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NEWSLETTER

Summer 2018

ACLP — Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health

President's Message

2017 member survey results acted on by ACLP Council

WHERE WE'RE HEADING OVER THE NEXT SEVERAL YEARS

— Jim Rundell, MD, FACL P

Over the past decade, much has changed in our field and in our Academy. The Academy has grown rapidly and now has 1,500 members. Our membership is more diverse than in the past, and a substantial percentage of our membership is in training or early-career. We have a new name.



Our 2017 membership-wide survey spoke to the importance of the annual meeting, the journal, effective communications, recruitment to the field, workforce issues and value-added educational offerings as strategic priorities for the Academy.

We increasingly collaborate with the American Psychiatric Association (APA) in win-win activities, leveraging our subspecialty expertise and APA's size and resources.

With these evolutions and priorities in mind, the ACLP Council met for its annual mid-year strategic planning meeting in May. The agenda for the two-day meeting was organized around the priorities members expressed on the 2017 member survey.

I want to share with you some of the issues discussed and actions taken at the Council meeting.

1. ACLP Council or Board of Directors?

Once a Council of a small organization, our leadership body now functions fully as a Board of Directors, with substantial fiscal and fiduciary leadership responsibility. We had a consultation from an expert on duties and responsibilities of boards of directors at the mid-year meeting that was well-received and educational. A bylaws change will be presented in November at the annual business meeting asking Academy members to endorse an official change in the Council's title to "Board of Directors." Changing the title and position descriptions should

(continued on page 2)

Sign Up to a SIG

Are you making the most of your ACLP membership?

New SIGs have come into being over recent months so why not take another look at the list (page 10) to see whether you might like to sign up to a group that interests you?

Any member can join any SIG—or multiples of SIGs. You don't have to be an expert in the subspecialty. SIGs welcome new members: those with specialist knowledge AND those who want to learn more about the subspecialty.

This year, at the ACLP Annual Meeting in Orlando, SIGs are very much in the fore and will be contributing swathes of the meeting program, demonstrating the breadth and depth of our members' specialist knowledge and interests.

You can access that knowledge—and, over time, help grow it—by taking part in SIG listserv discussions and attending SIG meetings and lunches at the annual meeting.

There's no better time than now to get involved. You can "Sign Up to a SIG" from your member profile, accessible via the website.

"Though our Academy has had rapid growth, we know that there are still many C-L psychiatrists who do not belong to the Academy. For example, we have annual meeting attendees who don't renew their Academy membership if they're not attending the annual meeting."

help the Academy be strategically better positioned for the longer term.

2. Relationship with the APA

In recent years, our relationship with the APA has deepened. The APA has increasingly called upon ACLP leaders and members to assist with strategic imperatives throughout Psychiatry because of our subspecialty expertise. And we have worked with the APA to leverage their size and resources to help advance the C-L Psychiatry strategic agenda.

This has proven to be a fruitful collaboration, with a number of important successes. Going forward, the ACLP president-elect will be an ex officio member of the APA Council on C-L Psychiatry, and the chair of the APA Council on C-L Psychiatry will be an ex-officio member of the ACLP Council. We believe this will further deepen the productive relationship between the organizations. We are also looking at ways ACLP's own APA Assembly representative (Phil Bialer, MD) can help advance our agenda within the APA Assembly.

3. Journal importance

ACLP members identified subscription to our journal, *Psychosomatics*, as one of their most important member benefits. The journal editor-in-chief, Ted Stern, MD, FACL, gave a report on journal activities to the Council. The Council also discussed ways to support the strategic aims of the journal, and to continue to improve transparency in the journal review process and among editorial board members.

4. Academy branding

With the name change to ACLP, the Council has recognized that this is an important time to advance the brand of C-L Psychiatry. The Council has devoted resources to branding activities, targeting ACLP members, the larger field of Psychiatry and the larger field of Medicine. If you were at the APA annual meeting in May, you may have seen a new branding video playing in the conference center and hotels on "APA TV."

You can see that video here: www.cllpsychiatry.org/news/aclp-name-change-video/

We have a branding task force, chaired by Terry Rabinowitz, MD, FACL, working

on new ways our field can brand ourselves in the groups mentioned above, and eventually among our patients as well. The Council received a full report on the activities so far of that task force.

5. Transparency in Council membership selection

Under the leadership of the chair of the Nominations Committee (Rebecca Weintraub Brendel, MD, JD, FACL), the Council endorsed a methodology to increase the transparency of how new Council members and Council officers are selected. Starting this summer, an open nominations process is being implemented, similar to the processes used to select Academy award winners and Academy fellows (see "New Nominations Process Heralds Drive to Greater Transparency" on page 4).

6. Improving member recruitment

Though our Academy has had rapid growth, we know that there are still many C-L psychiatrists who do not belong to the Academy. For example, we have annual meeting attendees who don't renew their Academy membership if they're not attending the annual meeting. The Membership Committee, under the leadership of Maryland Pao, MD, FACL, studied the results of a recent consultation on this issue from outside experts, and the results of the member survey, and are formulating recommendations to reach those C-L psychiatrists out there and educate them about the value of Academy membership.

7. Improving recruitment to C-L Psychiatry fellowships

Not all C-L Psychiatry fellowship programs fill every year. Though not unique to our subspecialty, we need more graduating fellows to fill the workplace void in our field. To sustain the growth of C-L Psychiatry and provide a critical mass of C-L fellowship-trained clinicians, we must do a better job in the future of recruiting residents into fellowships, perhaps even starting recruitment during medical school years.

The Council sees this as a major strategic initiative, and asked the chair of the Fellowship Education Subcommittee (Madeleine Becker, MD, FACL) to present recommen-

dations from her group, and from the group of C-L Psychiatry fellowship directors who work closely with this subcommittee.

We recognize that a major concern among residents who might want to go on to do a fellowship is the need to start as rapidly as possible paying back school loans. Though other recommendations are being considered, the Council voted to reach out to our sister subspecialty organizations in Psychiatry to see if they have similar workforce issues and whether there might be a consensus to endorse, and try to push, a proposal to ask the American Board of Psychiatry and Neurology to consider again the concept of "fast-tracking," which would allow qualified applicants to conduct subspecialty fellowships coincident with their PGY-4 residency year.

8. Financing and benchmarking

C-L psychiatrists work in many settings—inpatient, outpatient, emergency department, rehabilitation, and occupational. We have both a depth and breadth of practice to be proud of and market. An ongoing challenge for C-L Psychiatry service chiefs has been to justify staffing of C-L activities in all of those settings.

The Council approved a task force of experts in the field to study and benchmark activities in a couple of major clinical areas (e.g., integrated care and inpatient C-L services) and to try to establish benchmarks in academic and non-academic settings with the aim of assisting Academy members in providing organization-endorsed benchmarking data to assist with clinical service funding and support.

When we develop a model to establish these benchmarks, it can be used in other C-L clinical areas. This task force is being chaired by Tom Heinrich, MD, FACL.

These are a few of the activities your Academy leadership is pursuing. There are others, but these are some examples of where our field may be headed over the next several years. I hope these stimulate your thinking; the Council (likely soon to be Board of Directors) would value your input on any of these subjects.

EDUCATIONAL OPPORTUNITIES ABOUND

— Christina Wichman, DO, FACLCP



CLP 2018 is shaping up to be another incredible program. Seventy-five general sessions have been accepted, as well as 42 oral papers and 148 posters!

In previous communications, we also shared our excitement about our six plenary session speakers, nominated by our SIGs (special interest groups, see page 14). The plenary session speakers have begun working with Jezra Kaye, a speaking coach, to hone their TED-style speaking skills.

With an abundance of space at the gorgeous Caribe Royale, attendees will have the opportunity to see their choice of all the programming being offered. Additionally, with the vast amount of space, posters will remain up for a full 24 hours, allowing attendees to review outside of the dedicated poster session time slot.

