)	13.8% (19)	1.4% (2)	1.4% (2)	1.4% (2)	138
PGY-6 (Neuropsychiatry Only)	85.6% (77)	1.1% (1)	8.9% (8)	1.1% (1)	2.2% (2)	0.0% (0)	0.0% (0)	1.1% (1)	90

NEUROSCIENCE

	N/A	None	1-4	5-9	10-14	15-19	20-24	≥25	Response Count
PGY-1	13.2% (22)	13.8% (23)	35.9% (60)	21.6% (36)	9.0% (15)	3.0% (5)	0.6% (1)	3.0% (5)	167
PGY-2	11.4% (19)	9.6% (16)	32.3% (54)	23.4% (39)	10.2% (17)	3.0% (5)	4.8% (8)	5.4% (9)	167
PGY-3	10.8% (18)	17.5% (29)	25.3% (42)	20.5% (34)	13.3% (22)	5.4% (9)	3.0% (5)	4.2% (7)	166
PGY-4 (or 1st year Child)	2.5% (5)	16.9% (34)	37.3% (75)	20.4% (41)	13.4% (27)	4.5% (9)	2.5% (5)	2.5% (5)	201
PGY-5 (or 2nd year Child & combined programs)	39.7% (54)	8.1% (11)	27.9% (38)	14.0% (19)	8.1% (11)	1.5% (2)	0.7% (1)	0.0% (0)	136
PGY-6 (Neuropsychiatry Only)	87.6% (78)	2.2% (2)	5.6% (5)	2.2% (2)	1.1% (1)	0.0% (0)	1.1% (1)	0.0% (0)	89

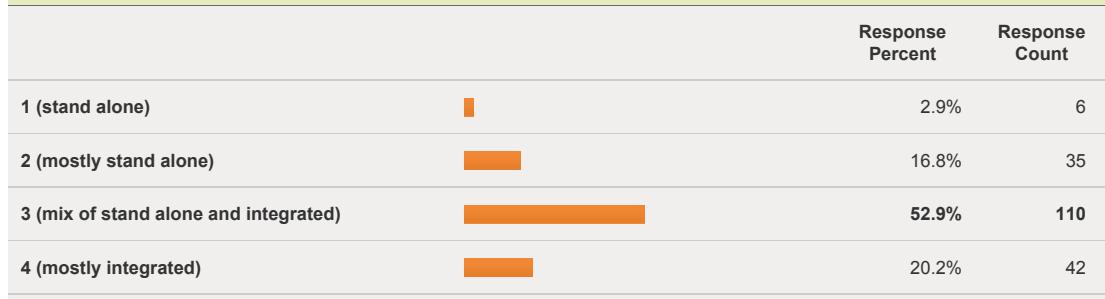
answered question

209

skipped question

16

2. To what degree are these seminars integrated into various other topics or dedicated stand-alone seminars?

[Create Chart](#)[Download](#)

5 (fully integrated)		7.2%	15
		answered question	208
		skipped question	17

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PAGE: BARRIERS

1. Rate the extent to which you perceive the following as barriers to [Create Chart](#) [Download](#) implementing or enhancing neuroscience/neuropsychiatry education within your residency program.

	1 (no barrier at all)	2 (mild barrier)	3 (moderate barrier that can be overcome)	4 (significant barrier)	5 (severe barrier)	Response Count
Lack of neuroscience faculty	21.2% (44)	18.8% (39)	24.0% (50)	20.2% (42)	15.9% (33)	208
Lack of neuropsychiatry faculty	17.3% (36)	17.8% (37)	26.0% (54)	26.0% (54)	13.0% (27)	208
Lack of interest or time of faculty to teach this material to residents	22.1% (46)	22.1% (46)	28.4% (59)	20.7% (43)	6.7% (14)	208
Lack of time within the didactic curriculum	27.4% (57)	25.5% (53)	28.4% (59)	14.4% (30)	4.3% (9)	208
Lack of interest of psychiatry residents in learning this material	32.7% (68)	27.9% (58)	26.4% (55)	11.1% (23)	1.9% (4)	208
Lack of available neuroscience curricula for psychiatry trainees	19.2% (40)	25.0% (52)	29.3% (61)	18.3% (38)	8.2% (17)	208
Lack of available neuropsychiatry curricula for psychiatry trainees	17.8% (37)	26.4% (55)	28.8% (60)	21.2% (44)	5.8% (12)	208
				answered question	208	
				skipped question	17	

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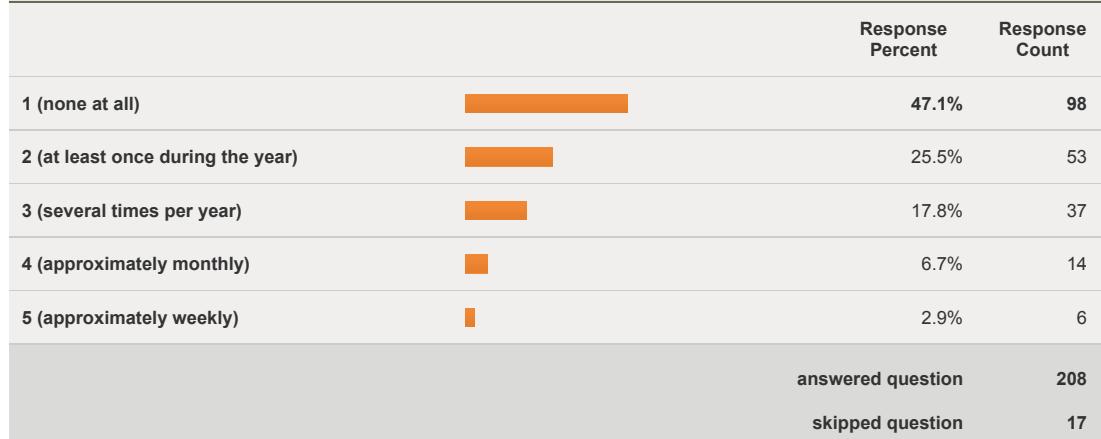
PAGE: PORTABLE CURRICULA

1. Rate the interest your program would have in utilizing a series of 18-minute multi-media learning modules with pre and post questions being created by the NIMH on topics similar to those under NEUROSCIENCE SKILLS (above).

		Response Percent	Response Count
1 (No Interest)		1.4%	3
2		1.4%	3
3 (Neutral)		5.3%	11
4		32.7%	68
5 (Extremely interested)		59.1%	123
		answered question	208
		skipped question	17

2. Are you currently using portable curricula from any source for any topic in your residency? Please rate the frequency:

[Create Chart](#) [Download](#)



3. Thank you for your input. You may use this space to make any comments you wish about [Download](#)
the neuropsychiatric or neuroscience education of psychiatry residents. Survey results will be shared with the AADPRT membership. The AADPRT Neuropsychiatry/Neuroscience Education Taskforce (Chair: Sheldon Benjamin, MD; Members: Joseph Cooper, MD; Chandlee Dickey, MD; Claudia Reardon, MD; Michael Travis, MD).

	Response Count
Show Responses	20
answered question	20
skipped question	205

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