SURVEY REGARDING ANNUAL MEETING OF THE ACLP IN 2026

BACKGROUND

The Annual Meeting of the ACLP was held November 19 to 22, 2025, in San Antonio, TX. Completion of an online survey was required to obtain CME for the meeting.

METHODS

Survey items are shown in Appendix 1. Most items had to be answered in order to complete the survey, so virtual attendees had to answer questions about in-person features, and respondents had to answer questions about features they did not experience: these inappropriate responses are not included in the present analysis. Most items were presented with a choice of poor, fair, good, or excellent. For analysis, these 4 responses were coded as 1, 2, 3, or 4 points. For ranking factors affecting choice of meeting location, first choice was awarded 3 points, second choice 2 points, and third choice 1 point, and the sum of total points was calculated for each factor. A thematic analysis of the 4 open-ended questions was performed by sorting comments into separate topics: if a response concerned more than one topic, the response was split into separate comments. A total of 1218 comments were analyzed. Items 14 and 23 generated few comments, and submitted contents appear to duplicate other items: these items were not further tabulated. Many respondents entered comments that their responses to particular questions were forced and should not be included: these comments are not included in this total and such comments were not tabulated.

RESULTS

A total of 825 respondents completed the survey, 623 (75.5%) in-person attendees and 202 (24.5%) virtual attendees.

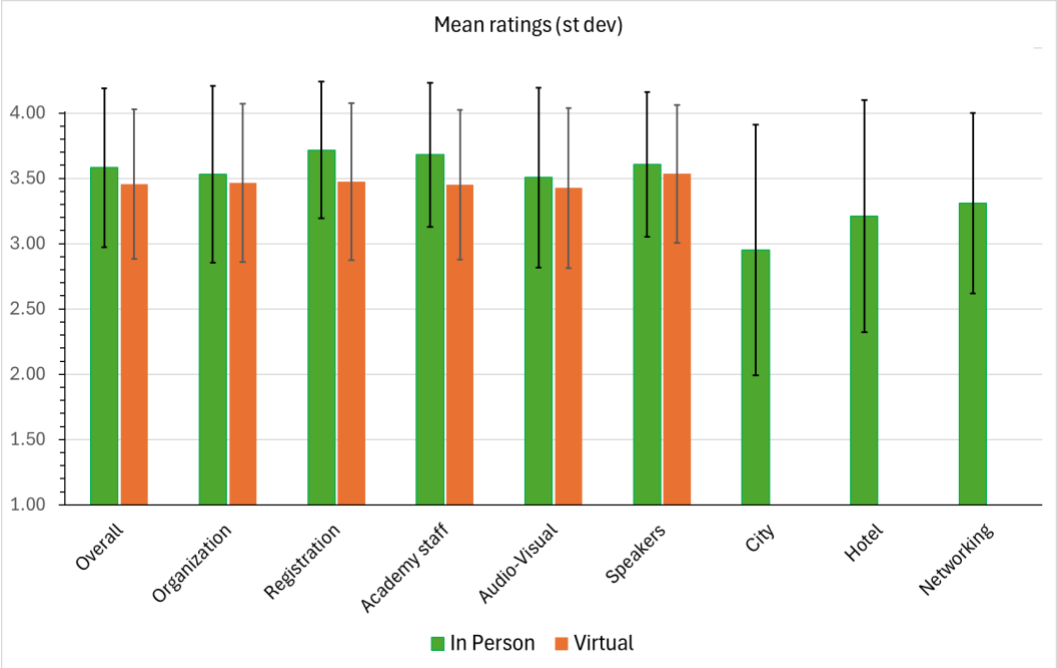
Defined response items

Overall, in-person and virtual attendees rated most aspects of the meeting favorably:

Overall Experience at the Annual Meeting
Organization of the Annual Meeting
Registration Process
Service Provided by Academy Staff
Audio-Visual Technical Staff and Services
Overall Speaker Performance
City Location for the Meeting
Hotel as Venue for the Meeting
Networking Events

Figure 1 illustrates mean response ± standard deviation, where 1 = poor, 2 = fair, 3 = good, and 4 = excellent.

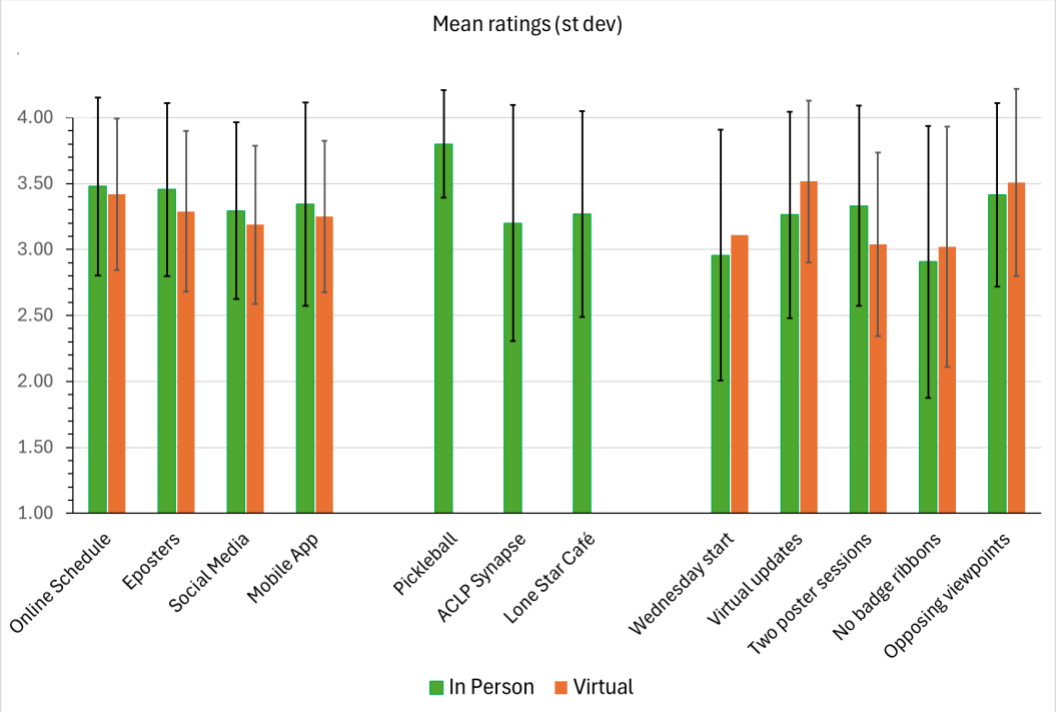
FIGURE 1



The Hotel as Venue and City Location appeared to garner somewhat less favorable ratings.

Specific features of the meeting were rated with the same scale (Figure 2):

FIGURE 2



Pickleball appeared notably popular. Among the 5 new changes for the meeting, the Wednesday start and the removal of badge ribbons appeared to have mixed ratings.

Most respondents thought the meeting was the right length. Among in-person respondents, frequencies were: favor the same 86.0%, shorter 9.1%, longer 4.8%; among virtual respondents, frequencies were: favor the same 84.2%, shorter 6.9%, longer 8.9%.

Almost all respondents reported sessions ran on time (95.7%).

More virtual respondents favored retaining a virtual option ("somewhat important" or "very important") than in-person respondents, 75.2% vs 38.5%.

Almost all respondents felt a good balance of types of presentations (General Sessions, Brief Oral Papers, Posters) were included, 97.3%.

When asked to rank factors which should influence the choice of meeting location, ease of travel far superseded all other factors (Table 1):

TABLE 1

FACTOR	RANKING SCORE
Travel Ease (e.g., direct flights, proximity to airport)	1331
Quality of Hotel Facilities and Technology	624
Cost of Hotel	594
Weather	577
Availability of Restaurants and Amenities Nearby	493
Resort Hotel	402
Cultural or Leisure Opportunities	356
Local Political Climate	227
Downtown Hotel	223
Family-friendly Activities	123

Open-ended response items

With regard to overall open-ended responses from in-person attendees (item E28), 485 comments were analyzed (Appendix 2).

A total of 96 comments were generally positive and 6 comments generally negative.

The next largest set of comments were negative, concerning the distance from the city and restaurants, 95 comments, followed by comments concerning food, 37 comments, and concerning the meeting app, particularly that it could not show slides for the sessions, 37 comments.

Some respondents commented negatively with regard to the Wednesday start, especially because they had not understood the change in meeting organization, 15 comments, and some respondents complained about the meeting being int the week before Thanksgiving, 10 comments.

The awards ceremony was criticized while the two poster sessions were praised. Five respondents favored return of the badge ribbons, while one opposed. There were complaints about small type fonts on the slides and poor audio in some talks.

With regard to overall open-ended responses from virtual attendees (item E28), 63 comments were analyzed (Appendix 3). 33 were generally positive, with the remainder echoing comments by in-person attendees as described above.

With regard to reasons given by virtual attendees for not attending in person (item E3), 197 comments were analyzed (Appendix 4). The chief reasons given were scheduling conflicts, 36 comments; cost, 34 comments; family obligations, 19 comments; medical factors including pregnancy, 14 comments; location factors, 22 comments including 9 comments concerning political environment; travel/distance, 16 comments; many of the remaining responses were combinations of these reasons. One respondent feared being trapped with 1200 psychiatrists in a hotel in the outskirts of a city.

With regard to reasons for not attending next year (item E20), 105 comments were analyzed (Appendix 5). The pattern of responses resembled those pertaining to the above item: scheduling conflicts, 28 comments; cost, 14 comments; travel/distance, 12 comments; competing other conferences, 9 comments; family obligations, 5 comments.

With regard to suggestions for the Annual Meeting topics going forward (E6), 368 comments were analyzed (Appendix 6).

Topics with 10 or more mentions were: Psychopharmacology, Business Of CL, Addiction, AI/Technology, Geriatric Psychiatry, Neuropsychiatry, and Neuromodulation, in descending order.

Topics with 7 to 9 mentions were: Child Psychiatry, Reproductive Psychiatry, Wellness, Ethics, Forensics, Lifestyle Medicine, Psychotherapy, Eating Disorders, and Education, in descending order. Delirium, Catatonia, and Transplant were also in this set, but are already well represented at the meeting.

Among general comments in response to this item, there were multiple requests for innovative, research, or varied topics, 24 comments, accompanied by negative comments regarding usual and routine topics covered at the meeting. There were also multiple requests for clinical and practical topics, 14 comments, including suggestions for how-to type of content.

CONCLUSIONS

The most striking conclusions of the study were concerns about the distance between the hotel and downtown/restaurants, the meeting app lacking slides, and availability/quality of food: these issues received the most comments, and the most detailed comments.

The multiple choice questions did not generate strong conclusions. Since respondents had to progress through a long series of items, there may have been a tendency to click through similar answers. Somewhat lower ratings for the hotel venue and the city location are consistent with other responses in the survey. Pickleball appeared to be popular. Unfortunately, the response levels of "poor, fair, good, excellent" did not permit clear conclusions regarding the 5 new features introduced at this meeting. There was a trend towards more mixed responses towards the Wednesday start and towards the discontinuation of badge ribbons. With regard to the Wednesday start, examination of comments suggested the new schedule was a surprise to some respondents. With regard to the ribbons, there were 5 comments in favor of the ribbons and 1 comment opposed.

A clear majority of respondents favored keeping the meeting at the same length.

With regard to factors which should influence future meeting site selection, Ease of Travel was by far the highest rated, with Quality of Hotel, Cost of Hotel, and Weather being the next most highly rated.

There were some comments concerning the Wednesday start, with some respondents having not understood the reorganized format. There were also comments regarding the scheduling the week before Thanksgiving. The Awards ceremony and the Debate occasioned significant critical comments. A number of members complained that the slides were not legible, and there were some complaints about the audio quality in some sessions.

Psychopharmacology, Business Of CL, Addiction, AI/Technology, Geriatric Psychiatry, Neuropsychiatry, and Neuromodulation were the topics most requested for future coverage, followed by Child Psychiatry, Reproductive Psychiatry, Wellness, Ethics, Forensics, Lifestyle Medicine, Psychotherapy, Eating Disorders, and Education. Requests for innovative, research, and varied content were frequent, as opposed to the usual routine material of CL psychiatry which respondents saw as being presented repeatedly. Requests for clinical, practical, and "how-to" topics were also clearly and frequently expressed. There were comments seeking more presentations by senior clinicians as well as comments urging more opportunities for trainees, as well as comment seeking presenters and presentations outside the zone of the large academic center.

APPENDIX 1

*Items in **bold** are open-ended items calling for written response. Items in italic were not tabulated.*

E1 Please rate the following aspects of the meeting. Overall Experience at the Annual Meeting *
E1 Please rate the following aspects of the meeting. Organization of the Annual Meeting *
E1 Please rate the following aspects of the meeting. Registration Process *
E1 Please rate the following aspects of the meeting. Service Provided by Academy Staff *
E1 Please rate the following aspects of the meeting. Audio-Visual Technical Staff and Services *
E1 Please rate the following aspects of the meeting. Overall Speaker Performance *
E1 Please rate the following aspects of the meeting. City Location for the Meeting *
E1 Please rate the following aspects of the meeting. Hotel as Venue for the Meeting *
E1 Please rate the following aspects of the meeting. Networking Events *
E2 Did you attend the meeting virtually or in-person this year? *
E3 If you chose to attend virtually, please explain what impacted your decision. *
E4 Do you think the meeting should be more days, less, or the same? *
E5 How would you rate the content of the meeting in comparison to other meetings you attend? *
E6 Please provide topics and suggestions for speakers:
E7 Did the sessions you attended stay on time? *
E9 Please rate the meeting technology on usability. Online Schedule *
E9 Please rate the meeting technology on usability. EPoster Gallery and Discussion Boards *
E9 Please rate the meeting technology on usability. Social Media Feeds *
E9 Please rate the meeting technology on usability. Mobile App *
E10 Live streaming the annual meeting (i.e., making video content available in real time) is very expensive. If all sessions are recorded and available after the meeting, how important is a virtual live stream option? *
E11 Did you view posters in the ePoster Gallery? *
E12 Did you find the Poster Gallery easy to navigate? *
E13 Did you find the social media posts helpful? *
E14 Do you have any suggestions for additional uses of social media during the meeting?
E15 Was there a good balance of presentation types (General Sessions, Brief Oral Papers, Posters)? *
E16 If no, which type of session would you like to see more? *
E18 For each selected, how would you rate your experience? Pickleball *
E18 For each selected, how would you rate your experience? ACLP Synapse *
E18 For each selected, how would you rate your experience? Lone Star Cafe *
E19 Do you plan to attend next year's meeting in San Diego from November 18-21, 2026? *
E20 If you do not plan to join us, please tell us why. *
E21 Several minor changes were made to the meeting this year, and we are interested in your feedback about them. Please rate how much you liked each of the following changes (excellent, good, fair, poor). Starting the Meeting on Wednesday afternoon *

E21 Several minor changes were made to the meeting this year, and we are interested in your feedback about them. Please rate how much you liked each of the following changes (excellent, good, fair, poor). Releasing updates courses virtually *

E21 Several minor changes were made to the meeting this year, and we are interested in your feedback about them. Please rate how much you liked each of the following changes (excellent, good, fair, poor). Having two poster sessions *

E21 Several minor changes were made to the meeting this year, and we are interested in your feedback about them. Please rate how much you liked each of the following changes (excellent, good, fair, poor). Removing badge ribbons *

E21 Several minor changes were made to the meeting this year, and we are interested in your feedback about them. Please rate how much you liked each of the following changes (excellent, good, fair, poor). Presenting opposing viewpoints of controversial topics *

E22 If ACLP were to pursue more sponsor and exhibitor involvement, what additions to the meeting would make this worthwhile to you? (check all that apply) : COMBINED*

E23 If you selected "Other", please include the additions you would make. *

E24 How interested would you be in paying more in registration fees to increase food and beverage options provided to all attendees? *

E25 Please select your top factor related to the meeting location that most influenced your interest in attending the ACLP Annual Meeting. *

E26 Please select your second most important factor related to the meeting location that most influenced your interest in attending the ACLP Annual Meeting. *

E27 Please select your third most important factor related to the meeting location that most influenced your interest in attending the ACLP Annual Meeting. *

E28 Please provide any general comments or feedback about your meeting experience.

