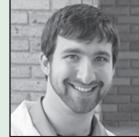




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# NEWSLETTER

Winter 2020

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

## President's Message

### 2020: A YEAR FOR ADVOCATING, INNOVATING, EDUCATING, INSPIRING & OPTIMIZING

— *Michael Sharpe, MD, FACLP*



*Dear Colleagues,*

We are already well into 2020 and I do hope you are having a great year so far. There is a lot going on with your Academy and, as your president, I am writing to update you on what is happening this year.

#### Our aims for 2020

The vision of the Academy is that people who suffer from both medical and psychiatric illness will get the care they need. Our mission is to help you to achieve this for your patients. I shall be working with your Board of Directors, committees and special interest groups (SIGs) to deliver that mission. Following our strategic review last year, we will focus on four main areas:

- To advocate and innovate for our patients and for our specialty.
- To educate about our patient needs and the role of C-L Psychiatry in meeting them.
- To inspire and support our members in their work.
- To optimize ACLP's organizational structure and reach.

#### Advocating and innovating

We will continue to advocate for better care for all patients with comorbid physical and mental illness. In particular, we are working to increase understanding of the value that C-L Psychiatry adds to medical care. We will continue to do this in every forum we can. Work with the American Psychiatric Association is well established, with our representation on both the Assembly Committee of Representatives of Subspecialties and Sections (ACROSS) and the Council on C-L Psychiatry. We are also making great progress with

*(continued on page 2)*

## GET MORE VALUE FROM YOUR ACADEMY MEMBERSHIP

Membership counts for the SIGs continue to grow as more and more members get still more value from their ACLP subscriptions.

### ACLP SIG Member Counts

Addiction & Toxicology	78
Bioethics	421
Cardiovascular Psychiatry	288
Collaborative & Integrated Care	53
Community-Based CLP Physician Practice Issues	272
Early Career Psychiatrists	594
Emergency Psychiatry	485
Geriatric Psychiatry	36
Global & Cultural	295
HIV/AIDS Psychiatry	482
Integrative Medicine (Complementary & Alt. Medicine)	190
Medicine & Psychiatry	789
Military & Veterans	113
Neuropsychiatry	641
Palliative Medicine & Psycho-oncology	482
Pediatric C-L Psychiatry	221
Psychological Considerations	301
Quality & Safety	106
Research	271
Telepsychiatry	425
Transplant Psychiatry	415
Women's Health	464

our application to join the American Medical Association's Specialty and Service Society, thanks to the hard work of your immediate past-president, Rebecca Weintraub Brendel, MD, JD, FACLP. An update on these efforts will be reported in the monthly eNews and at this year's annual meeting in November.

We also need to coordinate our work with that of other organizations that share our vision. We therefore continue to build links, both within the US and internationally. In the US, we already have well-established links with the American Psychosocial Oncology Society, and the Association of Medicine and Psychiatry, and recently have established a new link with the Collaborative Family Healthcare Association. Internationally, we continue to deepen our well-established relationships with the Canadian Academy of Psychosomatic Medicine, the European Association of Psychosomatic Medicine (EAPM) and the International College of Psychosomatic Medicine. It is noteworthy that Academy members not only participate in all these organizations (for example, more than 50 Academy members attended last year's EAPM meeting in Rotterdam and we hope more will attend the meeting this year in Vienna) but in many cases are leaders of these organisations. We are therefore in a great position to catalyze a coalition of organizations that together will drive the shared vision of better care for our patients.

In order for C-L Psychiatry to thrive, we must continue to innovate and research what we do and how we can do it better. Innovation and research are therefore essential to our future. The Academy will continue to support research that underpins our practice by recognizing the contribution our researchers make to the Academy and also by nurturing our future researchers.

A major initiative that achieves both these aims is the ACLP Foundation-funded Research Professor and mentorship scheme, which brings a distinguished researcher to our annual meeting and ensures mentorship by them to early-career researchers over the following year. Thanks to all who donate to the Foundation, this terrific program will continue in 2020.

## **Educating**

Our educational mission is a large one with many parts. One of these, the Academy's journal *Psychosomatics*, is undergoing profound changes in 2020. Our longstanding and highly regarded editor-in-chief, Ted Stern, MD, FACLP, retires this year and our current publishing contract with Elsevier ends. Your Board of Directors is working to ensure the journal's future by seeking to appoint a new editor and negotiate a new publishing contract. These are important tasks for us, as the journal exists not only to inspire and inform our members, but also to provide a key educational communication to those outside our Academy. The search for an editor is already underway with a task force led by Academy past-president, Don Rosenstein, MD, FACLP. If you think that you could serve the Academy by doing this job, do make sure that you apply by March 30.

## **Inspiring and supporting**

As a member of ACLP, you will know that our annual meeting is the "flagship" event of our organization. You will also know that we are on a strong upward trend in both the size and quality of this meeting. The 2020 meeting will continue this upward trend when we meet in lovely, warm Phoenix in November. The theme of the meeting is *Delivering Our Vision of Integrated Care* (for details see: [www.clp2020.org](http://www.clp2020.org)). In my role as president, I see the huge amount of thought and planning that goes into the annual meeting—this year led by Jesse Fann, MD, MPH, FACLP (program chair), and Jane Walker, MBChB, PhD, (executive program chair), working closely with executive director James Vrac, CAE, and others at PAI. Jesse and Jane also write in this issue (pages 3-4) about what we can expect to see in Phoenix. I very much hope to see you there.

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*"For C-L Psychiatry to thrive, we must continue to innovate and research what we do and how we can do it better."*

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## **Optimizing**

Our Academy is transitioning from being a small club to a major professional organization with almost 2,000 members and a developing profile in health care. Consequently, the Academy has much to do and we need to make sure that we are equipped to deliver. How will we do this?

- First, we now have a Board that has a more transparent process for applications to join it.
- Second, we are currently clarifying our committee structure.
- Third, we are engaging with our energetic SIGs.

We also need to make sure that all these parts of our organization are helped to be as effective and efficient as possible, whilst also valuing the time of all those Academy members who serve on these bodies without payment. I would especially like to acknowledge the contribution and commitment of our executive members of the Board: president-elect, Maria Tiamson-Kassab, MD, FACLP; vice-president, Phil Bialer, MD, FACLP; treasurer, Maryland Pao, MD, FACLP; and secretary, Madeleine Becker, MA, MD, FACLP. You can find their pictures, as well as those of the other Board members, on the Academy website: [www.clpsychiatry.org/about-aclp/aclp-board/](http://www.clpsychiatry.org/about-aclp/aclp-board/)

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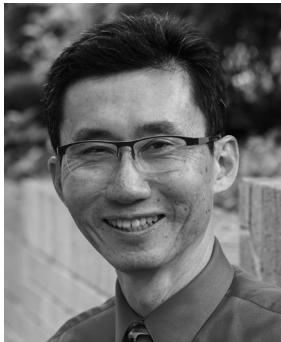
*"We need to coordinate our work with that of other organizations that share our vision. We therefore continue to build links, both within the US and internationally."*

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There is much work to do. Your Board, backed by the huge and committed volunteer effort of our Academy and ably supported by our executive director, is on the job.

2020 promises to be yet another great year for your Academy. Thank you for your contribution to that success.

CLP 2020 IN PHOENIX IN NOVEMBER—ON THE THEME OF *DELIVERING OUR VISION OF INTEGRATED CARE*—IS BEING LED BY PROGRAM CHAIR JESSE FANN (LEFT), MD, MPH, FACLP, AND JANE WALKER, MBChB, PhD, EXECUTIVE PROGRAM CHAIR. HERE IS THEIR FIRST UPDATE.



