



ACLP Fellowship Program Directors Meeting 2020

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ACADEMY OF CONSULTATION-LIAISON PSYCHIATRY
Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health



ACLP 2020: Disclosure

Paul Desan, MD, PhD, FACLP

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With respect to the following presentation, there has been no relevant (direct or indirect) financial relationship between the parties listed above (or spouses) and any for-profit company in the past 24 months which could be considered a conflict of interest. Evidence base for off-label use of medications is discussed



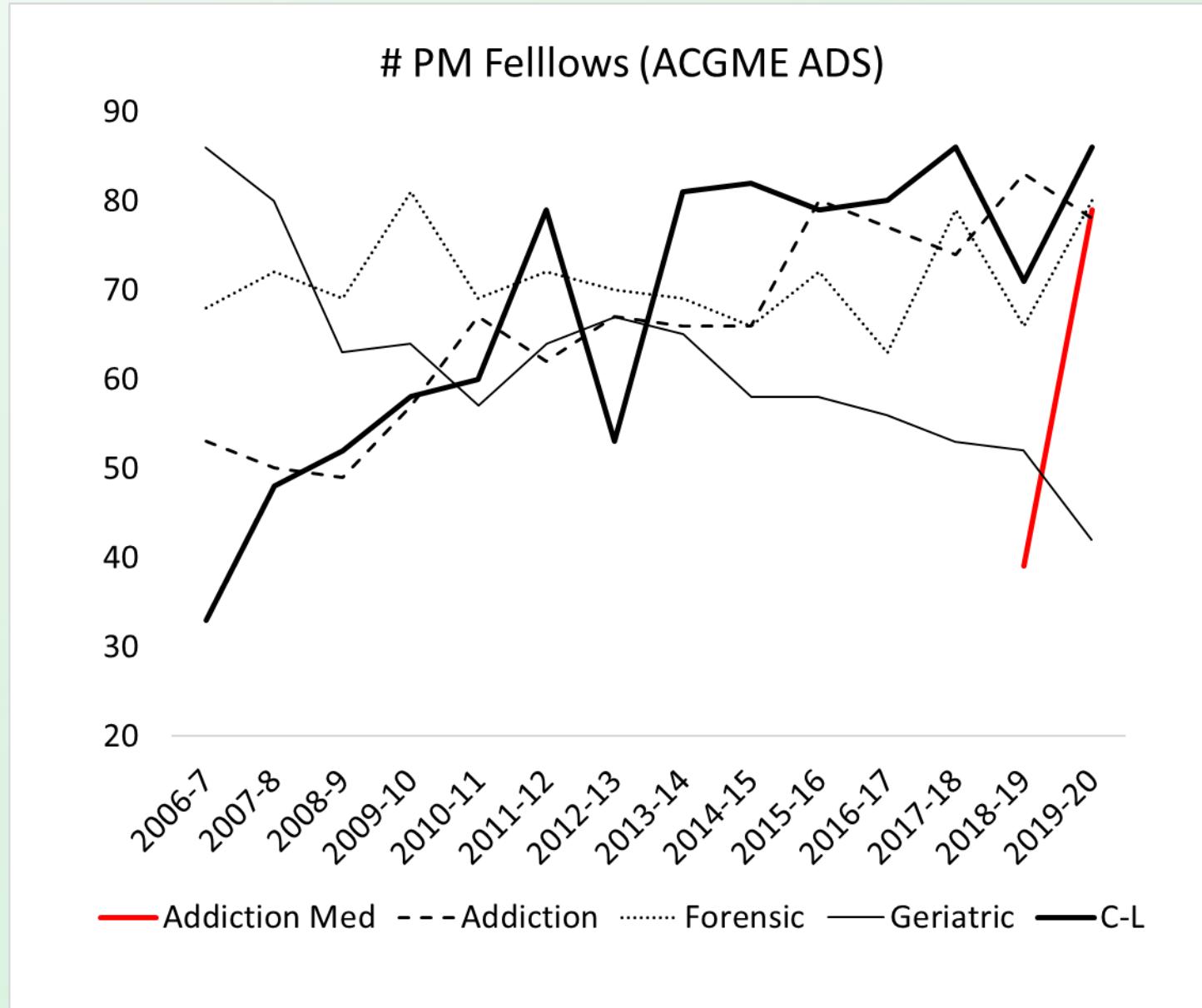
Agenda

1. Update on Recruitment and the Match
2. Update on CLP Fellowship Programs
3. Update on Requirements and Milestones
4. Update on ACLP Services to Program Directors
5. Diversity Survey for Program Directors
6. Discussion: Recruitment
7. Introduction of New Leadership