APPENDIX 2: COMMENTS FROM IN-PERSON ATTENDEES

THEMATIC ANALYSIS ..... #comments

OVERALL
- OVERALL: POSITIVE 96
- OVERALL: NEGATIVE 6
- OVERALL: PROGRAM 32
- OVERALL: SOCIAL ATMOSPHERE & NETWORKING 7
- COST 5
- SPONSORSHIP 2

LOCATION
- LOCATION: NEGATIVE (DISTANCE FROM CITY) 95
- LOCATION: NEGATIVE (POLITICAL) 11
- LOCATION: NEGATIVE (OTHER) 10
- LOCATION: POSITIVE 8
- LOCATION: POSITIVE (POLITICAL) 3

FOOD
- FOOD: NEGATIVE 37
- FOOD: EXTRA ADDENDEES 2
- FOOD: POSITIVE 1

TIMING & SCHEDULING
- START OF MEETING 15
- END OF MEETING 4
- WEEK BEFORE THANKSGIVING 10
- CIRCADIAN ISSUES 2
- LENGTH OF SESSIONS/OVERLAP OF SESSIONS 4

COMPONENTS
- COMPONENT: AWARDS 15
- COMPONENT: POSTERS 9
- COMPONENT: DEBATE 7
- COMPONENT: VIRTUAL & RECORDED SESSIONS 4
- COMPONENT: SIG MEETINGS 3
- COMPONENT: LIVE STREAMING 2
- COMPONENT: PLENARY SESSIONS 1
- COMPONENT: UPDATES 1
- COMPONENT: BRIEF ORAL PAPERS 1
- COMPONENT: APP SKILLS COURSE 1
- COMPONENT: PRESIDENT'S RECEPTION 1
- COMPONENT: PICKLEBALL 3

TECHNOLOGY & FACILITIES

- APP & SLIDES & HANDOUTS 37
- CONTINUING MEDICAL EDUCATION 9
- COMMUNICATION RE MEETING, WEBSITE 5
- SIGNAGE 2
- PAPER PROGRAM 2
- OPTOMETRICAL COMPLAINTS 8
- AUDIOLOGICAL COMPLAINTS 7
- ROOM SIZE 4
- ROOM TEMPERATURE 1
- RIBBONS 6
- PROFESSIONAL BADGES 4
- LANYARDS 1
- STAFF APPRECIATION 2
- ROOM SHARING 1
- MUSIC 1

ADDITIONAL COMPLAINTS 2

TOTAL COMMENTS 485

OVERALL: POSITIVE

Excellent overall experience.

Great meeting!

Always my favorite conference, because of the people and the caliber of content. … Still my favorite conference, though!

Overall a great meeting

Excellent conference

great experience, learned a lot, wonderful social in person contacts,

This was the best aclp conference I've been too and the changes made were great. Loved how many different speakers there were. Loved that there were drinks offered during the poster session.

It was a very well-planned meeting!

Thank you

Educational and Pleasurable

Presentations were great!!

Otherwise, this remains my favorite meeting to attend and hope to continue to attend for years to come.

Great meeting! I think the organizers crushed it this year and made do with what they could out of a bad ongoing political situation. I really appreciated the diverse number of speakers this year.

The meeting itself was great.

Thank you

Excellent experience

This was an outstanding meeting with great organization, scientific content, inclusivity, and community!

Excellent meeting. Best medical meeting I have ever attended

Overall well done.

Thank you for putting together a great conference!

It was a great meeting overall.

Great meeting!!

It was great!

thanks!

I have been to two conferences this year and ACLP was far superior

Amazing experience!

It was my first ACLP. It was very pleased with how pertinent the topics were to may daily practice. There was a nice breadth of topics as well. There was ample opportunity to get to the session because of the proximity of the lecture rooms.

Continue the hard work

Loved the location and resort

Overall another very successful meeting with high-quality content as always. Appreciated the room configurations with table rounds in front -- this made interaction much easier.

Greatly looking forward to attending again next year!

As a trainee attending my 3rd ACLP, I always really enjoy the conference (including this year).

it was a wonderful experience

This remains the best annual meeting I attend.

excellent meeting

Excellent conference

very satisfied with the conference

Excellent meeting!

Great experience

The majority of the presentations were excellent.

The meeting was, as always, very rewarding.

It was pleasant as usual!

great!

this was my first time attending ACLP or any conference. Great experience, resort was much larger than anticipated. Sessions were easy to access, quality content, and engaging.

Meeting was good.

Organization/scheduling was better this year (not so many overlapping things). Good quality speakers in general and plenary speakers much better this year.

Always a great conference!

Overall great meeting.

the meeting was good though.

Great meeting, well organized and really good venue

Thank you

excellent

Excellent talks

Very well done. Excellent overall experience.

Excellent trip and I left feeling enlightened and energized.

Overall excellent thank you

excellent meeting

excellent meeting

Great Conference

Great meeting! Thank you all

Really enjoyed the conference

Well run this year, congratulations!

Meeting was well-organized and quite enjoyable!

Good meeting overall.

Great to have a Meeting in person

Excellent conference

Excellent conference

Excellent conference

I love the ACLP meeting. It is always excellent.

This was my first time at ACLP and I thought it was very well organized!

well done

Meeting was well organized.

Still the best conference out of all the psychiatry ones I've been to, ACLP never disappoints.

It was a solid meeting.

Great time!

Enjoyed networking and the discussions with speakers and other attendees

the meetings are great

It was great! thank you!

Overall, very productive

Great experience overall.

Conference was great.

Great conference

This was a superior ACLP meeting.

excellent.

Loved the conference.

ACLP is always an outstanding meeting

Great experience,

excellent

enjoyed meeting, but I did enjoy more practical content in 2024 meeting comparatively.

Keep the hard work going strong

The content was excellent as usual.

Overall conference content was dramatically better than the previous ones.

Many interesting topics occurred at the same time

The meeting this year was excellent! Significant improvement over last year.

Great conference.

good

OVERALL: NEGATIVE

Why so many chances all at once. Clearly so many problems I've been attending for 20 years. I am very disappointed

Overall, this conference was a let down compared to previous ones.

fair

forgettable meeting

Please go back to the old ACLP style, this past meeting was awful. It felt cold and disconnected. NO sense of ACLP community which made the meetings special in the past. Felt more like an APA meeting.

Below expectation

OVERALL: PROGRAM

Speakers could be more animated,

make it more engaging please - encourage audience participation etc. more lively!

I liked seeing more people who hadn't presented or weren't from the major academic institutions that are there every year usually. I think more practical vs. hard research would be interesting to have more focus on since we're a clinical group rather than just research.

9. Pls pls. Most people are not from big academic institutions. There is a difference.

Nice to have a better variety of speakers from different institutions; most sessions were very good

Prioritize having experienced clinicians talk rather than residents.

There needs to be more time for question and answer sessions at the oral paper sessions- most that I attended had time for 0 to 1 questions and none for everyone as a panel. That needs to be built in to the process.

I would have liked to have seen more time for debate and more time for questions for some sessions.

Pls let the attendee suggest some topics.

Providing more options and flexibility for participants joining from abroad would also be important. Because much of the content was focused on the U.S. healthcare system, it was difficult at times to approach the topics from a different perspective.

We are from Australia and get to know more about your health system

Always appreciate the breadth of program - kudos to program review process.

The top leadership seems to have same faces in rotating insularity and could be more visible in mentoring.

I think presenting new data would be quite exciting to see more of in a conference

Also the topics seemed more heavily inpatient and less applicable to outpatient work and liaison work.

There should have also been some acknowledgement for reviewers for the abstract submissions.

During some session times it seemed as if the topics competed, i.e. multiple education ones at one time or technology ones at one time. They should be spread out, but also there should be more attention to make sure the topics are still diverse even though they fit with the theme of the meeting.

More presentations on case-based treatment challenges can helpful.

The topics discussed during the sessions were often redundant. The meeting was too long

The topics were redundant (same topic, even details, same for poster, brief oral, and full presentation).

-the programing this year was somewhat redundant, it seemed like each day the talks were more or less the same topics as the day before and were very cancer & transplant heavy. would be interested in more classically "psychosomatic" presentations and more variety.

While the meeting was good in terms of being able to connect to people, I would love to see more transplant related content including an Updates course in Transplant Psychiatry. I would also like to see more varied and interesting content

Please reduce the overall number of sessions and have a higher bar for acceptance to improve the quality of the meeting.

Given the increase in the size of the membership and the increase in submissions, it might be necessary to increase the number of days the conference takes place. There are already too many competing presentations taking place at the same time.

overall good meeting, would like to see more neuropsychiatry

I appreciated the better variety of speakers. In the past it's felt like Stanford and MGH, or specific people have dominated talks which means many talks get repeated and it makes ACLP feel like a club that not everyone is part of. I love ACLP because I get to see people I've worked with for years; I've been going every year for 8 years.

Less politics and DEI for the love of god; science! not skin color and identity

The quality of the presentation was much improved compared to the previous 2-3 years. It was great to see so many young people engaging in the conference at all levels. The poster session on paper uses too much space, and the audiovisual presentation is at least a decade behind the rest of the medical world.

A better summary of each presentation being available somewhere would be very helpful. Sometimes I felt like I would choose a presentation based on the title, and found the actual topic to not be what I was expecting and would have rather chosen a different, more applicable session if I had the foreknowledge (however, it's obviously rude to get up and leave, and by then you miss part of the other session).

I would like to see more trainee posters accepted, and more support to trainees that would like to attend.

Would be great to have a trainee "track" or "thread" - some meetings do this with specific presentations geared towards trainees and this is marked in the program, there are mentorship sessions, etc.

I think that capping submissions to 2 large sessions per presenter made it easier for some up-and-coming presenters to make a name for themselves.

OVERALL: SOCIAL ATMOSTPHERE & NETWORKING

The social/networking events were not well publicized. When there were options to mingle, attendees were not forced to mingle outside of their own pre-existing groups--generally comes across as cold and unfriendly. This was hindered by the fact that the SIGs were on the last day of the conference--would have been better to have them on the first day, so that people could talk to new contacts, or brainstorm for shared projects, throughout the course of the remaining days.

I did not want to attend for any of the above reasons but there was no option to say so. I attended to be able to network, see old friends and learn.

I did not feel like the networking events or local arrangements info were well-publicized at all.

Would appreciate more networking opportunities for APPs (whether that's APPs only or collaboration opportunities between psychiatrists and APPs.)

The meeting is terrific, but it's getting so big that the social events are very crowded and not so pleasant.

I felt less welcome at the meeting this year not being in academia. Like people really did not seem to care to talk.

ACLP feel like a club that not everyone is part of. I love ACLP because I get to see people I've worked with for years; I've been going every year for 8 years.

COST

The cost of attending seems to be going up without much added value.

I attended because I was presenting and am active in a SIG. The cost of the meeting is something I tolerate

Members should have a better price advantage. I also think that full members that are physicians should not bear the weight of NPs and PAs who have lower costs!!!!! That is ridiculous.

I thought there was more variety in presenters and topics this year which was a nice change. location/venue is less important to me but did find the cost continues to increase

This doesn't apply to me, but I did receive feedback that a number of trainees were not able to attend the meeting because of the costs of travel and hotel fees. To whatever degree these could be discounted or covered by ACLP (at least for CL fellows), we could potentially increase attendance of our newest CL psychiatrists

SPONSORSHIP

If ACLP decides to pursue sponsorship, this must be done to with utmost care to avoid conflicts of interest.

ACLP is an excellent meeting and should strongly consider allowing sponsors/exhibitors to attend.

LOCATION: NEGATIVE (DISTANCE FROM CITY)

Next year, please schedule at a hotel where it is easier to enjoy the local culture and experience!

Generally prefer a downtown hotel with more options for food, etc.

People disappointed in location being so far away from downtown and even my Uber driver commented on it.

I really did not like the meeting being at a resort away from the city. With taxes and resort fees the nightly hotel cost was $300. It took 30-40 minutes to drive downtown. Where there were many hotels and a convention center.

Hotel was nice, but it was too far from downtown.

Similarly, the downtown area for San Antonio, is a much better option than the resort.

Resort is too far away from downtown San Antonio.

too far from downtown (Alcatraz)

I liked the venue but is it was closer to downtown San Antonio.

The reason I go to a meeting is to attend sessions, learn, and support trainees as they present their work. The quality of the hotel itself is irrelevant to me. What matters is the location, when it's isolated, I feel trapped. I don't care for resorts at all.

Also prefer hotel in the middle of the city so it is easy to stuff outside of the meeting.

Location of the meeting outside downtown not helpful (have to uber to anything, can't get easy access to toiletries);

The hotel was really far away from everything.

I know hotel cost is an issue in planning future sites but when Resort fees and other fees are added, rooms are about $300/night anyway. Would be nice to not be in Florida and Texas almost every year. Also would be good if downtown hotels are in good neighborhoods and easy to get around (sites in Miami and Atlanta were poor hotels and poor locations).

