

Council on Medical Education and Lifelong Learning
May 6, 2008, 9:00 a.m. to 12 noon
Marriott @ Metro Center, Washington, DC

- Members:** Richard Balon, M.D. (Acting Chair)
Peter Buckley, MD
Deborah Cowley, MD
Cheryl McCartney, MD
Ronald Prier, MD
Paul Summergrad, MD
David Gitlin MD, Corresponding Member/Acad Psychosomatic Med
Amy Brodkey, MD, Corresponding Member/ADMSEP
Barbara Schneidman MD, Corresponding Member/AMA
Larry Faulkner, MD, Corresponding Member/ABPN
Joan Anzia, MD, Corresponding Member/AAP
James Lomax, MD, Consultant
Thomas Newmark, MD, Consultant
Niru Nahar, MD, APA/GlaxoSmithKline Fellow
Rachel Molander, MD, APA/ GlaxoSmithKline Fellow
- Staff:** Nancy Delanoche, MS, Staff Liaison, CMELL
Deborah J. Hales, MD, Director, Division of Education
- Guests:** Sidney Weissman, MD, Chair, Committee on Graduate Education
Linda Pessar, MD, Chair, Committee on Medical Student Education
Iqbal Ahmed, MD, AAGP
Carrie Stankiewicz, Director of Governance, AAGP
Michele Pato, MD
Karen Palazsynki, PsychSIGN
Vendai Le, PsychSIGN
- Excused:** Sandra Sexson, MD, Chairperson
Laura Roberts, MD, Member
David Baron, MD, Corresponding Member/AACDP

1. **Call to Order and Introductions** – Dr. Balon called the meeting to order at 9:00 a.m. Dr. Sexson, unable to attend the meeting due to circumstances that require her presence back at home, has asked Dr. Balon, senior member of the Council to act as chair at this meeting.
2. **Review and Approval of Meeting Minutes** - The September 2007 meeting minutes were approved as written.
3. **Report from APA Division of Education** – Dr. Hales reported on the following initiatives from the APA Division of Education.
 - *APA's IMG Institute* – A small but spirited group of incoming PGY 1's attended the first APA IMG Institute on May 3, 2008 in Washington DC, prior to the APA Annual Meeting. Designed to facilitate the entrance of internationally educated health care professionals into the U.S. system of medical training, Raghu Rao, Pri Weerakasara (AAP member and educator from McMaster), Allyn Walsh (family practice faculty also from McMaster) and Gerald Whelan (ECFMG) spoke and led small group exercises. Peter Buckley led a powerful discussion by a panel of senior residents and junior faculty from around the world. We plan to repeat this Institute in 2009, but invite all current IMG residents, particularly PGY 2, and focus on communication and therapeutic alliance issues.

- The 2nd *MindGames* final competition is scheduled for Tuesday, May 6th. The final competitors are Carilion Health Center, New York Medical College (Richmond) @ Richmond University Medical Center and University of Texas-Houston. Dr. Glen Gabbard will once again serve as host/emcee while Drs. Beth Ann Brooks, Frank Fernandez and John Herman will be judges.
- The APA will once again host an *All-Alumni Reception* during the APA Annual Meeting. The event is scheduled for Tuesday, May 8, 2008, 6:00 p.m. to 7:30 p.m. (after **MindGames**) at the Washington DC Convention Center.
- *FOCUS Live* was once again a success. The 3 sessions for this year were: Major Depressive Disorder (Charlie Nemeroff), Schizophrenia (Peter Buckley) and OCD (John Greist). Audience-response system (ARS) was used to allow participants to test their knowledge. The 90-minute interactive sessions covered topics from the *Focus* journal.

4. Proposed Common Requirements for One-Year Fellowship Programs

Dr. Sidney Weissman reported that the Committee on Graduate Education reviewed the proposed common requirements and was concerned that for psychiatry, especially for subspecialty fellowships with small faculty, might not be able to fulfill the requirement for multiple evaluators. The Council noted that the language in the requirement states that other evaluators (such as nurses, etc.) are acceptable and not limited to faculty. The Council voted to support this document and forward to the Joint Reference Committee for further action.