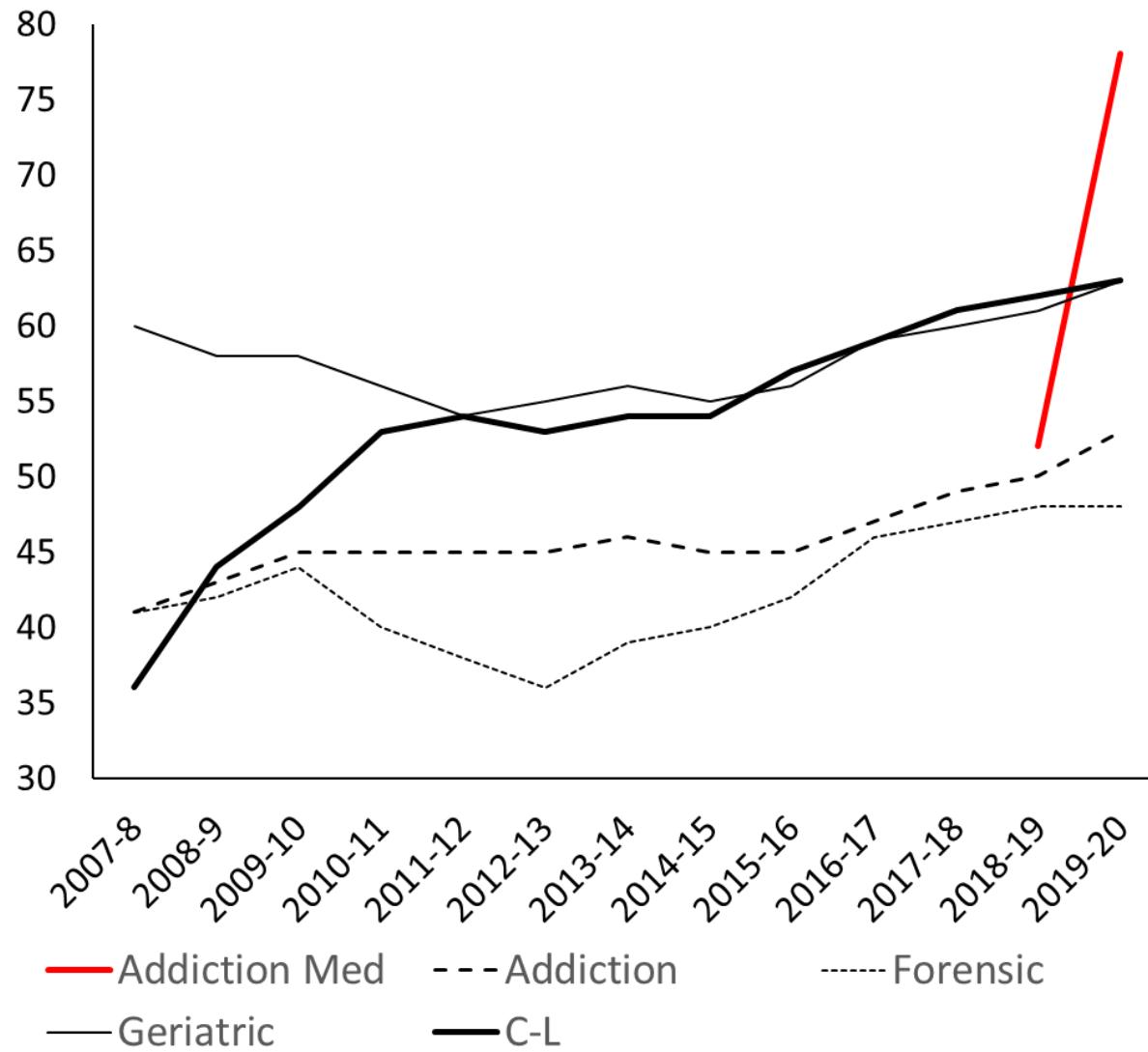
1. Update on Recruitment and the Match

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Fellowship Programs (ACGME ADS)



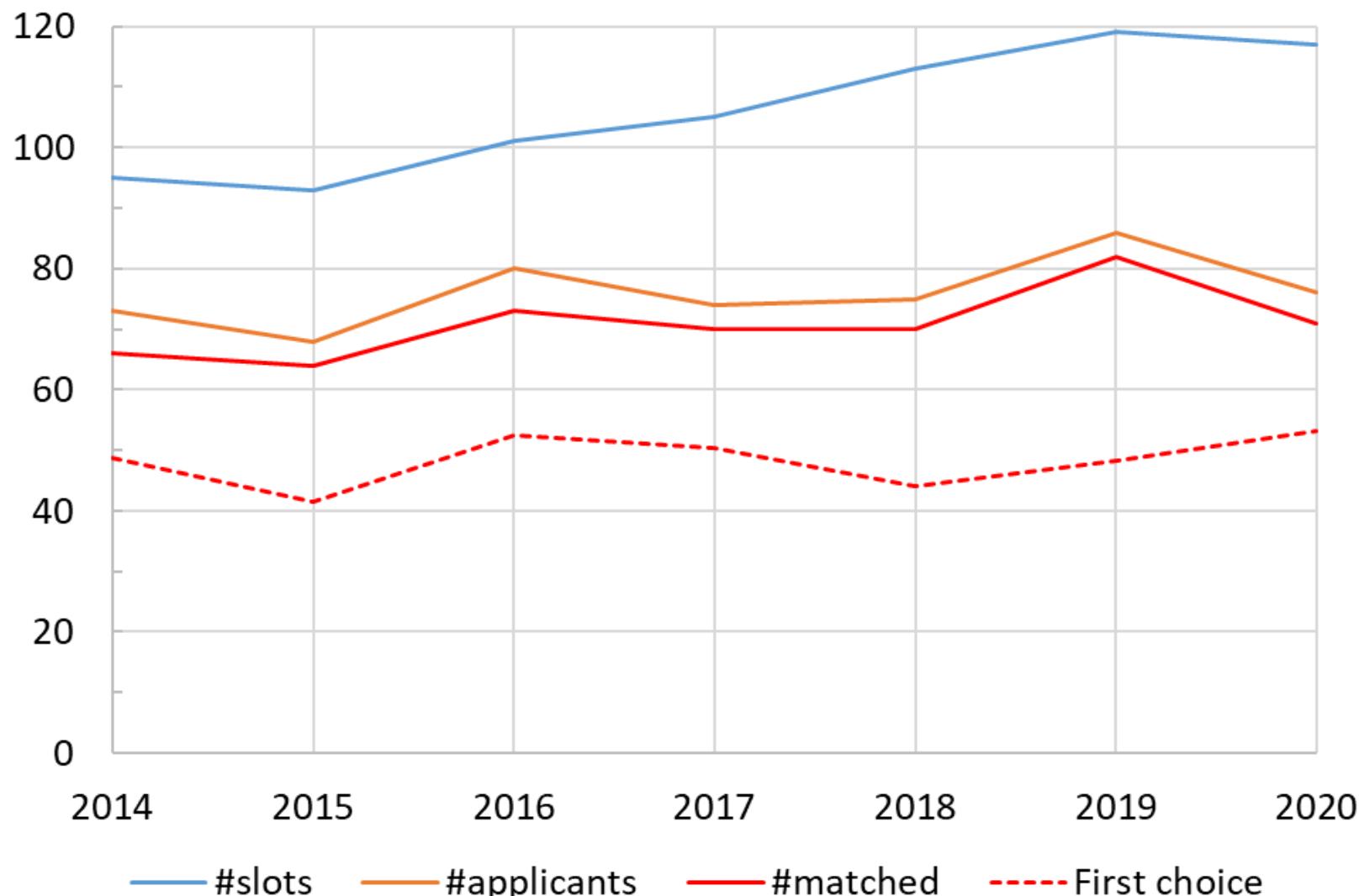


Consultation-Liaison Psychiatry Match

<u>For year:</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
#slots	95	93	101	105	113	119	117
#applicants	73	68	80	74	75	86	76
#matched	66	64	73	70	70	82	71
Positions filled:	69%	69%	72%	67%	62%	69%	61%
Choices:							
First choice	74%	65%	72%	72%	63%	59%	75%
Second choice	14%	12%	12%	11%	13%	22%	12%
Third choice	3%	10%	5%	9%	7%	7%	3%
> 3 rd choice	0%	7%	1%	3%	11%	7%	4%
Other specialty	1%	0%	1%	0%	1%	0%	0%
Unmatched	8%	6%	8%	5%	5%	5%	5%



Match in CL Psychiatry





Consultation-Liaison Psychiatry Match

	<u>2014</u>	<u>2015</u>	<u>2016</u>	<u>2017</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
US allopathic:	68%	56%	59%	60%	57%	66%	61%
US osteopathic:	9%	5%	8%	10%	7%	4%	14%
Canadian:	2%	3%	3%	0%	4%	1%	1%
US internat.:	12%	14%	11%	11%	19%	18%	11%
Non-US internat.:	9%	22%	19%	19%	14%	11%	13%