Not staying in the city of San Antonio was a huge let down. The resort made for an uncomfortable experience. I was seeing trainees in their bathing suits, and vice versa. I think this is strange especially for fellowship applicants and faculty at programs they interviewed at.

Hot meal for lunch preferred. More healthy food options preferred or pick a place with nearby food options.

Additionally, very frustrating that a location for this year was chosen that was largely inaccessible to any other restaurants, attractions, etc unless you had a car which then increased cost for having to pay for parking. The resort restaurants often closed very early and food at the conference was inadequate. I can imagine this to be a barrier for our trainee members in terms of cost. Please consider choosing venues that are closer to other

restaurants, hotels, and attractions so we can provide a more welcoming and accessible environment to all of our members.

However, would have been better at a downtown location.

A hotel with same/similar amenities but closer to the downtown area/attractions would be nice ($56 one way for Uber Friday evening! $46 one way to airport on Sunday!).

The hotel was too expensive (after all resort and parking fees were tacked on) for its location and the overall hotel service and amenities were mediocre for a resort hotel.

There were few good dining options proximal to the hotel.

The hotel was wayyyy out of the way of anything to do - took a $120 round trip for sightseeing in the downtown area. Hotel pricing was not transparent. They said that the resort fee was included in cost of hotel -- it was not. There was also not an accurate estimate of total cost of hotel. My bill was nearly $300 more than quoted at booking. Truly was an extra night's worth of hidden fees.

It would be nice for these to be located in a more central spot (e.g. downtown)

I wish the hotel had not been so far from downtown San Antonio.

though the resort was nice, it was too far from town and so forced us to purchase a lot of food at the hotel, which was exorbitant in cost.

Don't like to be stuck out of town at a resort hotel. I like to be able to walk into town for snacks and a break.

It took me 3 flights to get to San Antonio. I wish the conference was in the city instead of at an isolated resort. It took > 30 minutes to drive into town for dinner. Eating on resort was not an option for our large group as there were no table available for our party size.

The location of the event made it extremely difficult to engage San Antonio and travel to specific location. While the place was beautiful, the location was lacking for me.

I think there wasn't as much to do in San Antonio as other locations but overall conference itself was great.

The hotel was pleasant but far from any other amenities.

Aside from ease of travel, I think resort makes everyone captive which helps for networking. but then other options like getting cheaper food, or finding a cheaper hotel will make it tough for the youngsters. I can't believe someone wouldn't attend due to politics.

May answers about meeting location would be negative to many of the listed categories: would prefer downtown hotel, better ease of travel, improved access to restaurants and amenities nearby, NOT a resort hotel, more progressive local political climate

the hotel being so far away from San Antonio was the biggest annoyance.

I would recommend avoiding resorts that are very removed from other restaurants and activities - it makes it very challenging to network when there are only x2 dining options on-

site and the next closest one is ~20-30 minutes away - especially as the number of attendees continues to grow.

The choice of hotel wan not a factor to attend ACLP. I hope in future they consider better location.

Recommend using hotels/resorts near other dining options. It was challenging to network with others when there were only x2 dining options at the resort and the nearest ones were ~20 minutes away.

The hotel's location was not ideal, as it was situated outside the city, which made it more difficult to fully experience the area. There were limited restaurant options nearby, and overall, the hotel was quite expensive given the quality and amenities it offered.

There were too few flights to San Antonio to make travel easy and many people left early in order to make a flight.

After the meeting nothing would make me come Back to that hotel. Unless at gunpoint. And even then I would pause.

Overall, I really enjoyed the meeting. While I prefer a location that is near restaurants and amenities, it is also nice to mix it up and have resort locations as well.

This one was too far out from downtown San Antonio. I ended up staying downtown and Ubering in

Meetings need to be near downtown, poor access to downtown. Trapped, no access to anything in San Antonio

The venue was amazing; however, a more affordable downtown location would be preferable. Food options were limited, and finding meals during breaks was challenging since nothing was nearby. The resort also didn't offer easy access to the city's cultural atmosphere or cuisine, which added extra time and cost to the overall conference experience.

I prefer a downtown location with walkable restaurants and culture rather than a resort location. I would prefer to spend my money in a blue state rather than in Texas.

overall great meeting, but in the future please pick locations that are somewhat close to grocery stores or something other than hotel dining

Hotel this year was quite isolating with no nearby activities outside of hotel, was quite expensive and quite a wait to get anywhere else. Hotel itself, while lovely, was expensive. Making it unaffordable to trainees. Would appreciate more central hotel locations in the future.

Struggled with food and refreshments compared to Miami 2024 venue. There were not much other options around except for expensive resort restaurant.

The remote location was inconvenient. The resort amenities were not useful

Finally, I was not a fan of northern San Antonia suburbs for the location. Ideally the meeting is held in a variety of cities around the country (not just the south) and held in the city itself

so that everyone can access things to do. I did appreciate the amenities of the hotel itself and the ACLP staff was amazing.

Location was not ideal as away from the actual city with it being costly to explore local areas. Would prefer a downtown location even if paying slightly more

My once critique is as far as location- it was too far away from everything, so I did not get a chance to see any of the city on my off time.

Getting to/from this location from the airport was costly and time consuming. Conference hotel should be closer to the airport, with shuttle service available, and conference hotel should be within walking distance to restaurants.

It was unfortunate how far away the hotel was from major attractions and restaurants. Please consider keeping it in the center of town in future years

Resort and spa was an expensive and isolating location. Consider more centralized locations.

I did not like staying in a hotel 30 minutes away from everything.

1. I would prefer the meetings be in center of cities that are easy and less expensive to fly to (e.g. Chicago, Denver, New Orleans) and not at resorts where one is semi-captive for restaurants.

I think of conferences as a time to learn & network, not as a time for leisure and galavanting. I didn't have any time to enjoy the amenities of the hotel/resort, so the extra money paid for the resort was a wash for me. I would strongly suggest prioritizing convenience over amenities. Downtown hotels that have easy walkability to restaurants would also be preferable--something we didn't have this year. Overall, the conference was marvelously organized by the planning committee--nothing against the content--but the venue felt far less than ideal for an academic conference in my opinion.

Also, please please please have urban hotels in cities (like San Antonio-very sad to have missed the city entirely due to resort too far away/Uber too expensive) and resorts in beach or other outdoor areas (like please don't host in downtown Miami when a nearby beach resort would be so much more pleasant.)

Resort hotel was nice, but it felt removed from other cultural and leisure activities. Location was relatively affordable and not part of the larger meeting locations, so it was nice to visit.

The location of the hotel out of the city and requiring dependence on a car, expense, and location in a state hostile to healthcare were all near deterrents.

Driving to that location with limited lighting in the dark is not safe

maybe use a hotel that is in the city and close to things. This hotel was quite isolating.

As usual, the conference was enjoyable and informative. It could have been improved by being hosted downtown in closer proximity to restaurants and amenities.

This hotel was so far from the city center I didn't even feel like I was in San Antonio. It was nice, but I might prefer to be in a city (especially to get away from mediocre, over-priced hotel/resort food).

I didn't like that the hotel was far away from downtown San Antonio.

Would MUCH prefer a downtown hotel. It was a $50 Uber and 30 minutes each way to get to the city.

Need a bigger city with better direct flight access. Need more restaurants with lower costs within walking distance. I will say I would rather pay higher dues if that could offset some annual meeting costs.

Location was truly terrible. The resort itself and the conference space were fine, but it was so inconvenient to get to and so far from town. The conference content was great this year, but I could have stayed at home and watched virtually for a better and much less expensive experience. I do like coming in person and look forward to coming next time it's held in a more convenient location.

Hotel amenities were very nice but made it hard to leave to go see town in the evenings.

Encouraging presentations to share opposing viewpoints of controversial topic was interesting but also appeared to lead to CME not being provided for several sessions.

The resort hotel was kind of a problem. It was very difficult to get anywhere and the prices for everything were very expensive.

I would not recommend an isolated resort venue again.

this hotel was too far away from everything. I did not like it.

I think the location was a bit too isolated.

I also would have preferred to have the meeting venue be closer to more affordable hotel options, closer to other food options to buy a quick bite during downtime, and closer to city activities that could be done after meeting hours.

I also think that ease of travel is important, as well as local options for food and commerce.

Would not need more food options in-house if it was easy to access local eateries.

The hotel was too isolated this year; it was very costly to get to anything via rideshare.

would prefer more major city with easier flight access

needs to be downtown, avoid locations outside city

Proximity to airport and/or downtown is important. This resort was too far with transportation costing close to 60-70 dollars each way.

The hotel was also way too far away from networking/cultural engagement off site, which is part of the fun of the meeting and networking, though of course the hotel prefers you stay there for all things.

Please pick a hotel that is closer to downtown or more popular areas

The hotel and venue, however, did not match the interests of most participants. Cultural opportunities were non-existent. There were plenty of spaces to network, but not enough time.

I would not have a location further away from downtown than this year 15-20min from other restaurants seems like a max.

I found the meeting hotel to be of a much higher quality than last year, though the geographic location was a little bit harder to navigate (far away from downtown, fewer direct flights into San Antonio airport).

Regarding location and attending the meeting, personally I look at a combination of factors. I did not want to be in Florida, at the tail end of hurricane season, during election week, at a hotel that everyone knew was lower quality and not near things, besides the poorly received plenaries / meeting theme. San Antonio is not a major airport hub for direct flights, the room was very expensive, the hotel was relatively isolated (not walk-able to a drug store or restaurant), anything from the gift shop was super expensive, and the food (esp. lack of breakfast) was disappointing. The main advantage of a resort is having lots of onsite restaurants for group dinners, which you need when there is nothing else in walking distance… but my reservation got bumped anyway because the resort restaurant realized there were too many large group reservations, so this is a questionable benefit.

LOCATION: NEGATIVE (POLITICAL)

This meeting is important to me so I will pretty much always attend. However, I would like to see future locations in states where all of our members have full human rights and don't need to worry about being a woman or LGBTQ+ person in a hostile state. Many of our younger members are women of reproductive age and could be pregnant. If I was pregnant I wouldn't come in person to a state where I couldn't get adequate medical care in case of emergency.

Try to pick a city or state that is such a political divider among people and a place where all feel welcome. I would not attend if I were a pregnant woman as Texas is a frightening place for women. Also not friendly to the LGBTQ+ population.

Also, people should really be paying attention to politics. Are POC really feeling comfortable at a hotel that is hosting the spectacular ICE show? Come on. Every Uber I had made me feel uncomfortable for being from a large city. Do better.

I do not like that the meetings continue to be hosted in cities that are unsafe for women, pregnant people, and LGBTQIA. I am glad the next meeting will be in San Diego but this seriously needs to be considered as it poses a real threat and challenge to these groups of members.

With ICE involvement throughout the country, going to Texas was a big DETRACTOR--I ONLY attended in-person because I was presenting, but I never ventured away from the resort.

Need to stop holding conference in states which have been hostile towards medicine, psychiatry, and certain populations of US society. ACLP board needs to wake up and take this seriously. This is not an existential threat any longer.

I think future meetings should be held in states that are supportive of health care--I will not go to any more meetings in TX or FLA which are aggressively attacking health care for many residents, or where some attendees feel uncomfortable to due hostility to non-white people.

Great Hotel, Great setting, didn't like the politics of the town that hosted it

The survey is flawed sine it requires ratings on things I didn't try such as social media feeds, so I rated them as poor. It asks about political climate as a motivation for this year, rather than in general. I care about the political climate of the conference, and won't attend future conferences in states that have taken official acts opposing health care, whether that is anti-vaccination stances, policies harming women's health, or restricting other access to health care. It becomes an ethical challenge to increase tourism in such states by attending conferences.

We need to have our meetings in locations that make all feel welcome in the future.

I think that considering the current political climate of hostility in the USA and the boycott of the States (and hence this conference) by some of our Canadian colleagues, ACLP should consider planning future meetings in Canada or Mexico at least for the next few years.

LOCATION: NEGATIVE (OTHER)

And last but not least, the hotel reservation fees fluctuate; their attempts to charge us full resort fees, and the additional parking fees were just petty, those fees should be included in the negotiated rate.

I was very frustrated by the fact that the conference was at an expensive resort far from the city center in a state with oppressive conservative laws. I stayed at a small cheap hotel off-site as close as I could but still had to drive so far.

Hotel was too expensive and bad food

the hotel food was overpriced

Please include more vegetarian friendly venue locations

like ACLP to consider choosing other cities for conference location, particularly northern cities, as it would make travel for the northern participants easier.

The bathroom in my room was not up to the JW Marriott standard.

People have very different budgets for conferences. Some people have institutional CME and can also use research grants to fund travel, and you might not get negative feedback about cost from them. Even without research grants, I know psychiatrists whose

institutions allow $5,000 annually for CME, and others who are only allowed $1,000 annually. Early career psychiatrists should be making "enough" money from their salary to pay the remainder out of pocket, but these ECPs are also the people who are still saving to buy a house, repaying student loans, or paying $3,000 a month for daycare compared to mid-career people who don't have the same financial pressures. Fellows and residents may have some travel money but usually less than attendings, and med students may have nothing. International members or even those traveling from northern states have larger travel expenses. ... ... All of this is to say that cost of attending the meeting is an equality issue, and needs to be taken seriously. When meetings are in major districts (usually downtown but can be other commerce hubs as well) then there are usually budget-friendly hotels and restaurants nearby. Public transit may be available from the airport for less than $10 compared to an expensive Uber to JW Marriot resort in San Antonio (one colleague paid $50 for their Uber). Please consider cost of attendance and the availability of budget-friendly nearby alternatives when choosing meeting location.

Given the shrinking budgets that most have to support CME travel, it would be of benefit for the meetings to occur in a geographically wider area. Although the weather is better in the South in November, it is not equitable to have a high travel burden and cost every year for attendees who live in the north. This also affects academic department's ability to send trainees due to cost factors. Additionally, if the Society hopes to attract greater APRN participation, a more equitable distribution will be required as many APRN colleagues have few CME days and less CME dollars. Rotating among the major regions of the country (NE, SE, NW, SW, Midwest, etc) seems more appropriate, despite potential for bad weather.

Everyone agrees Palm Springs was the best location we've ever had. Let's please return

LOCATION COMMENTS: POSITIVE

Was not thrilled to come to Texas but loved this beautiful venue. Huge improvement over last two hotels. I appreciate the difficulty in balancing all the needs of our diverse group.

LOVED the venue. Pricey but worth it.

The hotel was also great!

