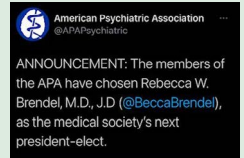




**BECCA IS PRESIDENT-ELECT OF THE APA**  
DR. BRENDL TAKES MORE THAN 60% OF THE VOTE

Academy past president Rebecca Weintraub Brendel, MD, JD, FACP, has been elected president-elect of the American Psychiatric Association. See *ACLP News* March for full report.



# NEWSLETTER

Winter 2021

*ACLP — Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health*

## President's Message

### ROUTE MAP TO A BRIGHTER FUTURE

— *Maria Tiamson-Kassab, MD, DLFAPA, FACP*



Welcome to 2021! Let us leave behind a challenging year that is better forgotten and look forward to a new year that is full of hope for a brighter future.

As I had mentioned in the January *ACLP News*, these are unprecedented times and the COVID-19 pandemic is relentless. The post-holiday surge and the emergence of various highly contagious strains of the coronavirus complicate the picture even as the rollout of vaccines occurs across the country and the world.

Your safety and wellbeing are our primary concern and the reason why the ACLP Board of Directors decided to make the CLP 2021 annual meeting virtual instead of a live meeting in Miami. While most of us may have received both doses of the vaccine by then, the vaccine status of others in Miami and the travel restrictions do not make us confident that we can be safe. More than anyone, program chair Lisa J. Rosenthal, MD, FACP, and I would have loved to have the meeting in Miami, but your safety cannot be guaranteed especially with the possibility of surges due to the variant strains of the virus. The Board of Directors had to decide now because of the time it would take to prepare for the meeting. We are, however, diligently working to give you an exciting and outstanding virtual meeting that will build upon the success of CLP 2020.

And the ACLP goes on.... We will continue to work on the strategic priorities that we initiated in 2019: **Advocate, Educate, Inspire, Optimize** and **Unify**. I would like to update you on what is going on in your Academy.

The second half of the work of the Task Force on Benchmarking is underway. This involves surveying institutions. It is our hope that the results of the benchmarking task force will help us in our efforts to **ADVOCATE** for our C-L psychiatrists to colleagues, hospital systems, and payers in issues related to productivity targets, staffing ratios, etc. With the help of our APA Assembly ACROSS Representative, Michael Peterson, MD, FACP, and our AMA House of Delegates SSS Representative, L. Lee Tynes, MD,

*(continued on page 2)*

## CLP 2021 TEAM HARD AT WORK CREATING ANOTHER 'INSPIRATION AND AFFIRMATION FOR OUR CHOSEN CAREER'

*From program chair Lisa J. Rosenthal, MD, FACP*



*Lisa J. Rosenthal, MD, FACP*

The annual meeting of the ACLP is one of the most beloved aspects of our Academy membership. It is a great honor to be invited by president Maria Tiamson-Kassab, MD, FACP, to shepherd the academic content of CLP 2021, the Academy's 68th annual meeting.

In order to protect the safety of our members, the ACLP Board has decided to celebrate the annual meeting remotely in November. The Program Committee's goal is to keep the wonderful spirit of the meeting intact in a remote venue.

We have begun planning in earnest, with a meeting theme of: *Advancing Knowledge, Developing Careers, Strengthening Community*. This is a complex and broad theme, meant to reflect that the ACLP is more

*(continued on page 2)*

FACLP, we can advocate that the AMA and APA develop official positions in support of access to, and equity in, care as well as support the wellbeing of health care workers as suggested by the Academy's COVID-19 Task Force. We can also work through our representatives in the APA and AMA to sponsor action papers and resolutions to support the continuation of telepsychiatry beyond the pandemic.

Regarding the strategic priority to **EDUCATE**, the COVID-19 Task Force, led by Peter Shapiro, MD, DLFAPA, FACLP, recommended that the ACLP Board encourage our members to research, collate evidence, write papers and disseminate best practice guidelines based on learning from the experiences of COVID-19. This would include research on the neuropsychiatric sequelae of COVID-19 among others and educate the members on treatment guidelines not just for this particular pandemic but also for future epidemics. We have maintained the COVID-19 listserv, and the webpage with resources and articles on the ACLP website which we invite you to view. We had a COVID-19 track in CLP 2020 and we plan to have a COVID-19 track in CLP 2021 as well. As part of our educational mission, we are also considering developing educational resources that will expand our reach, not just to C-L psychiatrists, general psychiatrists, medical students, residents, and fellows, but also to the other members of the C-L Psychiatry team, such as advanced practice nurses, psychologists, nurses, social workers, pharmacists and others.

Our Task Force on Diversity, Equity, and Inclusion composed of a diverse group of Academy members led by Kewchang Lee, MD, FACLP, contributes to our strategic priority to **INSPIRE**. They plan to survey the Academy members and make recommendations that will inspire changes to foster diversity, equity, and inclusion (DEI) in the Academy and address disparities in the care provided to the patients we serve. They have started their work and I am looking forward to their recommendations and initiatives to ensure that ACLP is diverse, equitable, and inclusive. As I mentioned in the February *ACLP News*, this is particularly important to me as a member of an Under-Represented Minority in ACLP.

Another priority that inspires us is CLP 2021 which is under the very capable hands of Dr. Rosenthal and her team who have already started the work and lined up wonderful plenary speakers with the theme of *Advancing Knowledge, Developing Careers, Strengthening Community*. If I may quote Lisa: "For many of us, the annual meeting is the inspiration and the affirmation for our chosen career." The call for abstracts is now out and we encourage everyone to contribute to the knowledge base for our practice. This annual meeting is an opportunity to expand our knowledge, develop leadership and mentorship, reflect on DEI issues, and promote the wellbeing of our members.

We have promised to **OPTIMIZE** our organizational structure. This will continue to be an important goal. Our organization has grown and we would like to see it grow even more. It is my goal to focus on the Special Interest Groups (SIGS) which have been increasing in number. It is also the time to consider the proposal made by the Governance Committee and look at other suggestions regarding the SIGS and the identity groups. It is my belief that the SIGS are the lifeblood of the Academy and they are the conduit through which our members contribute to the strength of the Academy. One other issue for the Governance Committee to consider is succession planning for Standing Committees, something we will need to review.

In my earlier message, I had spoken of my hope to be able to work with other professional organizations to **UNIFY** our efforts to advocate for our patients and our membership. I hope to be able to deepen the relationships with the American Psychiatric Association, American Medical Association, American Association for Geriatric Psychiatry, American Academy of Addiction Psychiatry, European Association of Psychosomatic Medicine, Canadian Academy of Psychosomatic Medicine, and Royal College of Physicians and extend these links to other organizations, such as the American Psychosomatic Society, Association of Medicine and Psychiatry, American Psycho-social Oncology Society, and others. It is my goal that, through these relationships, we may be able to advocate for the needs of our patients and underscore the importance of the value of C-L psychiatrists in meeting the needs of our patients and the health care system.

The work is continuing. Let us support each other and work toward advancing our knowledge, developing our careers and strengthening our community. Please do not hesitate to share your ideas or suggestions with me. You can email me at [mtiamsonkassab@gmail.com](mailto:mtiamsonkassab@gmail.com). Thank you to all of you who are part of this great family. Thank you again for your volunteerism. Thank you for helping us, your officers and Board of Directors, to advocate, educate, inspire, optimize, and unify.

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*"We are diligently working to give you an exciting and outstanding virtual meeting that will build upon the success of CLP 2020."*

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## CLP 2021 TEAM HARD AT WORK CREATING ANOTHER 'INSPIRATION AND AFFIRMATION FOR OUR CHOSEN CAREER' (cont'd from p. 1)

than an academic organization—it is an academic home. We are a community of individuals with shared interests and for many of us the annual meeting is the inspiration and the affirmation for our chosen career.