Consultation-Liaison Psychiatry Diversity

	Psychiatry 2020	CL Psychiatry 2020	CL Psychiatry 2019
Female	49%	57%	51%
White	48%	47%	52%
Asian	21%	14%	13%
Hispanic	7%	9%	3%
Black	6%	2%	3%
Native Am.	0%	0%	0%
Other	7%	9%	4%
Unknown	11%	19%	25%



Match in US graduate medical education

1940s: Desperate for residents, hospitals begin offering “exploding matches” with 48-72 hour deadlines

1950s: NRMP Match established at demand of residents

1995: Match discovered to be using “hospital proposal” system, favoring hospitals

1997: Match algorithm switched to “resident proposal”

2012: Nobel prize in Economics for match algorithms

2013: Match introduced in PM

2017: 100% program participation accomplished in CLP

2018: Alcohol first served at Program Directors Forum

2020: First online Program Directors Forum



Survey of fellows - November, 2014

The Match gives all applicants an opportunity to interview at all the programs they wish to visit and consider.

Agree: 90%

The Match should be continued as continued as the means for applying to Psychosomatic Medicine fellowships.

Agree: 82%



Important dates for the NRMP 2020-21!

- **DEC 2:** Quota Change Deadline
- **DEC 16:** Rank Order List Certification
- **JAN 6:** Match Day

There are no exceptions.



Match Code of Conduct

It is a violation:

- to ask applicants the names, specialties, locations, &c, about programs to which they have or may apply
- to ask about age, gender, religion, sexual orientation, and family status
- to ask applicants to reveal ranking preferences
- to engage in excessive post-interview contact: such contact is for the purpose of information exchange about the program
- there should be no contact between rank list entry deadline and the Match date
- Program Directors must instruct all interviewers about compliance with Match policies and assume responsibility for the actions of all interviewers



Dealing with internal or preferred applicants

- It is not a violation to inform an applicant that you will rank them to match
- It would be a violation to pressure or require them to inform you how they intend to rank your program



2. Update on CLP Fellowship Programs

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CL Psychiatry Fellowship Programs: 2020

- 63 ACGME-approved programs
- 62 ACLP-listed active programs

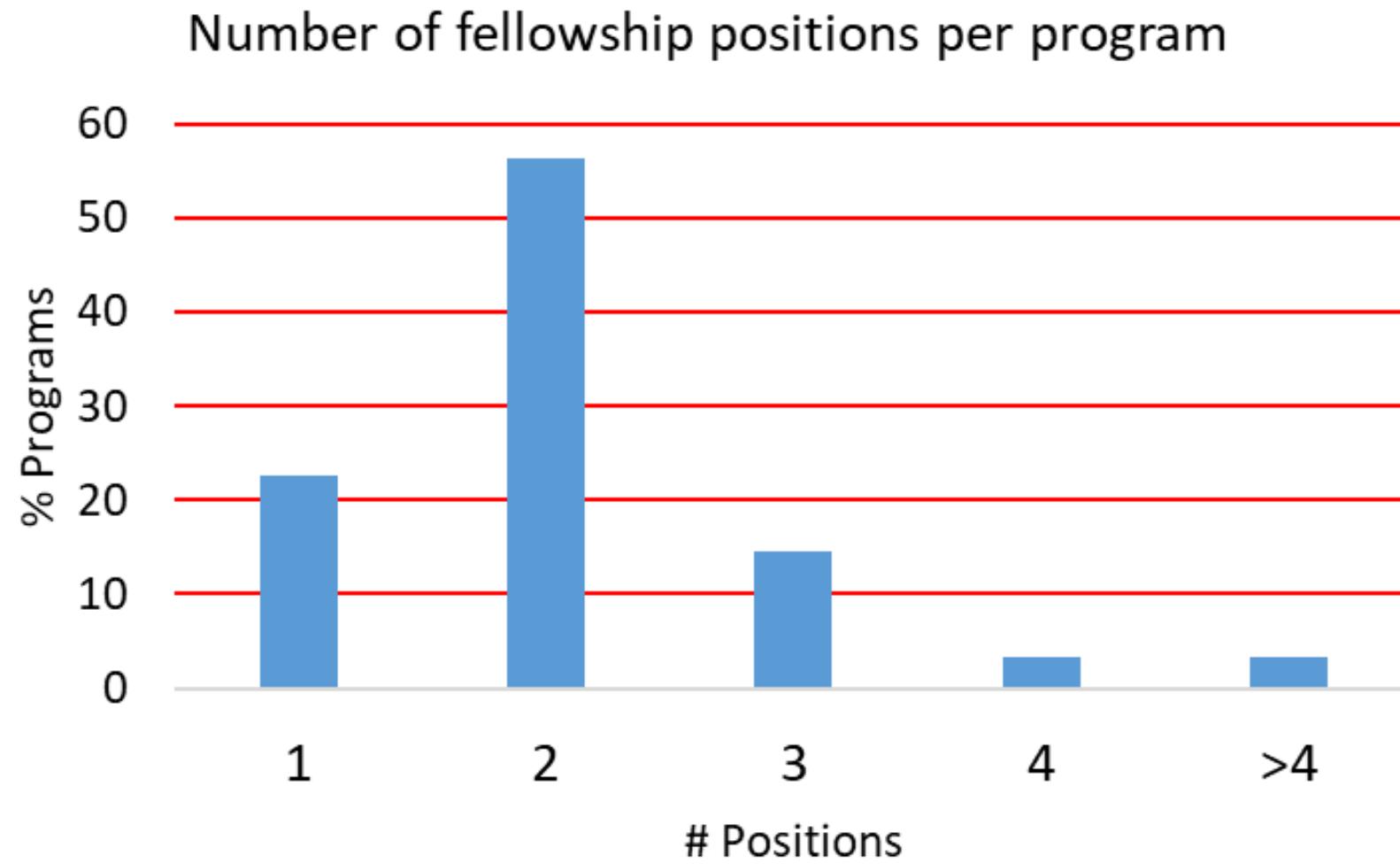
- Accept J1 visa applicants: 90%
- Accept H1 visa applicants: 56%