Educational opportunities abound, even before the start of the general meeting, with two full days of preconference programming. The Essentials course line-up has been revealed and includes ACLP icons such as José Maldonado (delirium), Donald Rosenstein (psycho-oncology), and Mary Ann Cohen (HIV). The full-day Essentials course is rounded out by Yelizaveta Sher (transplant), Nancy Byatt (women's mental health), Stephen Nicolson (bedside neuropsychiatric exam), Sanjeev Sockalingam (endocrine disorders), Scott Irwin (palliative care) and Christopher Celano (cardiology). Having heard these phenomenal speakers previously, I am thrilled each has accepted the invitation from the Preconference Courses Subcommittee to share their knowledge and expertise with our CLP attendees.

Just a reminder . . . the Essentials course is FREE to ACLP members on Tuesday, November 13, when you also register for the entire annual meeting. The Essentials course will be repeated in full (but is not free) on Wednesday, November 14, for those who are unable to attend on Tuesday.

By having the Essentials course on Tuesday, it gives our attendees the opportunity to attend a variety of Skills courses on Wednesday—something that has not been possible in the past given the overlap of Essentials and Skills courses. The Skills courses line-up is:

- Evaluation and Management of Sleep for C-L Psychiatrists: 2018
- Updates in Perinatal Psychiatry: Negotiating Clinical Challenges in a Rapidly Evolving Field
- Decision Capacity for the C-L Psychiatrist—Application at the Extremes of Care
- Understanding, Recognizing, and Treating Catatonia
- Leading and Managing Multidisciplinary Teams for C-L Psychiatrists
- Update in Internal Medicine for the C-L Psychiatrist
- Practicing and Teaching Psychotherapy in a Busy C-L Setting
- Fixing the Broken Brain: Challenges in Systems-Based Care in the Treatment of TBI

In addition to all of the above, two research-specific sessions led by the Research SIG and the Research & Evidence-Based Practice Committee will take place during preconference programming. On Tuesday afternoon, a “nuts and bolts of research” session is aimed at members who are actively involved in research or quality improvement (QI) projects. This session is free to members and will have CME associated with it. On Wednesday morning, a “getting off the ground” session will focus on how to design and start research and QI projects. This session is also free, but open to all attendees and does not have associated CME. We ask that you register if you plan to attend either session.

Lastly, on Wednesday evening, a special session for Academy members only will be held on the topic of mentorship. “Maximizing Mentorship Relationship Throughout Our Careers” is an interactive session for members of all career stages seeking to enhance their mentorship relationships—both giving and receiving mentorship. Attendance is free, but we do ask that you register for this event.

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BOOK NOW TO AVOID DISAPPOINTMENT

If you haven't booked your hotel for CLP 2018, consider doing so now. The hotel block is more than 70% full; more than 80% on the Monday night! You can book your place at:

tinyurl.com/CLP18hotel

You can also register now for the Annual Meeting at:

tinyurl.com/CLP2018-reg

NEW NOMINATIONS PROCESS HERALDS DRIVE TO GREATER TRANSPARENCY

— *Rebecca Weintraub Brendel, MD, JD, FACLP*



Rebecca Weintraub Brendel, MD, JD, FACLP

ACLP has a new process for nominating members to leadership positions.

The move is part of a drive for greater transparency and fairness.

“Over the past decade, the Academy has grown from about 700 members to more than 1,500,” says Rebecca Weintraub Brendel, MD, JD, FACLP, chair of the Academy’s Nominating Committee. “Our meetings are larger. Our budget is bigger, now more than \$1M per year. Our Council, our leadership body, is reorganizing as a board of directors. It is no longer good governance for the Nominating Committee to do its work of selecting nominees for leadership based only on personal knowledge and informal recommendations.

“In order to identify and benefit from the vast experience and leadership potential of our members, our process must evolve to keep pace with the growth of the Academy and to promote transparency and fairness in the selection of nominees for leadership positions.”

“It is no longer good governance for the Nominating Committee to do its work of selecting nominees for leadership based only on personal knowledge and informal recommendations.”

The new process

As a result, Council approved the committee’s recommendation (below) for a new nominating process.

Mid to late February: Call for nominations of Academy Fellows (members with FACLP status) for anticipated open councilor seats. Fellows of the Academy may self-nominate. Fellows may serve a maximum of two 3-year terms (not counting partial terms) on Council. The Nominating Committee may also solicit nominations from Academy Fellows who have exhibited leadership and potential for consideration for nomination to Council.

Nominations shall include information about the nominee’s length of Academy membership, positions held and dates (length of service), mentorship or other contributions to the Academy, and significant leadership positions and experience that the nominee would bring to Council.

Whether or not the nominee self-nominates or is nominated by another, the nominee must submit a letter of interest to the Nominating Committee describing their interest in and qualifications for the position. In addition, each nominee must sign a declaration that they will attend each Council meeting in full.

Although only Academy Fellows may be candidates for election, any Academy member may nominate a Fellow.

March 30: Deadline for all nominations and letters of intent.

May–June: Nominating Committee meets to develop nomination slate for Council consideration.

While the above schedule will be implemented fully in 2019, Council and the Nominating Committee agreed to a compressed schedule this year to invite nominees for four council positions becoming available in November.

Each position is for a three-year term; two incumbents are eligible for nomination to a second term.

The abbreviated nominations process closed on July 1 and the Nominating Committee is scheduled to deliver its slate of candidates to the Academy Secretary by July 31. The slate of candidates will be announced to the Academy membership no later than September 17.

The officer nomination process, currently being discussed by the ACLP Council, is expected to undergo transition to a similar procedure.

APA representative nomination

The Academy is also revising its nomination process for its representative to the American Psychiatric Association (APA) Assembly Committee of Representatives of Subspecialties and Sections (ACROSS).

The Academy meets criteria set by the APA for sending a voting representative to the APA Assembly. But in the past, Council has selected a representative based on personal knowledge of skills and experience.

“It is now time to implement a formal procedure both to seek expertise that may not be immediately known to Council, and for transparency,” says Dr. Brendel.

The Assembly representative must be an Academy Fellow and an APA member, and have considerable knowledge and experience of the governance structure of the APA. Prior Assembly experience is highly desirable, as is a history of service and leadership within the ACLP, and having the personality attributes to work effectively and produce results in a collaborative, deliberative body.

The three-year term of the Assembly representative will begin at the conclusion of the APA Annual Meeting.

The representative may apply for a second consecutive three-year term for a maximum term of six years.

A separate call for nominations of Academy Fellows for this position will occur in January during years when a term is expiring. Fellows may self-nominate. The Nominating Committee may also solicit nominations from Academy Fellows who have exemplary experience in both the APA and the Academy. The timetable will be:

February 28: Deadline for nominations and letters of intent.

March 31: Nominating Committee recommends a rank-ordered list of up to three nominees to the Executive Committee.

April: ACLP Executive Committee recommends a nominee to Council.

Prior to APA annual meeting: Council votes on recommended nominee. If the nominee is not approved by Council, the Executive Committee will discuss the alternative nominees and present those to Council, with recommendations. At the discretion of the president, the Executive Committee may consider a Fellow of the Academy who has submitted materials to the Nominating Committee for the relevant year.

Drive for transparency

The new processes are part of a drive for greater transparency within the Academy, including the launch of a new web page later this summer.

Entitled Academy Governance, it will collate key governance documents for members.

The documents will include:

- Adopted Council minutes
- Policy manual
- Public inspection copies of F990s (tax return) for the past three years
- Information on elections
- NY Certificate of Incorporation and amendments
- IRS Letter of Determination
- Council financial reporting disclosures
- 2017 member needs survey results

The Council also agreed at its May meeting to change the appointment of ex officio members to the Council, which will be presented to the Academy membership this year in the form of bylaw amendments.

The changes will result in the Academy's APA ACROSS representative, and the current chairperson of the APA's Council on Consultation-Liaison Psychiatry, assuming appointments as ex officio members. The ACLP Foundation chairperson will no longer serve as ex officio.

"In the past, Council has elected a representative based on personal knowledge of skills and experience."

APM 2017 RECORDINGS NOW ONLINE

"You will be impressed by the vigor and excitement of our field"

Our latest Annual Meeting, in November 2017, in Palm Springs, California, was our first annual meeting to be recorded in full.

These recordings are now available to anyone who registered for the meeting. If you attended the meeting, you may have had difficulty choosing from among the many concurrent sessions, but now you can catch up on all the material you missed.