The annual meeting in 2021 will be an opportunity to further expand knowledge of the evidence base for our practice while supporting growth and mentorship of careers. It will also be an opportunity for reflection on diversity, equity, and justice, and to celebrate the people who create and engage in this amazing academic organization. Truly spectacular plenary speakers have already been engaged on these thematic topics.

Jesse Fann, MD, FACLP, Jane Walker, MBChB, PhD, and Michael Sharpe, MD, FACLP, faced the awesome task of planning CLP 2020, and then planning it all over again to be a virtual experience. Despite the circumstances, they managed to capture the spirit of the annual meeting, and the wonderful plenary sessions each had almost 1,000 viewers. Their first-ever ACLP virtual annual meeting was quite a success, and some of the popular components may well

be carried forward to future meetings, such as the amazing resource of online content.

More than 120 hours of CME credit were on offer to those who viewed all of the recorded sessions at CLP 2020 and data so far suggests that members utilized the pre-recorded sessions from 2020 extensively—this will remain an opportunity for CLP 2021. We also hope to have invited workshops that will be available in an online library. The new editor-in-chief of the *Journal of the Academy of Consultation-Liaison Psychiatry (JACLP)*, Ben Hochang Lee, MD, FACLP, is brainstorming ways to capture some of the outstanding academic content generated at the annual meeting.

The success of the annual meeting depends upon the dedicated, hard-working members of the Annual Meeting Committee, who are already at work. The vice-chair for CLP 2021 is Sandra Rackley, MD, FACLP. The Preconference Courses Subcommittee is co-chaired by Brett Lloyd, MD, FACLP. Scott Beach, MD, FACLP, will lead our General Sessions Subcommittee. Michael

Marcangelo, MD, FACLP, is in charge of the Oral Papers & Posters Subcommittee. The Early Career Track Subcommittee remains in the capable hands of Alan Hsu, MD. L. Lee Tynes, MD, FACLP, will chair the Local Arrangements Subcommittee. Travis Fisher, MD, is our CME Liaison.

CLP 2021 will return to a three-day format and will create time within the schedule to allow independent viewing of pre-recorded content—so please get your abstracts ready! Other new meeting components include blinded review of papers and posters, explicit grading criteria for reviewers on the submission site, and preconference skills courses with both pre-recorded and live activities.

We look forward to seeing your submissions for CLP 2021!

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*“The Program Committee’s goal is to keep the wonderful spirit of the meeting intact in a virtual venue.”*

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## ABSTRACTS INVITED FOR POSTER AND ORAL PRESENTATIONS

Submissions of abstracts for presentation at CLP 2021 are open until a deadline of April 1.

This year, The Oral Papers & Posters Subcommittee will select posters and oral papers ‘blind’ to ensure the review process is fair and unbiased.

“By not seeing names of the abstract submitters the work will be judged solely on the quality of the science,” says subcommittee chair Michael Marcangelo, MD, DFAPA, FACLP.



Michael Marcangelo, MD, DFAPA, FACLP

For brief oral presentations, the subcommittee is looking for original scientific contributions that are often data-driven and move the state of the field forward.

For posters, the subcommittee is seeking original studies, case series, and case reports that contribute to the knowledge base of C-L Psychiatry. Go to [tinyurl.com/CLP2021Abstracts](https://tinyurl.com/CLP2021Abstracts) for more details.

CLP 2021 will be held virtually on November 10-12.

*In this*

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@CL\_Psychiatry



# Task Force Updates

## MORE THAN 30 UNITS FROM ACROSS NORTH AMERICA TAKING PART IN SECOND BENCHMARKING SURVEY

### *But task force still looking for more*

From task force chair **Thomas Heindrich, MD, FACL P**



*Thomas Heindrich, MD, FACL P*

The ACLP Benchmarking Task Force was convened with the intention of providing members with credible psychiatric consultation-liaison benchmarks to aid in communication and negotiation with practice, department, and hospital leadership.

The wide variety of clinical services and clinical settings in which ACLP membership practice makes for many potential service- and setting-specific benchmarks. As a result, the task force will focus on establishing productivity, staffing, and quality benchmarks for inpatient consultation-liaison services and ambulatory collaborative care practice settings.

To gather this data, the task force designed two IRB-approved surveys. The second survey, the *Departmental Benchmarking Survey*, will be distributed later this winter. More than 30 departments from across North America have volunteered to share staffing levels, productivity data, and quality metrics with the ACLP.

The task force would like to thank those members' departments who have already volunteered to participate in this effort, but we are still looking for more departments to complete this survey. If your academic

or community institution is willing to take part in this critical professional initiative, or if you have questions about these projects, please do not hesitate to contact Tom Heindrich at [theinric@mcw.edu](mailto:theinric@mcw.edu)

When combined with the information gathered from our members in the earlier survey, we hope that the departmental-level administrative data will allow members to more effectively lead in the development or maintenance of high-quality clinical programs.

## TASK FORCE SPLITS INTO SUBGROUPS TO CREATE PROPOSALS ON DIVERSITY, EQUITY, AND INCLUSION

### *Report to the Board planned for the end of February*

The ACLP Diversity, Equity, and Inclusion (DEI) Task Force—which started meeting in September 2020—has created subgroups to develop proposals on:

- The formation of underrepresented minority (URM) committees, subcommittees, or Special Interest Groups (SIGs).
- How to enhance DEI in ACLP membership, recruitment, leadership, and governance structure.
- How to further develop C-L Psychiatry's scientific contributions to research and other scholarship regarding the role of systemic bias in health outcomes, including creating and disseminating a bibliography of relevant scholarly work.
- How to institute pipeline and URM mentorship programs.
- How to incorporate DEI into webinars, trainee and member curricula and education, and faculty development.

Kewchang Lee, MD, FACL P, chair of the task force, has also solicited input from the chairs and vice-chairs of ACLP's committees, subcommittees, and SIGs on their groups' thoughts, concerns, and recommendations about DEI issues.



*Kewchang Lee, MD, FACL P*

In November, the ACLP Board approved the task force's request to develop a survey of the Academy's membership to learn more about the diversity of its members, their perspectives on current DEI-related activities, their needs regarding DEI, and their ideas about how to enhance DEI within the Academy. ACLP will be hiring a consultant with DEI expertise who can advise on the survey, as well as conduct focus groups.

"The task force recognizes that systemic racism, sexism, homophobia/transphobia, and other forms of systemic bias and discrimination have demonstrably adverse health effects on our patients and reduce the professional and training opportunities available to our members," says Dr. Lee.

"We also recognize the key role of C-L psychiatrists in translating our understanding of the psychological and structural harms of systemic bias into positive changes in medical practice, education, and systems of care. For this reason, the task force underscores the importance of ensuring the sustainability of the implementation of our recommendations."

The task force planned to submit its final report to the Board by the end of February.

## 'ACTIVATE THE MEMBERSHIP' URGES COVID-19 TASK FORCE

### *Academy Board will examine key recommendations*

ACLP's Board is being urged to "activate the membership" to provide a blueprint for best practice during the COVID-19 pandemic, and future epidemics, based on learning from experiences of COVID-19.

The Board should encourage Academy members' efforts to research, collate evidence, and write and disseminate best practice guidelines in an orchestrated agenda which could be put into effect through existing and new special interest groups.

That is the key recommendation from an ACLP Task Force set up to examine COVID-19 implications for C-L Psychiatry.

Over coming months, the Board will consider the task force's report which sets out actions needed under five headings:

### **Remote work and telepsychiatry**

"Telepsychiatry is here to stay," says task force chair Peter Shapiro, MD, FACLP, Columbia University Irving Medical Center.



*Peter Shapiro, MD, FACLP*

"But what is the best way to use it; how will we be paid for it; and how do we get regulatory systems to permit it?" The Academy, and Academy members, need to:

- Collate and disseminate best practices.
- Advocate for regulation and reimbursement to support telepsychiatry.
- Promote studies of efficacy and outcomes of telepsychiatry.