- Require academic project: 81%

- From survey fall 2019 - have taken ACGME-I applicant: 3 yes



CLP Fellowships 2020: number of positions



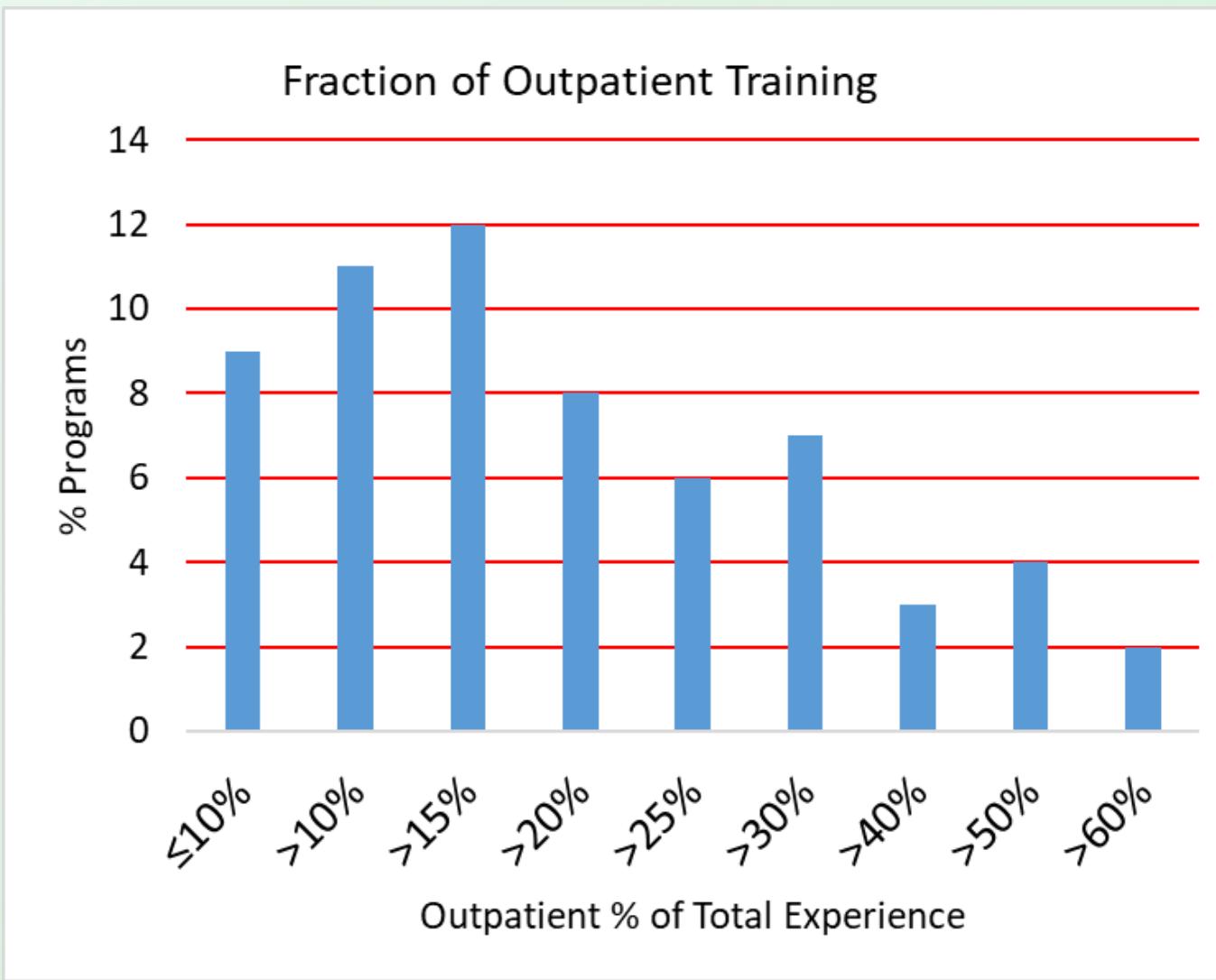


CLP Fellowships 2020: salary



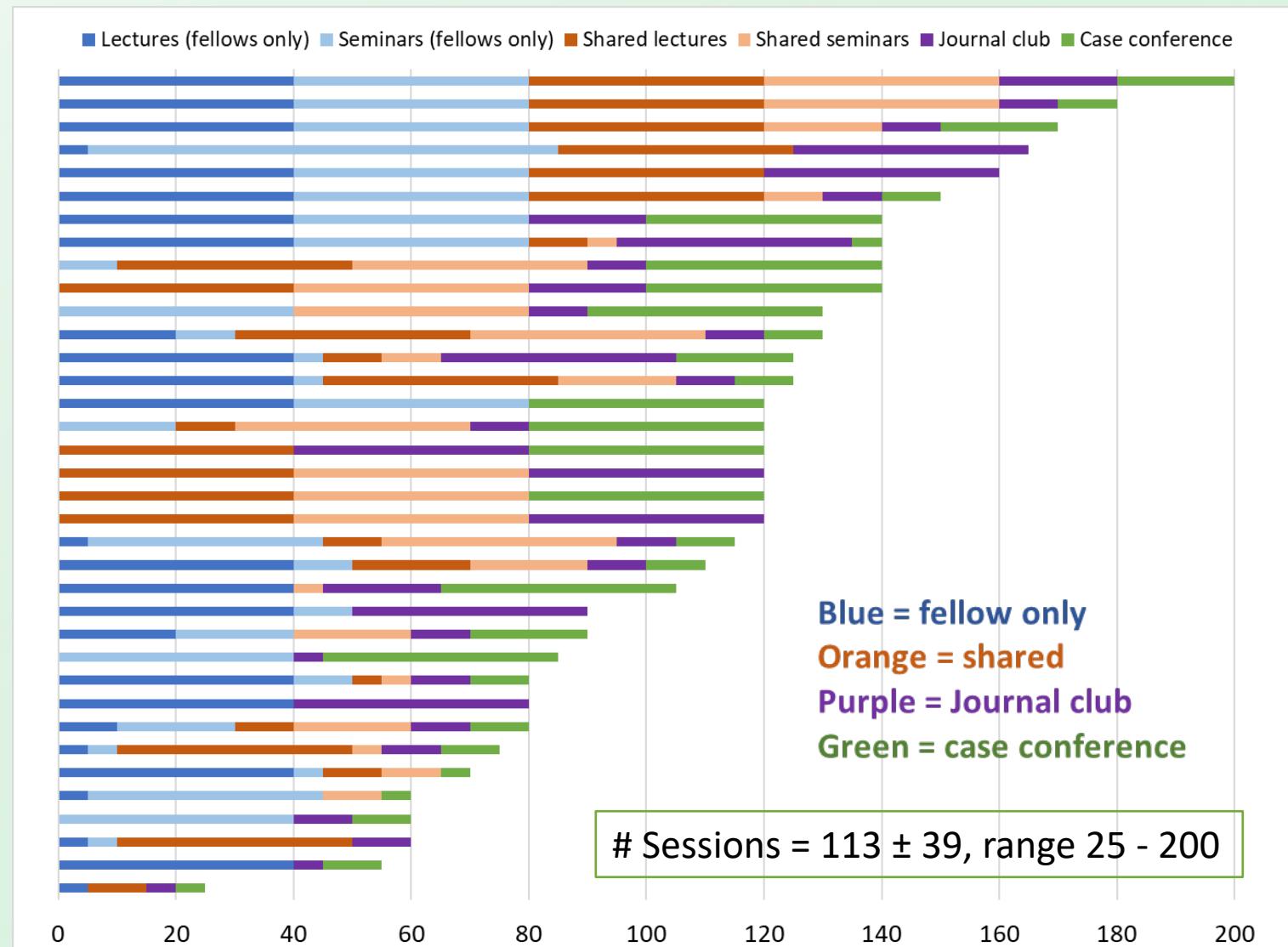


CLP Fellowships 2020: inpt vs outpt experience





CLP Fellowship didactics in the USA 2019





3. Update on Requirements and Milestones

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New Program Requirements since July 1, 2019 – part 1