Jesse Fann, MD, MPH, FACLP



Jane Walker, MBChB, PhD

## CLP 2020: *DELIVERING OUR VISION OF INTEGRATED CARE*

We are delighted to invite you to join us at CLP 2020, the Academy's 67th annual meeting, which will be held at the Arizona Grand Resort & Spa, Phoenix, Arizona, from November 11 to 14, 2020.



We will celebrate the steady growth of the Academy and the progress that our members have made in advancing the integration of Psychiatry into medical care. Our theme this year both celebrates that progress and challenges us to think how we can do even better for our patients.

Along with Michael Sharpe, MD, FACLP, our president, and our subcommittee chairs, we are developing a stimulating and thought-provoking meeting program that will include both submitted papers, symposia, and workshops and carefully selected invited speakers. We are aiming for a

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program that will appeal to both new and more seasoned attendees. The meeting will start on Wednesday, November 11, with preconference *Essentials* and *Skills* courses. Then, after three more days of presentations, interactive sessions, and special events, we will end with a big party on the evening of Saturday, November 14.



We know that connecting and networking with friends and colleagues, both old and new, is one of the most important features of the meeting. We have planned ample time and activities for doing this, including breaks outdoors to take in the spectacular sunshine and scenery.

### **Number One Meeting for C-L Psychiatry Clinicians**



*"It's a great venue, lovely place, warm in November..." says ACLP president Michael Sharpe, MD, FACP, in a video recorded for the March issue of ACLP News. It's the Number One meeting for clinicians in C-L Psychiatry. The ACLP annual meeting has always been a great meeting—"this year's going to be a particularly good one."*

The Arizona Grand is a beautiful resort, located only 10 minutes from the airport. We will use every opportunity to take advantage of the beautiful outdoor spaces that the meeting venue offers.



All the hotel guest rooms are suites, each of which includes a bedroom and separate living area. There is a huge gym and fitness area, a lane pool, and no fewer than five other heated swimming pools. The resort also has an amazing golf course and an excellent spa, as well as three great restaurants.

For those of you who are feeling more energetic, morning runs, hiking, and mountain biking (local rental is available) offer unforgettable experiences in this amazing setting. The awesome South Mountain desert preserve is only a few minutes' walk away and linked by a tunnel to the resort grounds.

As well as enjoying the warmth and beauty of the Southwestern desert you will be able to visit sites in the city of Phoenix, a cosmopolitan city with outstanding restaurants and shopping. There are great local activities nearby (most only 20 minutes by car) for CLP 2020 attendees and their families—for example, take time to hike Camelback Mountain, explore the Desert Botanical Garden, or visit the Heard Museum of American Native Art. Slightly further afield, consider a trip to the Sedona Red Rock Country, or the Grand Canyon.



We will be keeping you up to date of the meeting plans as they evolve. Please check up on developments by visiting [www.clp2020.org](http://www.clp2020.org)

We also look forward to receiving your abstract submissions which are now open.

See you in Phoenix!



# EAPM 2020 HOFBURG VIENNA

## REGISTER NOW FOR EARLY BIRD RATE AT EUROPEAN CONFERENCE

ACLP members are invited to the 8th annual scientific conference of the European Association of Psychosomatic Medicine which will be held in Vienna, June 24-27.

Academy members who register by March 31 are entitled to a reduced delegate rate of Euros 350.

The main conference themes reflect current challenges in Psychosomatic Medicine and question whether C-L psychiatrists can face them with existing treatments—or whether they need new approaches:

- What are the consequences of stress and adversity in the modern world and what can we do?
- What are new challenges facing an aging population and are there new approaches?
- What are the consequences of homeland- or culture-loss and what can be done about them?
- What are the consequences of increasing sleep-loss worldwide, how does it influence mental health and vice-versa?

The opening address, on *Memory and age-related memory loss*, is by Nobel Laureate **Eric Kandel**, professor at Columbia University, New York.

### Speakers also include:

**Elisabeth Binder**, director of the Max Planck Institute of Psychiatry, who will give a presentation on *How adversity gets under your skin* and will bridge the gap from prevention to treatment.

**Michael Lambert**, former president of the Society of Psychotherapy Research, will speak on side-effects and harms from psychotherapy.

**Susan Everson-Rose**, president of the American Psychosomatic Society, will discuss cardiometabolic risk through emotions and stress.

**Markus Heinrichs**, who is listed among “The World’s Most Influential Scientific Minds,” will talk about *The Biology of Trust: From Social Hormones to Psychobiological Therapy*.

**Ulrich Schnyder**, emeritus professor of psychiatry and psychotherapy, University of Zurich, will highlight *Culture-sensitive Psychotherapy and Refugee Mental Health*.

**Dieter Riemann**, chief editor of the *Journal of Sleep Research*, will discuss the link between sleep and mental health.

The meeting venue, Hofburg Vienna, is in direct proximity to some of Vienna’s most famous sights as well as the shopping districts, hotels, and restaurants of Vienna’s Old Town.

For more detail see: [www.eapm2020.com](http://www.eapm2020.com)

# NEW FELLOWSHIP POSITIONS OUTPACING APPLICANTS FOR C-L PSYCHIATRY FELLOWSHIPS

— *From Fellowship Education Subcommittee chair Lisa Rosenthal, MD, FACLP*



Lisa Rosenthal, MD, FACLP

offered 117 positions, and 71 incoming fellows were successfully matched.

This means 61% of all positions available for 2020 filled through the Match. 42% of Fellowship programs filled completely in the Match this year, a 25% decline since 2019.

In 2019, there were 82 positions filled, demonstrating a one-year decline for 2020 (though the number of filled positions has remained constant around 70 since 2016).

There has been a steadily increasing trajectory of both new C-L Psychiatry Fellowship programs and spots at programs that were “all in” with the NRMP Match.

In 2015, 50 C-L Psychiatry Fellowship programs certified 93 positions, whereas in 2020 there were 58 programs and 117 positions certified in the NRMP Match process.

- 2018: 113 positions available, 61.9% filled
- 2019: 119 positions available, 68.9% filled
- 2020: 117 positions available, 60.6% filled

This is the seventh year that applications to C-L Psychiatry fellowship training have been managed through the NRMP Match.

## Recruitment initiatives

While the numbers this year have not continued the steep upward trend of the last decade, a more longitudinal perspective suggests that overall our specialty is doing quite well; as recently as 2006 there were approxi-

mately 32 applicants entering C-L Psychiatry Fellowships.

The Academy membership has also expanded—from 665 in 2006 to 1,918 in 2020. Of the current members there are 416 residents and fellows, and 109 medical students.

We continue to see substantial growth in annual meeting registration and feel confident that interest and engagement in C-L Psychiatry remains steady.

While our recruitment is strong compared with prior decades, the number of applicants to Fellowships has not kept pace with the expansion of positions. The Fellowship Education Subcommittee is working to understand and address this phenomenon.

As above, C-L Psychiatry Fellowship numbers have grown over time, while other Psychiatry Fellowship numbers are largely static or declining.

Overall, the number of Psychiatry trainees choosing Fellowship training is low: only about 25% of PGY4 Psychiatry residents ultimately enter Fellowships in consultation-liaison, addiction, geriatric, or forensic Psychiatry (as compared with >80% of neurology residents who pursue advanced training.) An APA task force is working on this challenge of recruitment to Psychiatry subspecialty training. One possibility under discussion is the idea of “fast tracking” all Psychiatry Fellowships, not just in Child and Adolescent Psychiatry.