Although I was skeptical about the location (resort hotel outside of the city, and a smaller city at that) - the increased size of the venue provided a better experience and the comparative isolation actually led to more interaction with colleagues.

This venue was fantastic. It was conducive to the meeting, had great amenities on site, and close to other amenities in the city.

Excellent meeting-nice hotel overcame the concern about being outside San Antonio; meeting content was strong

Overall good. Loved the family-friendliness of the resort, which also REALLY helps with balancing work and personal life. Please choose family-friendly places again.

The hotel gym was nice.

LOCATION: POSITIVE (POLITICAL)

As a Texan, I appreciate the ACLP chooses some locations in the south because it makes travel easier. As much as I like APA, the locations feel very coastal. Great meeting this year!

Like the meeting taking place in Texas and Florida. Don't like the negative political comments made during the meeting that are made towards a particular political group or towards certain religious groups that may believe certain things. Feel this has no place at the ALCP and turns people off as whereas the majority in ACLP leadership may feel their views are the majority, that does not make it right.

I believe that people do not really know a 'local political climate' without living in that area. We can all speculate about people living somewhere being on the 'wrong' side of a political issue -- but psychiatric care is delivered in all states, and CL psychiatrists work in all states, and there are not 'correct' and 'incorrect' states or cities. Relatedly, I believe it is good that the ACLP is now emphasizing multiple perspectives on areas of tension within medical practice. It is best to consider alternate viewpoints, generally. Even something that 'seems simple', like making a diagnosis, is often improved when alternate explanations are considered, etc. Even more important for complicated and ethical tension type issues.

FOOD: NEGATIVE

The onsite food options were incredibly expensive. In the past there was breakfast but no breakfast this year. One day we got an email that there was breakfast, but was that every day and no one knew about it? If so why was it hidden? It was noticeable that the food quantity was wrong. There were so many sandwiches the first day that were not taken. Also, why not have trays of each item so we could only take what we want instead of taking the whole bag half of which was thrown away. The waste at the two sit down lunches was a lot. Why not have a survey where you have to opt in to meals? On Saturday all the tables were set with drink and dessert and it seemed that over half were empty. Which is pretty typical because many people always leave by lunchtime on Saturday. So I hear about increased cost of food, but I see so much food wasted. Also, the cost at the poster session of $20 for poor quality wine or $10 for a bottle of water was a lot. If you are charging $10 for water i really hope it’s an ACLP fundraiser and not going to the catering company.

There wasn’t enough food available at the meeting, but the only hotel restaurant options were expensive and limited.

The lack of reasonable food options as well as lack of food at this meeting was a MAJOR sore point for me. Many of the meals were not well balanced, and I suffered from GI upset. 5 weeks ago, I attended a conference in Orange County, CA for half of the cost. The food during the meeting was more than adequate. Additionally there were food alternatives that were within walking distance. Having attended the AAMC meeting two weeks prior, I had a much better experience.

There was a lot of caffeine, water, and alcohol but limited food. We were more or less in a food desert. This is unfair to trainees who are paying their way.

Not enough food. Food was better last year in Miami.

Also, please have more decaf coffee in future years, the stations were consistently out.

I heard there were light breakfast offerings in the morning, but it was not advertised. Prefer hotel that offers more options for food, healthy vegetable options.

I would appreciate having breakfast, lunch, and dinner available for all days of the conference, especially when the conference location is isolated without other budget-friendly food or restaurant options. I would be fine with having bagged or boxed lunches instead of formal lunch with service which I guess is much more expensive if that means more meals can be provided, particularly breakfast.

the sandwich lunch was not tasty, wished there were snacks with coffee and tea available, even though it was an expensive resort during a busy conference the restaurants were understaffed with long wait times at a secluded resort with no alternatives, The hot water always ran out quick in breaks for tea and was not refilled.

Bagged lunch besides being awful. Sit down lunch is a time for socializing and networking. Many people took the bag and left.

But it was a hungrier, less fun year...

More coffee/snacks

Wish there would've been food available with the coffee throughout the morning. Loved the luncheons!

the boxed lunches generate a lot of waste and aren't very good (or healthy); would be better to survey people on alternative options and food preferences, or provide a buffet of hot food.

I think you could increase charges by a small amt to have more food available in the afternoon, since people were buying snacks anyway.

More snacks/food would be great.

Also, the food was not good and it wasn't clear when there would be food. Was there breakfast every day? or just the day we got an email? Is it possible to include on the app when and what food will be offered? There was so much food waste at the lunches. Can people sign up in advance for the lunch so you don't buy so many lunches that are left uneaten? Especially on Saturday, most people leave by lunch so the entire room did not need individual desserts set out. For the evening drinks, it was $10 for a bottle of water. If you are charging that much can it be an aclp fundraiser or something?

Food was not good - poor quality overall and certainly not worth the amount the Academy paid for it;

I would say that a small continental breakfast would have made a world of difference! The coffee was amazing though.

The final meal on Saturday was a bit of a waste and the hot food could easily have been moved to Thursday when everyone was still around. Thursday will always remain the key

day of the meeting with Friday second, Wednesday third, and Saturday fourth and last. Trying to engineer changes to this has been consistently unsuccessful.

Regarding lunch, I think there should be an option to provide people with buffet or quick access to grabbing lunch rather than sitting down and ordering for a full meal.

There was quite a bit of wasted food.

There should be breakfast available to the meeting attendees.

Several things: 1. food (limited). There were not enough food options close enough and generally not enough food available. I attended the president's reception and there was no food. On the food trends day 2 afternoon had no hot water and I was told none was ordered. There was extra coffee and weirdly enough lemons and tea put out but zero hot water.

I hate not being offered a decent breakfast, however, when we have committee meetings so early in the morning.

I understand that food/drink is expensive. However, running out of coffee, no breakfast items, and the bag lunches were really disappointing, especially from a resort of such stature.

I think the bagged lunch should be on the last day not earlier in the conference. The bagged lunch would be good for those who wanted to attend Saturday lectures but also had a flight to catch. They could attend and take a lunch for the trip. Earlier in the meeting, a sit-down lunch is nicer.

While is was great to have more food options, we needed allergy labeling and awareness. I have a food allergy and despite checking listen ingredients and talking with staff, I still ingested my allergen twice leading to sick time and missed sessions. That defeats the point of me going to the conference.

disliked lack of food provided

I understand that food/drink is expensive. However, running out of coffee, no breakfast items, and the bag lunches were really disappointing, especially from a resort of such stature.

I think the bagged lunch should be on the last day not earlier in the conference. The bagged lunch would be good for those who wanted to attend Saturday lectures but also had a flight to catch. They could attend and take a lunch for the trip. Earlier in the meeting, a sit-down lunch is nicer.

I wish there had been more snacks throughout the conference.

Food options in welcome sessions needed more variety (other than pork cold cuts and mashed potato) given amount spent on registration.

Food availability was abysmal, unhealthy- practically no breakfast options, the conference bagged lunch was not appropriate (chips? really? when you are trying to listen to the

plenary). Coffee was running out very early. If we do not want to spend money on food, at least have the meetings downtown near coffee shops and healthy food options.

I would suggest coffee and hot water/tea available at all times.

Coffee/tea should be available throughout. Breakfast should be provided esp since SIGs start at 7 am.

FOOD: EXTRA ATTENDEES

I really missed the opportunity to buy a reception ticket and lunch ticket for my spouse. I hope you'll bring those back.

I bring my partner to meeting and would like opportunities for paying for their intermittent involvement in social/meals.

FOOD COMMENTS: POSITIVE

I did appreciate the food options available and the attention to dietary/allergies.

START OF MEETING

People didn't understand that it started on Wednesday and there were a lot of conflicting things on Wednesday so attendance was significantly lower

I wish we knew ahead of time the conference starting on Wednesday.

I don't think it was communicated clearly that the meeting started on Weds in advance.

Starting Wednesday afternoon with little information or explanation, especially without a scheduled meal beforehand or a welcome plenary, led to poor attendance and experience for Wed afternoon presenters. Workshops should not happen until after an opening plenary and welcome of some kind.

I really hated that the Pre-conference courses were switched to the morning- most people weren't aware of the change and weren't even there yet. I wish they would put the research thing on Saturday and then really try to highlight the courses on Wednesday afternoon.

The conference started a bit too early this year - it felt like no one was there when it started.

Starting wed afternoon is a real problem. Many people can not take odd 3 days for service coverage or private practice. Why not extend Saturday. People can leave Missing wed. included lectures. POSTERS and a reception. If cost is an issue why have a second reception? But at least have poster on Thur and Friday. Or. Have one during the day. Wed is very problematic

I did not like starting meeting on the same day as courses took place. Please don’t do this again.

Starting the meeting on Wednesday is a challenge as people often don't come in until Wednesday. Keeping that day for pre-conference courses and key meetings may be preferable approach.

I prefer the option of an all-day Wednesday preconference course--a half-day Wednesday seemed wasted.

Having sessions start on Wednesday made it more challenging in terms of travel and service coverage.

Having the meeting start earlier on Wednesday made it harder for travel and service coverage as well as cost

I actually enjoyed that the meeting started on Wednesday, but then I think this should lead to end on Friday evening and no longer having Saturday morning. Particularly with the location, flights out were limited, which ultimately meant that I (along with many others) had to miss Saturday morning activities. I would also recommend that leadership meetings (such as SIG leadership meeting) should be on either Thursday or Friday to ensure maximum attendance.

really enjoyed the meeting format this year, and thought the opening poster session on Wednesday night was great. I attended the Wednesday clinical educator session and really enjoyed it as well.

I like the early start

END OF MEETING

would prefer to rethink the Saturday, where attendance drops off cliff. - I feel sorry for those speakers.

Remove Saturday AM sessions

it would be ideal if meeting started and ended a day earlier (eg-Tuesday-Friday)

I wish the Friday sessions ended earlier; it was a very long day.

WEEK BEFORE THANKSGIVING

Not the week before Thanksgiving!!!

Having the meeting so close to Thanksgiving could be a challenge for many!

too close to Thanksgiving.

I do not love the timing right before Thanksgiving - that's a really rough time. These are minor critiques.

I believe that the timing of the conference is somewhat difficult as it is the week before Thanksgiving. I feel it would be beneficial to move the conference to a week that is not close to the holiday season.

Meeting time: I would say that this conference is weirdly time still overall. Having it the week before Thanksgiving is rough. I definitely prefer it to being during an election cycle. It's weirdly timed for some of the awards as well such as the Webb fellowship an interview season. I don't think there's a perfect solution but I also just wanna call out that November is hard.

My final suggestion is to have the meeting earlier in November and a bit more removed from the Thanksgiving holiday.

prefer meeting in earlier Nov. late Nov is very complicated as travel to conference gets closer to Thanksgiving.

Hate the week prior to Thanksgiving, would much prefer earlier in the year, even October. I don't know why we wait for a holiday when travel is expensive and crowded and the kids are already on vacation. And I really don't think having the meeting run late in to Saturday is plausible, particularly before a holiday week.

My only complaint was the timing of the meeting as it went into Thanksgiving week.

CIRCADIAN ISSUES

Attendees/presenters from the West Coast would love to have subcommittee meetings and SIG meetings start at 8 AM at the earliest. This was not as terrible this year compared to previous years when the conference is on the East Coast (during the Miami conference making a 7 AM meeting was like making a 4 AM meeting for folks from the West Coast).

Committee and SIG Early Meetings: This needs to be revisited if the academy wants ongoing bicoastal support. Making these committee meetings 7 AM or earlier local time disproportionately impacts West Coast people. I have gone to seven a meetings that have happened for years at ACLP and it is extremely painful as someone who is West Coast. This batch of 7 AM sessions translates into a 5 AM functional time for me which means to make those meetings. I'm getting up at 4 AM. This is also burdensome for trainees and consistently have impact. Conversely, when East Coast comes to the West Coast, they have an advantage of being awake for several more hours before these meetings happen. If our goals engagement of the larger CL community times need to be adjusted around this and it's possible these meetings need to take place in the afternoon or even around noon time.

LENGTH OF TALKS/OVERLAP OF SCHEDULES

Things still didn't end on time and the moderators were somewhat powerless b/c no one was expecting there to be a moderator and someone in the presentation group usually had prepared for the role and seemed offended that the "moderator" was there.

There were a lot of sessions, and some went too late. Also, I was frustrated with similar topics competing for the same times (for example many ethics topics in the same block of time). I had some time slots where there was not a session that I was motivated to go to and others where there were 4 sessions I would have liked to go to.

Overall suggestion is that speakers are bad at sticking to their time limits and ate up the Q&A, including the MAID/PAS plenary. So they were technically on time in the sense that things didn't run over, but everyone ran late in general. Trying to have 4 speakers in 75 minutes, or give a BOP in less than 12 minutes, doesn't work for most people's "vision" for themselves. I get that 75 mins gives us more time to have more presentations, but we definitely should continue having moderators. It used to be that trainees could sign up and it was considered an "honor" for the pre-conference courses, I think. The 15 minutes between sessions gives us just enough time to move in and out of rooms. 20 mins would be more helpful.

Most sessions ran on time with moderators, but continuing to convey a message of being on time out of respect for other presenters could be helpful.

the award ceremony was chaotic (too loud, couldn't track what was happening); some of the award sessions were in time slots that were difficult to attend

Also having an award on another room during this lunch. I'm sure you had a low turnout. In past awards were during lunch. Award during reception. A failure. No one could hear or would listen anyway. What a shame to the recipient

The Awards Toast should be at a time when people attend and pay attention--it was hard to hear the speakers given the background noise.

Organization of Awards reception was terrible; impossible to get any food at that event or hear anything that was being said;

The awards should be scheduled during the lunchtime session, immediately after the award lecture. This year they were held in the evening, and unfortunately the environment was noisy and distracting, which made it difficult for attendees to stay engaged and fully appreciate the awardees.

The award ceremony really missed the mark. Please no talks during lunch - it is too noisy and can't hear the speaker.

The awards ceremony was a complete disaster and needs to be at a lunch time period when people are quietly eating.

Awards: The Stoudemire was not announced 1x in any of the meeting orientations and has not been highlighted in the program or during the poster session. This is an issue. Additionally, the award ceremony was messy. The reception talked over the awards. The any of award lectures were not highlighted and people were poorly directed to them. While name lectures may not be for everyone they are the identify of ACLP and history of CL psychiatry. I would like a little intro about who they are named after as part of the awards beyond better highlighting.

The awards ceremony was too loud and chaotic; would appreciate a separate awards ceremony to honor recipients. A professional photographer would help honor awardees and capture images throughout the conference, as has been done in the past.