5. ABPN Psychosomatic Medicine Core Competencies Outline

Dr. Gitlin stated that this outline was developed through the combined effort of the Council on Psychosomatic Medicine and the Academy of Psychosomatic Medicine Education Committee, led by Dr. Linda Worley. Dr. Sidney Weissman reported that the Committee on Graduate Education reviewed the outline and noted that post-partum disorders should be included. Dr. Gitlin assured the Council that the latest iteration of this outline already included post-partum patients. According to Dr. Faulkner, the ABPN appreciates the collaborative nature of this document and has accepted this outline. He further added that this is a living document and will be changed and updated as the field develops. The Council voted to support this document and forward to the Joint Reference Committee for further action.

6. Facilitating Solutions to Accreditation Problems on the Web - AADPRT & APA

Dr. Hales noted that the ACGME is moving towards a common program requirements form. The field needs strategies on how to address problems when residency programs are preparing for site visits. Dr. Cowley concurred with the Council that AADPRT is the best venue for this issue.

7. Action Paper #2007A1 12.M entitled “Encourage Membership in a National Professional Organization of Psychiatrists for All Psychiatry Residents in the ACGME’s Residency Review Committee’s (RRC’s) Psychiatry Program Requirements”

After a number of reviews, the Committee on Graduate Education’s response to the Assembly Action paper is as follows:

- The committee agrees that psychiatric resident membership in a national psychiatric professional association may be one of many ways to encourage and offer experiences in professionalism. The committee however feels that pressuring residents to join these organizations may be counterproductive and indeed undercut the construct of professionalism as observed by the residents. In this area, the committee does not feel any action should take place.
- The committee which includes a number of members who have directed psychiatric residency programs feels that a review of the impact of model curricula when written and

distributed will find they have at best limited impact. It is interesting to note that when new issues or ideas arise many people plan to write new model curricula but few appear.

Issues of how to teach and how to develop strategies to enable residents to appreciate the complexities of professionalism appear at varied intervals on the AADPRT list serve and their annual meeting. We believe this is an issue about which residency training directors are well informed and do not need further input.

The question of how to teach the core competencies as identified by the ACGME appear in the RRC requirements for all residency programs. This is core issue at the heart of residency training. ACGME has developed extensive competency-based educational options for all programs.

Finally we believe that the issue of how we define psychiatric professionalism is an evolving issue which should engage all components of the APA. We would suggest that each component look at this question in terms of their area of interest.

8. Report from the Committee on Graduate Education – Dr. Weissman

Aside from reviewing the *Proposed Common Requirements for One-Year Fellowship Programs* and the *ABPN Psychosomatic Medicine Core Competencies Outline*, the Committee discussed the psychiatry results from the 2008 Match. The Committee is also looking to involve other APA members and components in innovative projects such as “Give an hour to education” initiative. The Committee will develop this further in the months to come.

9. Report from the APA/GlaxoSmithKline Fellowship Selection and Program Corresponding Committee

Dr. Leah Dickstein reported that the APA received notification from GlaxoSmithKline (GSK) that the company will not renew funding for the APA/GlaxoSmithKline Fellowship after 12 years of support by the company. As such, the corresponding committee that oversees the fellowship is requesting a program name change, from the APA/GlaxoSmithKline Fellowship to the ***American Psychiatric Leadership Fellowship***. Fortunately, carryover funds will allow the program to continue for one more year (September 2008 thru May 2009). The APA will seek other sources of funding for this fellowship.

The APA/GlaxoSmithKline Fellowship, the oldest and most prestigious at the APA, the “Dean” of APA Fellowships, was established in 1968. Though the name of the fellowship and sponsorship has changed over time, the core goal of the Fellowship over its 40 years has remained the same—to groom future leaders in psychiatry.