David Fipps, DO, is a trainee member of the Fellowship subcommittee interested in addressing recruitment. He has personal experience as a Psychiatry trainee in a state that has no C-L Psychiatry Fellowship program.

On review, he discovered that 25 states in the US have no C-L Psychiatry Fellowship, though these same states have 56 Psychiatry residency programs. The subcommittee is considering options to engage trainees at these programs in the Academy.

There are also opportunities to engage train-

ees from all programs, particularly in collaboration with the subcommittees on resident and medical student education.

Our committees are working toward more available online resources and exploring whether social media or email listservs with relevant academic content could be successful and sustainable.

And, there are many initiatives to engage and enhance trainee experience at the Annual Meeting, which can be found through our residents’ and Fellows’ homepage at: [www.clpsychiatry.org/residents-fellows](http://www.clpsychiatry.org/residents-fellows)

See: *The Unexposed Communities* reflecting David Fipps’ thinking—pages 7-8.

## You Can Nominate Someone for a 2020 Award

The Academy invites your nominations for its 2020 Awards. Awardees will be recognized at this year’s annual meeting, CLP 2020, in Phoenix, Arizona.

### Deadline: April 1, 2020

- Eleanor & Thomas Hackett Memorial Award
- Wayne Katon Research Award
- Alan Stoudemire Award for Innovation & Excellence in C-L Psychiatry Education
- Don Lipsitt Award for Achievement in Integrated and Collaborative Care
- ACLP Foundation Research Professor Award
- Visiting Professorship Program
- Award of Special Recognition
- Distinguished Service Award

### Deadline: June 25, 2020

- Early Career Researcher Mentee Award

### Deadline: July 1, 2020

- Academy Fellowship
- Webb Fellowship Program
- Trainee Travel Award

For details see: [https://www.clpsychiatry.org/about-aclp/awards/](http://www.clpsychiatry.org/about-aclp/awards/)

# THE UNEXPOSED COMMUNITIES

— *From David Fipps, DO, psychiatry resident physician, Greenville Health System, University of South Carolina*



*David Fipps, DO, is a PGY4 general adult psychiatry resident in South Carolina who has Matched into a C-L Psychiatry Fellowship at the Mayo Clinic in Rochester. He is a 2019 recipient of the ACLP Webb Fellowship Award.*

desire to enhance the field as a whole, there has been much focus on resident recruitment initiatives.

As an applicant who just completed the interview and Match process, I can attest to the fact that the decision of whether to pursue a Fellowship in C-L Psychiatry is multifactorial and highly specific to one's individual circumstances and experiences.

Successful recruitment initiatives will likely need to have a multifactorial approach. However, there is one avenue of focus for recruitment initiatives that may unveil an untapped resource that holds a strong personal connection for me.

There are close to 200 adult Psychiatry residency programs without affiliated C-L Psychiatry Fellowships, and 25 US states that do not have a C-L Psychiatry Fellowship within the entire state! These 25 states hold 56 Psychiatry residency programs and hundreds of Psychiatry residents.

This does not mean that these programs do not have exposure to C-L Psychiatry services, nor does it imply that the education received at these programs is inferior. However, simple exposure and appropriate education are not the only facets that motivate one to pursue further training.

Throughout the past few years, the percent fill rate of C-L Psychiatry Fellowship has remained steady within the 60 to 70% range.

Considering the great need for subspecialty trained C-L psychiatrists, as well as a general

My state (South Carolina) does not have a C-L Psychiatry Fellowship and, at the time of my Fellowship application, my residency program had no-one boarded in C-L Psychiatry. My interest in C-L Psychiatry prompted me to start a C-L Psychiatry interest group for my residency and its affiliated medical school. From my experiences in these groups, many medical students and early residents have a very prominent interest in C-L Psychiatry, considering the proximity to medical school, non-Psychiatry rotations, and step 3 studying. However, without mentorship to provide guidance, answer questions, and lead residents through the process, this interest may fall to the wayside and remain a conceptual interest, rather than one that prompts action.

## Intrastate collaboration

It is not uncommon for intrastate collaborations to occur, therefore allowing some intermingling of mentorship and exposure for programs within a state that has a C-L Psychiatry Fellowship. For example, the Society for Liaison Psychiatry in New York City holds educational and social events for area residents with an interest in learning more about the specialty. However, 56 programs in the US do not have that capability.

C-L Psychiatry Fellowship exposure for the hundreds of residents in this catchment area would require crossing state lines and applying for limited state licensure outside of the state in which they train. Many of these programs may also be located in areas with significant Psychiatry shortages (such as my own program), thus the focus may not be on training subspecialists, but rather increasing the local Psychiatry workforce.

Many of the residents in my groups who initially voiced an interest in C-L Psychiatry would become discouraged without access to mentors who can demonstrate the value of a C-L Psychiatry Fellowship and who have successfully navigated the waters of the application process, Fellowship, and job prospects.

In these unexposed programs, one of the largest deterrents to action may be a lack of emphasis about the value of C-L Psychiatry

training. As a C-L Psychiatry rotation is an ACGME requirement for adult Psychiatry residency training, all residents experience C-L Psychiatry; however, the value of Fellowship training may not be evident considering the attending may not be Fellowship trained, or even boarded in C-L Psychiatry. Despite my strong interest in C-L Psychiatry, I did not meet a C-L Psychiatry boarded psychiatrist, who also did a C-L Psychiatry Fellowship, until my first Fellowship interview in my PGY4 year.

## Information about opportunities

For those residents who are interested in C-L Psychiatry and see the value of the training (most of those in my interest groups), the next largest deterrent appears to be lack of available information about the opportunities for residents to excel in C-L Psychiatry, the application process, and Fellowship training in itself.

ACLP offers amazing educational resources, mentorship programs, trainee travel awards, prestigious Webb fellowships, and much more for trainees; however, without knowledge of these opportunities they will not be pursued. I know of many trainees who would jump at all these opportunities; however, their insecurities of the process act as a deterrent.

For example, without faculty knowledgeable about ACLP, residents may not know to even apply for travel stipends or mentorship programs. Without a C-L Psychiatry Fellowship at one's institution, it is difficult to perform C-L Psychiatry specific research to be competitive for awards. Without faculty who have experience with the Fellowship Match, residents are often ignorant on their competitiveness (creating a "why even try," mentality or an overcompensated time/financially consuming interview season)—particularly when there is a pervasive fear among these residents about being up against seemingly more competitive internal applicants to a Fellowship program.

*The Unexposed Communities  
continue on page 8*

## Potential recruitment focus

Thus, we have the potential recruitment focus: outreach to these programs that lack exposure, particularly those in states with no C-L Psychiatry Fellowships at all. A collaboration between Fellowship programs and unexposed residencies could play a valuable role in breaking down some of the barriers to proceeding from an interest in C-L Psychiatry to applying to a Fellowship. Offerings could include collegial conversations about navigating the application process to the more complex mentorship and/or co-authoring of C-L Psychiatry papers. Sending thought leaders in C-L Psychiatry to give lectures or grand rounds to these unexposed communities would also go a long way to fostering interest in the field.

This collaboration could have an individual, regional, and/or national scope. Efforts could be as small as individual Fellowship programs providing outreach to individual residencies. On a regional level, states could develop regional C-L Psychiatry branches which would hold events for nearby residents with C-L Psychiatry interest but little exposure. On a national level, one could see a collaboration between ACLP and the American Association of Directors of Psychiatric Residency Training (AADPRT), intertwining C-L Fellowship directors with Psychiatry residency directors.