I'm sure many people have said this, but the awards presentation this year was TERRIBLE! The way it was done at Miami was better, people sitting at tables and actually listening to the awards being presented. Because there were food and drink in the background everyone was talking and the award recipients were not really honored which was unfortunate.

I don't love the awards toasts and the format of the session. It's hard to hear the announcements, and the award winners don't really get their due, in my opinion. I liked it better when they were announced at plenary sessions which (ideally) should have good attendance and more attention from the audience.

The Award ceremony was very chaotic and loud. I could not hear the speaker at all.

I realize weather played a role in the awards being given out this year at the same time/location as the food buffet. However, it made it hard to hear any announcements and I don't think the awardees got the full level of recognition they usually do. I would prefer to move it back to being a part of one of the lunches.

I think the award ceremonies could be improved. Please have these at meals and make sure adequate audio to hear and celebrate those that worked hard for awards.

One of the award winning speakers at lunch (Dr Becca) had a very long introduction that maybe extended past the time of her actually speaking. One of the comments that was made during the intro was inappropriate . It was stated (in reference to her trip to Malaysia to be received by esteemed political leadership) that she was "afraid for her safety in a time that was very anti Israel and anti Trump." Malaysia is a very friendly country and obviously as we saw from her trip she was well regarded and traveled safely and soundly. So, why was it necessary to STILL share this comment, which expresses islamophobic and xenophobic sentiments (essentially that because of her American Jewish identity she would be in danger in a Muslim country) in this speech? Why was it necessary? and moreover why necessary to say in a professional conference to hundreds of people? Speakers should be mindful of what biases they promote when they hold the mic in front of hundreds of physicians.

COMPONENT: POSTERS

Poster sessions: Lots of posters missing from poster gallery day 2. Uploaded or not. Not sure what happened but more than 1. Not much can be done here but I am also calling it out.

I think two poster sessions is a great idea, though not sure how much cost it adds.

I really liked the 2 poster sessions--it was easier to navigate and felt less overwhelming.

Two poster sessions increased the quantity and quality declined.

Two poster sessions is a major plus.

I liked the two poster sessions. I like the short format presentations.

I really liked the poster session being broken down into two nights. It made this much more conducive to actually seeing all of the posters.

I liked the split poster session so I could see more posters.

Keeping the poster session in the same room as the food and drink was the best part of the meeting. It was nice not having to go back and forth. It created more opportunities for connection.

COMPONENT: DEBATE

The presenter who shared an anti-MAID perspective was quite disrespectful towards the prior speaker. If opposing views are to be presented, this should be done in a spirit of collegiality, not scorn.

I'm sure there will be complaints about the "debate." I think that both speakers could have been better representatives of their viewpoints, and that Dr. Komrad represented the second time in two years that a self-promoting influencer-type was invited. However, the main problem was in how the debate was conducted; i.e. it wasn't a debate, wasn't moderated, and that there was not enough time left for audience input/feedback, with what little time there was taken up by a 10min monologue by the moderator (seemingly thinking that the audience would not have anything to contribute or would be unruly).

Debates should have time to debate and people ask questions. The last plenary session was great. But either the introductions need to be shorter. The speakers have to keep to time limitations and be more succinct Why not give these types of sessions more time? What a shame there was no Q & A.

I wish the "debate" was an actual debate; no debating happened. I don't like having moderators for all the sessions.

For controversial topics, ensure talks are during separate blocks so both views can be heard.

I wish there had been time for questions after the "opposing viewpoints" talk on Saturday

The addition of the opposing viewpoint presentations was very good.

COMPONENT: VIRTUAL & RECORDED SESSIONS

I appreciated the content and access to recorded sessions. There was a lot of high quality content that will affect my clinical practice.

The pre-recorded sessions are wonderful.

Excellent virtual conferences.

Please continue the virtual option as it allows others who can't travel to be able to obtain CME and continuing learning as otherwise there would be no options.

COMPONENT: SIG MEETINGS

SIG support was deliberate, much better.

Love my SIG meetings!

I really liked the later SIG times.

COMPONENT: LIVE STREAMING

If live streaming is so expense and doesn't pay for itself then don't have it. For those who can't come they can watch later and still pay a fee. Realistically they aren't watching live stream all day long just like most don't go to every talk in person

It was not really possible to live stream from mobile devices, or if it was, couldn't figure it out.

COMPONENT: PLENARY SESSIONS

Many of the plenaries (Drs. Joffe, Torous, Zapata) were excellent while others could have been of higher quality (Dr. Brendel, Komrad).

COMPONENT: UPDATES

The highlight of the conference to me is the pre-conference updates. I did not like the virtual option. There is a reason I come in-person.

COMPONENT: BRIEF ORAL PRESENTATIONS

Many of the Brief Oral Presentations were grouped together haphazardly--there may have been one topic that looked appealing, but the other three weren't relevant--wound up going to none, rather than coming in late and/or leaving early.

COMPONENT: APP SKILLS COURSE

I really enjoyed the APP Skills Course. It was the most helpful part of the meeting for me and I honestly wish it had been offered for more hours or even an extra day. The hands-on examples and practical approach were great. For the rest of the sessions, I would have appreciated more real-world clinical examples from the presenters. That would have helped tie the material together. The audio was also hard to hear unless you were sitting close to the front because the room didn't seem to have good speaker placement. I also would have liked more information about mentorship or development opportunities for APPs who are new to C-L work. Overall I'm glad I attended, but those changes would have made the experience even stronger.

COMPONENT: PRESIDENT'S RECEPTION

(4) Presidents' Reception - does not feel special when it is in a dreary smallish conference room. My favorite one in the past was when Gitlin was president, and was in his suite. That felt special for all the donors.

COMPONENT: PICKLEBALL

pickleball was good but do round robin next time

would be nice if pickleball tourn was not during sessions

Pickleball was a great addition.

APP & SLIDES & HANDOUTS

None of the slides for general sessions are in the app - this really hurts the value of the meeting.

The app still is terrible.

There was no clarity as to uploading slides before the conference, which was a nightmare. This hasn't been an issue in the past so clearly there was a difference in clear communication this year.

lack of slides. In the past slides were in the app. We could take notes on our IPad. We could also follow along easier. This should not be optional and should be submitted before. Handing out slides after the conference realistically is almost useless most won't look back or remember as we couldn't write notes on it

I thought it was a big downgrade to not have slides available in the app. I usually take notes in the app alongside the slides during the presentations. Not having the slides made it much more difficult to take efficient notes for sessions. Very frustrating not having slides available during all the talks.

It was not clear ahead of time that the slides would not be available to pull up during a speakers session to follow along. That is a very helpful feature. As a speaker, I do not think it was clear that slides would not be available to participants. While I know handouts were posted, it is not was typically done in the past which I think led to confusion and some frustration.

Would like to have PPT slides available in the app as has been the case in prior years

Did not like that slides weren't available before workshops. I usually like to take notes on the slides themselves during the sessions.

It would preferable if slides could be made available again within the mobile app rather than having to find another website, this was very confusing and many attendees were asking each other how to find the slides and handouts.

Not providing slides this year really hurt the meeting's utility for me. I often want to go to several presentations at once and usually plan which to see in person when things compete (largely the rule) by thinking about which I could learn from the slides and which I have to see in person.

The absence of slides being available in the app prior to sessions was a big disappointment. In years past, this has been a big help in choosing which session(s) to attend when there are multiple desired sessions offered at the same time.

The new mobile app and website were much less intuitive than last year. Please make the lecturer slides available beforehand to easily download on the mobile app/website, and please make the links to recorded video content more centralized / accessible. This is the first year where I was very confused.

Would prefer slides and handouts be available in the app rather than having to go to a separate website.

Presentation slides available BEFORE the presentation, on website, for download (this was a BIG one for me). I was told my registration people to chat with the presenters - one messaged me back “no”, the other one was nicer but didn’t reply until Sat morning, well after his presentation. Now I have to rewatch presentations I already watched!

I was very surprised that this year the APP did not have any power point presentations available. Only a summary of the speaker and topic. Please bring back the PP

Please provide the slides, there were none provided at all during the whole conference

Not having access to slides DURING the presentations made it much less engaging than in prior years and eroded the quality of learning for me. Not sure why slides weren't provided beforehand when several speakers offered that they'd sent them to be made available and/or didn't hesitate to email them to attendees who wanted them for reference.

A few small things - the screen sizes in the rooms were too small and hard to read slides, and not having the slides available for download was difficult - I like to pull them up and use them during the session on my laptop. Most sessions did not have the slides posted, and that section was hard to find on the conference website and app.

Please have slides for presentations uploaded during meeting. 2024 meeting had most slides uploaded during the meeting, increasing learning opportunity. This year, the session handout was difficult to find and didn’t have slides for most sessions. As a result didn’t feel like I got as much out of the meeting compared to years past, especially as I couldn’t review info from sessions I wanted to attend but were occurring during other events/sessions.

it would be great to have the slides available during the presentations through the mobile app. it was often hard to see the content and difficult to follow along because of this.

I also found the lack of slides readily available on the app frustrating and limiting. The ones that were available were difficult to find and use, and many were not there at all.

The major issue was that slides were, for the most part, not available on the mobile app.

The app was a much poorer experience than prior apps I could recall. At one point, I believe we could see the slides for presenters from a phone or smart-tablet. That would make a big difference for me as sometimes session titles/descriptions submitted months ago and actual session content presented are different in a nuanced but significant way. Seeing the slides would help in "picking" which session to attend.

Once oral papers were in the schedule, it was harder to look at/see the concurrent sessions. The concurrent session dropdown almost looked like it was a section header, and I almost missed hearing an amazing catatonia talk by the developer of the catatonia scale.

As a presenter we were given an early deadline for "handouts" (3 weeks prior to meeting) and a very late deadline for slides - 24 hours prior to presentation.

Additionally, it was helpful to have the slides available in the app during the meeting and after.

The new meeting app was confusing. Having. Slides available during the talks would have been preferable.

It would be very appreciated if recorded sessions could be available to watch during the meeting rather than weeks after--there were some I would have liked to see but could not attend due to being at another session or doing another activity, and would have liked to watch during the provided conference time, rather than needing to remember weeks after to go back and watch it.

The submission process was much more challenging than usual with the new online system.

I did not like the delay in acquiring handouts/ slides virtually - I like taking notes on them during the presentations.

Another suggestion is to include the handouts directly within the application materials, as was done in previous years. Having all the information readily available in the application is much more convenient for reviewers and helps streamline the process.

There were technical issues with the online portal with uploading PPT, slides were not accessible in app during sessions. These can be easily addressed in the future. Myself and many others did not receive emails for MOC or CME eval and had to email organizers to send us emails. Prior organizer were much better.

Our pre-uploaded slides for our presentations were not available on site (thanks God for the old memory stick the presenters brought along).

Encourage presenters to have slides readily available by the time the meeting starts and have them ready in the app to accompany the sessions.

Uploading slides wasn't quite a disaster, but there wasn't a single session where I was involved and it went smoothly. My two general sessions didn't have the slides ready on the room laptop despite us uploading them days in advance, so we used our back-up slides on a flash drive. For each BOP session, at least one person had missing slides. This is really unacceptable from PGM. By the end of Friday, one of the AV guys was so frazzled and said that in all the years he's been working for the ACLP meeting, this was the most disorganized meeting ever in terms of the slides, AV, and running the live zoom.

A minor thing that might’ve been user error —I couldn’t find the discussion boards in the app like in other years.

Tech support needs improvement.

CONTINUING MEDICAL EDUCATION CREDITS

as stated above, the CME organization must be changed. Its policies were too restrictive and caused content to be less exciting/cutting edge

Also we need to get CEUs for social workers who are now also attending the meeting.

I will be getting my CME registration reimbursed through my employer within a 5 days deadline. So I must submit the CME certificate by then. I hope I will be able to update my CME certificate later with the enduring hours I would like to complete between 11/27/25 (5 days) and 12/22/25

the CME quiz the platform could be improved

Finally for the process of claiming CME, I'd vote that you make it more transparent. Rather than multiple emails, multiple deadlines, promises of video content being uploaded eventually without any concrete updates/timeline, it's easy to miss opportunity for CME, which can then be a huge loss for attendees after spending lots of $$$ to attend the meeting.

I could not get my CME credits, your technology is terrible

but would like more time to claim CME

Obtaining CME credits has been challenging.

New management company performance so far is disappointing. We didn't get feedback about pretest performance before the meeting to be able to plan which sessions to attend.

COMMUNICATION RE MEETING, WEBSITE

Things were not well communicated and no one knew how to use moderators.

And better preconference communication.

Some of the staff at check-in for the conference were rude.

TOO MANY EMAILS SENT ABOUT THIS MEETING. Multiple in the same day - too much - even before the start of the conference. Please condense and be mindful of spamming your audience, please try to group.

The new website was difficult to use, including in submitting proposals. However the staff was helpful in navigating it.

SIGNAGE

Meeting rooms were not clearly labeled.

Better signage from the organization in regards to sessions location.

PAPER PROGRAM

Overall very good. Please do not eliminate the paper program, I much prefer it to any sort of electronic app or website.

I found the room location in the written schedule hard to find. The breakout room (as well as the main room like "oak conference) should be emboldened in the schedule.

OPTOMETRICAL COMPLAINTS

could not read slides as screens too small

Also, while the overall technology system worked well I found the font on the projected slide was way to small to read on many of the presentations

Visual accessibility of slides was low this year with too small font and too little contrast. Ditto for the smaller posters -- too hard to read.

Projection screens - WAY TOO SMALL for many of the rooms. Especially the A/B, C/D, E/F rooms. The back half of the room couldn't parse text. I had to go in and revamp my slides' text size to make sure it was readable.

The projection screens were too small especially in the bigger halls and it was very difficult to visualize the slides. Would encourage speakers to upload the slides before the event.

Slide templates were not useful

The slides in general were atrocious and should be addressed

Many of the screens were too small for the room and the slides could be hard to read depending where you sat.

AUDIOLOGICAL COMPLAINTS

in some rooms sound quality was poor

Some AV issues led to delays but overall staff was easily available to help and friendly.

the sound quality was not always idea. Speakers should be instructed on how to utilize the microphone and someone should remind them then they can not be heard.

Large room session, sound was not clear. I preferred tthe virtual stream because the sound was better.

For large lectures, the virtual format actually worked better, as the audio did not reach the back of the room well during the in-person session. I don’t think there is a strong need to hold large-scale lectures in person.

For SIGs or committees with a lot of attendees to their meetings at the annual meeting, it can be hard to hear people. Can mics be provided?