If you did not register for the meeting, you can buy access to the recordings of the Annual Meeting, including the preconference all-day Updates course and the half-day Skills courses, for just \$200.

All of 62 **General Sessions** are available. For example, from the first concurrent set, on the Thursday morning, you can learn about:

- Marijuana, opiates, alcohol, and tobacco and their relevance to transplant psychiatry
- CPT coding and RVU
- Challenging cases in a safety-net hospital
- Substance abuse screening strategies in pregnancy, telemedicine, CBT for opiate addiction in pregnancy, and in person vs. electronic screening / brief intervention systems in ob/gyn settings
- The neuropsychiatry of paraneoplastic disease
- Psychotropics in cancer care
- Teaching a three-step supportive psychotherapy in C-L

Other recorded General Sessions include GS46, *Voluntary Stopping Eating and Drinking (VSED): Clinical, Ethical, and Legal Dilemmas*, with Rebecca Weintraub Brendel, MD, JD, FACLP, DFAPA; Linda Ganzini, MD, FACLP; and Michael Bostwick, MD, FACLP; and sessions GS07, 18, 26, 29, and 39 (available only in slide form).

Among 38 **Oral Presentations**, the Webb Fellow presentation, *SMART-R: A Physician Resilience Training Program for Residents by Residents*, with Deanna Chaukos, MD, is particularly topical, given the increasing interest in physician resilience and burnout.

You can also watch seven clinical dilemmas, expertly discussed in the **Presidential**

Symposia I and II, a debate about three challenging clinical cases, the **Research for Researchers** symposium, and the **Hackett Memorial Award Lecture**, with Gregory Fricchione, MD, FACLP; or the **Lipsitt Award Lecture**, with Nancy Byatt, DO, MBA, FACLP.

If you registered for the meeting, you can also access a full day of **Updates in Psychosomatic Medicine**, covering dementia, agitation, bedside neuropsychiatric testing, sleep medicine, opiate addiction, eating disorders, infectious disease, delirium, decisional capacity, physical medicine and rehabilitation, pain, and palliative care.

"This is the largest selection of lively, up-to-the-minute expert content in C-L Psychiatry available anywhere!"

—Organizers Mary Jo Fitz-Gerald and Paul Desan

You can also access the eight **Skills courses**, covering transplant psychiatry, research techniques, perinatal psychiatry, sleep medicine, integrated care, and bedside techniques in breath-training, mindfulness, and hypnosis. The course in neuropsychiatry covers TBI, autoimmune disorders, neurodegenerative disorders, neurodevelopmental disorders, Parkinson's disease, dystonia, Tourette syndrome, Huntington's disease, and psychiatric consequences of epilepsy. (Skills Course 05 on bedside neuropsychiatric testing is available only in slide form.)

If you are an educator, you will find many sessions that you can use in your teaching. You can stop the presentation for discussion, and you can select the sections most informative for your audience.

Organizers Mary Jo Fitz-Gerald, MD, FACLP, Online Education Subcommittee, and Paul Desan, MD, PhD, FACLP, Education Committee, say: "This is the largest selection of lively, up-to-the-minute, expert content in Consultation-Liaison Psychiatry available anywhere! You will be impressed once again by the vigor and excitement of our field. Don't miss it."

2018 Visiting Professorships

ACLP SUPPORTS KEY PROGRAMS AIMED AT DEVELOPING C-L PSYCHIATRY INTEGRATION

ACLP is awarding stipends to Visiting Professors to offer consultation on, and actively help develop, four key programs at institutions around the US during the year ahead—all designed to promote the integration of C-L Psychiatry in health care. The programs are:

Collaborative care implementation

The Department of Psychiatry and Behavioral Sciences at Northwestern University Feinberg School of Medicine has been awarded a large grant to study the implementation of collaborative care in all 12 primary care clinics affiliated with the hospital and intends to expand collaborative care to each of them over the next three years.



Carol Alter, MD, FACLP

Carol Alter, MD, FACLP, an Academy past president, chief medical officer at Mindoula Health, Silver Spring, MD, and associate professor of psychiatry, Georgetown University, will be the Academy's Visiting Professor.

Nominator Lisa Rosenthal, MD, FACLP, says: "Dr. Alter's presence and expertise with Medicare will facilitate planning with all interested parties, including operations managers, finance divisions, and internal medicine faculty. Dr. Alter will also be meeting with trainees, to review models of collaboration and discuss access to care, as well as her own experiences of changes in practice."

Evaluation of integration models

The Hospital of the University of Pennsylvania plans to evaluate the clinical and cost-effectiveness of several models of psychiatry integration within the medical units.

The Academy's Visiting Professor will be Hochang Ben Lee, MD, FACLP, the John Romano Professor and chair of the Department of Psychiatry at the University of Rochester School of Medicine.

Nominator Andrew Siegel, MD, says: "Dr. Lee will assist us in the choice and implementation of a proactive model of psychiatric care delivery. Dr. Lee demonstrated leadership in bringing an effective psychiatry integration model to Yale-New Haven Hospital. We believe his experience navigating the challenges and successes in building the Yale Psychological Medicine Service will greatly inform our own programmatic development.

"Furthermore, as we find ourselves at the forefront of the opioid epidemic, the cardiothoracic surgery service has expressed a keen interest in accommodating alternative and novel models of providing early psychiatric intervention for patients admitted with medical compli-



Hochang Ben Lee, MD, FACLP

cations of IV drug use. Dr. Lee's presence will contribute significantly to our community's ability to launch an impactful program designed to deliver psychiatric care earlier during the course of admission and more cost-effectively."

Interdisciplinary education

The University of California San Diego needs expertise in proactive consultation and collaborative care for interdepartmental and interdisciplinary education of residents, fellows, and faculty.



Michael Sharpe, MD, FACLP

The Academy's Visiting Professor is Michael Sharpe, MD, FACLP, currently the Academy's vice president and honorary consultant in psychological medicine; trust lead in psychological medicine at Oxford University Hospitals, NHS Foundation Trust; and advisor to Oxford Health NHS Foundation Trust.

Nominator Maria Tiamson-Kassab, MD, FACLP, says: "Dr. Sharpe is an internationally recognized leader in the development of integrated psychiatric treatments in medical settings. His expertise is needed now, especially as the UCSD Health System is planning to expand significantly with collaborative care throughout primary care settings, with a focus on clinical excellence and quality outcomes.

"With this overall expansion, there have been growing educational and training needs, as well as opportunities for C-L psychiatrists to take on leadership roles in developing collaborative care and proactive consultation models.

"The visiting professorship will enable us to optimize our current programs and develop further educational and clinical service collaborations going forward, deepening our department's relationships with other medical as well as mental health specialties, and leveraging these relationships to build more collaborative and proactive service delivery models."

Fellowship and teaching service



Donald Rosenstein, MD, FACLP

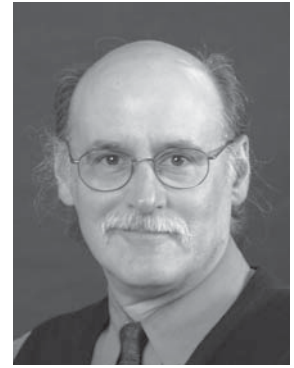
The Indiana University School of Medicine Department of Psychiatry is seeking consultation on the design and implementation of a C-L Psychiatry fellowship and teaching service.

Donald Rosenstein, MD, FACLP, an Academy past president, is the Academy's Visiting Professor and is director of the University of North Carolina Comprehensive Cancer Support Program with joint

(continued on page 7)

MUCH MORE THAN A JOURNAL

— Ted Stern, MD, FACP, editor-in-chief, *Psychosomatics*



Ted Stern, MD, FACP

Psychosomatics, the ACLP's journal, remains a strong voice for our Academy and for the field of C-L psychiatry (aka psychosomatic medicine). It is the vehicle for publication of review articles, original research reports, perspectives, case reports, and letters to the editor.

Our content can be summarized by a word cloud (below) dominated by key words (e.g., patient, case, review, disorder, care, psychiatric, medical, associated, literature, depressive, delirium, health) found in the articles published in *Psychosomatics*.