ACLP has already made notable efforts that could be built upon for this concept, such as by: advertising the C-L Psychiatry mentorship program to AADPRT; expanding the accessibility of ACLP website educational materials to non-members; partnering with AADPRT to create a C-L Psychiatry Fellowship application resource guide, etc. Whatever the scope may be, this collaborative focus would provide more opportunities to those who are craving such mentorship and guidance for future C-L Psychiatry aspirations.

It appears that once an interest in C-L Psychiatry has been established, the catch is being able to find mentors to foster that interest all the way to Fellowship training and beyond. These simple steps to increase exposure and access to educational resources could go a long way towards beginning this process.

# ACLP SIG Updates

## Addiction & Toxicology

Co-chairs: JJ Rasimas, MD, FACLP; and Filza Hussain, MD

Acute intoxication and withdrawal are frequently the central reason for presentation to acute care, and C-L Psychiatrists are asked to assist in management. We will be creating our SIG website and updating it based on feedback periodically. Our hope is to foster collaboration and community, and plan to meet in person each year at the ACLP Annual Meeting in November. We have several ideas for symposia as well as position papers and welcome other ideas and active participation as we continue to grow our new SIG.

## Bioethics

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

Rotating Trainee and Early Career Psychiatrist co-chairs: Anita Chang, DO, (trainee, 2017-2020), Monika Chaudhry, MD, (ECP, 2015-2018), Shafi Lodhi, MD, (trainee, 2020-2022), Shannon Mazur, DO, (trainee, 2019-2022), Andrew Siegel, MD (ECP, 2017-2020), Samantha Zweibel, MD, (ECP, 2019-2022).

Interest in bioethical issues has markedly increased and, over the past three years, membership has more than doubled to a current total of 421 Bioethics SIG members and high attendance at our ACLP Bioethics SIG symposia!

For CLP 2020, members are addressing bioethical aspects of involuntary psychiatric holds on inpatient medical units. Drs. Rebecca Weintraub Brendel, Molly Cinderella, Stephen Kramer, Erin Sterenson, Jo Mokonogho, Ashley Smith, Shariff Tanious, and others will be developing symposia on scope, management, education, and training about this dilemma in care. Drs. Laura Guidry-Grimes and Shannon Mazur are addressing a different aspect of bioethics with a proposal on end-of-life decision-making for patients with treatment refractory psychosis.

We will continue to work toward teaching

bioethics to psychiatrists and other clinicians of all specialties. In 2020, members are presenting at the annual meetings of the APA, ACLP, and other meetings. Bioethics SIG ECP and trainee members will be submitting a proposal for a Mentoring Track Symposium for CLP 2020.

Drs. Cohen, Aladjem, and Alfonso have proposed to the World Psychiatric Association (WPA) Executive Council that the Bioethics SIG become a Section of the WPA. Drs. James Bourgeois, Rebecca Weintraub Brendel, Talin Dadayan, Cynthia Geppert, Michael Peterson, Laura Roberts, and Saba Syed have expressed their interest in participating.

We encourage early-career psychiatrists and trainees to participate in developing Bioethics SIG symposia and writing articles for the ACLP C-L Psychiatry Series in *Psychiatric News*.

The link to join our SIG for ACLP members is: [www.clpsychiatry.org/sigs/how-to-join/](http://www.clpsychiatry.org/sigs/how-to-join/)

The link for non-ACLP members to join is: [www.clpsychiatry.org/sigs/bioethics/signup/](http://www.clpsychiatry.org/sigs/bioethics/signup/)

## Collaborative & Integrated Care

Chair: Patrick Aquino, MD, FACLP

We are hoping to capitalize on the momentum of our first meeting of the SIG in San Diego. There was robust interest from members throughout the country from a variety of backgrounds. Some members are already engaged in this work, while other members are looking to start.

There was interest in creating a forum to connect members for guidance on starting programs.

The SIG identified several topics to consider for posters, workshops, or symposia given the theme of the upcoming Annual Meeting. We are hopeful that the output from these submissions can generate ongoing content to share with the general membership.

We continue to reach out to other SIGs for shared interest.

## Community-Based CLP Physician Practice Issues

Chair: Hindi Mermelstein, MD, FACLP

At CLP 2019 our SIG sponsored a workshop; had successful SIG table attendance at the lunchtime networking event; and our SIG meeting brought new members and interest.

Since that time, we have been working on several areas including:

- Transforming our presentation to a publication.
- Working on preparing topics for presentation at this year's Annual Meeting based on areas of interest among our members and issues raised during the SIG meetings in San Diego.
- Developing a better concept and description of our SIG to allow for better outreach for ACLP members and potential members.
- Building bridges between our SIG and other SIGs, both new and old, for potential collaboration.

There is a lot to do and a lot of potential to explore. Come join us. Feel free to contact the SIG or me, the chair, directly at: [hmermelstein@gmail.com](mailto:hmermelstein@gmail.com) We welcome you, welcome your ideas, your input, and look forward to continuing the growth and development of this SIG.

## Early Career Psychiatrists

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

The Early Career Psychiatrists (ECP) SIG aims to create a network for, and provide support to, trainees and psychiatrists entering the field of C-L Psychiatry. Our group is open to trainees and faculty within their first 10 years of practice. We believe that ECP members are the future leaders of our field. We strive to foster their interests and promote their professional development.

During CLP 2019, SIG members expressed interest in increasing opportunities for communication and collaboration within the group. We previously encountered suboptimal utilization rates with email and mes-

saging apps, and members expressed greater interest in face-to-face and video options. Thus, starting in February 2020, we will be instituting a monthly ECP teleconference, as well as a mentorship program. We will also be reaching out to regional psychiatry organizations with hopes of developing networking events.

The ECP SIG would like to promote the work of trainees and ECP members. ECP members have requested increased ECP-related content and opportunities to participate in ACLP annual meetings. We are working with the ECP subcommittee to develop a feedback program for ECP submissions, with the goal of increasing acceptance rates.

We look forward to seeing many of you at CLP 2020 in Phoenix! If you would like to join, or collaborate with the ECP SIG, please enrol via your member profile on the website.

## Emergency Psychiatry

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

The Emergency Psychiatry SIG continues to grow. With over 400 members, it is the largest group of physicians focused on emergency psychiatric practice in the US.

The ACLP Annual Meeting has provided an excellent venue for collaboration on behavioral health care in emergency settings.

This year the Emergency Psychiatry SIG has conducted a survey of its members to better understand the SIG's goals and priorities. SIG members expressed interest in various goals for this year, including establishing formal mentorship opportunities, networking for research collaborations, and increasing discussion about clinical practices on the listserv. There has also been interest from members in developing a website and a Slack Channel to improve communication and sharing of information.

The survey is also helping us identify key topics and collaborators as we prepare submissions for CLP 2020. Topics with a high level of interest include the intersection of behavioral and medical symptoms in emergency settings, including diagnosis and

treatment of delirium, and what constitutes best practices for medical clearance of mental health patients. Topics related to safety of patients and staff in emergency settings are also a priority in this coming year.

## HIV/AIDS Psychiatry

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

Rotating Early Career Psychiatrist 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).

The HIV/AIDS Psychiatry SIG has grown from 32 members in 2003 to 482 members in 2020!

HIV/AIDS Psychiatry is a C-L Psychiatry field that focuses on the prevention of HIV transmission and the care of people living with HIV; the psychiatric aspects of risk behaviors and antecedents; the psychiatric manifestations of HIV and its stigma; the psychological consequences of HIV and its multimorbidities; the impact on people who are infected with and affected by HIV; and the need for a collaborative biopsychosocial-cultural approach to prevention, care, and adherence.