I would appreciate having a microphone for SIG meetings as ours became large enough and we were spread out enough that we couldn't hear one another in the large conference room we were in.

ROOM SIZE

It would be nice to anticipate which live sessions will be the most popular and move those to larger rooms. There were several sessions I attended where a lot of participants had to stand. Maybe participants should be encouraged to flag which sessions they plan to attend in advance so the organizers can anticipate which sessions will be heavily attended and move those sessions to larger rooms.

Please tailor room sizes ti anticipated attendance. Some talks are much better attended than others and frequent attendees know those. Use their knowledge to determine room size,

The only slight downside is that the rooms were huge, and so sessions often appeared empty even when they were actually well-attended. And it feels less engaging when everyone is so spread out.

Please try to anticipate which talks are likely to have a large attendance and assign a bigger room.

ROOM TEMPERATURE

The meeting rooms were cold.

RIBBONS

Removing ribbons. Terrible. How do we know who is a trainee and who is a fellow of the academy. The ribbons helped foster the mentee mentor relationship

The badge ribbons help identify potential mentors for attendees who are looking for that. They also help people find people with similar interests. I hope you'll bring those back.

And I want my little ribbons to paste to my name!!!

please bring back ribbons so we know who we are talking to as well as disciplines on the badges.

I agree that ribbons in the past were excessive, but some should be allowed to remain like allowing Program directors to identify themselves and maybe members of the planning committee.

Thank you for getting rid of the ribbons; it feels more inclusive to not have the ribbons.

PROFESSIONAL BADGES

At a medical, professional meeting, terminal degrees (MD/DO) and FACLP status should have been listed on the name badges. To exclude them is to disregard their significance.

Badges should have credentials and training level (if applicable) on them.

Lack of credentials. We are physicians and should be identified as such. As doctors are being more and more confused with mid levels it's more than ever a time to respect our profession. Why go to med school if we are now equal with a mid level.

I think it's already enough of a travesty that the organization now caters to ACPs, but why do the name tags not include everyone's credentials? Why is putting the MD or DO designation not allowed? This is shameful

LANYARDS

I would also be willing to pay more for a nicer ACLP lanyard that could be reused

STAFF APPRECIATION

Appreciate the on site staff to help navigate.

I love the meeting. I want to give a shout out to the AV folks at the hotel - they were fantastic.

ROOM SHARING

also, the room sharing option was good- thanks for that.

MUSIC

the music was a nice idea, but kind of a boring band. 💚

ADDITIONAL COMPLAINTS

I think ACLP's focus on recruiting APPs and subsidizing their conference attendance by offering lower registration costs than those for physicians is a signal to many early-career psychiatrists like me that the academy is no longer interested in being the academic/professional home of CL Psychiatrists. The ACLP's endorsement of and pattern of bolstering the identity of non-psychiatrists in the practice of CL Psychiatry is perceived by many young psychiatrists and psychiatry trainees as undermining the significance of the CL fellowship. This is reflected in the emerging trend of fewer CL Fellowship applicants.

There used to be sign-ups for committees on-site at the conference, but now apparently registration has to be done months in advance. This discourages involvement from 'new blood'.

APPENDIX 3: COMMENTS FROM VIRTUAL ATTENDEES

THEMATIC ANALYSIS	**#comments**
OVERALL	
OVERALL: POSITIVE	33
OVERALL: NEGATIVE	1
OVERALL: PROGRAM	2
COST	1
LOCATION	
LOCATION: FAVOR VIRTUAL OPTIONS	5
LOCATION: NEGATIVE (DISTANCE FROM CITY)	1
LOCATION: NEGATIVE (POLITICAL)	2
LOCATION: NEGATIVE (OTHER)	1
TIMING & SCHEDULING	
WEEK BEFORE THANKSGIVING	1
LENGTH OF MEETING	1
TECHNOLOGY & FACILITIES	
TECHNICAL ISSUES	12
COMPLAINT RE NO VIDEO	1
COMPLAINT RE NO SLIDES	1
ADDITIONAL COMPLAINT	1
TOTAL COMMENTS	63

OVERALL: POSTIVE

Wife attended in person, I attended virtually- a first for me. Once I got the hang of it I found it quite user friendly and a very good option!!!

Always a wonderful experience

Enjoyed the virtual option.

virtual conference incredibly helpful even when attending in-person

This meeting is excellent.

A huge thank you to the organizers. Great job done.

Love this meeting and group,

Good meeting

good meeting

keep up the good work and feedback

good virtual experience

very good conference

Always enjoy attending the annual meeting!

wide coverage of topics

Great content

Excellent experience- I would have loved to attend in person.

Superb meeting

good meeting virtually

Overall very high yield practical content

Excellent meeting!

Love the meeting!

thank you.

excellent , thanks

Enjoyed the content, will be back for more

excellent meeting

Awesome event. A big thank you to the organizers

Thanks

thank you

Great !

No issues

This was wonderful and I hope to attend every year

Good experience

Attended virtually, technology was seamless.

OVERALL: NEGATIVE

was average

OVERALL: PROGRAM

Would like more topic on management of agitation in elderly pharmacologically

More posters. Perhaps find a way to combine duplicate submissions. There remains little transparency in why one submission is accepted and another is declined.

COST

Registration cost should be lowered.

LOCATION: FAVOR VIRTUAL OPTIONS

Very grateful for the virtual attendance option for those who may not be able to travel. I would be open to sessions being recorded and available at a later time as long as the post lecture discussion could be captured in some way. Maybe a few questions answered in Chat format?

For those with other responsibilities at home like me, having a virtual option is incredibly important. Thank you so much for making this happen

I hope that you continue to offer live streaming. I think it's a very good way for people to feel connected with the meeting if they can't afford to travel or if you're not able to travel.

please continue virtual attendance option w/ live courses and pre-recorded content.

I've attended numerous meetings virtually and plan to continue to attend in this capacity when I am not able to attend in person. The real-time virtual attendance has significant benefit and immediate impact on my clinical knowledge, with application of new information literally within minutes as I balance virtual attendance and clinical care. Not all members of my CL service can attend in person (someone has to stay back and cover the service) and real-time attendance permits dialogue on conference content with CL colleagues who attend in person. Please keep the real-time live streaming feature as this helps me stay connected to the CL community.

LOCATION: NEGATIVE (DISTANCE FROM CITY)

Regarding on-site programs, I am not interested in being at a resort that is outside of town where you can't access any activities other than what the resort has to offer. That was the case with this San Antonio resort, and I chose not to attend in person. The Boyden keynote speech was outstanding one of the highlights of the meeting.

LOCATION: NEGATIVE (POLITICAL)

Many young faculty/early career members have growing families. I couldn't come to this meeting because of the political environment in TX making me feel unsafe to attend as a pregnant person. Future meetings should be held in states that actually provide healthcare to people. Childcare for a fee would be very helpful for people who want to attend but have limited childcare options.

The past 2 years have been frustrating with the meeting being held in Florida and Texas. I particularly found it tone-deaf that 2024 was in Florida right around the election. … I will continue to attend because I am a CL psychiatrist by training and professional identity, and I like to stay abreast of new developments. I'd love to see the organization shift its tone over time, and would want to be able to contribute if I was ever welcomed to do so.

LOCATION: NEGATIVE (OTHER)

Please consider Hawaii or Puerto Rico

WEEK BEFORE THANKSGIVING

The timing of the conference the weekend before Thanksgiving (and it looks like next year's conference as well) is less than ideal for myself and other CL trained faculty in my department, also for the fellows. It is unlikely we will be able to attend in person in the future if it remains this late in November. I'm sure there was a reason for this change but it feels less than ideal for the many people I spoke with.

LENGTH OF MEETING

The meeting is too packed on Thu and Fri and most people leave on Sat. Why not do it all week with less things during the day. I attended virtually and attended way more sessions than I usually do in person. Traveling to ACLP can be tiring just getting there, the time difference and now we are expected to attend back to back sessions without a break. i am glad I did not attend in person but I missed some good things.

TECHNICAL ISSUES

please improve the organization of the conference website and the user-friendly aspects of the website. It is not intuitive and, currently, does not seem to be geared toward ease of use for the end-user.

Registration and CME claims were not user friendly this year

For the virtual experience my only complaint is that depending on how you accessed the conference (i.e., via the ACLP website logging in vs the direct link sent out) there were slightly different options of what sessions were available. Only a few changed so not sure why and assume it was a technical issue.

Good meeting, wish website would have been better, more general sessions were presented recorded and slides would be available for download

Please list the CME values next to each talk/panel/activity in the printed materials, next to hyperlinks, or on the schedule. It felt impossible to see what each activity was worth. I know it's often time-related but it's not always and so it's helpful to have that explicitly listed.

Is there a way to connect the app to link to virtual sessions and count our cme credits?

The meeting website compared to prior years seemed unnecessarily wonky. One page was used to view the schedule (and read more about the topic being presented) and bookmark the presentations you plan to attend, however then you had to go to a different page to request the Zoom link (which did not include any information about the presentation aside from the title). Prior years I attended virtually, the experience seemed more seamless and intuitive.

Please improve the virtual attendance experience. Navigating the space is not clear or user friendly.

Please improve the UI of the website

Also, I tend to have login issues when I attempt to log in to the conference or evaluation on my work computer. Would appreciate easier log in for example with QR code, I think Apple calls this a passkey (all my passwords are stored in my personal iPhone.) Thank you for your tremendous efforts in curating a wonderful conference.

The virtual recordings were rereleased late with a much shorter deadline than usual for completion and the presenter handouts were not available online. They way you had it before was awesome. Virtually available for a few months after the fact and with downloadable ppt. I loved it. I'm not sure I'll register again if it is set up the same way next year as it was this year. I didn't have a lot of time to view what I needed on line. It was also released during a very busy time of year (holidays and 1st week of January (Jan is very busy for CL psychiatrists). Live stream is not necessary.

Attended virtually this year - the digital platform was fine, nothing special. At times it was hard to hear what was being said. At times I was unable to see the slides presented, only the face of the speaker. Would be great if we could have the slides available for download

next to the links to the sessions for ease of use. Lastly, if you are going to offer a virtual conference option, I believe it is imperative to offer live streaming so people can feel like they are part of the active experience.

COMPLAINT RE NO VIDEO

I attended virtually because I needed to due to my husband's cancer treatment. Only seeing the slides and not the presenter (which I completely understand) was disappointing. It's a loss to not be able to connect better with colleagues in this venue (which is good for climate change).

COMPLAINT RE NO SLIDES

however, it is unclear why presentation slides were not provided… ACLP should make it an expectation that presenter will provide slides to attendees. Virtual attendance is important but there were problems with projecting slides …

ADDITIONAL COMPLAINT

Also mid-levels are being subsidized on their payment, this is not fair.

APPENDIX 4: VIRTUAL ATTENDEE - REASON FOR NOT ATTENDING IN PERSON

THEMATIC ANALYSIS	**#comments**
SCHEDULING CONFLICTS	36
COST	34
FAMILY OBLIGATIONS	19
MEDICAL/PREGNANT (SELF/FAMILY)	14
LOCATION: NEGATIVE	13
LOCATION: NEGATIVE (POLITICAL)	9
TRAVEL/DISTANCE	16
GOVERNMENT SHUTDOWN	4
PERSONAL	4
WEEK BEFORE THANKSGIVING	2
PREFER VIRTUAL	1
VISA	1
FEAR OF BEING TRAPPED WITH 1200 PSYCHIATRISTS	1
TRAVEL/DISTANCE & COST	5
TRAVEL/DISTANCE & TIMING/SCHEDULE	3
TRAVEL/DISTANCE & LOCATION	2
COST & LOCATION	4
COST & TIMING/SCHEDULE	3
LOCATION & TIMING/SCHEDULE	6
OTHER/COMBINATION	20
TOTAL COMMENTS	197

SCHEDULING CONFLICTS
Schedule
Unable to make it in time for the conference
limited time to travel, location (too far)
work
Unable to take PTO and travel
Service needs
Time constraints
Time constraints
Feasibility
Unable to take time off
Clinical service obligations.
unable to travel for that length of time
my personal and occupational schedule
I had to cover the service.
timing
Time off
Other responsibilities
No time to travel
Coverage
coverage from work
Coverage
Need to cover the CL service at my institution and goal to review sessions more in the future
Work was not flexible enough to attend in person
work conflict
time away
Work schedule conflicts
timing
Time
Timing
Staffing
Feasibility
Work
Time off

No Time
Clinical service coverage
Covering for faculty member who was one of the event speakers

COST

cost
Cost.
Cost to fly there (too far)
expense
Too expensive to go anymore
Reduced cost
cost
travel costs
Cost of attendance
cost
Reimbursement
Cost
cost
Cost
Reimbursement
Expense, limited time away from service, ability to access content asynchronously
costs
clinical coverage issues at hospitals
Ease of attendance, location
Cost of hotel and travel
Cost
Cost
Cost
Did not have enough CME money for travel or accommodations
Cost of attendance and travel with limited employer reimbursement
Cost
financial cost with traveling
cost
Cost

Travel cost

Finances for travel by home institution for CME

Cost of in person attendance

Cost

Did not want to attend in the state/city it was held

institution not providing funding for travel except if you are presenting ORAL presentation

FAMILY OBLIGATIONS

Family obligation (care of an elder parent) prevented my attendance. So very grateful to ACLP to have the opportunity to stay current. I have noticed that if I miss even 1 meeting, it has an impact on my awareness of emerging topics.

I have 3 children who are currently in school (preschool, elementary, middle school aged).

family obligations

3 children at home and need to see patients as well.

family obligations

Was unable to make it to meeting in person for family reasons

Child care

difficulty finding childcare

Travel is very difficult with family; I would not be able to attend these if there were not a virtual option

family logistical commitments

I have young children unable to travel

I have a child who is too young to leave for the length of the meeting

Can not travel far due to family responsibilities.

Elder care family responsibilities in a two participant marriage

Childcare issues

First year of motherhood, not prepared to travel just yet.

Childcare and family needs

Family life and child care with travel

difficult to leave toddler for conference

MEDICAL/PREGNANT (SELF OR FAMILY)

Personal illness

Medical necessity

I had an annual cardiology appointment on 11/20/25 that I could not reschedule-the doctor's next available was Oct. 2026- so I had to cancel flights and hotel reservations (and a chance to meet a distant cousin in San Antonio that I learned about through genealogy research!)- virtual attendance was definitely my second choice.

Combination of personal medical reasons and location of meeting (far from hometown)

i am pregnant

I was sick.