The time from submission of an article to a final decision about its publication remains swift; it is a mere 8.4 days! Moreover, once a manuscript has been accepted for publication, it is published online in less than two weeks, and printed in the journal, on average, within four months (i.e., two issues).

This rapid turnaround time to process manuscripts relies to a large extent on timely and practical advice from our reviewers. Know that their efforts are much appreciated.

The number of citations of articles published in *Psychosomatics* has been rising steadily, by approximately 15% over the past six years. In addition, full-text views of our published articles online have increased by approximately 150% over that same span.

Among the most frequently downloaded articles are reviews on QTc prolongation and torsades de pointes (by Beach et al), on antidepressants and the risk of hyponatremia (by De Picker et al), on Wernicke-Korsakoff syndrome (by Isenberg-Grezeda et al), and on autoimmune encephalopathy (by Oldham).

And, the most frequently cited recent articles include a review on toxicities associated with NBOME ingestion (by Suzuki et al), on collaborative care models for the treatment of psychiatric disorders in medical settings (by Huffman et al), the syndemic of HIV and trauma (by Brezing et al), on psychiatric manifestations of anti-NMDA receptor encephalitis (by Maneta et al), on dermatologic side-effects of psychotropic medications (by Mitkov et al), and on psychotropic-induced hyperprolactinemia (by Ajmal et al).

Members of ACLP should also remember that they are provided with free access to related titles (*General Hospital Psychiatry* and the *Journal of Psychosomatic Research*) published by Elsevier.

Recent initiatives for articles published in *Psychosomatics* include access to Mendeley Stats (formerly MyResearchDashboard.com) that provides authors with an easy view of article downloads and a citation history (via Mendeley.com), and PlumX Metrics.

PlumX metrics track scholarly output engagement in different categories (captures, mentions, social media, and citations) using a color-coded "Plum Print." Usage includes information on clicks, views, and downloads, among other items.

"Captures" includes indicators such as bookmarks, favorites, and reference-manager saves, indicating that someone wants to return to that work.

"Mentions" includes activities, such as blog posts, news mentions, comments, and reviews of the work.

"Social media" tracks tweets, shares, and Facebook likes that reference research.

"Citations" offers information on traditional citation indexes (e.g., Scopus) and citations that help indicate societal impact (e.g., Clinical or Policy Citations).

None of this would be possible without you—the members of the ACLP, the reviewers of articles submitted to *Psychosomatics*, and the readers of *Psychosomatics*.

With your help and support, our journal, *Psychosomatics*, will continue to grow in its sphere of impact related to the core missions of the ACLP—clinical care, teaching, and research at the interface of psychiatry and other disciplines.

Visiting Professorships (cont'd from p. 6)

appointments in the Departments of Psychiatry and Medicine. He also serves as vice-chair for the Division of Hospital Psychiatry.

Nominator Emily Holmes, MD, says: "Currently, there are only three psychiatrists in the state of Indiana who are board-certified in C-L Psychiatry. The long-term goal of the fellowship is to increase the number of psychiatrists in Indiana with subspecialty training to care for patients with both medical and psychiatric conditions.

"IU is also embarking on several collaborative care initiatives and the department is particularly keen on creating a C-L Psychiatry fellowship that will train future leaders of both inpatient and outpatient collaborative care settings."

Details of further major ACLP awards 2018 have already been announced in the July issue of *ACLP News* (www.clpsychiatry.org/aclp-news).

Bioethics

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

Rotating ECP Co-chairs: Monika Chaudhry, MD (2015-2018); Andrew Siegel, MD (2017-2020)

Rotating Trainee Co-chairs: Anita Chang, DO (2017-2020); Eric Raffla-Yuan, MD (2016-2019)

Interest in bioethical issues has markedly increased over the last year, with a current total of more than 270 Bioethics SIG members and high attendance at Bioethics SIG symposia. Through conference calls and email we have been developing programs for the American Psychiatric Association and ACLP annual meetings.

At the 2018 APA Annual Meeting, SIG members gave the following symposia:

- *Decisional Capacity: Contemporary Update* (an APA Council on C-L Psychiatry presentation) by Drs. Maria Tiamson-Kassab, Diana Robinson, Kathleen Sheehan, Mira Zein, and Mary Ann Cohen
- *Informed Consent: How to Walk the Walk and Talk the Talk* by Drs. Naalla Schreiber, Anita Chang, Michael Peterson, Henry Bleier, and Mary Ann Cohen

Bioethics SIG members developed proposals for the ACLP 2018 Annual Meeting and several were accepted for presentation, including:

- *Suicide Sea Change: Patients Who Refuse Life-Sustaining Treatments After Suicide Attempts Are Challenging Old Paradigms and Ethical Principles* (a Bioethics SIG-sponsored Symposium) by Drs. Lewis Cohen, Michael Bostwick, and Mary Ann Cohen
- *Decisional Capacity for the Consultation-Liaison Psychiatrist—Application at the Extremes of Care* (a preconference course) by Drs. James Bourgeois, Michelle Nichols, and Naalla Schreiber

Our members published a second article in the ACLP SIG series in *Psychiatric Times*:

Schreiber N, Bourgeois JA, Landry JC, Schmajuk M, Erickson JM, Weintraub RW,

Cohen, MA. What Psychiatrists Need to Know about the Determination of Dispositional Capacity. *Psychiatric Times* April 13, 2018; 35(4):6-10.

Explore our Bioethics SIG web page at: www.clpsychiatry.org/signs/bioethics/

We welcome new members and invite you to attend our meetings, submit cases for *Psychosomatics*, and join our SIG!

Community-Based Psychosomatic Physician Practice Issues

Chair: Hindi Mermelstein, MD, FACP

The theme of this year's ACLP annual meeting, *Branding Consultation-Liaison Psychiatry: Defining the Breadth and Depth of Our Subspecialty*, is a perfect fit for our SIG.

In the community, the breadth of how we practice varies as widely as the settings in which we work. This variability provides a flexibility in how we provide care but creates a need for our own sub-community, which our SIG is proud to represent.

For many, the community is not only the medical community in which they work, but equally the larger community in which they may live.

When Dr. Jones was newly diagnosed with prostate cancer, his oncologist requested a consultation for depression. However, Dr. Jones was not only a patient but had been our eldest daughter's dentist and his grandchildren attended the school where another daughter taught science. Over the years my therapeutic relationship with Dr. Jones took place under the backdrop of the intersecting moments of our lives outside of the medical setting. At times, this created a challenge, boundary-wise, but also a very rich care-context.

We are thrilled that our submissions have been accepted for presentation at the upcoming annual meeting:

- *Configurations of Care in the Consultative Community: Exemplifying the Breadth and Depth of C-L Psychiatry*

- *Meeting the Unmet Needs: Developing C-L Psychiatry for Community and Rural Hospitals*,

Please join us, share your work, your challenges and even your unmet needs. Feel free to contact me (drhmermelstein@optimum.net) or, if you have signed up to be a member of our SIG, through our listserv (comm-practice@list.apm.org).

Emergency Psychiatry

Co-chairs: Scott Simpson MD MPH; and Cheryl McCullumsmith MD, PhD, FACP

Members of the Emergency Psychiatry SIG have been active in several academic endeavors as well as preparing for the Annual Meeting.

Building on interest from members, the SIG will host a general session on service models for emergency psychiatric care at the Annual Meeting to highlight different arrangements from around the country for meeting the growing demand for psychiatric consultation to emergency departments (EDs).

A textbook on this topic, edited by SIG members Mary Jo Fitz-Gerald MD, FACP, and Cheryl McCullumsmith MD, FACP, is also nearing publication with contributions from several SIG members.

Other SIG topics being presented at the annual meeting include a preconference course on program development and the use of constant observation sitters, including in the ED. Naomi Schmelzer, MD, MPH, continues to contribute annotated articles of interest for the ACLP website.

All this activity reflects the central and nationally visible role that our SIG members play in developing emergency psychiatry. With over 200 members and its robust academic network, the Emergency Psychiatry SIG remains one of the largest, most visible professional organizations for emergency psychiatry in the US. And ACLP remains a vital forum for advancing the science, clinical quality, and growth of this subspecialty.