In 2020, we continue to work toward teaching clinicians of all specialties about HIV prevention and care in articles, books, and presentations. Members have submitted or will submit proposals on prevention of HIV transmission and stigma and care of people with HIV for APA, ACLP, EAPM, IPS, and WPA annual meetings.

Drs. Cozza, Nash, Reza, Alhjji, Jackson, and Lavakumar are developing an HIV C-L Psychiatry Toolkit for teaching trainees and other physicians about HIV prevention and care.

Drs. Bourgeois, Cohen, Bradley, Pereira, Courno, Cozza, and Ms. Makurumidze are developing a new textbook, *HIV Psychiatry*:

*ACLP SIG Updates continue on page 10*

*A Practical Guide for Clinicians*, for physicians in all specialties and for health care professionals.

Dr. Grimaldi in collaboration with Drs. Cohen, Cozza, and Pereira will continue to select and annotate articles for the ACLP 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/)

The SIG web page is:

[www.clpsychiatry.org/sigs/HIV/](http://www.clpsychiatry.org/sigs/HIV/)

The link to join our SIG for ACLP members is:

[www.clpsychiatry.org/sigs/how-to-join/](http://www.clpsychiatry.org/sigs/how-to-join/)

The link for non-ACLP members to join is: [www.clpsychiatry.org/sigs/bioethics/signup/](http://www.clpsychiatry.org/sigs/bioethics/signup/)

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

## Military & Veterans

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

The Military and Veterans SIG is pleased to announce that Shannon Ford, MD, has been named co-chair! Dr Ford is an active duty Lieutenant Colonel in the US Army and is the chief of the Psychiatric Consultation-Liaison Service at Walter Reed National Military Medical Center in Bethesda.

In January, members held a conference call during which we continued many of our discussions from CLP 2019. Topics included:

- Ways to bring some of the VA/DoD expertise to the civilian providers of ACLP.
- Participation in drafting VA/DoD clinical practice guidelines.
- The possibility of forming a subcommittee to create a SIG website that would include a bibliography of relevant aspects to care in the Military/Veteran populations.

Discussions remain ongoing. As always, if you are interested in joining us, please do not hesitate to reach out!

## Neuropsychiatry

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

The Neuropsychiatry SIG is excited about all the efforts that our members have made this year. We continue to meet by phone every other month to discuss progress on projects and invite interested SIG members to attend these meetings.

**SIG-sponsored symposia:** A SIG-sponsored mentorship symposium on *Personality Changes Due to Medical Conditions* was presented by Mark Oldham, MD, and his group (Inder Kalra, MD, Daniel Fishman, MD, and Idris Leppla, MD) at CLP 2019.

**Education task subgroup:** Inder Kalra, MD, and Nidhi Sharoha, DO, have taken the lead on compiling a list of websites to provide online resources on neuropsychiatry. The SIG continues to work towards creating its own online website to provide a platform of educational resources in neuropsychiatry topics of interest to C-L psychiatrists.

**Scholarship:** We will continue to support members as they turn their academic endeavors into abstracts for CLP 2020. Additionally, there was discussion at the CLP 2019 SIG meeting about having recent presentations serve as content for scholarly products submitted for publication.

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

## Palliative Medicine & Psycho-oncology

Co-chairs: Jennifer Knight, MD, FACP; and Sheila Lahijani, MD

The Palliative Medicine & Psycho-Oncology SIG is eager to contribute to CLP 2020 after a robust meeting last fall with posters and symposia from many SIG members. Highlights included symposia on the neuro-psychiatric effects of cancer therapies and a plenary by leading experts.

We will integrate our knowledge and institutional experiences to develop a symposium focused on the continuum of

care. This aligns with other professional organizations' emphasis on survivorship and integrated care.

One of our SIG goals is to enhance our representation and promote our guild at other national meetings. Several SIG members will present at the American Psychosocial Oncology Society meeting.

We will continue to develop a repository of seminal articles for use by ACLP members to educate our peers and trainees. We will continue to work with ACLP leadership to promote these efforts to advance our field. Please contact our SIG leadership to get involved.

## Pediatric C-L Psychiatry

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

The Pediatric C-L SIG had a wonderful experience at CLP 2019 in San Diego! We are looking forward to the emphasis on collaborative care that awaits at the 2020 meeting.

This year, members of our group are examining how to best collaborate with multiple specialties in areas such as:

- Caring for patients with autism on the medical floors and in outpatient multidisciplinary settings.
- Challenges in treating patients and families in the setting of increasing marijuana legalization.
- Utilizing systems of care to maximize the efficiency and efficacy of our work to minimize burn-out.
- Disseminating helpful treatment protocols and approaches to complex medical issues such as autoimmune encephalitis and catatonia.

Our hope is to join with our colleagues in other SIGs to offer symposia or workshops on these and other topics across the lifespan at CLP 2020.

Members of other SIGs who feel your proposals would benefit from a pediatric/developmental perspective should contact SIG co-leaders Drs Laura Markley and Susan Turkel so that participants can be proposed and efforts can be coordinated.

## Proactive C-L Psychiatry

Co-chairs: Hochang Lee, MD, FACLP; and Mark Oldham, MD

This year, we celebrate the inauguration of the Proactive C-L Psychiatry SIG—a community of C-L psychiatrists either currently practicing in, or interested in, learning more about this model of care. We currently have a few opportunities for those interested to get involved:

**Online materials:** On our SIG website, we have assembled a collection of documents from institutions that currently have a proactive C-L Psychiatry service for those interested in learning the details of launching, developing, and expanding a proactive C-L Psychiatry service.

**Listserv:** We recognize that materials, though, are not enough. We also want to create opportunities to learn from others' experiences. On our listserv we invite members to ask questions and share insights. Many entries on the listserv are also available for personalized consultation for those interested in pursuing a proactive service at their institution.

**Symposia & workshops:** We also want to get the word out. Proactive C-L Psychiatry symposia have been featured at the annual CLP conference for the past several years: at CLP 2019 in San Diego, co-chair Dr. Oldham organized a preconference *Skills* session with SIG members on *Launching a Proactive Consultation-Liaison Psychiatry Service* and co-chair Dr. Lee highlighted ongoing proactive C-L Psychiatry initiatives at the University of Rochester during his Lipsitt Award lecture. We are committed to expanding opportunities to present ongoing developments in Proactive C-L Psychiatry both at the annual ACLP meeting and beyond.

## Research

Chair: Katie Sheehan, MD

The Research SIG continues to promote research among members of the ACLP. Our hope is to increase awareness of the exciting research being done by others in the organization; provide a venue where this is highlighted at and between Annual Meetings; and encourage members to conduct

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*"We want to see research continue to be an important part of the work of ACLP. If you are a researcher, or interested in engaging more with research, please sign up for the Research SIG listserv."*

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and collaborate on interesting research questions at the intersection of physical and mental health.

At CLP 2019 in San Diego we had a great turnout at our SIG meeting and brainstormed ways to improve networking among early-, mid- and later-career researchers at the 2020 meeting.

Research-related highlights in San Diego included sessions on *Getting Started in Research, Pragmatic and Implementation Studies, Research for Researchers* as well as much research presented in award lectures, poster presentations, and paper sessions.

These offered insights into developing research questions, conducting studies with existing and newly collected data, and novel ways to improve the care of our patients in coming years.