- May accept **ACGME-I** applicants (must inform applicants that they may not take boards or practice in US)
- Specifications are provided only for **Medical Knowledge** and **Patient Care**: programs may set own standards for remaining 4 Competencies
- Must include “**social determinants** of health of the populations they serve” in curriculum
- Must include training in **pain management**
- **Lactation area** with refrigerator, preferably with telephone and computer
- Emphasis on **diversity**, including annual re-assessment
- Must have “**mission**” and meet “**needs**” of local community



New Program Requirements since July 1, 2019 – part 2

- **Program director:** ≥10 hours/week program administration with 1-2 fellows, or 15 hours/week, with ≥3 or fellows
- **Annual evaluation** of faculty: (1) clinical teaching abilities, (2) engagement with the educational program, (3) participation in faculty development, (4) clinical performance, (5) professionalism, (6) scholarly activities; also process for evaluation of **new faculty**
- **Core faculty** with “significant role” (per Program Director), complete annual survey, must have 1 CLP-board certified
- “Evidence of **scholarly activity**”: evaluated for program as a whole, not for each individual faculty
- “Encourage” graduates to take exam, **pass rate** must be >5th percentile of program OR ≥80%



Stage 3 ACGME Pandemic Emergency Status

The Sponsoring Institution and its programs must ensure the following:

- 1. Adequate Resources and Training** including appropriate infection protection.
- 2. Adequate Supervision** for the level of education and experience.
- 3. Work Hour Requirements** remain unchanged.
- 4. Fellows Functioning in Core Specialty** if board-eligible or -certified in the core specialty; appointed to the medical staff; limited to 20 percent of their annual education time.

All other Common Program Requirements and specialty-specific Program Requirements are suspended during the time of the declaration.



Milestone revisions

- ACGME to re-assess Milestones this year
- Thank you for completing survey last fall
- May survey again about changes proposed: will keep Program Directors involved
- Will push for greater simplicity and clarity



4. Update on ACLP services to Program Directors

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Fellowship Program Directory

- Please keep your listing updated!
- Program Director or Coordinator can edit entries
- Password from Rebecca (rebeccascambler@hotmail.com): only 1 password per program (will send password only to email associated with your weblisting)
- Program Director email: will be used for the CL Program Directors list server
- Program Contact email: may be PD or Coordinator or your choice
- Address for application email: optional, to allow you to direct application correspondence if you prefer



Program Directors list server

New address – please check that email is not going to your Spam folder:

clp-programs@list.clpsychiatry.org



Website Resources for PDs

INCLUDES -

- Fellowship Program Directors Guide, updated with new Program Requirements of July 1, 2019
- 22 vignettes for fellowship education and evaluation
- All three ACLP evaluation forms and guide
- Slide presentations and related exam materials for resident/fellowship education
- Slides from Program Directors Forum 2015, 2016, 2017, 2018, 2019, and now 2020
- New ACLP faculty evaluation form: useful for assessment of new faculty and annual re-assessments mandated by the new Requirements



ACLP Fellowship Assessments

- The ACGME urges all programs to use objective assessments developed by national specialty organizations
- These are available in MedHub (go to **shared assessments**) and in New Innovations (go to **external templates**)
- At the present time, we have developed three trainee assessments
 - APM Fellowship Evaluation: Overall
 - APM Fellowship Evaluation: 360° Assessment
 - APM Fellowship Evaluation: Observed Consultation



5. Diversity Survey for Program Directors

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CL Fellowship Program Directors DEI Survey 2020

- 37 Program Directors responded out of 62 (60%)
- 51% female, 49% male
- Minority (racial, ethnic, LGBTQ+): 27%
- Self-identify as minority: 43%
- Region: Northeast, 38%; South, 16%; Midwest, 32%; West, 24%; Other, 3%
- Age:
 - 30-45, 35%
 - 46-60, 43%
 - >60, 22%



In your **Fellowship Program**: Please rate the quality of the processes in place to support the recruitment of diverse ...

... **FACULTY** - “Good” or “Very good” = 73%

... **TRAINEES** - “Good” or “Very good” = 84%

Results similar in ratings of Institutional and Departmental efforts.

No effect of gender, minority status, age, or region.



In your **Fellowship Program**: Please rate the availability of curricular content on ...

... **DIVERSITY AND INCLUSION** - “Good” or “Very good” = 63%

... **HEALTHCARE DISPARITIES** - “Good” or “Very good” = 66%

... **CULTURAL PSYCHIATRY** - “Good” or “Very good” = 66%

Results similar in ratings of Institutional and Departmental efforts.

No effect of gender, minority status, age, or region.