Our SIGs welcome new members and invite you to join at:
www.clpsychiatry.org/signs/how-to-join/

HIV/AIDS Psychiatry

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

Rotating ECP Co-chairs: Elise Hall, MD (2017-2020); David Karol, MD (2017-2020); Mallika Lavakumar, MD (2017-2020)

Rotating Trainee Co-chairs: Kevin Donnelly-Boylan, MD (2016-2019); Luis Pereira, MD (2017-2020)

The HIV/AIDS Psychiatry SIG has grown from 32 in 2003 to 423 in 2018. The SIG is also a WPA Section on HIV/AIDS Psychiatry and SIG members gave presentations at AAPDPP, ACLP, APA, EAPM, and WPA. Members who have represented us at recent WPA meetings are: JJ Rasimas, MD, at the 2018 WPA Melbourne Congress and Cesar Alfonso, MD, in Asia. Drs. Alfonso, Blanch, and Pereira will represent us at the 2018 WPA Mexico Congress.

At the 2018 APA Annual Meeting, Drs. Pereira, Cohen, Donnelly-Boylan, Iqbal, Lavakumar, and Maksimowski presented a symposium on *Novel Patient Engagement Strategies for Underserved and Vulnerable Persons with HIV*.

At the AAPDPP Annual Meeting, Dr. Cohen presented a plenary on *Creating Health Care Environments to Meet the Needs of Patients, Physicians, and their Communities*.

The second edition of *Comprehensive Textbook of AIDS Psychiatry—A Paradigm of Integrated Care*, a collaboration of over 60 SIG members, was awarded Core Title of the Year 2018 by Doody's Book Review Service.

A new chapter by members is: Cohen MAA, Makurumidze, BA, Alfonso CA, Tavakkoli M: HIV as The Great Magnifier of Maladies—Challenges for Prevention and Compassionate Care, in Fountoulakis K, Javed A (Eds), *World Psychiatric Association Advances in Psychiatry*, 4th Edition, Springer, due for publication October 2018.

We continue to contribute annotations on recent HIV articles. See Quarterly Annotations under the Education/Careers menu on the ACLP website.

We invite you to attend our meetings and explore our web page at: www.clpsychiatry.org/signs/hiv/

Medicine & Psychiatry

Chair: Thomas Heinrich, MD, FACLP

The Medicine & Psychiatry SIG consists of Academy members who have either completed combined training or who are practicing in the field of integrated medical-psychiatric care. The goal of this SIG is to bring professionals together to discuss important topics such as building careers that integrate medicine and psychiatry, research initiatives, and training issues.

The Medicine & Psychiatry SIG will once again present a preconference course at this year's ACLP Annual Meeting titled *Update in Internal Medicine for the Consultation-Liaison Psychiatrist*. This is the sixth year in which we have provided this service to the ACLP. Topics discussed will include evaluation and classification of anemia; metabolic screening and the diagnosis and treatment of identified dyslipidemias; the new JNC 8 recommendations on prevention, detection, evaluation and treatment of high blood pressure; the syndrome of anticholinergia; and the evaluation of headache complaints along with a review of current treatment options.

The SIG will once again be gathering at the Annual CME Conference of the Association of Medicine and Psychiatry (AMP). This year's AMP meeting will again be held in Chicago, from October 11-13, 2018. This conference has a wonderful line-up of speakers who will be speaking about innovative integrated care models, provider burn-out, and delirium, and will include the ever-popular resident clinical case vignette competition. In addition, the conference will feature David Katzelnick, MD, as our keynote speaker.

Military & Veterans

Chair: Eric Devon, MD

The Military & Veterans SIG is looking forward to our first session at this year's Annual Meeting. In addition to welcoming all to attend, we look forward to the following:

- Providing a supportive environment to those practicing with this unique patient population.
- Discussing ways to improve collaboration across the VA system.
- Exploring potential topics for publication and presentation.
- Setting forth an agenda for the upcoming year.

Neuropsychiatry

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

The last year has brought changes to the Neuropsychiatry SIG. We had a change in one of our co-chairs and started to support the recreation of subgroups to work on projects. We continue to support our SIG with group calls every 2-3 months. At CLP 2018, we will have many members presenting as part of the conference including a plenary session on concussion presented by one of our co-chairs, Durga Roy, MD. Check your program and stop by to meet everyone during the SIG meeting time.

Palliative Medicine & Psycho-Oncology

Co-chairs: Rachel Lynn, MD; Scott Irwin, MD, PhD, FACLP; and Jennifer Knight, MD, FACLP

The Palliative Medicine & Psycho-Oncology SIG is eagerly anticipating the 2018 Annual ACLP Meeting in Orlando with great programmatic representation from our group. Highlights include a competitive SIG-focused plenary session sponsored by our SIG and presented by Steve Cole, MD, UCLA Hematology/Oncology, psychiatry professor and pioneer in the field of social genomics, and titled *The Neural Regulation of Cancer*. Dr. Cole's talk will summarize how stress and the nervous system regulate tumor biology at the molecular level, and report emerging results from clinical-translational studies about how pharmacologic or behavioral interventions inhibit neural support for tumor progression. This represents a new and exciting therapeutic opportunity in cancer treatment focused on C-L.

(SIG Updates continue on page 10)

Our SIG will also be sponsoring the symposium *C-L Psychiatry Across the Illness Continuum: A Palliative Medicine & Psycho-Oncology SIG Sponsored Symposium*. Be sure not to miss the many other oral and poster presentations by our >300 members.

One of our activities this year has been to compile a comprehensive bibliography of palliative care and psycho-oncology articles that would be of particular use to ACLP members. We look forward to working with the ACLP administration on making this available to all. As always, please feel free to contact our SIG leadership to learn more about how you can get involved.

Pediatric C-L Psychiatry

Co-chairs: Laura Markley, MD, FACLP; and Sue Turkel, MD, FACLP

The Pediatric SIG continues to support and acknowledge the rewarding work that our members do every day. We are proud of the fine work that our member, Chase Samsel, MD, does as Editor of *CLiPPs (Current Literature in Pediatric Psychosomatics)*, which is a pertinent article review from a range of medical science journals and literature from the AACAP Physically Ill Child Committee for C-L psychiatrists. It is distributed on the AACAP Physically Ill Child listserv and is well-received as a concise and timely review of articles relevant to our practice. Several of our members also serve on the Reviewer/Editorial Board.

The SIG has had two SIG-sponsored submissions accepted for the Annual Meeting in Orlando this November:

- *Innovative Consultation Roles for Child and Adolescent Psychiatrists Working with Adult Patients*—Dr. Lisa Giles, discussant; Drs. Eva Ihle, Maryland Pao, and Laura Markley, presenters;
- *The 'L' Word: Navigating Difficult Cases and Managing Team Anxiety on the Medical Floors*—Dr. Maryland Pao, discussant; Drs. Laura Markley, Erum Ahmad, and Haniya Raza, presenters.

The first will focus on a developmental perspective of behaviors and interventions that occur in adult patients, especially those with

developmental delay and/or long-standing chronic illness from childhood. The second will use case examples to illustrate the complex interactions that occur in our role as “liaison,” and how our liaison experiences call upon far more than clinical knowledge alone.

Quality & Safety

Chair: David Kroll, MD

The members of the Quality & Safety SIG are excited to hold our first face-to-face meeting in Orlando! So many of us have been conducting amazing quality and safety research at home, and sometimes this work translates easily into major systems changes and traditional academic publications—but often it doesn't. Our group is seeking to increase the visibility, scope, and impact of projects that improve quality, value, and safety on C-L psychiatry services.

Expect our first meeting to focus on 1) recruitment to the SIG, 2) providing a clearinghouse for quality and safety projects that are ready for sharing, and 3) establishing the most common problems and quality goals that SIG members would like to address in the coming year. We will also begin fielding ideas for presentation opportunities with an eye toward the ACLP 2019 Annual Meeting in San Diego.



In between the awesome scientific sessions at every ACLP annual meeting are abundant opportunities for networking and camaraderie.