The Fellowship helps to develop tomorrow’s psychiatry leaders by involving awardees in a wide range of structured experiences during the two-year fellowship including specialized training and educational opportunities. The Fellowship helps prepare residents for leadership roles in whatever setting they find themselves – academia, private practice, research, clinical care, or public psychiatry – as well as leadership within APA. The two-year cycle of activities is designed to develop their leadership skills, political acumen, expand their collegial networks, and expose them to best practices in the field. Ten residents are selected each year who display exceptional leadership potential through their clinical skills, leadership activities, academic accomplishments, and career goals. There are almost 600 alumni of this fellowship.

The Council approved the name change for the fellowship as well as the corresponding name change to the Selection Committee.

9. Report from the American Board of Psychiatry and Neurology (ABPN)

Dr. Faulkner reported on the recent examination changes:

- Administration of the Psychiatry Part I examination in the Spring of PGY-4.
- Changes have been made in the content outline of the Psychiatry Part I examination.
- Candidates must pass both sections (A and B) of the Part I examination.
- Substitution of the vignette hour (3 written and 1 DVD) for the AV hour - began in May 2006.
- Patient hour of the Psychiatry Part II examination eliminated for those PGY-1 residents beginning their training in July 2007 and those PGY-2 residents beginning their training in 2008. The current plan is to replace the patient hour with another vignette hour. (First new examination format in 2012).
- Patient hour of the CAP Part II examination eliminated for those PGY-4 or PGY-5 residents entering the first year of CAP residency in July 2010. The current plan is to replace the patient format with a vignette hour. (First new examination format in 2012 for PGY-5 residents entering in 2010).
- Attainment of specific competencies during psychiatry and CAP residencies will be required as part of the candidate's credentialing process.
- All Psychiatry Part II examiners are now selected by the Directors. Contact them directly or send the ABPN a letter of interest and a CV.

The ABPN In-Residency Evaluation Process for Psychiatry

General Principles

- 1) Aspects of the core competencies of Patient Care, Interpersonal and Communication Skills, and Professionalism to be evaluated: physician-patient relationship; psychiatric interviewing, including the mental status examination; and case presentation.
- 2) The satisfactory demonstration of the required competencies during the evaluations is necessary for credentialing for ABPN examinations, but the evaluations are not an ABPN examination.
- 3) Resident participation in the evaluation and credentialing process is voluntary and is not required by the ABPN, but it may be required by residency programs and/or the Psychiatry RRC.
- 4) The ability to successfully complete the required evaluations is not required by the ABPN for residency promotion and/or graduation, but it may be required by residency programs and/or the Psychiatry RRC.
- 5) For the purposes of credentialing of current residents or uncredentialed residency graduates, the ABPN will only accept those evaluations done by ACGME-accredited residency programs and attestations completed by a current Residency Training Director.

Process

- 1) Credentialing for ABPN examinations requires the successful demonstration of competencies in at least three evaluations with any patient type, in any clinical setting, and at any time during the residency.
- 2) Each of the three required evaluations must be conducted by an ABPN-certified psychiatrist; and at least two of the evaluations must be conducted by different ABPN-certified psychiatrists.
- 3) Residency Training Directors will attest to the ABPN that residents have demonstrated the required competencies during the three evaluations.
- 4) Documentation of the evaluations will be done on ABPN-approved forms.\

5) If a resident is unsuccessful in completing the evaluations, specific remediation plans for individual residents are the responsibility of the residency programs.

Training and Monitoring

1) Training of evaluators will preferably be conducted by ABPN-affiliated professional organizations (e.g. AACAP, AACDP, AAP, AADPRT, APA, ACP) rather than by the ABPN itself; and the ABPN will work with those organizations to develop effective training.

2) Monitoring of the evaluation process will be done by the Psychiatry RRC but not by the ABPN, and the ABPN will collaborate with the Psychiatry RRC to help ensure that effective monitoring occurs; however, the ABPN reserves the right to audit specific residency programs when indicated.