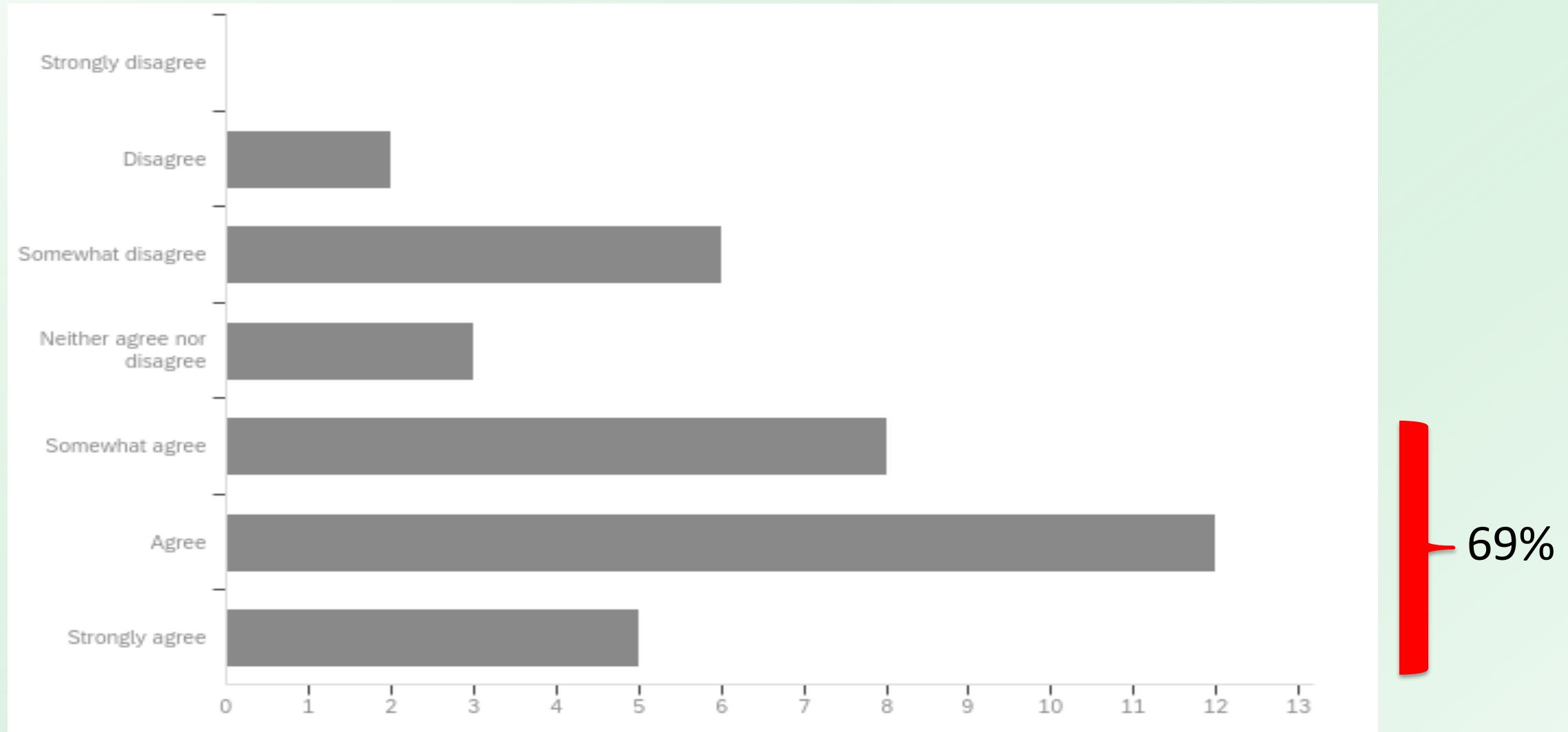
Perceived diversity

- “The **patient population** I care for is diverse” – 92% agreement
- “The **trainees** I educate are diverse” – 97% agreement
- “The **colleagues** I work with are diverse” – 75% agreement

[% = Somewhat agree, Agree, Strongly agree]