### **Support for hospital staff**

'Psychological first aid'—originally conceived to support staff during disasters—needs to be further developed into a program pertinent to the epidemic, and implemented, says the task force. The Academy needs to:

- Highlight research and offer training resources.

- Encourage studies of program effectiveness.
- Advocate for support structures for hospital staff.

### **Support for C-L psychiatrists**

The wellness of C-L psychiatrists needs its own program of support. We need to:

- Maintain the Academy's COVID-19 list-serv and website resources page.
- Encourage development of best practice guidelines for 'behavioral codes' and provide training resources on the Academy's website and through workshops at annual meetings. "C-L psychiatrists and other hospital staff may not be able to maintain physical distance from contagious patients who are acutely agitated," says Dr. Shapiro. "Knowing how to deal with that situation so as to avoid infection is critical for staff safety."
- Survey members about their wellbeing and concerns; gather data on incidence of COVID-19 among C-L psychiatrists; and assist members who need help in negotiation with their institutions.

### **Psychiatry and neuropsychiatry of COVID-19**

Hospitalized COVID-19 patients have very high rates of acute psychiatric illness. The Academy should:

- Encourage research on delirium, acute stress, anxiety, depression, and late neuropsychiatric sequelae of infection.
- Disseminate treatment guidelines and best practices.
- Advocate against systemic bias and disparities in care among under-served communities.

### **Advocacy**

The ACLP should take stands in support of our patients, our medical colleagues, and ourselves by:

- Stating official positions in support of access to and equity in care.

- Engaging other stakeholders to support wellbeing of health care workers.

"There is a lot to do and a great deal that we still have to learn," says Dr. Shapiro.

ACLP's president Maria Tiamson-Kassab, MD, FACLP, welcomed the task force's report on behalf of the Board. "The task force chair and members have done an excellent job producing such wide-ranging and valuable recommendations so quickly," says Dr. Tiamson-Kassab. "The Academy's Board and Executive Committee have already reviewed and discussed these recommendations and we are working together with the task force to plan how as many as possible of them can be implemented."

### **YOU ARE INVITED TO NOMINATE A 2021 AWARD WINNER**

ACLP annual awards are presented to individuals for meritorious contributions to C-L Psychiatry, or for outstanding service to the Academy.

The awards and deadlines for nominations are:

#### **Deadline: April 1, 2021**

- Eleanor & Thomas Hackett Memorial Award
- Wayne Katon Research Award
- Don Lipsitt Award for Achievement in Integrated and Collaborative Care
- ACLP Foundation Research Professor Award
- Award of Special Recognition
- Distinguished Service Award

#### **Deadline: June 15, 2021**

- Early Career Researcher Mentee Award

#### **Deadline: July 1, 2021**

- Academy Fellowship
- Webb Fellowship Program
- Trainee Free Registration Grant

Further details of the awards are on the Academy's website here:

[www.clpsychiatry.org/about-aclp/awards/](http://www.clpsychiatry.org/about-aclp/awards/)

# NECESSITY IS THE MOTHER OF INVENTION

## *Pandemic as Crucible for Innovation in Fellowship Recruitment*



**From Mark Bradley, MD, FACLP, chair of Fellowship Education Subcommittee**



*Mark Bradley, MD, FACLP*

As the COVID-19 pandemic unfolded in the US following the announcement of the first domestic case in January 2020, it became increasingly clear to graduate medical training programs across the country that this year's interview and selection processes would require new and radically innovative approaches not heretofore imagined.

In the ensuing months, as the national organizations that oversee graduate medical programs issued pandemic requirements that individual programs shift to exclusively virtual interviews, C-L fellowships grappled with multiple new recruitment challenges:

- How do we showcase our programs to applicants without in-person visits?
- How do we rapidly scale up our technological capacities for virtual interviewing?

- And how do we ensure that applicants and programs are given sufficient opportunities to evaluate each other despite being limited to remote contact?

These circumstances added multiple layers of uncertainty to this year's selection process, in a year already fraught with unknowns. It was thus all the more reassuring that when the National Resident MATCHING Program (NRMP) results for C-L Psychiatry were released this January, they showed stability, if not an improvement, from the year before.

This year, 124 fellowship positions were offered, with 84 positions filled, resulting in a 68% fill rate for positions and a 55% fill rate for programs. By comparison, the 2020 C-L Psychiatry MATCH resulted in 61% of positions and 41% of programs filled. This year's MATCH also continued the prior trend of incremental increases in certified programs (60 this year up from 58 last year) and positions (124 up from 117 last year.)

However, in contrast to last year, this year saw an increase in applicants that kept pace with the increase in positions, with 88 applicants in the 2021 C-L Psychiatry MATCH in contrast to 75 in the 2020 MATCH.

The continued uncertainty regarding the projected course of the COVID-19 pandemic, and the stuttering initial progress of the vaccine rollout, means that the C-L Psychiatry education community is watching expectantly to see what shape the 2021 interview season will take. In particular, it

remains to be seen whether COVID-19 will require another all-virtual selection season, or whether it will be possible to reactivate in-person elements, including the possibility of hybrid models that use both in-person and virtual components.

However, the re-examination of selection procedures and rapid scale-up of new capabilities forced by the pandemic raise major opportunities to analyze the experience of the last year, look for opportunities for innovation, and consider their potential positive impact.

For example, it will be important to examine how the use of virtual recruitment increased C-L fellowships' collective ability to share the value of fellowship training with residents far beyond their normal institutional reach. In addition, it will be useful to look at whether remote interviewing expanded the geographical scope in residents' patterns of fellowship application.

Finally, as our subspecialty continues to sharpen its focus on matters of diversity, equity, and inclusion, it is important to consider whether this year's virtual selection season improved applicants' access to fellowship interviews that would have otherwise been impeded by financial or other social and structural barriers, and whether they thus served to increase the number and diversity of potential fellows with access to C-L Psychiatry training.

In the coming year, the Fellowship Education Subcommittee will examine these questions of virtual selection best practices, logistical challenges to interviewing in the COVID-19 era, and efforts to use new approaches to improve equity in selection, in order to share findings and innovations with the wider C-L Psychiatry education community.

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*"This year saw an increase in applicants that kept pace with the increase in positions, with 88 applicants in the 2021 C-L Psychiatry MATCH in contrast to 75 in the 2020 MATCH."*

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## SIGs

### Bioethics

Co-chairs: Mary Ann Cohen, MD, FACLP; and Rebecca Weintraub Brendel, JD, MD, FACLP

Rotating Trainee and Early Career Psychiatrist co-chairs: Drs. Anita Chang, trainee, (2017-2020), Shafi Lodhi, trainee, (2020-2022), Shannon Mazur, trainee, (2019-2022), Andrew Siegel, ECP (2017-2020), Samantha Zweibel, ECP, 2019-2022.

Bioethics SIG members are working with the chairs, Drs. Brendel and Cohen, to develop proposals that focus on the role of C-L Psychiatrists in the integration of diversity, equity, and inclusion (DEI) into the training and practice of C-L Psychiatry. It is clear that health care disparities and systemic racism are significant bioethical issues in our field.

As the natural ambassadors of Psychiatry to the House of Medicine, C-L psychiatrists are in a unique position to role model, teach, and practice. To that end, the Bioethics SIG will devote all SIG-sponsored symposia to topics that integrate DEI into their programs. We also plan to focus our programs on trainees and have primarily trainees as both chairs and presenters of topics.

Programs, spearheaded by member Dr. Kenn Ashley, will integrate the topic into the bioethical aspects of COVID-19 testing, prevention and treatment, bioethical aspects of capacity and coercion, and physician trainee burnout. The presenters will include early career psychiatrists and trainees including members Drs. Shannon Mazur, Samantha Zweibel, Marta Herschkopf, Andres Calagua and others. Dr. Ashley, who has devoted his career to DEI, will provide a symposium including trainees and ECPs on the topic.