In-residency Evaluator Education Meeting - An ABPN sponsored meeting of representatives from psychiatry and neurology organizations to design educational curricula for in-residency evaluators will be held before the Part II examination in Baltimore (6/18 – 6/19/08).

Residency Tracking System - A contract with BoardPoint has been signed to implement a tracking system for resident experiences, including required in-residency evaluations. Beta testing is ongoing and all residency programs should be included by the end of 2009.

2008 Fees - Fees for ABPN examinations have not been raised in 2006 or 2007. In 2008, fees for the Part II examination will be reduced from \$1,775 to \$1,350, the CAP examination from \$2,275 to \$1,875, the subspecialty examinations from \$2,125 to \$1,900, and the MOC examination from \$2,125 to \$1,600.

Maintenance of Certification (MOC) - Criteria have been developed and posted on the ABPN web page for the ABPN endorsement of Self-assessment (SA) activities, Life-long Learning (CME), and Performance in Practice (PIP) Units for MOC, but all SA activities, CME Credits, and PIP Units that meet ABPN guidelines will be accepted.

10. Report from American Association for Directors of Psychiatry Residency Training

Dr. Cowley reported that AADPRT is collaborating with the ABPN and other organizations on the In-Residency CSA part of the Board. The AADPRT website features helpful tools such as a sample rating form and Frequently-Asked-Questions (FAQs) to help training directors implement this in-residency evaluation. Dr. Faulkner noted that the ABPN website also has evaluation forms although residency program can use other forms as long as they are ABPN-approved. The 2009 AADPRT meeting will have sessions to train evaluators with whatever training curriculum will be available at that time. Another aspect of this is the development of remediation plans for those residents who do not pass. Dr. Cowley believes that the assessment should be done early enough in the 4th year to give enough opportunities to residents who have difficulty passing.

AADPRT has written a response to USMLE on the recent proposed changes to the USMLE exams. The changes such as moving to pass/fail (the numerical scores will no longer be reported) and the timing of when the results are released to the training director, are a concern to AADPRT because the training directors rely on these numerical scores especially on the quality of education/training of foreign medical graduates.

Dr. Cowley added that the R13 grant from the NIMH obtained by Dr. Michele Pato has allowed AADPRT to feature pre-meeting training at their meetings. At the 2008 meeting, the topic was

therapeutic alliance. In 2009, the topic is neuroscience: what to learn and how to teach it. The 2009 meeting will be held in Tucson, Arizona.

11. Research Literacy Online Course for Residents

This project, conceived by Dr. Sexson, has had a slow start since its inception. The Council has invited Dr. Michele Pato to collaborate with Council members in developing the online course. Dr. Pato will develop tools to learn and how to teach research literacy. A draft of the online curriculum will be available to the Council by Fall.

12. Committee of Residents and Fellows – Dr. McVoy, chair of the Committee, submitted a written report to the Council which is attached to these minutes.

13. Report from the Committee on Medical Student Education

Dr. Pessar reported the Committee met earlier that day and discussed many issues relating to undergraduate medical education.

- Recruitment of US medical graduates into psychiatry is down based on the 2008 Match results
- A goal for the Committee is to develop APA strategies in creating medical student competencies
- Innovative Medical Student Education projects – the Committee received many excellent proposals last year and we expect the same for this year. The proposals will be better reviewed in person to discuss the merits of each one.

Due to these many issues that the Committee would like to focus on for this year, the Committee is asking for funds to be able to meet in the Fall. The Council approved this request and will forward this item to the JRC.