Had a last minute medical procedure to recover from and seamlessly converted to virtual last minute

Personal medical issues

I have Long Covid and prefer to not fly or take the risk of catching things on a plain any more

illness

Medical emergency shortly before the conference

My husband's cancer treatment. I needed to be home to support him.

change in my health

Single parent making child care more difficult

Illness

family illness

LOCATION: NEGATIVE

Did not like location

Didn’t like the location

Location

Location

City that the meeting was located in

The conference city

Location

location

the location of the conference

boring location

Location

hotel being out of the way and not a desired city

Location

LOCATION: NEGATIVE (POLITICAL)

Did not want to travel to Texas

I am pregnant and did not feel comfortable going to a conference in a state that does not have appropriate women's health care. Some of the questions above are not applicable to virtual attendees. Consider having a NA option.

Honestly did not want to travel to Texas. I'm here on a visa.

I don't travel to TX

did not wish to travel to Texas

Location- unsafe state for people with minoritized identities

I did not wish to go to Texas for any reason.

Don't feel comfortable attending a conference in TX due to political climate there

did not want to support Texas GOP views

TRAVEL/DISTANCE

Travel disruption

issues with flying

Travel issues

The travel

Distance

Problem to travel

travelling

I'm in CT and San Antonio is inconvenient to travel. Some meetings should be closer to New England.

I am located in the Northeast and Texas was too far to travel

Inability to travel

USA travel

no travel

Travel

Could not travel at that time.

travel issues

Essentially, I was unable to travel out of the state at the time for a particular reason, and so attending virtual was ideal.

GOVERNMENT SHUTDOWN

Fear Government shutdown would delay flights

Problems with air travel due to the government shut down

No travel during govt shut down as federal Employee

government shutdown

PERSONAL

Personal

personal

personal factors

personal preference

THANKSGIVING

timing of conference one week before Thanksgiving is not feasible for myself or others in my CL department. please consider changing it back to earlier in the month.

Travel weekend before thanksgiving. Direct flight to Austin with 90 minutes drive –

PREFER VIRTUAL

Prefer virtual attendance.

VISA

Wait time for us visa in toronto 1+ year

FEAR OF BEING TRAPPED WITH 1200 PSYCHIATRISTS

the choice of hotel on the outskirts of the city made me feel like I would be trapped with 1200 other psychiatrists

TRAVEL/DISTANCE& COST

distance and expenses –

no direct flights. cost.

live overseas, more convenient and economical

Time to travel and cost

Inability to travel at the time of the year——too close to holiday, also too expensive with airfare, hotel and meeting fees.

TRAVEL/DISTANCE& TIMING/SCHEDULE

Ability for multiple CL staff to attend from same organization, distance, length of time

distance and time

Distance and timing of conference. Fall is a busy conference time of year and I had a conflict.

TRAVEL/DISTANCE& LOCATION

travel difficulties, city not that exciting

distance and location of conference

COST & LOCATION

Location and cost

cost of the meeting and the location

cost and location

cost and location

COST & TIMING/SCHEDULING

cost and time

Time and left over CME money

Save time and money

TIMING/SCHEDULING & LOCATION

the location and that it was on weekdays

Meeting location, rotation schedule for attendings to get these days off

Timing (too close to Thanksgiving holiday) and little interest in going to San Antonio

Work schedule and location.

Feasibility, city location

City, timing of meeting just prior to Thanksgiving

OTHER/COMBINATION

Location of meeting, cost of flying/hotel especially with timing very close to other meetings attended, government shutdown concerns about air traffic control

This was my first year being involved with ACLP and I wanted to see what the conference was like. I was also unable to take time off from residency to attend the conference.

Didn't have time to travel this year and had family obligation at home

Move

recording of sessions for later use

Convenience

Did not like the location, expensive, strange dates this year which made it hard to attend

Clinical and family commitments

I missed the in person touch but the content I watched was excellent

Company policy, offered CME time, and travel

Wanting to stay home

Proximity of holidays and NUBE conference - could not travel for all. Not interested in visiting TX.

unable to travel and was not selected to present;; prefer not to go to Texas

Convenience, difficulty in traveling this year

Did not want to visit San Antonio in November, since it was at a resort far away from town

I enjoy in person, but the virtual has worked well for my schedule the past few years, appreciate having it as an option.

Finances (cost) and family considerations

at the last minute I was unable to attend

Could not get time off of work, expense of travel, caregiver for elderly parent

Time for travel/being away from family

APPENDIX 5: REASON FOR NOT ATTENDING NEXT YEAR

THEMATIC ANALYSIS	**#comments**
OVERALL: NEGATIVE	14
SCHEDULING CONFLICTS	28
COST	14
TRAVEL/DISTANCE	12
COMPETING OTHER CONFERENCES	9
FAMILY OBLIGATIONS	5
LOCATION: NEGATIVE	2
DOES NOT WANT TO LEAVE TEXAS	1
WEEK BEFORE THANKSGIVING	3
RETIREMENT	2
PERSONAL	1
COMBINATION	5
OTHER	4
WILL ATTEND VIRTUALLY	5
TOTAL COMMENTS	105

OVERALL: NEGATIVE

This meeting was the worst ACLP conference that I have ever attended. Although the hotel was beautiful, it was isolated and we were forced to eat at the same 3 restaurants. A much better choice would have been one on or close to the Riverwalk. Also there was hardly any food/coffee during lectures, that creates the past warmth and intimacy that ACLP has always had. There was no lunch on the first day. The awards ceremony was a complete mess. I felt the meeting was very disorganized and money was spent on all the wrong things. I would prefer a good hotel, located close to civilization and more food to create community. I have been attending for the past 10 years and am reconsidering if I will ever attend in the future.

The level of scientific information below the expectation

The location this year was /awful/ - so far out of town, hard to even get rideshares to come out. And food on site was so expensive, not a good value for what it was. Location next year looks a bit better but it's still out of town. It's just not worth it to me to travel for such bad locations.

Not enough practical information in the session that can be used when treating patients

I did not find any of the material presented to be new information.

Poor

Too many presentations given by residents and fellows. It's not worth my time to see people with less experience talk.

a lot of topics such as neuroscience were not directly clinically relevant, many sessions felt somewhat "dry", there wasn't enough time for q- wasn't as engaging - too much lecture format even in smaller sessions- needs more audience participation ; no breakfast.

Not planning for virtual, may be in person… May be not at all… Presenters did NOT provide handouts or slides… Poor audiovisual… slides were not projected in few sessions I attended…

This year I think the quality was low as well as the organization of the event.

I did not have as good an experience at this meeting as I have at other meetings, prior to the pandemic.

Conference quality in terms of content and delivery has degraded since James V left.

I would attend again if problems addressed. The materials/topics covered is great and I could get more out of the conference and registration costs if there was improved access to conference materials. Problem #1: So few handouts/slides are provided. This should be a absolute requirement for presenters. Problem #2: All the sessions are taped and attendees should have access to all the sessions. There were many of interest to me and I had to chose one session over another. Sad that I don't have access to any content! These seem like obvious improvements to ACLP conference.

The information presented at this year's conference helped validate my current practice but did not offer information that could be applied practically and that would change my practice

SCHEDULING CONFLICTS
Unavailable
Scheduling issues
Our group alternates year for service coverage.
My coworker is going to attend next year so I will have to be at work
every other year
Other coworkers would like to attend and we cannot all take off
Scheduling conflict
I will be out of the country
Institutional commitments
not available but would otherwise
will not be able
Not available
other commitments
My turn to cover the service while others are away
My colleague will be attending next year so I will have to work/provide patient care
Not my turn
Conflicting prior engagement
hospital staffing
other commitments
No PTO available
Coverage issues
Coverage at work
Clinical schedule
Unclear, depends on staffing/ availability to travel those dates and hospital be covered
Team planning
service duty
Time

Can’t take time off every year

COST

Limited value for high cost

Too many fall conferences, I have to only attend the ones I get paid to do

Cost

cost

cost

Trainee, no financial support.

Did not feel that the meeting fits my current needs as a senior attending. The price was more than the value received.

Excessive cost

Financial

My institution has restricted access to our discretionary funds so I do not have the funds next year

too many days, too expensive

funding

Cost

Expense

TRAVEL/DISTANCE

Distance

Distance

Too far to travel

Distance

too far and expensive to travel from East Coast, understand the need to use central, eastern, and western locations

Too far to travel

I don't want to travel to the US right now. It is also far away.

Too far of a flight, central US location would be helpful

Too far.

Too far from my residence (FL)

distance

too far

COMPETING OTHER CONFERENCES

More superior conferences to attend next year

will attend another conference

other conferences to attend

meeting conflict

May attend an APP conference next year instead, but would attend again in the future

Alternating with AAAP

Too many conferences and not enough funding support or time

More value from other meetings -EAPM

Will be at different conference

FAMILY OBLIGATIONS

I will have a newborn

likely having a newborn. otherwise I would be there in a heartbeat!

having a newborn

will have a little baby

family obligations

LOCATION: NEGATIVE

I don’t like San Diego

boring location

DOES NOT WANT TO LEAVE TEXAS

I live in Texas, so this would be out of state for me.

WEEK BEFORE THANKSGIVING

Having this end on the Saturday that people start traveling for thanksgiving is a horrible time. The old early Nov time was obviously better.

timing the week before thanksgiving is too taxing on people with family responsibilities. I left the organization for many years when a mother to young children because I could never get the additional time off and it conflicted with school events. This timing only works for non default parents (often male). It is such a great meeting that penalizes the default parent. I rejoined for the lower meeting rate. I practice outpatient CL and addictions psychiatry every day and the work you do and present at the meeting is invaluable. Would love to attend more regularly.

Late November is the worst time for the conference. Please consider changing it back to early in the month

RETIREMENT

I'm retired

May retire

PERSONAL

Personal non-work reasons.

COMBINATION

Cost and time off from work and family life

Location, cost

Did not like the hotel last time, and too far to travel

Cost and distance

Cost and Distance

OTHER

not sure yet

I am not a CL Psychiatrist and only attended this once because I was invited to present.

I'm having doubts

Why bother if I cannot get my cme credits

WILL ATTEND VIRTUALLY

I want to attend virtually, not in person as it takes too much money, too much time from work and is tiring to travel so much.

not sure I can attend in person - more likely to attend virtually

I plan to attend virtually again as I am still battling Long covid and do not want to fly

if decide to attend, will do so virtually

Prefer to attend virtually.

APPENDIX 6: SUGGESTED TOPICS FOR FUTURE MEETINGS

THEMATIC ANALYSIS	**#comments**
PSYCHOPHARMACOLOGY	20
BUSINESS OF CL	17
ADDICTION	17
AI/TECHNOLOGY	15
GERIATRIC PSYCHIATRY	15
NEUROPSYCHIATRY	14
NEUROMODULATION	10
CHILD PSYCHIATRY	9
DELIRIUM	9
REPRODUCTIVE PSYCHIATRY	9
WELLNESS	9
ETHICS	8
CATATONIA	8
FORENSICS	8
LIFESTYLE MEDICINE	7
PSYCHOTHERAPY	7
TRANSPLANT	7
EATING DISORDERS	6
EDUCATION	6
AUTOIMMUNE DISORDERS	5
PSYCHO-ONCOLOGY	5
OUTPATIENT	5
FACTITIOUS/FUNCTIONAL	5
APPs	4
AUTISM	4
DEIA	4
QUALITY IMPROVEMENT	4
CRITICAL CARE	4
MAiD	4
HIV	3
LEADERSHIP/MENTORING	3
SPIRITUALITY	2
SUB TOTAL	253
GENERAL COMMENTS	67
FAVOR INNOVATIVE, RESEARCH, VARIED	24
FAVOR CLINICAL & PRACTICAL	14
INDIVIDUALS MENTIONED	8
SINGLE MENTION	40

TOTAL..... 368

PSYCHOPHARM

Treatment-resistance, tachyphylaxis

newer psychotropic medications;

drug-drug interactions, pharmacokinetic and pharmacodynamic interactions for the CL psychiatrist

More about use of Depakote for agitation

Somatic tx

Clinical pearls for new or underutilized medications, addressing psychosocial barriers to treatment

psychopharmacology,

pharmacology in patients with liver and kidney injury/disease/failure

AIMS exams

Novel Psychopharmacological approaches to CL Psychiatry

Cobenfy

QTc monitoring for psychotropics and alternative treatments for patients that need antipsychotics but have a QTc above 500 or history of a-fib, MI, etc.

Medications recently receiving FDA approval.

More discussion of management of ICU-level treatment for patients with co-occurring alcohol withdrawal

I would like more psychopharm lectures

psychopharm topics

Pharmacology

Newer antipsychotics

More on the use of Depakote for agitation in the context of delirium and dementia

Updates on newly approved medications or investigational medications

BUSINESS OF CL

evidence of value of c/l psychiatry (programs are cutting back),

Business side of CL?

Dealing with FTE restrictions when RVU guide staffing planning

Program implementation and sustainability

I always like hearing about innovative programs, especially those that integrate multiple disciplines.

Collaborative care,

implementation of subspecialty clinics

Successful ways of implementing alternative incentive structures/ markers of productivity for faculty on CL in the setting of CL not matching well to outpatient or inpatient psychiatry RVU structures

The changing landscape of healthcare how would impacts funding and the practice of psychiatry?

the technology/private company landscape and how this is intersecting with hospital care

Speakers on building programs, both from a clinical and administrative perspective.

Building an outpatient CL service in a specialty clinic

Proactive CL psychiatry

Financial sustainability in an academic environment

Bedside arraignment and decreasing ED length of stay

mapping C-L impact in more diverse places in U.S.

Multidisciplinary care, inpatient psychiatry transfers

ADDICTION

more on opiates fentanyl and xylazine

practical pearls in assessing & treating attentional deficits in SUD particularly stimulant use d/o

I liked the attention given to addictions.

substance use,

Substance Use.

practical management guidelines for early career CL psychiatrists for substance use,

More addictions, addictions in xplant

Substance use disorders; summary of key papers and research findings

Updates on new substances of abuse

Addiction and liver transplant

More topics on addiction and changing medical/healthcare landscape

2. efficient and legally safe clinical documentation in the era of inconsistent voice recognition software and AI scribes.

More addiction content,

More Addiction, substance use disorders

Addiction, Cannabis, Dementia

more case studies and perhaps tracks at meetings "SUD etc

Also how to manage pts with both OUD and chronic pain.

AI/TECHNOLOGY

More presentation on AI use in CL.

Artificial intelligence,

Ongoing content on AI

AI psychosis

More on technology in CL,

Impact of Ai on c/l psychiatry

Technology, including AI will become more important as time goes on

Use of AI in daily psychiatry practice

AI

Advent of AI in mental health

Evolving application LLM AI platforms vs emerging alternative

Interested in AI and new innovative treatments.

digital interventions

While I understand it is a new and emerging topic, but there were so many presentations on AI.