Interest in bioethical issues has markedly increased and, over the past four years, membership has more than doubled to a current total of 513 Bioethics SIG members and high attendance at ACLP Bioethics SIG symposia. We encourage early career psychiatrists and trainees to participate in developing Bioethics SIG symposia and writing

### Community-Based CLP Physician Practice Issues

Chair: Hindi Mermelstein, MD, FACLP

Fall 2020 has been an interesting one for the SIG, the Academy and the world at large.

The Annual Meeting was virtual, which enabled many more persons to join as resource allocation, such as time and travel costs, were decreased dramatically. It allowed for the presentations and sessions to be viewed and reviewed, both synchronously and asynchronously, to the actual presentation slot and by doing so, it made the here-to impossible, possible. Finally, one could “be in two places at once;” one could attend multiple presentations that would normally occur concurrently.

The other activities normally associated with the meeting including SIG meetings, networking, and social events were not only virtual but were scheduled in the days and weeks around the meeting. And although this could have, should have resolved a major meeting complaint of competing SIG, committee, and activity time slots, for our SIG it led to a much smaller meeting essentially of those already interested.

The Academy did a yeoman’s job of making the meeting all it was in a short period of time. However, as the 2021 meeting is slated to be virtual, a significant task going forward will be learning how to better use the alternate meeting structure and the available technology to advance the work of our SIG. Additionally, over

the next quarter we hope to accomplish the following:

- Change from a yearly meeting to a quarterly virtual meeting schedule.
- Prepare topics/abstracts to submit for presentation at the 2021 Annual Meeting based on areas of interest raised during the annual SIG meeting and follow-up chats.
- Continue to develop and adapt the SIGs to the needs of our SIG members, the ACLP membership, and to potential members who share with all of us the struggles, the isolation, and the need for collegial connection secondary to the COVID 19 pandemic.
- Find ways to modify our SIG structure to better respond to the hereto unmet/inadequately met needs of members, following our review of the DEI task force request.
- Collaborate with other SIGs and with outside organizations to build bridges with colleagues beyond the ACLP and the community at large who share our focus and our interest.

There is a lot that remains to be done; we need your ideas, your energy, and your interests. Come join us. Feel free to contact the SIG or me directly. We welcome you, welcome your ideas, and your input. We look forward to the continuation of the growth and development of this SIG in a world that will hopefully begin to see the end of the pandemic and the reopening of our communities both professional and personal.

articles for the ACLP C-L Psychiatry series in *Psychiatric News* and *Psychiatric Times*.

### Early Career Psychiatrists

Co-chairs: Stephanie Tung, MD; and Jai Gandhi, MD

The Early Career Psychiatrists (ECP) SIG creates a network and provides support for

trainees and psychiatrists entering the field of C-L Psychiatry. This group welcomes trainees and faculty within their first 10 years of practice. We strive to foster the interests of ECPs, promote professional development, and provide a peer support network during the transition from trainee to faculty.

The ECP SIG hosts a monthly conference call to foster community among early career

(SIG Updates continue on page 8)

psychiatrists. This community has led to the development of ECP mentorship programs and networking events during the ACLP annual meeting, as well as open discussions on the approach to C-L Psychiatry care in the era of COVID-19.

As the ECP SIG looks forward, we hope to continue to encourage increased transparency from ACLP at large to foster a better understanding of the Academy structure for incoming psychiatrists and trainees. We are also in the process of developing resource documents for ECPs to share practical advice during the transition to practice, in addition to fostering open and frequent communication via the listserv.

If you would like to join or collaborate with the ECP SIG, please contact us at [ecp@list.clpsychiatry.org](mailto:ecp@list.clpsychiatry.org)

## Emergency Psychiatry

Co-chairs: Allison Hadley, MD; and Scott Simpson, MD, MPH

With a successful ACLP annual meeting behind us, SIG members have been organizing for an exciting 2021. The Emergency Psychiatry SIG continues to grow, and the SIG has become more active in the time between annual meetings.

Based on feedback from SIG members, goals for this coming year include developing regular national journal clubs, more frequent discussion of clinical topics via a new discussion listserv, and an updated SIG website.

SIG members will continue to come together to produce scholarship and annual meeting submissions relevant to emergency psychiatry. Some topics of interest to the SIG include working with geriatric patients in emergency departments; developing community partnerships to reduce boarding and enhance access to care; reducing burnout among clinicians; and addressing health disparities in emergency psychiatric systems.

The SIG benefits from a growing group of members who contribute great energy, enthusiasm, and diversity of thought and experience to the benefit of our patients and communities.

## HIV/AIDS Psychiatry

Co-chairs: Mary Ann Cohen, MD, FACLP; and Kelly L. Cozza, MD, FACLP

Early Career Psychiatrist Rotating Trainee co-chairs: Rusty Baik, MD (2018-2021), Elise Hall, MD, (2017-2020), David Karol, MD (2017-2020), Mallika Lavakumar, MD (2017-2020), Luis Pereira, MD (2017-2020), Nafisa Reza, MD, (2018-2021).

Rotating Trainee co-chair: Paulo Sales, MD, MSc (2019-2022).

Our SIG members will lend our voices to address inequities and health care disparities that were magnified by the HIV pandemic and, nearly 40 years later, are evident in the current COVID-19 pandemic. While HIV is a blood-borne viral illness, and SARS-CoV-2 is transmitted by droplet infection, both have magnified societal and health care inequities that need to be addressed.

Members are working with chairs Drs. Cohen and Cozza and co-chairs to develop proposals on prevention of HIV transmission and stigma, and care of persons with HIV, to the ACLP, including the prevention and care of people co-infected or affected by HIV and SARS-CoV-2, and on physician and trainee burnout in the HIV and COVID pandemics. Dr. Cozza is planning a preconference course on HIV or HIV and COVID-19.

Members plan to continue contributing and writing about the COVID-19 pandemic and contributing to the ACLP COVID-19 web page and listserv.

Drs. Bourgeois, Cohen, Bradley, Pereira, Cournos, Cozza, and Rising MS 2 Getty Makurumidze are editing a new textbook, *HIV Psychiatry: A Practical Guide for Clinicians, for physicians in all specialties*. Dr. Damir Huremovic, who wrote the prescient book in 2019, *Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak* and Drs. Mark Bradley, Jon Levenson, Sejal Shah, Sameer Kahn, and Paolo Sales have contributed a chapter on co-infection with HIV and SARS-CoV-2. The book is slated for publication in 2021.

The HIV/AIDS Psychiatry SIG has grown from 32 members in 2003 to 543 members in 2021!

Dr. Grimaldi in collaboration with Drs. Cohen, Cozza, and Pereira will continue to

select and annotate articles for the Quarterly HIV Bibliography which is available at:

[www.clpsychiatry.org/member-resources/clinical-monographs/hiv-biblio/](http://www.clpsychiatry.org/member-resources/clinical-monographs/hiv-biblio/)

We welcome new members, especially ECPs, trainees, and medical students.

## Integrative Medicine (Complementary & Alternative Medicine)

Co-chairs: Jana Gordon-Elliott, MD, FACLP; Ana Ivkovic, MD; and Uma Naidoo, MD

The Integrative Medicine SIG is beginning the new year planning submissions for CLP 2021, with the goal of being able to provide our ACLP community with content that has the potential to expand their knowledge and practice of integrative medicine.

Along those same lines of education, and with momentum from having finished and published our *ACLP Integrative Medicine Bibliography*, ([www.clpsychiatry.org/sigs/integrative-medicine-sig/](http://www.clpsychiatry.org/sigs/integrative-medicine-sig/)) we will be making plans to further develop resources specific to integrative medicine that are practical and relevant for the C-L psychiatric provider.

Members of our group will also be looking at disparities in access to, and attitudes about, integrative medicine, and considering contributions that enhance equity and inclusion in this area of care, for patients and providers.