We want to see research continue to be an important part of the work of ACLP. If you are a researcher, or interested in engaging more with 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 2020 or have any questions, please feel free to contact Katie Sheehan, MD, at: [kathleen.sheehan@mail.utoronto.ca](mailto:kathleen.sheehan@mail.utoronto.ca)

## Transplant Psychiatry

Co-chairs: Andrea DiMartini, MD, FACLP; Catherine Crone, MD, FACLP; and Paula Zimbrean, MD, FACLP

The Transplant Psychiatry SIG had a very busy 2019 preparing a record number of presentations for the ACLP Annual Meeting.

The SIG resumed teleconferences in January; these gatherings are used to discuss complex cases that SIG members encounter

in their clinical practice and to plan future conference submissions.

A major project many ACLP members are contributing to is a new book: *Transplant Psychiatry: A Case-Based Approach to Clinical Challenges*, edited by Paula Zimbrean, MD, FACLP, Yelizaveta Sher, MD, FACLP, Catherine Crone, MD, FACLP, and Andrea DiMartini, MD, FACLP. The book is due to be in print with Springer Publishing in January, 2021.

## Women's Health

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

The Women's Health SIG, with its many enthusiastic members, continues to promote collaborative projects across the country.

The SIG remains very active, with two papers underway with collaboration from multiple SIG members and contributions to the quarterly *Annotations*.

SIG members had a prominent presence at CLP 2019 in San Diego. Four SIG-sponsored submissions were presented, including one pre-conference course, one early career track session, and two general sessions.

SIG-related submissions were accepted as posters and oral papers yet again. Marra Ackerman, MD, from the SIG won a poster award for her work related to telepsychiatry and perinatal mental health care delivery.

The SIG met at the annual meeting and had a robust discussion on topics related to perinatal health. Ideas and topics for collaborative projects were discussed.

The SIG website continues to provide a forum to recognize accolades earned by SIG members, to list SIG-related talks at the annual meeting, and to provide reliable resources pertaining to the SIG for the ACLP community at large.

The SIG also has an established listserv through ACLP for improved communication.

The 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 Committee & Task Force Updates

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## ANNUAL MEETING COMMITTEE

### Early Career Track

Chair: Alan Hsu, MD

For 2020, the Early Career Track Subcommittee is focusing on ways to improve the networking experience for the Academy's early-career members.

Most networking has taken place during the Annual Meeting, and as the size of the meeting and the Academy grows, connecting with other members during the course of the entire year has taken on more importance.

Eric Devon, MD, will be heading a new workshop investigating ways we can better engage and connect early-career members through social media and similar forms of communication. If you are interested, please contact him at: [edevon@gmail.com](mailto:edevon@gmail.com)

We are also working on ways to improve collaboration between the Early Career Track Subcommittee and Early Career Psychiatrists SIG to support them in representing themselves through the Academy, and creating mentors through the subcommittee to assist trainees in an ongoing way.

### Oral Papers & Posters

Co-chairs: Janna Gordon-Elliott, MD, FACLP; and Dahlia Saad-Pendergrass, MD

The Oral Papers & Posters Subcommittee is part of the larger Annual Meeting Committee and is responsible for the production and running of the Oral Paper Sessions and Poster Session during the annual meeting.

In early 2020, the committee will open the submission process for potential abstracts for oral papers and posters. When the submission process is complete, the committee members will engage in a rigorous grading process aimed at selecting the highest quality abstracts with a focus on scientific value, original data, and level of scholarship. These abstracts will be presented as oral papers and posters during our annual meeting.

In addition to grading the abstracts, our committee members will also participate in moderating the oral paper sessions and live grading the poster session, and awards will be given for our more outstanding posters.

The committee will also continue its tradition of mentorship in 2020. We will again be sponsoring a session at CLP 2020 in which presenters will receive mentorship in developing and presenting their oral papers. Each presenter chosen for this session will work with a committee member designated as their mentor. The designated mentor will help the presenting mentee hone their oral presentation skills and develop their oral paper into a deliverable presentation for the annual meeting.

The Oral Papers & Posters Subcommittee is committed to producing the highest standard of evidenced-based and scholarly work at our annual meeting. We are grateful for the dedication and commitment of all our committee members.

## EDUCATION COMMITTEE

Chair: Paul Desan, MD, PhD, FACLP

The Education Committee coordinates the activity of the six ACLP education subcommittees. This last fall the Committee also sponsored three webinars:

- In October, Kelly Irwin, MD, *Bridging the Divide: Mental Illness and Cancer* on a proactive outreach program for patients with serious mental illness and cancer.
- In September, Jennifer Knight, MD, FACLP, *Psychoneuroimmunological Mechanisms of Psychosocial Effects on Hematopoietic Stem Cell Transplant Outcomes*, on physiological mechanisms whereby stress affects outcome in hematological malignancies.
- In August, Brian Fallon, MD, *Neuropsychiatry of Lyme Disease: New Developments*, on exciting recent discoveries about CNS Lyme infection.

These are available as recordings on the ACLP members' website. The monthly webinars will resume this spring.

### Fellowship Education

Chair: Lisa Rosenthal, MD, FACLP

The Fellowship Education Subcommittee has an active and engaged membership,

working on several upcoming projects. We continue to support Fellowship programs and program directors, including a written review and response to proposed changes in the ACGME criteria for C-L Psychiatry Fellowships and the Milestones.

The subcommittee has continued developing a national quality project in collaboration with the Quality & Safety SIG. We identified a standardized quality measure for C-L Psychiatry and are in the process of implementation at three sites over the next academic year. If this pilot is successful, we hope to create a national C-L Psychiatry quality project.

A new web page with online resources to support quality and safety projects has been posted, and several additions, including an online didactic, are coming soon. The web page can be found at: [www.clpsychiatry.org/member-resources/quality-and-safety-resources/](http://www.clpsychiatry.org/member-resources/quality-and-safety-resources/)

See: *New Fellowship Positions Outpacing Applicants for C-L Psychiatry Fellowships*, page 6.

### Interdisciplinary Education

Chair: Liliya Gershengoren, MPH, MD

The Interdisciplinary Education Subcommittee had a very successful year. We added to the ACLP website three new items: the *ACLP Interdisciplinary Inpatient Collaborative Care Guide*, the *ACLP Interdisciplinary Outpatient Guide*, and the *ACLP Interdisciplinary Team Member Guide: Understanding Roles, Training and Collaboration Strategies*.

The guides have been designed to address the needs of the interdisciplinary teams working in various settings. The first two guides provide annotated bibliographies for recommended reading material, divided by subject area, for the inpatient and outpatient domains. The third guide describes the training background and distinct roles of members from other disciplines in the interdisciplinary team.

Looking ahead, the subcommittee is working on developing a proposal for how ACLP can take a leadership role in interdisciplinary education. First, we are tasked with clarify-

ing which disciplines are represented within the interdisciplinary teams nationally (i.e., APRNs, PAs, and others). Subsequently, we will assess the educational needs of the professionals within their respective disciplines to create a plan for the development of individualized clinical educational material.

### **Maintenance of Certification**

Chair: Dwayne Heitmiller, MD, FACLP

The Maintenance of Certification (MOC) Subcommittee prepares every year the Self-Assessment Exam provided just before the Annual Meeting. This exam offers eight hours of self-assessment CME, your annual requirement, and is a valuable benefit for those attending the meeting.

This year the subcommittee is working on clinical modules that are relevant to C-L Psychiatry and can be used to satisfy the MOC PIP requirement.

### **Medical Student Education**

Chair: Fremonata Meyer, MD, FACLP

The Medical Student Education Subcommittee would like to advertise our free ACLP-sponsored question bank website (located at: <http://psy-q.com/>). This is an educational resource currently containing 180 multiple choice questions (MCQs).