14. The Psychiatry Clerkship Position Statement (An ADMSEP Position Statement)

ADMSEP is requesting that the APA support their position statement entitled “The Psychiatry Clerkship: A Position Statement on the Length of the Psychiatry Clerkship” which in essence states that the psychiatry clerkship must be at least 6 weeks in length or longer. Dr. Pessar reported that the Committee on Medical Student Education discussed this position statement at their meeting. While the Committee generally supports the principle, there should be an eye towards developing competencies for medical students. The Council concurs that a timed clerkship will not be applicable to every school since some are already moving towards integrated clerkships. It was noted that the issue is not the length but the quality of teaching and how the clerkship should be organized (inpatient versus other settings, longitudinal experiences). The Council will invite Dr. Darrel Kirch, current AAMC president as well as Dr. Dan Hunt, the LCME secretary, to the Fall meeting to discuss with the Council and committee on how to make psychiatry a core discipline. Both Drs. Kirch and Hunt are board-certified psychiatrists. The Council decided to not make a decision at this time and discuss this issue further at the Fall meeting.

15. Report from the Association of Directors of Medical Student Education in Psychiatry – Dr. Brodkey reported on the following initiatives from ADMSEP:

- Learning Objectives Task Force – the new iteration of the ADMSEP Clinical Learning Objectives Guide for Psychiatry Education of Medical Students is complete and available at the ADMSEP website.
- LCME Task Force for Clinical Encounters has also finished defining minimal requirements for patient exposure for psychiatry clerkship. Also available online.

- Educational Resources Development Task Force has been charged with development and support of electronic educational resources in order to facilitate implementation of the Clinical Learning Objectives and compliance with LCME criteria.
- Task Force on Resources to Achieve Medical Student Competencies – in the process of formation. The impetus of this task force is both the issue of clerkship length and as the next logical step in developing and assessing competencies that follow from the learning objectives and LCME requirements.
- Collaboration with the Alliance for Clinical Education (ACE) – ADMSEP continues to be well represented in ACE which has also recently undergone a change in its structure. Current projects and discussions include a national interdisciplinary survey of clerkship directors as a follow-up to the ACE article entitled “Expectations of and for clerkship directors.”
- The 2008 ADMSEP Annual Meeting will take place June 12-14 in Galveston, Texas.

16. Report from the American Medical Association – Dr. Schneidman reported that the AMA, through its Council on Medical Education, Divisions of Undergraduate and Graduate Medical Education, Section on Medical Schools, Medical Student Section, and Resident and Fellow Section, is actively addressing key medical education issues, including: the educational implications of the medical home; enforcement of duty hours standards and improving resident, fellow, and patient safety; diversity in the physician workforce and access to care; improving parental leave policies for residents; and discrepancies in benefits for resident employees.

- The AMA Council on Medical Education has drafted a report on physician reentry into the workforce, for discussion at the June meeting of the AMA House of Delegates.
- The AMA continues to publish annually the Graduate Medical Education Directory (“Green Book”), the official list of ACGME-accredited programs, and to produce FREIDA Online, the leading resource for medical students seeking information on residency/fellowship programs. is now available for purchase
- The AMA Division of Continuing Professional Development received a 6 year accreditation with commendation from the ACCME, an outstanding achievement for the Medical Education Group.

17. Report from Association for Academic Medicine – Dr. Anzia reported that the AAP Annual Meeting will be held September 24-27 in Santa Fe, New Mexico. The plenary speaker is Spero Manson, Ph.D., Professor of Psychiatry and Head of the American Indian and Alaska Native Programs at the University of Colorado. This year’s meeting will feature media festival of films and films-in-progress created by psychiatrists, residents and students on the theme of culture and professional identity. In other AAP news, Dr. Deborah Hales is the incoming President.

18. Outline for the APA Action Plan on Enhancing Diversity – The Council on Minority Mental Health and Health Disparities requested review and comments on the document which outlines strategies on enhancing diversity within every level of the APA. The Council supports these strategies and further added that the LCME will approve new institutional standards on diversity at its June 2008 meeting.

19. Date and Time of Next Meeting - the next meeting of the Council is on September 5-6, 2008 in Washington, DC.

20. Adjournment – Dr. Prier, who had taken over the role of chair for Dr. Balon at 11:00 a.m., adjourned the meeting at 12:00 p.m.