Acutely mindful of the ongoing challenges of living in, and providing care to others within, a global pandemic, our group is particularly interested in being a source of information and discussion for the ACLP community about integrative health interventions for addressing some of the emotional and physical health consequences of the ongoing pandemic, and its expected aftermath.

## Military & Veterans

Co-chairs: Eric Devon, MD; and Shannon Ford, MD

The Military & Veterans SIG was pleased to be able to spend some time as a group before the ACLP 2020 virtual meeting. Special shout out to our members whose symposia were featured at the meeting!



At our most recent quarterly virtual conference call, in January 2021, we unveiled our recently worded mission statement, which we are happy to share with the Academy. We held discussions about some scholarly work in progress related to telemedicine and began to brainstorm some ideas for the 2021 meeting.

As always, we are fortunate to be a home for our numerous providers who care for the military and veteran populations and are always seeking new members. Please sign up for the SIG if you are interested!

## Neuropsychiatry

Co-chairs: Durga Roy, MD; and Jennifer Erickson, DO

The Neuropsychiatry SIG had a productive year and each task group has met the goals established at the ACLP 2019 annual meeting. We continue to meet by Zoom every other month to discuss progress on projects and invite interested SIG members to attend these meetings, as our membership continues to expand:

**SIG-sponsored symposia task force:** Currently under the leadership of Kamalika Roy, MD, the task force has expanded its participants and plans to submit abstracts for informative workshops, symposia, and skills courses for the ACLP 2021 annual meeting. This task force also continues to meet independently outside of the regularly scheduled SIG meetings. At the 2020 ACLP Annual Meeting, Drs. Mark Oldham, Inder Kalra, Jo Ellen Wilson, and Bo Hu presented a symposium entitled *Questioning the Party Line: A Reappraisal of Benzodiazepines in Delirium*.

**Education task force:** Jeffrey Zabinski, MD, has taken the lead on this task force, and group members continue to compile a list of online resources in neuropsychiatry. In collaboration with the Online Education Group, by this year's 2021 ACLP Annual Meeting, the SIG will have a newly launched website of video lectures, literature references, and neuropsychiatry-focused websites, among other educational resources for Academy member to access. Additionally, Timothy Kiong, MD, is spearheading a cross-institutional initiative by inviting experts in neuropsychiatry to provide their expertise on resident case conferences and didactics throughout institutions across the country.

**Scholarship task force:** Under the leadership of Idris Leppla, MD, this task force has successfully led manuscript production on topics surrounding the *Neuropsychiatry of COVID* in collaboration with SIG members Drs. Theodote Pontikes, Rola Fayez, and Mark Walterfang. The SIG-sponsored mentorship symposium that was presented at the 2019 ACLP Annual Meeting on *Personality Changes due to Medical Conditions* presented by Mark Oldham, MD, and his group (Drs. Inder Kalra, Daniel Fishman, and Idris Leppla) was submitted and accepted for publication in *Psychosomatics* in 2020. The SIG continues to encourage meeting presentations to serve as content for scholarly products submitted for publication.

**Monthly member case reports:** Case discussions continue amongst the listserv when members present a challenging, de-identified case on a neuropsychiatric syndrome for discussion amongst SIG members. This occurs on average once per quarter.

## Proactive C-L Psychiatry

Chair: Mark Oldham, MD

Now in its sophomore year, the Proactive C-L Psychiatry SIG is gaining momentum. We have several opportunities for those interested to learn more about this model of care and to get involved.

**Leadership:** We are indebted to Hochang B. Lee, MD, FACP, founder and charter co-chair of the Proactive C-L Psychiatry SIG, for his leadership during our first year. This academic year, Dr. Oldham has transitioned from co-chair to chair.

**APA Resource Document:** On November 24, 2020, the APA Joint Reference Committee approved the *APA Resource Document on Proactive Consultation-Liaison Psychiatry*, which is being published in the *Journal of the Academy of Consultation-Liaison Psychiatry*. This document provides a state-of-the-art review of this model of care covering the history, theory, practice, and future of Proactive C-L Psychiatry.

**Collaborative Care Toolkit:** Stay tuned for a forthcoming ACLP Toolkit on Proactive C-L Psychiatry under *Collaborative Care Resources* on the ACLP website. It will consist of a PowerPoint presentation and companion executive summary, both of which focus on clinical application.

**Online materials:** Our bibliography and conference material links on the Proactive C-L Psychiatry Resource Center ([www.clpsychiatry.org/signs/proactive-cl-sig/proactive-cl-sig-resources](http://www.clpsychiatry.org/signs/proactive-cl-sig/proactive-cl-sig-resources)) are up to date through the CLP 2020 virtual conference.

**Listserv:** Join the listserv to ask questions, learn from others and receive information about our quarterly SIG meetings. Many on the listserv are available for a personalized consultation. Just ask!

If you have questions, or if something on the Proactive C-L Psychiatry SIG website is missing or out of place, please contact Dr. Oldham at [mark\\_oldham@urmc.rochester.edu](mailto:mark_oldham@urmc.rochester.edu)

## Palliative Medicine & Psycho-oncology

Chair: Sheila Lahijani, MD

Members' February meeting featured a panel of speakers: Drs. Jesse Fann, Scott Irwin, Ilana Braun, and Kaleena Chilcote, who described their psycho-oncology practices and performance measures.

Many SIG members, including ACLP president Maria Tiamson-Kassab, MD, FACP, have deepened relationships with the American Psychosocial Oncology Society (APOS). Several ACLP members serve on APOS committees and will present at the APOS virtual conference in March. Among the conference objectives is to describe innovative models of psychosocial oncology care delivery that promote integration and adoption of scientific, evidence-based findings into clinical practice, training programs, and policy.

In ACLP, we continue to develop a repository of seminal articles for use by our members to educate our peers and trainees on the interface of oncology, Psychiatry and palliative care. Please contact our SIG leadership to get involved

## Pediatric C-L Psychiatry

Co-chairs: Laura Markley, MD, FACP; and Susan Turkel, MD, FACP

Despite the complications of COVID-19 and the need for online interactions, the SIG has maintained high levels of interest. We are progressively increasing numbers of

(SIG Updates continue on page 10)

participants at each meeting, and we receive frequent requests to join the group.

Thanks to the efforts of Maryland Pao, MD, FACL P, who established the link originally, we share a listserv with the Physically Ill Child Committee of the American Academy of Child & Adolescent Psychiatry. This is a very active forum which allows shared communication between the two groups with similar interests.

Members of both the AACAP and ACLP use the listserv to ask clinical, administrative, and other questions, and consistently help each other with answers and sharing experience.

## Quality & Safety

Chair: David Kroll, MD

The Quality & Safety SIG used our time at the 2020 Annual Meeting to highlight our accomplishments over the last year and set an agenda for 2021.

Working with the Fellowship Education Subcommittee, we have begun the process of curating a repository of QI projects in C-L Psychiatry that have been formally presented, but we are still looking for volunteers to help with this project.

We have also begun to lay out the groundwork for more collaborative projects, including developing a standardized approach to quality measurement, and will plan to hold interim meetings on this throughout the year.

## Research

Chair: Katie Sheehan, MD, DPhil, FRCPC

The Research SIG continues to promote and support research among the members of the ACLP. Our aim is to increase awareness of the exciting research conducted by those in the organization, provide a venue where this is highlighted at and between annual meetings, and encourage members to collaborate to answer meaningful research questions at the intersection of physical and mental health.

The COVID-19 pandemic has shifted the research and clinical work of many involved with our SIG. This research has been rapidly

disseminated through publication in journals and on the ACLP COVID-19 webpage, contributing to our emerging knowledge of neuropsychiatric impacts of this disease.

As all of you know, the pandemic shifted our annual meeting to a virtual forum and we had some excellent research presented in keynotes lectures and workshops, as well as brief oral, award, poster, and lightning presentations.

We also held our SIG annual meeting virtually later in November 2020, discussing ways to increase membership and networking across geographic distance, taking advantage of new online technologies.