The site was initially developed for medical student education and we have prepared a manuscript pertaining to its use with medical students in their psychiatry clerkship (n=203 across seven separate medical schools), and this submission is currently under review by *Academic Psychiatry*.

We are now adding questions specific to C-L Psychiatry. So far, Education subcommittee members have contributed 70 Fellow-level questions on C-L Psychiatry topics. We encourage ACLP members to use the website, advertise it to trainees, and to write single-best-answer MCQs. These may be submitted either through the website interface or by emailing your question to Dr. Meyer ([flmeyer@partners.org](mailto:flmeyer@partners.org)). We will appreciate any topic related to C-L Psychiatry but are particularly in need in the areas of ECT, non-HIV infectious disease, sleep disorders, sexual disorders, organ transplantation, and

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*"The Academy recognizes the importance of the SIGs to the organization. Our SIGs serve to bring professionals together to discuss clinical care, teaching, and research in subspecialty areas."*

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renal disease. Submitted questions will be edited by the subcommittee. Feel free to submit questions in draft form.

### **Online Education**

Chair: Seth Powsner, MD, FACLP

The Online Education Subcommittee is preparing more than 20 recorded talks and sessions from the latest Annual Meeting for online posting. These are free to meeting attendees and available at low cost to members who did not attend the meeting. Eight hours of CME is expected to be available from the *Updates* and other presentations.

### **Residency Education**

Chair: Carrie Ernst, MD

The Residency Education Subcommittee has been working on initiatives related to resident education, mentorship, and recruitment. Ongoing projects include the development of educational materials to be used by residents and program directors.

Our trainee mentorship program matches trainees with C-L Psychiatry mentors, and continues to grow; please do tell any interested Psychiatry residents about the option.

The subcommittee is creating a recruitment video incorporating interviews with Fellows in C-L Psychiatry. We are initiating a survey to gather data about timing, length, and clinical setting of resident C-L Psychiatry rotations. The subcommittee also hopes to grow a partnership with both AADPRT and the APA to share and co-develop recruitment and educational resources.

### **GOVERNANCE COMMITTEE**

Chair: Madeleine Becker MD, MA, FACLP

The Governance Committee welcomes new subcommittee chairs, Patrick Triplett, MD,

for the Bylaws Subcommittee, and Hindi Mermelstein, MD, FACLP, for the Standards and Ethics Subcommittee.

The Academy recognizes the importance of the Special Interest Groups (SIGs) to the organization. Our SIGs serve to bring professionals together to discuss clinical care, teaching, and research in subspecialty areas. They provide vital networking, mentoring, and collaboration opportunities to our members and, as the organization grows, the SIGs remain a vibrant avenue through which members can make professional connections.

During the past year, the Governance Committee reviewed and approved four new SIGs: Geriatric Psychiatry, Addiction & Toxicology, Collaborative & Integrated Care, and Proactive C-L Psychiatry. The committee is currently developing updated guidelines for applications for new SIGs.

**The Bylaws Subcommittee** reviewed and approved several bylaws amendments pertaining to the executive committee and the board responsibilities. They have also modified the eligibility criteria for election as an officer to permit a wider pool of applicants.

**The Standards and Ethics Subcommittee** facilitated and approved a professionalism statement regarding the ACLP Annual Meeting conduct, which has been adopted from the American Psychiatric Association's (APA) policy and has been incorporated into the registration process for the Annual Meeting. This policy states that ACLP expects registrants to agree to uphold professional conduct toward each other and to promote an environment of mutual respect, well-being and collegiality at its meetings. Please see panel on page 14 for the full statement.

On behalf of myself, Madeleine Becker, and outgoing Governance Committee chair, Maryland Pao, MD, FACLP, we would like to thank outgoing chairs, Amy Bauer, MD, MS, FACLP, of the Bylaws Subcommittee, and Elizabeth Davis, MD, of the Standards and Ethics Subcommittee, for their excellent service to the Academy.

*(ACLP Committee & Task Force Updates  
continue on page 14)*

## CLP Participation Policy

The Academy of Consultation-Liaison Psychiatry (ACLP) has adopted the American Psychiatric Association's (APA) policy of promoting an environment of mutual respect, well-being, and collegiality at its meetings. ACLP values and benefits from the diverse opinions its members hold on the issues with which the Academy and the psychiatric profession are confronted. All individuals at the meeting agree to conduct themselves in a manner appropriate for health care professionals. This includes respect for the intellectual property of others, proper display and use of meeting badges, and the avoidance of aggressive or inappropriate behavior towards others. Individuals participating in ACLP-sponsored meetings agree to listen respectfully to all views presented, be courteous to others regardless of whether you agree or disagree with the views presented, and to exhibit the professionalism and collegiality expected of psychiatrists. If an individual believes that these rules have been violated or acceptable social decorum has otherwise been breached, he or she shall contact ACLP staff to help with the situation. ACLP reserves the right to remove meeting access rights of any individual violating this policy and will not provide a refund. By registering for this meeting, you agree to abide by this policy.

## RESEARCH & EVIDENCE-BASED PRACTICE COMMITTEE

Chair: E. Sherwood Brown, MD, PhD, FACLP

A major goal of the Research & Evidence-Based Practice Committee is to increase research activities and foster the use of evidenced-based medical care within ACLP. Selecting awardees is an important activity of the committee and the 2019 award winners selected by the committee members were outstanding. The research and evidenced-based care presentations developed by the committee members were well attended. The committee anticipates another active and productive year in 2020.

We would very much like to increase the number of active researchers who are ACLP members and presenters. The interface between psychiatric illnesses and other medical illnesses is a robust area of research that is funded by many different NIH institutes.

Thus, both ACLP membership and attendance at the annual meeting have much to offer researchers.

Greater participation by active researchers would allow the annual meeting to include even more state-of-the-art research as well as providing additional up-to-date information on evidenced-based practices.

We are currently seeking to identify C-L psychiatrists who are researchers, but not ACLP members, in an effort to increase the research footprint within ACLP. The effort is ongoing but the number of potential ACLP members appears to be larger than expected. We are also already thinking about the research and evidenced-based practice presentation proposals for CLP 2020.

## ACLP TASK FORCES

### Benchmarking/Steering Task Force

Chair: Thomas Heinrich, MD, FACLP

The ACLP Benchmarking Task Force would like to thank the 228 individuals who completed the ACLP Member Benchmarking Survey this fall. This represents the largest survey of C-L psychiatrists that explores quality and productivity expectations in C-L Psychiatry.

We would also like to extend our congratulations to Nataliya Gulyayeva, MD, of Florida, who was the randomly chosen winner of the free registration to last year's annual meeting. We are in the process of compiling the survey's data and hope to be able to share the preliminary results soon.

The second product of the Task Force is an IRB-approved administrative-level survey of quality metrics and productivity benchmarks utilized by a geographically diverse representation of academic and non-academic departments of psychiatry that provide C-L Psychiatry services. We hope to invite 10 academic institutions and five non-academic institutions from each of four geographic regions to participate in the study.

It is hoped that the data provided by this survey will inform the field of C-L Psychiatry and will allow clinicians and departments of psychiatry to more effectively lobby for, and lead in, the development of high-quality clinical programs.

The Benchmarking Task Force would like to thank those members' departments who have already volunteered to take part in this effort, but we are still looking for more departments to complete this survey. We anticipate this survey will launch in the spring. If your academic or community institution is willing to take part in this important professional initiative, or if you have questions about these projects, please do not hesitate to contact Tom Heinrich at: [theinric@mcw.edu](mailto:theinric@mcw.edu)

## Latest Annotations

A new set of *Annotations* are now available on the Academy website.