Check out the six plenary sessions, this year presented by six of our SIGs, on page 14.

Read about the social activities planned by the Local Arrangements Subcommittee on the next page.

ACLP SIG Member Counts

Bioethics	270
Cardiovascular Psychiatry	172
Community-Based PM Physician Practice Issues	151
Early Career Psychiatrists	294
Emergency Psychiatry	296
Global & Cultural	154
HIV/AIDS Psychiatry	423
Integrative Medicine (Complementary & Alt. Medicine)	14
Medicine & Psychiatry	475
Military & Veterans	41
Neuropsychiatry	387
Palliative Medicine & Psycho-oncology	313
Pediatric C-L Psychiatry	114
Psychological Considerations	204
Quality & Safety	20
Research	161
Telepsychiatry	240
Transplant Psychiatry	314
Women's Health	260



ACLP Committee Updates

ANNUAL MEETING COMMITTEE

Early Career Track

Co-chairs: Kristen Somers, MD, FACLP; and John Taylor, MD

The subcommittee is excited to be planning the first ACLP mentorship symposium. Entitled *Maximizing Mentorship Relationships Throughout our Careers*, the symposium is an event for ACLP members in all career stages who seek to give and receive mentorship and to build mentorship opportunities across our organization. The subcommittee will also offer career consultations for early career psychiatrists at the Annual Meeting. Finally, the committee will host the Annual Meeting's Wednesday evening mixer for new members, first-time meeting attendees, trainees, and early career psychiatrists.

Local Arrangements

Chair: Christina Bilyeu, MD

The ACLP is headed to the "Happiest Place on Earth" this November for our Annual Meeting! Located in central Florida, Orlando has something to offer everyone. From amusement parks to famed thoroughfares to themed dining experiences, the Local Arrangements Subcommittee has been busy putting together plans and resources to help you enjoy not only the content of the meeting, but all the host city has to offer.

Our meeting venue, the Caribe Royale, features lighted tennis and basketball courts, catch and release fishing, spa services, and a fitness center among many other amenities. The hotel's activity calendar for November will be updated in mid to late October (www.cariberoyale.com/activities-and-amenities-en.html). We will once again have our guided morning runs and mindfulness meditation classes. Special thanks go to our ACLP members Ann Schwartz, MD, FACLP, and Paul Jones, MD, MAT, for leading these ever-popular options.

We feature a dinner meet-up for the Friday evening at a restaurant in the Disney Springs area. The dinner meet-ups have been popular with newcomers to the meeting and for those looking for social dinner plans and the opportunity to meet new colleagues.

There will be no planned half-day activity this year. We have secured specially priced Walt Disney World Multi-day (2+ day) and special partial day theme park tickets. For more information, please visit:

www.mydisneygroup.com/clp2018

If you are heading to Orlando before the start of the meeting, check out the 2018 Epcot® International Food & Wine Festival (concludes Monday, November 12) and experience dining "around the world" as you stroll through Epcot. If you are not a theme park enthusiast but are looking for family friendly fun, check out Disney Springs. There you will find Splitsville (luxury bowling), the Aerophile balloon ride, and a virtual reality, immersive Star Wars experience. There are also a multitude of restaurants and shops, as well as House of Blues Orlando, located in Disney Springs. Alternatively, have dinner one night at Discovery Cove's Paradise Nights or enjoy a themed dinner at Capone's Dinner & Show. With so many different enjoyable activities, Orlando definitely has something that will cater to your interests!

Oral Papers & Posters

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

The subcommittee is looking forward to another opportunity to highlight the exciting clinical and research activities that our C-L psychiatry colleagues engage in at this year's Annual Meeting.

At the 2017 meeting, we had a strong group of abstract submissions spanning the breadth of our field, from collaborative and integrated care, to substance use, emergency psychiatry, reproductive psychiatry, and consultations in the general hospital. Many authors submitted work about technological innovations relevant to the delivery of psychiatric care in medical settings, as well as the administration and measurement of C-L psychiatry services.

Innovations in the submission process this year include information to guide authors on the preparation of strong case report abstracts.

As in previous years, there will be an opportunity for poster presenters to upload their completed posters in advance of the meeting in order to be eligible for our poster prizes, which are decided upon and awarded at the Annual Meeting. We're looking forward excitedly to the finished products of both the oral papers and posters in Orlando in November!

EDUCATION COMMITTEE

Chair: Paul Desan, MD, PhD, FACLP;
Vice-chair: Madeleine Becker, MD, FACLP

The Education Committee works to promote and facilitate education in C-L Psychiatry. Currently, our six subcommittees have many projects under way. They also collaborated to ensure that C-L was well-represented at the subspecialty dinners and residency fairs at the recent American Psychiatric Association meeting in NYC. An attractive green and white T-shirt with the new ACLP logo was designed and distributed to residents and medical students, as well as other branded swag.

Online Education

Chair: Mary Jo Fitz-Gerald, MD, FACLP;
Vice-chair: Seth Powsner, MD, FACLP

For the first time, in 2017 the entire Annual Meeting was recorded. Go to: tinyurl.com/APM2017 and enter the access code that you received prior to the meeting. Click on *Forgot Access Key?* to receive an email with the Access Code if needed. The cost is only \$200 for non-attendees, and that includes Updates and Skills courses, a great value for board review. Virtually all of the meeting is available as audio with synchronized slides, and a few talks have full video.

This year the ACLP Annual Meeting will again be recorded, and the subcommittee hopes to obtain CME for the 2018 recordings. The subcommittee would like to remind all speakers that presentations must not include images that are copyright pro-

(Committee Updates continue on page 12)

tected or figures from books and journals without prior written permission, and must not contain patient-identifying information or images without specific written permission.

Much educational material and video is becoming available on the ACLP website: check back often.

Medical Student Education

Chair: Fremonta Meyer, MD, FACLP;
Vice-chair: David Kasick, MD

The subcommittee recently published findings based on the use of C-L rotations for medical students. The paper is entitled "Medical Student Experiences on Consultation-Liaison Psychiatry Rotations: A Nationwide Survey" and appears in *Psychosomatics* (2018; 59(1):75-80). Key findings were that 82% of respondent medical students recommended C-L to other students, and that 38% reported that their C-L experience increased their interest in psychiatry as a career. Respondents who experienced more positive role-modeling on C-L compared to other clerkship rotations were more likely to report increased interest in psychiatry. C-L is a great setting for medical student education, and such exposure can help our efforts to promote our specialty. We call on all members associated with a medical school to urge use of C-L in clerkship rotations.

The subcommittee has developed a website currently containing 100 multiple choice questions for use in C-L education and continues to survey clerkship medical students nationally to evaluate how students engage with this bank and assess its perceived strengths and shortcomings. We invite ACLP members to direct their students, residents, and fellows to utilize this resource, available at <www.psy-q.com>. In the longer term, the resource is intended to host questions at different educational levels.

At the next Annual Meeting we invite you to attend our workshop, *Innovative Educational Roles for the Rebranded Consultation-Liaison Psychiatrist: Increasing Impact Through Program Development and Leadership*, and our oral paper presentation, "How do I reach these

kids!"—Increasing Medical Student Participation, Interest, and Retention in C-L Psychiatry Through Online Engagement.

Finally, we welcome outreach from any interested medical students to be assigned mentors and to receive marketing materials from the ACLP.

Residency Education

Chair: Carrie Ernst, MD; Vice-chair: Paula Zimbrea, MD, FACLP

The subcommittee has been working to update and create new educational materials for use by teaching faculty and trainees. The materials are designed for the PGY2 resident, but can be adapted for other trainees too. New materials available on the website include 12 case vignettes developed for use by faculty in teaching and evaluating psychiatry residents. Topics include acute agitation, decisional capacity, pharmacology in the medically ill, and other C-L psychiatry issues. Vignettes include case presentations, questions, and a system for scoring the responses. The subcommittee is working to update the currently available Residency Curriculum slidesets and is working in collaboration with the Interdisciplinary Education Subcommittee to develop a series of "How to" guides in C-L in the form of a smartphone "app."