Our plans for this year include a virtual journal club, where researchers can present newly published work to a group interested in learning more about methods and emerging findings. If you are a researcher interested in presenting at the journal club, or someone wanting to engage more with C-L Psychiatry research, please sign up for the Research SIG listserv so that we can connect with you! If you would like to present a research-focused workshop or session at CLP 2021, or have any questions, please feel free to contact me at [katie.sheehan@mail.utoronto.ca](mailto:katie.sheehan@mail.utoronto.ca)

## Women's Health

Co-chairs: Nancy Byatt, DO, MBA, FACL P; and Priya Gopalan, MD

The Women's Health Special Interest Group was thrilled to join together as part of the virtual ACLP Annual Meeting in November 2020. SIG members were once again active at ACLP's virtual meeting, with general sessions and poster presentations. With a virtual SIG meeting this year, attendees from across the country convened to discuss collaborations and potential ideas for next year, both in the realm of presentations and publications. Discussions also revolved around the potential for subgroups of the SIG to focus on these areas and to consider educational interventions related to women's health.

The SIG convened for a second time to discuss topics related to diversity, equity, and inclusion at the request of the ACLP DEI Task Force. The thoughtful discussions that occurred during that meeting allowed for valuable feedback to be fed forward to the task force.

The SIG will convene again prior to the ACLP abstract deadlines to discuss further collaborations through the group. The Women's Health SIG also has an established listserv through ACLP for communication throughout the year.

The Women's Health SIG will continue to provide opportunities to network and collaborate on projects. Please be in touch if you wish to be included in our listserv, and as always, with feedback, comments, or questions.

## ACLP SIG Member Counts

Addiction & Toxicology	215
Bioethics	513
Burn & Trauma Injury	47
Cardiovascular Psychiatry	338
Collaborative & Integrated Care	197
Community-Based PM Physician Practice Issues	324
Early Career Psychiatrists	723
Emergency Psychiatry	637
Geriatric Psychiatry	145
Global & Cultural	353
Hispano-American C-L Psychiatry	55
HIV/AIDS Psychiatry	543
Integrative Medicine (Complementary & Alt. Medicine)	270
Medicine & Psychiatry	979
Military & Veterans	150
Neuropsychiatry	792
Palliative Medicine & Psycho-oncology	579
Pediatric C-L Psychiatry	280
Proactive C-L Psychiatry	195
Psychological Considerations	368
Quality & Safety	162
Research	362
Telepsychiatry	549
Transplant Psychiatry	486
Women's Health	579

# BEST PRACTICE GUIDELINES FOR CHALLENGING TREATMENTS

## *Academy members will be invited to propose topics*

A new process to establish treatment guidelines for C-L psychiatrists proposed by one of the Academy's subcommittees has been approved by the Board.

The guidelines will focus initially on challenging and sometimes controversial treatments (for example, the use of clozapine in patients receiving chemotherapy) in a bid to achieve expert consensus on best clinical practices.

The process—proposed by ACLP's Guidelines & Evidence-Based Medicine Subcommittee—sets out a timetable for developing and publishing best practice principles which:

- Reflect the Academy membership's expertise and interests.
- Have the potential to impact clinical care more broadly.
- Are grounded in scientific literature.

"The aim of ACLP best practice recommendations is to provide an evidence-based framework for clinical evaluation and/or management of problems frequently encountered by C-L psychiatrists," says lead author and former subcommittee chair Paula Zimbrea, MD, FACL.



Paula Zimbrea, MD, FACL

The subcommittee in their proposal give an example of how each guideline may be formulated (see panel below).

"The intent is to provide discrete, evidence-based recommendations rather than a comprehensive review of a topic area," says Dr. Zimbrea.

Guidelines, to be reviewed and endorsed by the ACLP Board, will be published on the ACLP website and submitted to the *Journal of the Academy of Consultation-Liaison Psychiatry (JACL)* for possible publication.

Topics for guidelines may be proposed by the Board, the subcommittee, and by Academy members at large. An ad-hoc leader and five or six members from the subcommittee and relevant SIGs will form the core writing group on each topic. Each writing group will identify clinical questions, conduct a systematic literature search, and formulate consensus responses to clinical questions.

Drafted guidelines will be disseminated for comment from relevant SIGs, ACLP committees, ACLP members, and external stakeholders.

Published guidelines will be reviewed by the subcommittee after three years, and a decision made whether to revise the guidelines in the light of subsequent evidence.

Other possible topics discussed by the subcommittee to date are:

- Treatment of anxiety disorders in COPD/difficulty with weaning ventilation.
- Treatment of MDD in patients with active bleeding/platelet dysfunction.
- Management of agitation in patients with hypotension/bradycardia and QTc prolongation.
- Treatment of depression (or anxiety, or distress) in cancer.
- Treatment of cancer-related fatigue.
- Evaluation of organ transplant candidates with serious and persistent mental illness.

### **Use of clozapine in patients receiving chemotherapy**

1. *This topic area reflects many Academy clinicians' practice in psycho-oncology and their interest in the field: the psycho-oncology annotated abstracts written by the GEBM have collected nearly 1,000 page views since 2017 on the ACLP website. These clinical questions are typically not covered by other society guidelines, thus allowing the Academy and its members to fill an important void in the field.*
2. Clinical questions:
  - a. What are the risks of using or discontinuing clozapine in patients receiving chemotherapy?
  - b. What factors can mitigate these risks?
  - c. Recommendations for use of clozapine in patients receiving chemotherapy.
3. Recommendations for practice
  - a. The evaluation of patients on clozapine in need for chemotherapy should include the following areas of knowledge: psychiatric diagnosis, severity of illness, prior medication trials, support system, patient's insight and ability to cooperate with worsening symptoms.
  - b. Treatment recommendations: clozapine should be discontinued in the following cases, continued in these other cases, increased monitoring....
4. Priorities for future research: risk of interactions with new chemotherapies, impact of bone marrow stimulating agents on clozapine induced agranulocytosis.



# ACLP Committee Updates

## ANNUAL MEETING COMMITTEE

Chair: Lisa J. Rosenthal, MD, FACLP

### Local Arrangements

Chair: L. Lee Tynes, MD, FACLP

I am pleased to be chairing the Local Arrangements Subcommittee again this year following a successful, albeit virtual, Annual Meeting last Fall.

Being in charge of 'local arrangements' for a virtual meeting is an interesting challenge! I hope you were able to participate in our half-day activity (a stunning virtual tour of the Grand Canyon), or jog along virtually with Ann Schwartz and Wendy Baer through Emory's campus for our traditional morning run. Thanks for the inspiration, Ann and Wendy!

Along with these activities that reflected some of our traditions, we also hosted a virtual scavenger hunt complete with C-L Psychiatry trivia questions. Congratulations to the prize winners—Katy LaLone in 1st place, James Kimball in 2nd place, and Nona Nichols in 3rd place.

We have met to begin our work on the upcoming Fall meeting and have already begun exploring how to bring a local flavor to a meeting where everyone stays home. We invite input and suggestions regarding any 'local' activities you would like to see in this year's meeting.

### Oral Papers & Posters

Chair: Michael Marcangelo, MD, DFAPA, FACLP

The Oral Papers & Posters subcommittee are making preparations for ACLP 2021. Each year we review hundreds of submissions from members interested in presenting their work at the meeting. This year we will be doing blinded reviews in an effort to make the review process fair and unbiased. By not seeing the names of the abstract submitters, the work will be judged solely on the quality of the science. We hope to select work that explores every facet of C-L Psychiatry including collaborative care, neuroscience, diversity, equity, and inclusion.

For brief oral presentations, we are looking for original scientific contributions that are often data-driven and move the state of the field forward.

The standard for brief oral presentations is high and submissions should be reserved for your best original work. If accepted, you will have the opportunity to record your presentation for meeting attendees to view at any time.

For posters, we are looking for original studies, case series, and case reports that contribute to the knowledge base of C-L Psychiatry.