Technology to improve care for patients and caregivers,

GERIATRIC PSYCHIATRY

Geriatric psychiatry

dementia clinical updates;

Managing neurocognitive symptoms with aging

The overlap of geropsychiatry and CL

More geriatric cl content

Treatment resistant agitation in dementia patients

more neuropsych management, dementia related topics,

dementia and geriatrics

More on treating agitation in patients with dementia would be helpful.

More geriatric,

dementia,

Geriatric care

Management of agitation in neurocognitive disorders

Diagnosis and management of dementia with behavioral disturbance in medically ill patients.

Dementia related topics, including current management of neuropsychiatric symptoms

NEUROPSYCHIATRY

Neuropsych

neuropsychiatry,

More neuropsychiatry

Neuropsychiatry, neuroimaging and EEG interpretation for the CL psychiatrist,

Neueopsychaiatric / nerocognative disorders

Catatonia and AI as topics were great. More neuropsychiatry and psychopharmacology would be nice.

neuropsychiatry topics

TBI - neuropsych topics

Neuropsychiatry, complex systems

updates in neurology,

neurocognitive disorders

Advances in neurological care for psychiatry audience

traumatic brain injury;

more neuropsychiatry topics but less FND

NEUROMODULATION

Neuromodulation of relevance to CL psychiatry, utilization of fluid biomarkers of relevance for CL psychiatry

Neuromodulation

more topics on psychedelics and interventional psychiatry where psychiatry is headed, more integration of neurobiology.

psylocibin

Psychedelics

Efficacy of ketamine versus ECT versus TMS,

Neuromodulation (Davin Quinn)

Neuromodulation topics

ECT

Neuromodulation and brain stimulation

CHILD PSYCHIATRY

child

neurodevelopmental disorders in children and adults

more pediatric content especially catatonia and feeding/eating disorders

Child and Adolescent Content; Management of boarding patients

More pediatric

Enjoy pediatric topics

child psychiatry

Community involvement,

More child related topics

DELIRIUM

Delirium and

delirium,

Delirium management

Delirium

Delirium

Fewer repeats of valproic acid and delirium. We've been seeing the same slides for ten years.

Refractory agitation management in dedntia/delirium

Clearer guidance and stance on usage of antipsychotics in Delirium; we have had MOC questions where correct answer was that they are of no value

Like content on Delirium.

REPRODUCTIVE PSYCHIATRY

More reproductive psychiatry specifically surrounding peri and post menopause

womens mental health

More pregnancy and postpartum clinical discuss discussions

Infertility

peripartum topics

evidence for hormone /replacement therapy in women and men

more of women health

breastfeeding practices;

women's mental health esp menopause needs more attention

WELLNESS

Well-being topics

more practical ways to work on a day to day basis

CL and physician wellness

Physician life balance and wellbeing.

Work-life integration

wellness

Wellness

psychiatry and spirituality, psychiatry and religion

Physician wellness,

ETHICS

ethics lectures

Ethics

Content related to ethics surrounding involuntary treatment for substance use disorders (CA SB-43)

clinical cases about ethical dilemmas or tough capacity evaluations

Ethics,

multi-perspective views on ethical tensions

bioethics,

Bioethics,

CATATONIA

more on catatonia- Francis

catatonia,

catatonia,

More on catatonia

catatonia,

Catatonia and

Catatonia

Same with Catatonia as it is evolving so quickly.

FORENSICS

Capacity Assessment

Forensics

forensics

Violence,

More legal topics -- would honestly love to have more lawyers invited to comment on things like APP supervision, involuntary hospitalization of people with guardians, how to navigate MAID/PAS when this is offered in an adjacent state or the provider is a conscientious objector, duty to warn s/p Maas vs UPMC, legal rulings about curbsiding and defining a doctor-patient relationship, etc.

Legal Considerations for the CL Psychiatrist

Really enjoyed hearing Omar Mirza's thoughts on capacity. Would love for Jacob Appel to have offered his thoughts on the same, especially potential legal ramifications of using a values-based capacity assessment

Please continue to cover the topic of Capacity. Assessments are increasingly more challenging and nuanced. So I am grateful for shared peer perspectives.

LIFESTYLE MEDICINE

Obesity lifestyle medicine

Functional medicine

Lifestyle medicine

More lifestyle medicine,

gut-brain, nutritional, dietary interventions

Vitamin Psychiatry

nutritional psychiatry

PSYCHOTHERAPY

Psychotherapy process discussions

Psychotherapy of the Medically Ill

Psychodynamics seen on the CL psychiatry team - with the patients, between services, between patients and the primary service, etc and how to successfully navigate this

psychotherapy, and

Psychodynamics,

more therapy based presentations

More content on integrating psychodynamic models into clinical practice.

TRANSPLANT

we need more transplant and transplant track. there was definitely some, but not enough. we have a big active transplant SIG and amount of transplant talks did not reflect the need and interest.

Transplant

Living Donation.

I would always suggest more transplant psychiatry content

we need a half day on transplant

more transplant

Transplant related sessions

EATING DISORDERS

Eating Disorders,

eating disorders);

Food Addiction,

I would have liked to see more content related to eating disorders

There were no sessions I found on eating disorders, which I think is an important CL topic

request more on eating disorders next year

EDUCATION

Education in CL

medical education

good range was present. please continue. ongoing discussion on fellowship education (should fast track be an option for CL fellowships) would be welcomed.

More training and education-related content

Education for trainees at different levels of training

Education is very important to me

AUTOIMMUNE DISORDERS

update on all autoimmune encephalitis (including seronegative) for CL,

1. inflammatory etiologies of neuropsychiatric symptoms. Id and tx.

Autoimmune, antiNMDA encephalitis

Paraneoplastic syndromes and psychiatric sequela

Diagnosing Encephalitis

OUTPATIENT

Implementing more topics that would apply to the outpatient setting.

Outpatient CL,

connect with primary care services as well

this year felt too focused on inpatient consults.

More sessions focused on outpatient settings,

PSYCHO-ONCOLOGY

Psycho oncology,

psycho-oncology

psycho-oncology

psychooncology,

More psycho-oncology

FACTITIOUS/FUNCTIONAL

Factitious Disorder

functional disorders,

FBI "swallowers" and behavioral plans/ interventions

Functional disorders, abnormal illness behavior

Treatment options for functional neurological disorders

APPs

more content geared towards APPs

More sessions geared towards APPs

Longer APP course

The role and value of Advance Practice Providers in CL

AUTISM

autism

autism, neurodevelopmental disorders

management of adult ASD in hospital setting

ASD care in hospitals

DEIA

Diversity

More DEI topics

DEI

DEI considerations for training and education

QUALITY IMPROVEMENT / PATIENT SAFETY

More topics focusing in Quality and Patient Safety, Process Improvements

value metrics for CL psychiatrists

quality

quality

CRITICAL CARE

More Critical Care Psychiatry

More critical care topics

critical care topics appreciated

I enjoy the critical care discussions across the spectrum

MAID

Medical aid in dying

Voluntary stopping eating and drinking - palliative psychiatry

end of life issues (including new passage of MAID in NYC)

Loved the MAiD debate, wish there had been more time for questions.

HIV

More on HIV and mental health/ neuropsychiatry.

HIV Psychiatry,

HIV Psychiatry,

LEADERSHIP/MENTORING

Leadership topics

more mentorship

maybe more on leadership too

SPIRITUALITY

Faith/Spirituality

spirituality

GENERAL COMMENTS

FAVORING INNOVATIVE, VARIED, & RESEARCH TOPICS

more cutting edge material.

More sessions on innovative treatments in C-L psychiatry

Innovative material, new up and coming data, less re-hashing of current literature, really enjoyed the talk by Amonoo MD outlining process of her work.

I really enjoyed the theme of innovation and SIG focused. More sig focused tracks would be good.

new developments, rather than rehashing known issues

There is a lot of focus on topics repeated each year without much evolution. New research or advanced topics would be great.

Varying range of topics, trying to cover various niches and current topics

I think there is a trend where select speakers are invited every year and recycle previous material that is not helpful for learning.

It is always the same thing and the same speakers. But there are so many abstracts and I am not sure why more innovative things are not accepted.

avoid repetition of topics

Topics were well presented but the selection was narrower in scope and very inpatient focused whereas past years had a broader mix of topics

Separate similar topics, not pooling all transplant at the same time slot for example

I think it could be helpful to have topics spread out during different times; for example, perinatal psych had a few talks during the same hour and it would be nice to have a few chances to make the talks rather than just one or two.

The evidence based practice committee should lead a lecture series on biostatistics or interpreting states, maybe one of the paid course. I really enjoy their 10 best papers series, and I'd love instruction from this group on how to be a better "consumer" of data and be able to apply it to my own specialty.

more formats like 10 most important papers,

top 10 papers

Updated Clinical Care Guidelines or best practices for different conditions. The 10 best papers of the year session was great. Would continue to recommend. More on the developmental aspect of conditions. Would be beneficial to have specialists like Neurologists, more Psychologists, Adolescent Medicine doc (RE: eating Disorders); lawyers to discuss issues medicolegal issues.

consensus and guideline workgroups

Found the lecture by Hermioni Amonoo absolutely amazing. We need more lectures like that based on hard evidence and showing how to move things in the field.

The research plenary was great as were several other talks but overall it seems like there was less research content than in past years.

evidence-based interventions.

More science-based talks like we had this year would be good. Another debate would also be good.

more biological talks

More basic science content would be valuable.

FAVORING CLINICAL & PRACTICAL TOPICS

Loved the clinically oriented talks on unique topics such as functional disorders and pulmonary psychiatry!

Clinical case-based discussions

Enjoy the more clinically relevant topics

More practical matters which relate to day to day practice of CL psychiatry, like boarding treatment of agitation in dementia and delirium

Clinically relevant topics are most helpful.

would like less theoretical and more practical management tools

More clinical knowledge topics

More content, less process; more senior folks, fewer junior folks

how to perform a psychiatry consultation,

More on process: how to run a service, how to teach, how to advocate; and less on content

more on FND and nonepileptic seizures

more procedural

more "how-to" training sessions; eg, how to do buprenorphine induction; how to review the literature; how to conduct a meta-analysis

Best practices for CL psychiatry, Managing complexity (relevant to CLP)

POSITIVE COMMENTS

So many great topics

The topics are great

There was a nice range of topics, as usual

I thought the topics and speakers were good.

The topics were amazing. I believe they were more applicable to practice than in years prior

All topics I wanted to learn more about were discussed including but not limited to catatonia, marijuana in psychiatry

REGARDING SPEAKER SELECTION

Pls let the attendee suggest topics & speakers

Non-politically charged or divisive lectures. Having more diversity in the speakers, for example, not the same experts presenting the same topics over and over again.

Recommend more cross-pollination amongst SIGs to develop symposia and courses.

Educating the physicians for whom we provide consultations

international representation of CL psychiatry to learn different viewpoints from other parts of the world.

Some focus on medical underpinnings of complex med-psych cases

I noticed that this meeting had a greater amount of newer/junior speakers, as opposed to the more senior members of the Academy. Although I understand the need to provide a greater opportunity to the younger generations, I feel the balances are tilted towards those with less experience, and that there should be a much better balance between the more senior members and the junior ones.

more representation from speakers outside major academic centers

REGARDING FORMAT OF TALKS

Give guidelines to presenters: STOP SHOWING BAD SLIDES!! Slides should be READABLE from the back of the room, with black letters and a light background. Don't put complex figures and diagrams on a slide and then mention only one "corner" of the Figure or Graph. Just show the relevant portion. The "required" slide template format was idiotic-- 25% of it was a green box on the left. Why do something so ridiculous? Have the whole slide available for information. You can have a fancy title slide and end slide with such formatting, but not the "data" slides.

provide sllde s before & after the meeting for further review

Provide handouts

the CME organization for the meeting clearly had a detrimental effect on the content of the meeting with its policies. The CME organization must be changed for next year. That is why I give the content rating as below average. The talks that were presented were great.

It'd be helpful for speakers speaking on niche topics to remember that the audience is not familiar with their subject and break the information down and keep it applicable to C-L clinical work, as most attendees are primarily clinicians.

It would be great to incorporate more workshops and interactive content

use audience polling like Slido, etc for better interactive engagement

continue interactive sessions

more interactions

Audience polling/ interactive

having audience participation - such as Slido app

REGARDING MEETING ORGANIZATION

Love the short oral presentations by topic.

consider more Saturday sessions to allow more attendees to attend;

I would like the Updates course to return to previous format

I missed having more in-person general update presentations.

INDIVIDUALS SUGGESTED

Ron Pies

Kurt Kroenke

Karl Friston or Andy Clark (on neuropsychiatric relevance of active inference/predictive processing)

Recommend Rudy Tanzi for neurocognitive disorders/dementia given his expertise in the field.

Idris Shadow - Catatonia, Treatment response and Outcome

Christopher Bartley and Gena Mooneyham on autoimmune brain disorders

Janeta Tansey MD

Becca Brendel. Jim Bourgeois Paulo Sales

SINGLE MENTION

Complications like carditis/ pneumonitis related to new therapies like immunotherapy/ biological agents

Expert approach to challenging communication issues with teams

Speakers on physicians with disabilities
Harm Reduction
rheumatology
hearing directly from the experience of Gypsy Rose Blanchard
More on environmental toxins including heat, and mental/ neuropsychiatric health.
cultural psychiatry;
More topics in cardiac psychiatry
Emergency,
disposition concerns.
Men's mental health
Environmental toxidromes and mental health. Heat
Workplace violence,
Veteran's Mental Health
psychodermatology
sexual disorder,
Trauma informed care
cognitive and mental health impairments as part of chronic illness
Innovations in Treatment
Hospital liaison initiatives, advocacy.
hypnosis sessions in CL
Include topics such as deep cerebral stimulation, infectious diseases, rare conditions
nontraditional role for CL psychiatrist;
psychosis;
More sessions on legislative advocacy would be important,
CL psychiatry and athlete mental health;
GLP-1 medications,
Rural issues
Education on liaison styles; approach to difficult teams;
Psychodermatology,
rehabilitation psychiatry
Would be interesting to have talks on CL or consult work in jails, prisons, etc.

Some trainees need to work on effective communication.
More opportunities for niche tracks where the related talks don't overlap
more details re med choice in pulmonary psychiatry would have been helpful
psycho dermatology
perhaps ADHD
POTS
Phenomenology