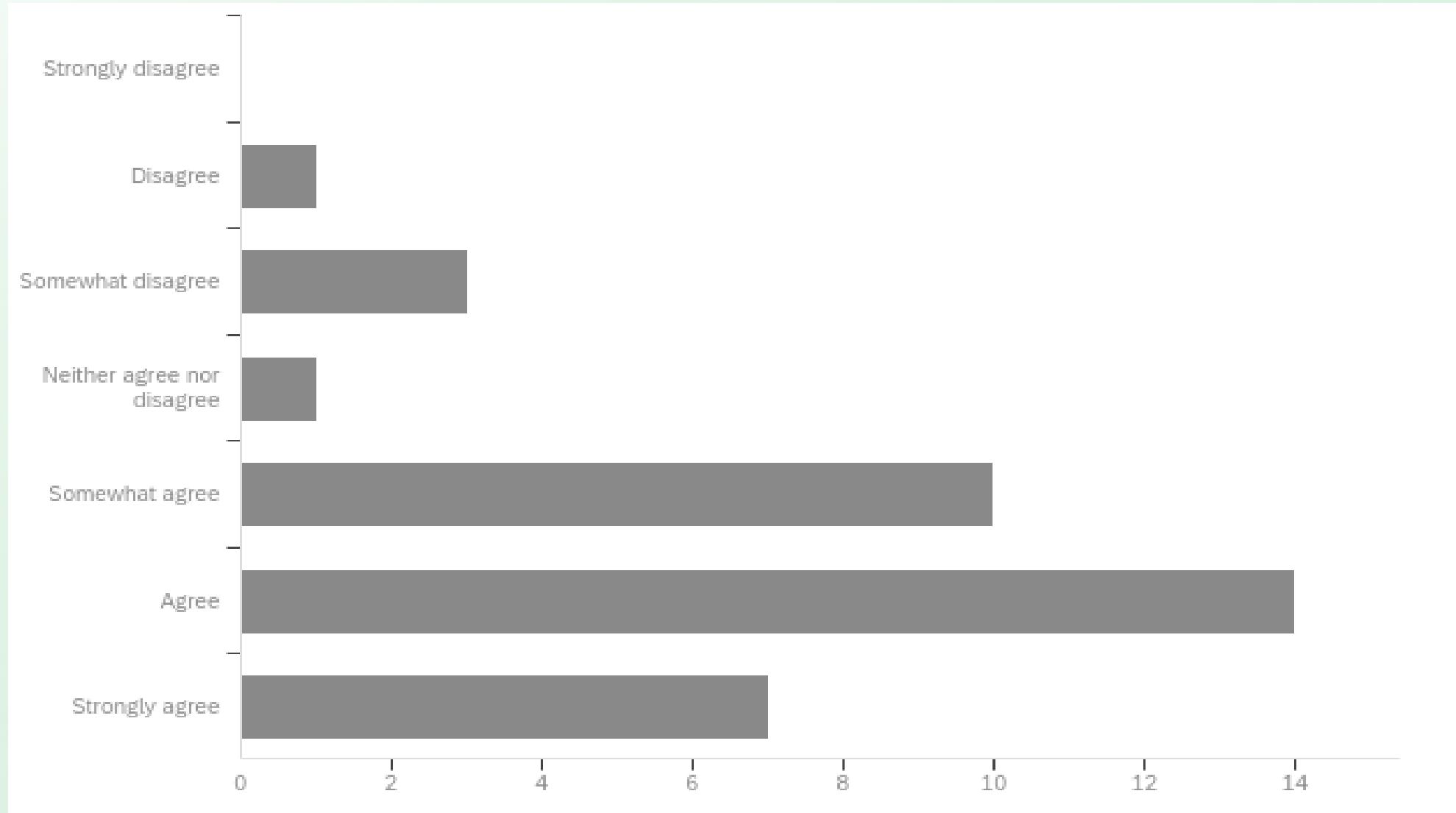


I feel confident teaching on DIVERSITY AND HEALTHCARE DISPARITIES



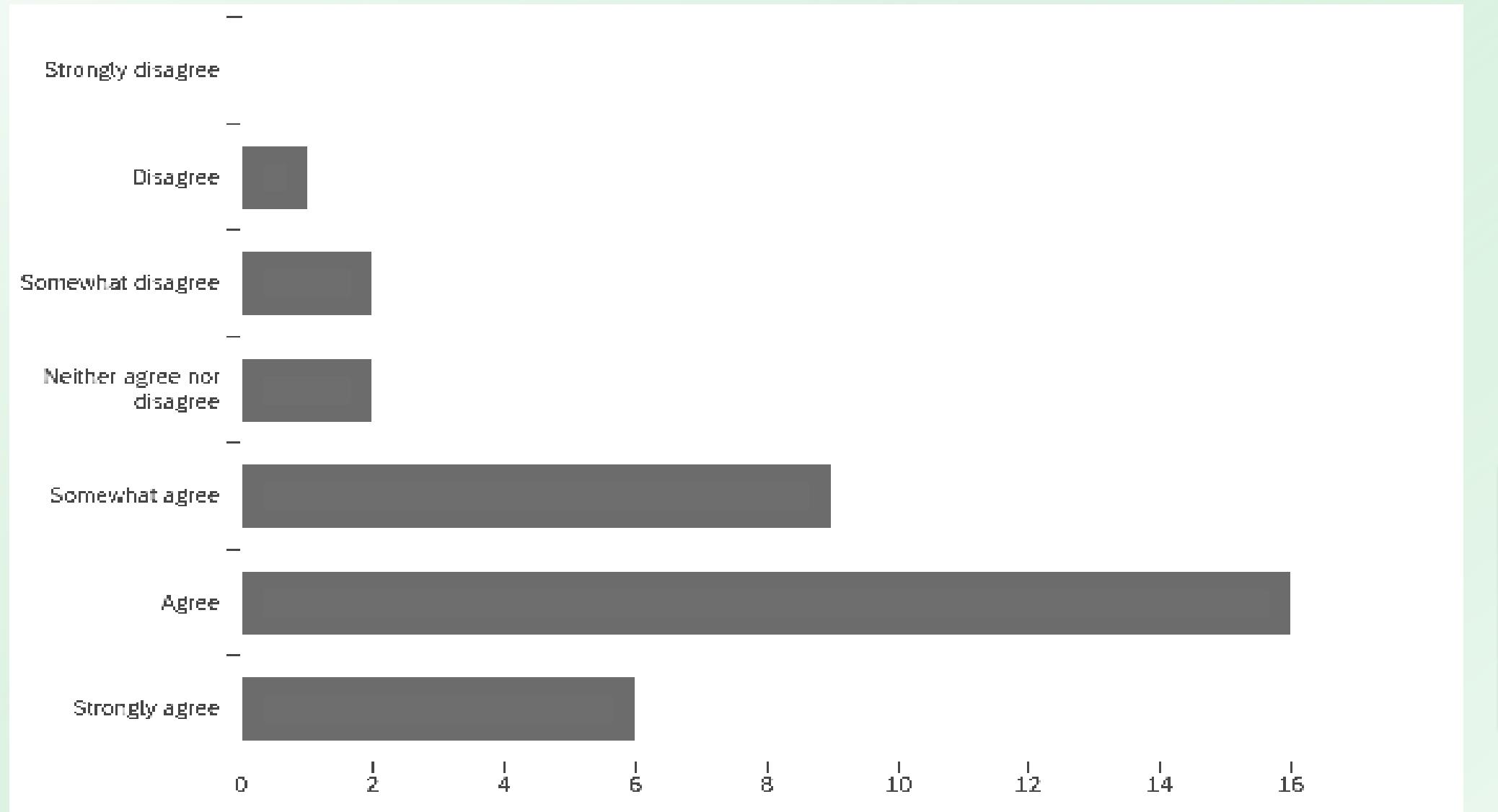


I feel confident recognizing and discussing BIAS AND MICROAGGRESSIONS with my fellows.



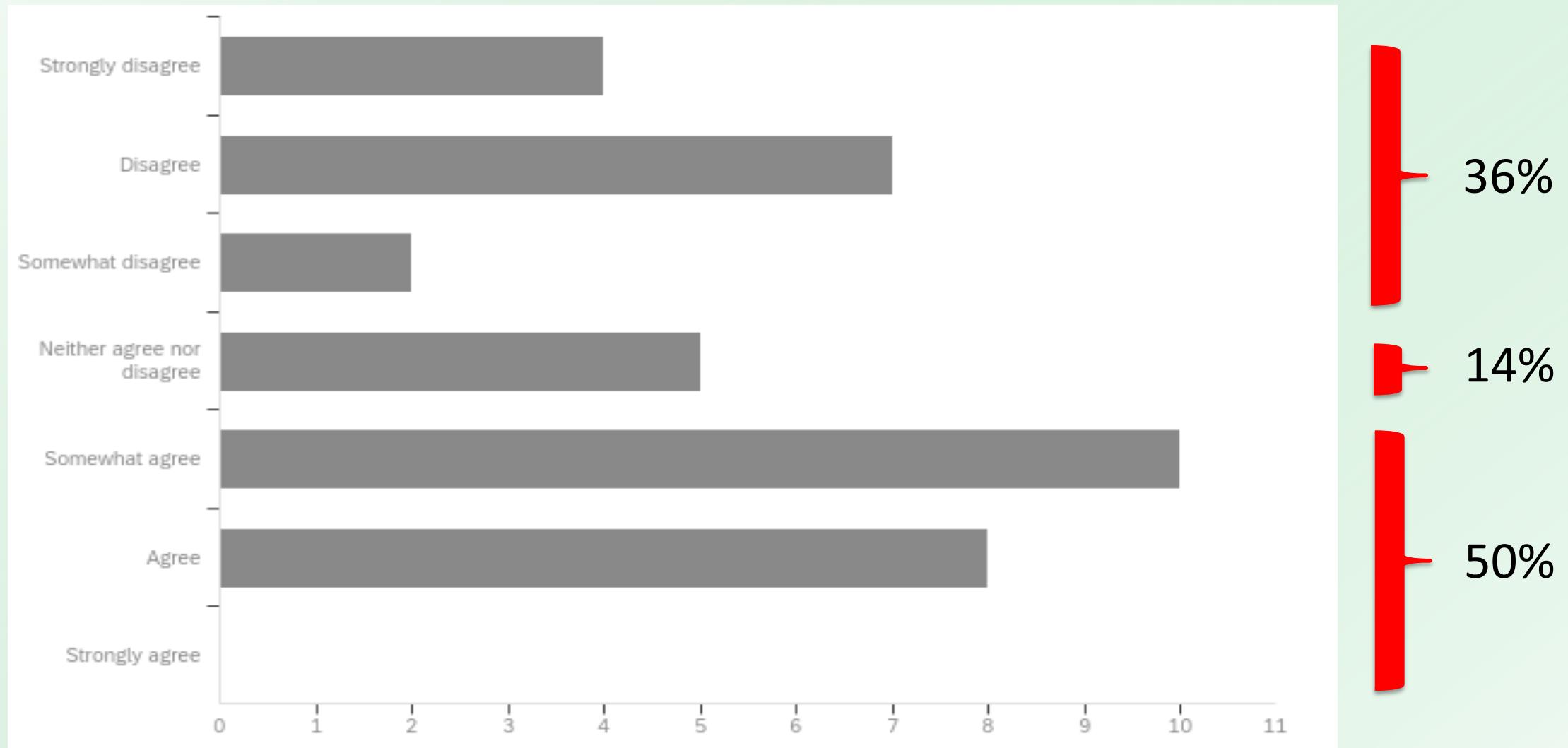


I feel confident addressing difficult situations involving RACISM AND STEREOTYPING.