This year, we are looking for a broad array of content in the poster session and welcome submissions that are novel. If accepted, you will have the opportunity to upload a brief verbal presentation to describe your work along with your visually dynamic poster. Detailed instructions for both groups of submissions can be found in the call for abstracts with a deadline of April 1. We look forward to reviewing your submissions.

## EDUCATION COMMITTEE

Chair: Ann Schwartz, MD, FACLP

The Education Committee coordinates the activity of the six ACLP education subcommittees. The committee continues to coordinate the ACLP COVID-19 webpages. We particularly note resources for health care provider wellness.

We continue to accept *Reports from the Field* with regard to how your center is managing the current crisis.

We also seek your '55-word stories' about your experiences working under pandemic conditions.

The committee sponsored a webinar in May 2020: Maryland Pao, MD, FACLP, Paul Desan, MD, PhD, FACLP, and George Everly, PhD, FACLP, presented *Consultation-Liaison Psychiatry in the Era of the COVID-19 Pandemic* on the dramatic changes that have significantly impacted C-L Psychiatry in our health systems during the pandemic.

## Fellowship Education

Chair: Mark Bradley, MD, FACLP

The Fellowship Education Subcommittee (FES) has identified two major areas of focus for this year:

- Assessment of the impact of the COVID-19 pandemic on C-L fellowship training and development of best fellowship practices in the COVID-19 era.
- Promoting opportunities for fellowship programs to increase attention to matters of diversity, equity, and inclusion in fellowship training.

The FES is currently developing guidelines for virtual selection and interviewing for C-L fellowship programs and is examining ways to characterize the impact of the pandemic on fellowship training. In addition, the fellowship is building on its presentation at CLP 2020 regarding diversity, equity, and inclusion in fellowship training in order to develop new curricular strategies and improve the recruitment of under-represented minority residents into C-L Psychiatry. See *Necessity is the Mother of Invention*, p.6, as Fellowship applicants increase keeping pace with positions available.

## Interdisciplinary Education

Chair: Liliya Gershengoren, MPH, MD

The Interdisciplinary Education Subcommittee continues to work on relevant and comprehensive educational material for C-L psychiatrists and our interdisciplinary colleagues. We have developed a survey on the structure and the educational needs of an interdisciplinary C-L Psychiatry team with the goal of its distribution within the year. This will direct the subcommittee's subsequent work on development of appropriate educational content.

Additionally, in light of the recent recognition of the magnitude of social determinants and their impact on mental health, we have taken on a new diversity, equity and inclusion project. The objective is to develop a clinical case-based guide for the C-L psychiatrist on teaching cultural competency within the interdisciplinary team.

## Maintenance of Certification

Chair: Dwayne Heitmiller, MD, FACL P

The subcommittee produces each year the self-assessment exam released before the Annual Meeting. Completing these questions provides eight hours of self-assessment CME to all meeting attendees. This is your annual requirement and is a benefit no member should miss.

We are also working on developing a module that is easily accessible and user-friendly for ACLP members that would satisfy the PIP requirement for MOC.

## Medical Student Education

Chair: David Kasick, MD, FACL P

The Medical Student Education Subcommittee has been actively promoting awareness of C-L Psychiatry, educational engagement of students, and recruitment into our subspecialty.

Over the past year, subcommittee members created student targeted didactic educational content, developed virtual outreach activities, and published about the use of web-based platforms to promote innovative teaching and learning resources.

Members also met regularly to share methods for preserving student interest and involvement during the COVID-19 pandemic, noting the interruption in clinical training experienced by many of our clerkship students this past spring and summer.

## Online Education

Chair: Sanjeev Sockalingam, MD, FACL P

The ACLP Online Education Subcommittee aims to improve members' experience with online resources and education materials on the ACLP website. Currently, the subcommittee has conducted an environmental scan of major online education resources on the website and plans to update content in collaboration with other committees and SIGs of ACLP.

Committee members have also conducted focus groups at their site to identify ACLP

website experiences and opportunities for improvement.

Further, the subcommittee will use this data to improve ACLP members' website experience through consolidation of valuable education content, updating existing online resources, improvement in user navigation of education resources on the website, and identification of future education resource development opportunities.

## Residency Education

Chair: Mallika Lavakumar, MD, FACL P

The Residency Education Subcommittee recently published eight guides written to offer residents guidance on how to perform commonly occurring consultations. The 'How to' guides (below) were created by members of the subcommittee and peer-reviewed by members of the ACLP. The guides (see below) are freely available to members and non-members alike and can be accessed through the ACLP Resident/Fellows resources at: [www.clpsychiatry.org/residents-fellows/resident-curriculum/c-l-how-to-guides-for-psychiatry-residents/](http://www.clpsychiatry.org/residents-fellows/resident-curriculum/c-l-how-to-guides-for-psychiatry-residents/)

The subcommittee is working on surveying residency program directors on the state of C-L Psychiatry education and training at

### 'How To' Guides for Resident Education

Each *Guide* is organized into specific steps for completing a consult.

- *Doing a Consult*
- *Acute Agitation*
- *Catatonia; Delirium*
- *Depression*
- *Medication Syndromes*
- *QTc Prolongation*
- *Transplantation*

The guides were authored by ACLP members who are recognized experts in the respective areas and are intended for use in the education of residents and other trainees. Additional *Guides* are in preparation.

residency programs across the country. We request that members encourage residency program directors at their institution to complete the survey. The subcommittee also runs an annual mentorship program and pairs students, residents, fellows, and early career psychiatrists with mentors within the Academy.

## RESEARCH & EVIDENCE-BASED PRACTICE COMMITTEE

Chair: E. Sherwood Brown, MD, PhD, FACL P

The Research & Evidence-Based Practice Committee strives to increase the presence of research and appreciation of evidenced-based medical care within ACLP. The Academy has seen tremendous growth in recent years. We are working to increase the number of researchers who are ACLP members and presenters and meet the needs of the ACLP members.

Psychiatric illnesses in medical settings is an active area of investigation. Numerous National Institutes of Health agencies, as well as government and private organizations around the world, support research in this area. Several journals, including the Academy's journal, are dedicated to this topic. Thus, the Academy has much to offer researchers.

Inclusion of even more state-of-the art research and cutting-edge information on evidenced-based practice at the annual meetings would be of great value to ACLP. In collaboration with the Research SIG, we want to continue to develop the committee into an important resource for information on research and other scholarly activities for all ACLP members.

Despite the challenges of the pandemic, ACLP had a wonderful virtual meeting last year. The meeting saw a very large number of outstanding applications for awards that were selected by the overall committee and its subcommittees. The winners were quite extraordinary. In addition, annual meeting workshops and presentations aimed at researchers were well received. The committee looks forward to another productive year in 2021.

## SPREADING THE WORD ABOUT C-L PSYCHIATRY

*From James Bourgeois, MD, OD, FACLCP*



*James Bourgeois, MD, OD, FACLCP*

I am serving as ACLP representative to *Psychiatric Times*. We are coordinating a regular series of C-L Psychiatry-specific articles for publication with a wide range of C-L Psychiatry topics, to spread the word about C-L Psychiatry to the general psychiatry community.

Topics include:

- General discussion of the role of C-L Psychiatry.
- Child C-L Psychiatry.
- Use of telemedicine in C-L Psychiatry (substantially in response to the COVID-19 pandemic).

- Vitamin deficiencies in psychiatric illness.
- Anti-NMDA receptor encephalitis and its neuropsychiatric manifestations.
- Suicide risk assessment in the general hospital.
- Ethics of C-L Psychiatry practice.
- Role of C-L Psychiatry in complex pain management.

We see this series as a way to promote C-L psychiatric topics to general psychiatrists as well as to provide an opportunity for C-L Psychiatry faculty and fellows to publish their work in a national periodical.

We actively seek submissions on any C-L Psychiatry topic; authors can send drafts directly to me. Manuscripts *do not need to be extensively referenced* as long as references are focal and pertinent to the topic chosen.