The subcommittee encouraged all residents and fellows interested in C-L to apply for the ACLP trainee mentorship program by July 15. Applicants are being matched with a mentor with shared interests and who will make contact at least four times over the year-long program. Dr. Zimbrea (paula.zimbrea@yale.edu) can provide further details about the program.

Please do consider attending the subcommittee's workshops at the upcoming Annual Meeting:

- *Developing Supervisory Skills Through Self-Assessment for the Consultation-Liaison Psychiatrist*
- *Beyond the General Inpatient C-L Service: Defining the Breadth and Depth of Career Opportunities for C-L Psychiatrists.*

Fellowship Education

Chair: Madeleine Becker, MD, FACLP;
Vice-chair: Sejal Shah, MD, FACLP

The subcommittee works collaboratively with fellowship program directors to improve C-L fellowship education. The subcommittee represents fellowship program directors and aims to help them maintain excellent quality training programs.

For example, this spring the subcommittee submitted detailed comments on the proposed new *Common Program Requirements for One-year Fellowships*, advocating for changes that protect education without becoming unduly burdensome. Other subcommittee projects include generating and streamlining educational materials available to fellowship program directors.

At the next Annual Meeting the subcommittee will be presenting a general session, *Growing C-L Psychiatry for Its Next Generation*. This session will present tools to educate trainees and colleagues about C-L psychiatry, to highlight the career opportunities enabled by fellowship training, and to optimize recruitment to our subspecialty programs. We will discuss general trends in postgraduate subspecialty training, identify potential recruitment barriers, and make evidence-based recommendations. Breakout groups will allow attendees to cultivate and share ideas for enhancing recruitment.

Interdisciplinary Education

Chair: Anna Ratzliff, MD; Vice-chair: Liliya Gershengoren, MD

The subcommittee continues to develop educational offerings for members and looks forward to releasing its first resource this fall, an annotated guide to inpatient C-L, for use in the education of your interprofessional team. Additionally, we are working on a guide to interdisciplinary team members (how are they trained and what are typical roles on a C-L team), and an annotated guide to educational resources for your outpatient integrated care/C-L interprofessional team. Please share any resources you feel might be appropriate to include with Dr. Ratzliff (annar22@uw.edu).

Welcome to our new members (January–June 2018)

Maintenance of Certification

Chair: James Kimball, MD, FACLP; Vice-chair:
Dwayne Heitmiller, MD, FACLP

The subcommittee is working on a soon-to-be-released Performance in Practice (PIP) assessment tool, specific to C-L, for use in Maintenance of Certification. As usual, the subcommittee will be reviewing questions submitted by presenters for the 2018 Annual Meeting for Self-Assessment (SA) credits. This represents up to eight hours of SA, your annual requirement—a great benefit for meeting attendees. The subcommittee is investigating other options for SA and regular CME as well.

GOVERNANCE COMMITTEE

Standards and Ethics

Chair: Elizabeth Davis, MD

Over the past year the Governance Committee has been discussing the Academy's need to establish a formal policy on Professionalism and Code of Conduct. This policy will be reviewed and approved by the Standards and Ethics Subcommittee and ultimately posted in the bylaws in 2019. It would be applicable to ACLP members and individuals invited to present at ACLP annual meetings.

The subcommittee has revisited the process by which internal complaints can be filed by ACLP members. This year at the Annual Meeting the subcommittee will formalize the process of vetting complaints that will be brought to the Governance Committee and then to the Council for a final decision of action. A link on the ACLP website will be made available for members to file their complaints. As in the past, we expect this to be a rare occurrence.

FULL MEMBERS

Ngu Aung, MD
Ronke Babalola, MD
Birgitte Boye, MD
Roberta De Oliveira, MD, PhD
Andrew Edelstein, MD
David Fein, MD
Brandon Francis, MPH, MD
Zeba Hafeez, MD
Troy Hoff, DO, PhD
Tania Jafary, MD
Mythili Jayasundaram, MBBS
Eric Liao, MD
Gabrielle Marzani-Nissen, MD
Mary Morreale, MD
Kathryn Norfleet, MD
Matthew Reed, MD
Deborah Sanchez, MD
Ramtose Saunders, MD
Christina Shayevitz, MD
Suparna Shivashankara, MD
Humaira Shoaib, MD
Harvinder Singh, MD
Soumya Sivaraman, MD
Scott Walmer, DO
Jacynnda Wheeler, DO
Shinji Yasugi, MBBS
Rana Zahiri, DO

ASSOCIATE MEMBERS

Rachael Hatfield, PsyD
Alexander Johnston, MS
Jill Rohling, PA
Jessica Walker, DNP, MSN

TRAINEES

Cybele Arsan
Tsung Wai Aw, MD
Erica Baller, MD
Laura Barnett, DO
Erin Brooks, MD
Ashlin ChristensenSzalanski, MD
Simon Dosovitz, MD
Gabriel Heiber, MD
Dylan Hershkowitz, MD
Astik Joshi, MD
Alexander Kaplan, MD
Lovejit Kaur, MD
Samantha Latorre, MD
Shadi Lavasani, MD
Kathleen Levy, DO
Hilary Linzie, MD
Meghana Medavaram, MD
Andrew Melaragno, MD
Aaron Meyer, MD
Karolinq Mlynek, MD
Sohail Mohammad, MD
Jack Owens, Jr, MD
Romana Popara, DO, MPH
Jacqueline Posada, MD
Anton Power, DO
Sara Puening, MD
Diana Punko, MD
Ahmed Radwan, MD
Kruthika Sampathgiri
Anne Stewart, MD
Claudia Suardi, MD
Raheem Suleman, MD
Neelam Thakurathi
Karan Vyas, MD
Elyse Watson, MD
Mira Zein, MD, MPH

MEDICAL STUDENTS

Samantha Cerimele
Francis Nguyen
Eric Tran

WHY YOU REALLY MUST JOIN US AT CLP 2018

Just take a look at the plenaries for CLP 2018 on the next page. They alone should be enough of an incentive for you to register for our Annual Meeting in Orlando in November. Elsewhere in this issue, however, you'll discover how much more is in the program.

Don't miss out—register at:
tinyurl.com/CLP2018-reg



**CONSULTATION-LIAISON
PSYCHIATRY 2018**

PLENARIES CHOSEN FROM A PLETHORA OF OUTSTANDING SIG SUBMISSIONS

With the focus of our Annual Meeting this year on the breadth and depth of our subspecialty, SIG (special interest group) leaders were asked to propose brief talks on new, innovative or little-known areas within their subspecialty, but generalizable to the field of C-L Psychiatry as a whole.

From the Palliative Medicine & Psycho-Oncology SIG

“Neural Regulation of the Cancer Genome”



Steve Cole, PhD

Steve Cole, PhD, is professor of Medicine and Psychiatry and Biobehavioral Sciences, UCLA School of Medicine.

Dr. Cole introduces the session: “This talk will summarize what we have learned over the past decade from medical and laboratory research on how stress and the nervous system influence tumor biology at the molecular level, and review emerging results from clinical-translational studies that attempt to block such effects. Inhibiting neural support

for tumor progression represents a new therapeutic opportunity to protect the health and well-being of cancer patients in the highly stressful context of cancer diagnosis, therapy, and survivorship.”

From the Cardiovascular Psychiatry SIG

“Positive Psychology Interventions in Patients with Medical Illness: The Hype and Hope of Happiness”



Jeff Huffman, MD, FACP

Jeff Huffman, MD, FACP, is director, Cardiac Psychiatry Research Program Department of Psychiatry, Massachusetts General Hospital.

Dr. Huffman introduces the session: “This presentation will describe the rationale for, and development of, interventions to promote well-being in patients with medical illness. Optimism, gratitude, positive affect, and other constructs related to well-being are prospectively linked with superior medical

outcomes, above and beyond the adverse effects of depression. Yet, it is not clear whether a program to promote well-being in persons with medical illness can actually increase well-being, and, even if it does, whether this will lead to better health. This presentation will outline the promise of such programs and will also describe the potential perils associated with this work, including ‘overhype’ such interventions when the evidence thus far is limited.”

The call resulted in 33 proposals from 15 SIGs.