**Suicide** Kemuel Philbrick, MD, FACLP

**Psycho-oncology** Elie Isenberg-Grzeda, MD

**Critical Care Medicine** Joseph Bienvenu, MD, PhD; Jordan Rosen, MD

**HIV Psychiatry** John Grimaldi, MD; Mary Ann Cohen, MD, FACLP; Kelly Cozza, MD, DFAPA, FACLP; Luis Pereira, MD

**Psychonephrology** Sahil Munjal, MD; Sarah Andrews, MD

**Transplant Psychiatry** Andrea DiMartini, MD

**Women's Health** Shelly Kucherer, MD

**Emergency Psychiatry** Scott Simpson, MD, MPH

**GI Psychiatry** Rebecca Anthony, MD; Jessica Wang, DO; Natalia Ortiz, MD

**Infectious Diseases** Aum Pathare, MD

**Addiction** Walter Luchsinger, MD

# 'Clinical Pearls'

## FROM NOT FALLING INTO A DIAGNOSTIC TRAP... TO THE VALUE OF SCHMOOZING

INSIGHTS FOR THOSE OF US ON THE HOSPITAL FRONT-LINE

**New “clinical pearls” have been posted to the ACLP website—video vignettes from Academy members who were asked to put themselves in front of a camera during CLP 2019 in San Diego**

Clinical Pearl:  
Jeffrey Staab, MD, MS, FACLP



**Jeffrey Staab**, MD, MS, FACLP, professor of psychiatry at Mayo Clinic, talks about how we need to get in the right mindset for consults on patients who are said to have medically unexplained symptoms.

C-L psychiatrists are commonly called to patients said to have nothing medically wrong that causes their symptoms.

At that point, we shouldn't fall into a “20th century diagnostic trap.” We can never be certain all medical conditions have been worked through—nor should we believe that patients without an identifiable structural illness automatically have a psychiatric problem.

Usually, when a psychiatrist carefully considers structural, functional, and psychiatric contributors to the patient's symptoms, a complete diagnosis can be given.

But, if we don't know what's wrong, we should say so, says Dr. Staab, rather than “pigeonhole a patient into a category of psychiatric or functional pathology that doesn't fit.”

We should tell patients of our uncertainty (“patients know we don't know everything”) and have a full conversation with them and their families about our uncertainty, enabling us to plan with them a follow-up that helps identify shifts in ongoing behavioral patterns in the patient that may lead to a better diagnostic impression. “Time is a great diagnostic test,” says Dr. Staab.

He adds: “Patients will feel abandoned if everybody points their finger in another direction and says: ‘It's not our problem, it's their problem.’”

The “clinical pearl” is here:  
<https://youtu.be/I5j3v3LR5Hg>

Clinical Pearl:  
Idris Leppla, MD



**Idris Leppla**, MD, psychiatrist at John Hopkins University, discusses *Medical Personality Change Due to Primary and Secondary Brain Tumors* here:

<https://youtu.be/Y9UXdL9J5Xw>

Dr. Leppla summarises the epidemiology of primary and secondary brain tumors and describes how personality change depends on the tumor's location.

She provides a case study of a middle-aged actress, who was very independent and flamboyant, who stopped doing auditions, put on weight, became irritable and apathetic, and slept for 18 hours a day. Within one to two months of treatment for a meningioma brain tumor her personality began to return.

Yet, says Dr. Leppla, some symptoms of such a condition can be misdiagnosed.

Some patients with a temporal lobe lesion causing hallucinations or other psychotic experiences are at first diagnosed with schizophrenia.

So, Dr. Leppla gives indicators on how and when to look out for a possible brain tumor.



Clinical Pearl:  
Philip R. Muskin, MD, MA, FACLP



**Philip Muskin**, MD, MA, FACLP, senior consultant in C-L Psychiatry, Columbia University, discusses what he says is an “ancient psycho-analytic concept,” *Regression in the Service of the Ego*, at:  
<https://youtu.be/Tfnb0QzXhvE>

As he says—you may wonder why. After all, “people don't usually talk about it.”

When there is everyday stress and strain, our ego (our ‘self’) usually copes with it and its impact on us psychologically. “Most of time we do just fine.” But when you're critically ill and hospitalized, stresses cause you to operate in a way you once did earlier in your psychological development—we call that regression.”

In hospital, your condition and those caring for you impose upon you the need to behave as once you did earlier in your developmental sequence—those previously active may become frustrated and aggressive.

Dr. Muskin describes how C-L psychiatrists called to attend can respond to this regression in a “plastic” way so patients are not harmed by post-traumatic stress disorder but enabled to “go with the flow”, allowing themselves to be passive and to be cared for as they deal with their crisis.

“The C-L psychiatrists that I know like to talk with people,” says Dr. Muskin. “It's this schmoozing with our patients that enables regression in the service of the ego to be a very positive experience for our patients.”

## Academy of Consultation-Liaison Psychiatry

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### FUTURE ACADEMY ANNUAL MEETINGS

**November 11–14, 2020**

Arizona Grand Resort & Spa  
Phoenix, AZ

**November 10–13, 2021**

Hyatt Regency Miami  
Miami, FL

**November 9–12, 2022**

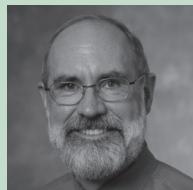
Hilton Atlanta  
Atlanta, GA

**November 8–11, 2023**

JW Marriott Austin  
Austin, TX

### NOVEMBER 11-14, 2020 — CLP 2020 ARIZONA GRAND RESORT & SPA • PHOENIX, ARIZONA “DELIVERING OUR VISION OF INTEGRATED CARE”

### **LAST WORD: *Reclaiming Liaison*, from Paul Desan, MD, PhD, FACLP**



Dictionaries define “liaison” as “communication or cooperation which facilitates a close working relationship between groups” (ignore for present purposes the alternative meaning of “illicit intimacy”).

In 1934, E.G. Billings established the Psychiatric Liaison Department at the University of Colorado Hospital. He stated that “liaison” referred to his three goals of teaching his medical colleagues about psychiatry, psychobiology, and the interaction of personality and society.

In ensuing decades many other services opened across the nation. The name “consultation-liaison” became common, the first term referring to direct consultative care and the second term to hospital educational work.

Psychosomatic theories of medical disease lent impetus to that second function. As those theories receded, the aptness of the liaison term was questioned.

A prominent psychiatrist liked to use a Sharpie to cross out the word in the compound name. Abruptly it was over. In 2003, the

American Board of Medical Specialties turned us into “psychosomatic medicine.”

With similar suddenness, 15 years later, the Board gave us back the name “consultation-liaison,” just in time for our burgeoning involvement in collaborative care.

In the outpatient medical setting, W. Katon decades ago started experimenting with including non-psychiatrists in behavioral health care. Now, an array of interdisciplinary models are being trialed in the clinic. In the inpatient hospital, we began incorporating other professionals in our tests of proactive models, as did P. Muskin in his “co-management” model. Multiple medical centers are currently exploring efficient interdisciplinary systems for proactive consultation.

The modern consultation-liaison psychiatrist often organizes, coordinates, supervises, and teaches multidisciplinary teams.

We should rejoice in the term “liaison” for our expanding leadership in such communication and cooperation.

Please do use the term for your interdisciplinary roles.



ACADEMY OF  
CONSULTATION-LIAISON  
PSYCHIATRY

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NEWSLETTER

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