I believe my biases DO significantly affect my patient care





What do you believe are the most effective methods for encouraging diversity in TRAINEE recruitment?

- 29 written responses
- 13 suggest having a diverse faculty
- 5 suggest starting with a more diverse pipeline into medicine and psychiatry
- “expand recruitment efforts beyond your area; maintain policies that guarantee diversity and inclusion; review applicants for their professional potential and not their characteristics, place of origin or prior training location”



What do you believe are the most effective methods for encouraging diversity in FACULTY recruitment? quotes

- Emphasizing diversity and inclusion in program culture, curriculum, faculty development activities, hiring and promotion patterns
- Demonstrating that the department takes diversity seriously with evidence (department makeup, workshops, lectures, curricula, etc)
- Talking about it, discussing institutional efforts, having webpage and programs dedicated to anti-racism efforts, providing round table discussions on the topic



Rating of Priorities for Needed Resources from ACLP

Resource	% Very important or Essential
Links to resources and bibliographies	79%
Curricula related to diversity and healthcare disparity	79%
Guidelines for best practices related to diversity	79%
Annual meeting presentations	71%
Diversity section on website	68%
Online workshops	58%
Links to diversity-related activities of other professional groups	56%



Educators

- “Often we are expected to facilitate discussions that fall outside our zones of expertise or training, model behaviors that no one taught or modeled for us, and listen to and learn from our learners...”
- How do we begin to address this?
 - “First, we can be scholarly in our approach as educators. Being scholarly involves inquiring about and reflecting upon educational practices in systematic ways that yield products (e.g., curricular materials, instructor guides, assessment tools, evaluation data) others can use and learn from.”

Karani R, et al. Commentary: Racism and Bias in Health Professions Education: How Educators, Faculty Developers, and Researchers Can Make a Difference. *Acad Med.* 2017 Nov;92:S1-S6.



Basic lessons from our survey

- Did we answer like other Medical workforces would? Probably yes.
- Call to share best practices!
- Fellowship Education Committee and Diversity Task Force are already working on opportunities and resources
- Please submit favorite ideas and resources



6. Discussion: Recruitment

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Remote Recruitment

- Next year we would like to hear about remote recruitment
- Successes
- Challenges!
- Impact on any changes in applicants, including geography, diversity, numbers

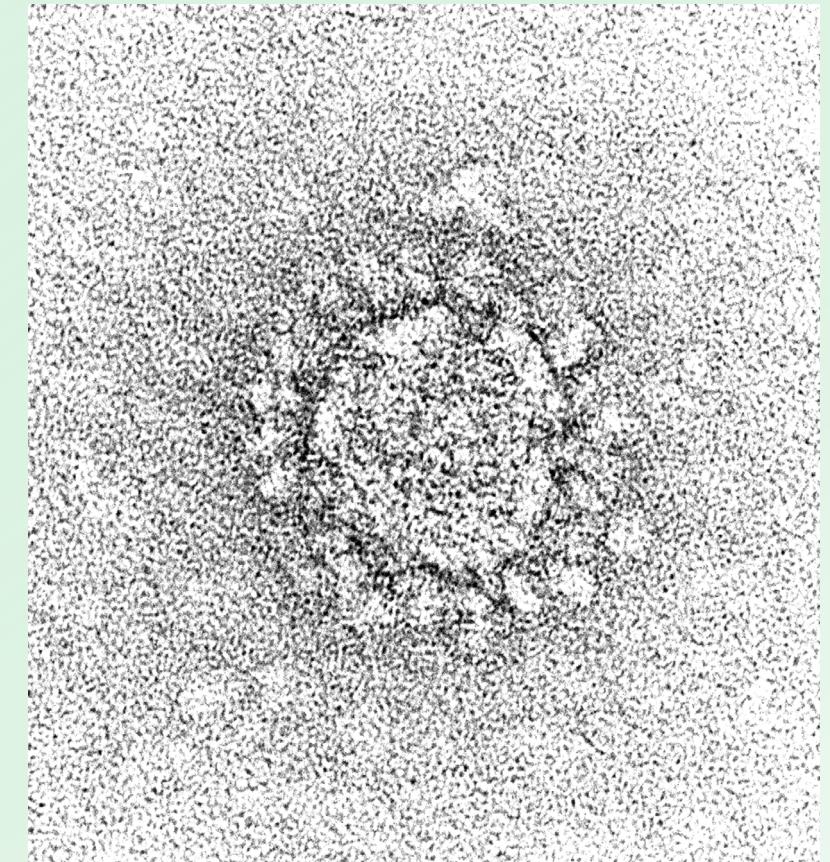


Photo courtesy of the CDC at <https://phil.cdc.gov/Details.aspx?pid=23313>



Undue Pressure

- **Discussion of situations that may make applicants feel pressured**
 - Inviting applicants to join a meal at the Annual Meeting
 - Inviting applicants to join didactics or team meetings outside of interview day
- Could create perception of inequity
- **Philosophy** – There is no situation in which you could invite an applicant to do something and they will not feel pressured to do so
- Consider inviting all applicants to didactic or opportunities during interview day
- Caution inviting applicants to engage in any discussion that includes PHI, particularly on remote software applications



Common Application

- New addition to common application for 2021 recruitment:
- Kewchang Lee and Carrie Ernst composed:
 - *If there is an important aspect of your personal background or identity or a commitment to a particular community that is not addressed elsewhere in your application, but you would like to share to help us get to know you better, we invite you to do so here. Aspects might include, but are not limited to, significant challenges in or circumstances associated with access to education, living with a disability, socioeconomic factors, immigration or military status, or identification with a culture, religion, race, ethnicity, sexual orientation, or gender identity. Completing this section is entirely optional.*
- Please update for 2021 season, announcement to follow



7. Introduction of New Leadership

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**New Chair of Education Committee:
Ann Schwartz, MD, FACLP**



**New Chair of Fellowship Education Subcommittee:
Mark Bradley, MD, FACLP**



Thanks for attending!
Be well and be safe!

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