Six plenary speakers and subjects (shown here) have been selected from this plethora of SIG submissions for presentations at CLP 2018 on November 13-17, at the Caribe Royale, Orlando.

From the Telepsychiatry SIG

“But It’s Not Face-to-Face! How a Better Understanding of How Humans Interact with Technology Can Enhance the Quality of C-L Telepsychiatry Consultations”



Elizabeth Krupinski, PhD

Elizabeth Krupinski, PhD, is professor, and vice-chair for Research, Department of Radiology & Imaging Sciences, Emory University.

Dr. Krupinski introduces the session: “Telemedicine is not about the technology but about the people. This is true, but a successful telemedicine encounter uses technology in an environment quite unlike the traditional face-to-face visit. Thus, in order to optimize the telemedicine experience we

need to consider the technology and the human part of the human-technology interface equation.

“When designing a facility or office for telemedicine, there are several things to consider from a human factors point of view. This is true on both ends of a consultation—where the patient is and where the consultant is. This goes far beyond simple user satisfaction.

“This talk will explore some aspects of how to optimize the telehealth environment and how to assess the quality of the encounter by focusing on the human-technology system interaction and integration within the broader health care enterprise. It will provide an overview of how human factors affect the delivery of telehealth services and what principles and practices can be applied to address these issues.”

From the Neuropsychiatry SIG

“Concussion, CTE, Chronic Neuropsychiatric Sequelae: What is the Connection?”



Durga Roy, MD

Durga Roy, MD, is assistant professor, Johns Hopkins University School of Medicine, and medical director of the Johns Hopkins Neuropsychiatry Clinic.

Dr. Roy introduces the session: “Concussion is a transient disturbance of neurological function resulting from traumatic forces imparted to the brain that often produces cognitive, behavioral, and systemic symptoms. Concussion is a mild traumatic brain injury (mTBI) and the two terms are often

used interchangeably. However, for a long time concussion was not considered a serious event and was described by inappropriate terms such as a “ding” and “bell rung” and medical attention was not sought.

“In the last decade, the pendulum seems to have swung to the other side, and there are reports suggesting that even a single impact to the head can lead to devastating neurodegenerative conditions such as Alzheimer’s disease, frontal lobe dementia and Chronic Traumatic Encephalopathy (CTE). CTE has received a lot of media attention and has especially become a problematic issue for the sports community and the military.

“There are certain factors that are well known about CTE (e.g., CTE is associated with repeated brain trauma); certain factors that are being investigated/determined (e.g., risk factors for CTE; ante mortem diagnosis of CTE); and certain factors that have not been scientifically validated (pharmacological and non-pharmacological management of CTE).

“Even though 70-80% of people with concussions recover, a significant minority, 10-20%, have chronic neuropsychiatric sequelae related to the concussion(s). Nevertheless, it is still unclear who will recover and who will develop chronic neuropsychiatric symptoms.

“In this talk I will try to peel the layers of this complex condition to help C-L psychiatrists better understand concussion and its sequelae so that they will be in a strong position to provide recommendations to their medical colleagues/patients/families regarding Do’s and Don’ts after a concussion.”

From the Women’s Health SIG

“The Rainbow Elephant in the Room: Supporting Transgender Patients”



Katharine Dalke,
MD, MBE

Katharine Dalke, MD, MBE, is assistant professor of Psychiatry, Penn State College of Medicine and Pennsylvania Psychiatric Institute.

Dr. Dalke introduces the session: “As the rights of lesbian, gay, bisexual, and transgender (LGBT) people become more visible, so, too, do the unique medical and behavioral health disparities that impact this often-marginalized community.

“According to ‘Healthy People 2020’, a project among LGBT people, transgender people face more discrimination, violence, poverty, and have worse physical and behavioral health outcomes than their heterosexual and cisgender peers. A recent nationwide survey of transgender Americans by the National Center for Transgender Equality revealed that 40% of self-identified transgender respondents had attempted suicide at some point in their lives, nearly nine times the base rate in the general population.

“Most clinics providing gender-affirming care like hormones or surgery require that mental health providers, and specifically psychiatrists, speak to the patient’s readiness for, and capacity to consent

to, intervention, and many programs feature integrated behavioral health providers. Despite their need for good mental health care, many transgender people report difficulty finding providers, and even experience discrimination in providers’ offices.

“As a recent review published in the *American Journal of Psychiatry* noted, high rates of mood disorders and suicidality among transgender persons indicate that all psychiatric providers must be prepared to evaluate gender dysphoria and interrelated mental health problems, and to care for patients throughout and beyond the gender transition process.

“C-L psychiatrists are often asked to evaluate transgender persons, because medical teams expect psychiatrists to have expertise (gender dysphoria is, after all, in the DSM) and patients often trigger psychiatric consults or referrals because of the distress they experience. Despite being expected to do so gracefully and skilfully, many psychiatrists do not feel competent in the approach to evaluating or caring for a transgender patient, let alone educating a primary provider on best practices.”

From the Transplant Psychiatry SIG

“Using Mobile Technology in Patient Care: Helpful Tools or Unwanted Oversight?”



Andrea DiMartini, MD,
FACP

Andrea DiMartini, MD, FACP, is professor of Psychiatry, University of Pittsburgh Western Psychiatric Institute.

Dr. DiMartini introduces the session: “This presentation will review some technological innovations designed to maximize patient self-management and adherence. This topic is very state-of-the-art (mobile technology is constantly evolving) and is useful to C-L psychiatrists as mobile technology is increasingly used throughout medicine in the care of patients as well as in patient self-management.

“Transplant psychiatry is a useful exemplar for this technology as the demand of solid organ transplantation, where strict adherence to medical directives is imperative to optimal outcomes, has fostered the development of many such mobile technologies.

“Examples of mobile technology will include the use of smartphone apps for lung transplant patient self-management, use of smartphone apps to monitor hepatic encephalopathy, and wearable biosensors for alcoholic liver disease patients.

“The presentation will examine both clinician and patient expectations and perspectives as to the usefulness of mobile technologies in health care including increased efficiency, communication and oversight. These issues will provide exploration of how the use of such technology affects the doctor-patient relationship. Importantly, the realities of the use of technology in our everyday clinical practice will be emphasized.”

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“BRANDING C-L PSYCHIATRY: DEFINING THE BREADTH & DEPTH OF OUR SUBSPECIALTY”

LAST WORD: From executive director James Vrac, CAE



Growth, and the confidence it bestows on passionate leaders, are essential catalysts for when a membership organization “comes of age,” evolving from a club for members into a professional society, confident in their governance principles and values.

They don’t stop having the best of club-like features: such as members enjoying others’ company and trust emanating between like-minded friends who may meet only occasionally but have got to know each other well over the years. That never diminishes.

What comes to the fore, however, is confidence in strong governance based on sound principles that enable the organization to grow further; that enables it to ride the rough with the smooth without veering from those principles; and that attracts new members seeking a reliable and professional foundation for their careers.

With this confidence comes the reassurance within the broad membership that the organization is not built on self-patronage, but on broadband expertise where dedicated volunteers add that extra degree of commitment that makes the difference between getting it right and excelling.

The Academy, blessed with its new branding, is grasping that opportunity and putting in place a new governance framework, reaching not only for transparency within a new, broader framework for the election of our future leaders, but also for reconstituting the governing body itself, to a Board of Directors, with all the burdens that extension of responsibility creates.

One outcome of this new strategy remedies any unspoken suspicion that positions of leadership within the Academy could be based on “who you know” rather than “what you know.” There will be no question going forward that leadership elections will be governed by a structured, open process that brings to the fore those members most apt at the tasks to be laid at their door; those with the most appropriate experience, qualification and motivation, from whatever frontline or backwater part of the membership they may come.

The net result of these and other new governance processes is an organization that continues its evolution into a stronger, more attractive platform for a growing, fully subscribed and dedicated membership, and to new, meaningful partnership opportunities with complementary professional organizations in our health care sector—an organization, looking ahead and forthright, to which you have contributed and of which you, as a member, can be justifiably proud.



ACADEMY OF
CONSULTATION-LIAISON
PSYCHIATRY

Summer 2018

NEWSLETTER

ACLP — Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health