## CLP 2021

ADVANCING KNOWLEDGE,  
DEVELOPING CAREERS,  
STRENGTHENING COMMUNITY

VIRTUAL CONFERENCE  
November 10-12

## CALL FOR ABSTRACTS

Deadline: **April 1, 2021** at 11:59 PM Eastern  
Go to [tinyurl.com/CLP2021Abstracts](https://tinyurl.com/CLP2021Abstracts) for details

The Annual Meeting of the  
 ACADEMY OF  
CONSULTATION-LIAISON  
PSYCHIATRY



# CHANGES AND CONTINUITIES

## *Psychosomatics to Journal of the Academy of Consultation-Liaison Psychiatry*

From Hochang B. Lee, MD, FACP,  
editor-in-chief, *JACLP*



Hochang B. Lee, MD, FACP

### Dear Friends and Colleagues of ACLP

As the new editor-in-chief of the *Journal of the Academy of Consultation-Liaison Psychiatry (JACLP)*, I am writing to highlight several changes related to the journal. First of all, as of January 1, 2021, we bid farewell to the beloved journal name of *Psychosomatics* and welcome the new title *Journal of the Academy of Consultation-Liaison Psychiatry (JACLP)* along with a new editorial team. The new name reflects the ownership of the journal by the members of ACLP.

While *JACLP* retains editorial independence from ACLP, the journal is committed to provide an academic venue for exchanging innovations in clinical care, education, and research to improve the care of patients with comorbid psychiatric illness and general medical conditions. Also, as the flagship journal of ACLP, this journal shares in the ACLP mission of “advancement of medical science, education, and health care for persons with comorbid psychiatric and general medical conditions and provides national and international leadership in the furtherance of those goals.”

Today, ACLP is one of the largest subspecialty organizations in Psychiatry with over 2,000 members who serve the needs of patients with psychiatric and general medical conditions in a variety of clinical settings. The editorship of *JACLP* believes that our field is defined by the patients served by the members of ACLP. The scope of *JACLP* will reflect the evolving and expanding nature of our field that has moved beyond the traditional, inpatient C-L Psychiatry service and now increasingly incorporates evidence-based, multidisciplinary, and integrated care

across health care settings.

With the new name comes an additional change to this journal: *JACLP* is available online only at: [www.journals.elsevier.com/journal-of-the-academy-of-consultation-liaison-psychiatry](http://www.journals.elsevier.com/journal-of-the-academy-of-consultation-liaison-psychiatry) or, from the ‘Journal’ link at the top right of the ACLP website.



I, along with many of our readership, will miss receiving a print copy of new issues of *Psychosomatics* every other month. However, this transition to an all-digital format parallels ongoing trends of health care digitization that are fundamentally transforming care delivery and the health care system. Advancements in technology accompanied by big data analytics and artificial intelligence are rapidly changing the face of health care. The COVID-19 epidemic has only accelerated these changes by removing administrative barriers (e.g., reimbursement for telepsychiatry), often out of necessity. Our field of C-L Psychiatry should not just be a part of the rapidly changing health care environment, but it should aspire to lead in the transformation of our health care system. *JACLP* aims to be the key conduit in the field for vetting innovative ideas through a sound, peer-reviewed process that is both timely and free of conflict of interests.

Although the leadership, title, and even format of this journal will change in 2021, the editorship of *JACLP* is committed to keeping alive the spirit of clinical scholarship that has long endeared *Psychosomatics* to its readership. In order to improve the journal content, we have made the following changes for article types for *JACLP*:

**1. Case reports:** We now provide three different options for authors.

**a. C-L Case Conference—**Please contact the editorial office before preparing the manuscript. This new section is led by Scott Beach, the section editor for education, to provide an in-depth expert discussion and review for cases featuring diagnostic dilemma commonly encountered by

C-L psychiatrists. We created this section with the goal of providing ‘state-of-art’ education to supplement training and education for all ACLP members, especially students and trainees.

**b. Case Report/Small Case Series with Review—**This article type is for under-recognized or emerging clinical presentations. Case report or case series should be illustrative of the topic of the review with emphasis on literature review contextualizing the report/series.

**c. Brief Case Report: Letter to the Editor—**This article type may describe rare clinical presentations, unusual decisions, surprising outcomes, or other uncommon aspects of clinical care.

- 2. Reviews:** Submitted clinically focused reviews in the areas of C-L Psychiatry are always welcome. Priority will be given to articles that feature a systematic literature review following PRISMA guidelines ([www.prisma-statement.org](http://www.prisma-statement.org)).
- 3. Original research reports:** Articles containing original research in the area of C-L Psychiatry are always welcomed for submission.

Please, check the *Instruction for authors* before preparing your manuscript. Also, please, feel free to contact me at [hochang\\_lee@urmc.rochester.edu](mailto:hochang_lee@urmc.rochester.edu) with any questions regarding *JACLP*.

Overall, *JACLP* is your journal, and *JACLP* aims to build upon the tradition by embracing the exciting diversity and innovation of our field. We look forward to receiving and reviewing manuscripts that reflect the broad clinical practice, research scope, and educational mission of C-L Psychiatry.

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*“JACLP aims to be the key conduit in the field for vetting innovative ideas through a sound, peer-reviewed process that is both timely and free of conflict of interests.”*

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## Academy of Consultation-Liaison Psychiatry

4800 Hampden Ln, Ste 200  
Bethesda, Maryland 20814-2934  
info@CLpsychiatry.org  
@CL\_Psychiatry

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### FUTURE ACADEMY ANNUAL MEETINGS

**November 10–12, 2021**

Virtual Event

**November 9–12, 2022**

Hilton Atlanta  
Atlanta, GA

**November 8–11, 2023**

JW Marriott Austin  
Austin, TX

## LAST WORD: *The Consult Question is Racism, from Chandan Khandai, MD, MS*



On the same day, my C-L Psychiatry team received two consults from Oncology. One was for a middle-aged lady in her 50s with acute leukemia for “anxiety,” actually delirium. The other was for a middle-aged lady in her 50s with acute leukemia for “agitation,” actually delirium. Guess who was White, and who was Black.

Medicine is facing a reckoning with its complicity in structural racism, and the need to be explicitly anti-racist. C-L Psychiatry, in our embedded role, is well-poised to both recognize and address structural racism.

I can appreciate that many in our field view anti-racism as beyond our ken; that C-L Psychiatry should focus on clinical care and not seemingly unrelated social issues. However, I would argue that they are deeply inter-linked, and to sunder clinical care from social justice is as misguided as the Cartesian mind-body duality. Much as we reframe consults for “anxiety” or “agitation” as delirium, we must reframe C-L Psychiatry in social justice terms.

The ACLP’s anti-racism statement (see website, home page) is a fine start. However, it is just a start. My colleagues and I outlined in *A Call to Action: A New Era Calls for Incorporating Social Justice Into Consultation-Liaison Psychiatry* ([www.ncbi.nlm.nih.gov/pmc/articles/PMC7502224/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7502224/)) several concrete institutional steps towards “opposing racism in all its forms.”

On a grassroots level, C-L psychiatrists must be willing to confront structural racism in our daily work. Going back to Oncology, we pointed out the disparity when giving our recommendations, and to their credit they were apologetic of their implicit bias, and vowed to work harder. As should we all.

Martin Luther King Jr. famously said: “Our lives begin to end the day we become silent about things that matter.” Especially in our current era, C-L Psychiatry can no longer afford to be silent. We must say and DO things that show C-L Psychiatry believes that social justice and anti-racism matter. That diversity, equity, and inclusion matter. That black lives matter.

*ACLP member Dr. Khandai was a candidate for Early Career Psychiatrist Trustee in this year’s APA elections.*



ACADEMY OF  
CONSULTATION-LIAISON  
PSYCHIATRY

Winter 2021

# NEWSLETTER

*ACLP — Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health*