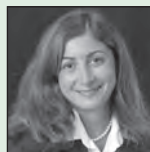


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NEWSLETTER

Winter 2018

APM — Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health

President's Message

APM NAME CHANGE UPDATE

— *Jim Rundell, MD, FAPM*

In November at the 2017 Annual Meeting, the Academy voted to change our name to Academy of Consultation-Liaison Psychiatry. This followed an official change in the name of our field by the American Board of Medical Specialties in October 2017, from Psychosomatic Medicine to Consultation-Liaison Psychiatry.



These decisions were the culmination of over two years of consultations and member surveys based on concerns expressed by Academy members about the impact of the term Psychosomatic Medicine on patient relations, marketing, providing clarity about what we do with other medical groups, maintaining stigma, and recruiting into the field. The name change was supported by a very large majority of the Academy membership.

The name change to Academy of Consultation-Liaison Psychiatry will go live on April 16, 2018. A task force has

been working to facilitate the name change.

I would like to share with you an update on the transition tasks related to the name change.

You should be aware that the Academy Council has prioritized a branding and marketing initiative to go hand-in-hand with the name change, aiming to increase the awareness of the scope of C-L Psychiatry practice among patients, other psychiatrists, medical-surgical colleagues, and the general public. The Council has approved a significant investment in this effort and you'll hear more about this in the months ahead. A special task force has been formed to facilitate this strategic initiative.

Here is a status report on the tasks the Name Change Task Force has been addressing:

- Although our journal name will remain *Psychosomatics*, we will be changing the journal tagline from "The Journal of Consultation and Liaison Psychiatry" to "The Journal of Consultation-Liaison Psychiatry."

(continued on page 2)

Abstracts Deadline Imminent

**11:59 PM EDT,
MONDAY, APRIL 2, 2018**

That's the deadline for abstract submissions for CLP 2018.

The Annual Meeting, on November 13-17, will be at the Caribe Royale, Orlando, Florida (www.cariberoyale.com).

Academy president Jim Rundell, MD, FAPM, has chosen the meeting theme: *Branding C-L Psychiatry: Defining the Breadth and Depth of Our Subspecialty*.

While abstract submissions spanning the breadth of consultation-liaison psychiatry are welcome, submissions that align with the meeting theme will be preferred over general subjects.

"Clinicians in consultation-liaison psychiatry face a wide breadth of conundrums and controversies in all areas of practice," says Dr. Rundell.

"Our hope is that this meeting highlights the subspecialties within our subspecialty! We welcome proposals that focus on the

(continued on page 2)

"The Academy Council aims to increase awareness of the scope of C-L Psychiatry practice among patients, other psychiatrists, medical-surgical colleagues, and the general public."

The hyphen is an important metaphorical statement that links to our logo, highlighting the bridging functions we do in our clinical work. The journal publisher Elsevier will make the changes to the cover of the journal from the March-April issue.

- The Council has approved a contract to produce a professional video that will be rolled out at this year's annual meeting of the American Psychiatric Association in May. The goal of the video is to inform psychiatric colleagues about the name change and use the opportunity to emphasize our brand—the breadth and depth of what we do in C-L Psychiatry.
- Our Communications Committee is coordinating and consulting with APA communications staff about other ways to highlight C-L Psychiatry at this year's APA Annual Meeting.
- The Council has approved a one-time financial investment in conducting the tasks related to the name change and to create the ability to act on recommendations the new Branding and Marketing Task Force will be making later this year.
- Communications have been made with other US and international psychiatric organizations detailing the reason, significance, and timeline for the name change.
- Our organization's legal incorporation documents are being updated to reflect the new name.
- A new organizational logo has been selected, which will look similar to the old one, but with the new name. It will seem familiar.
- The website will be updated to reflect the name change. The new web address will be: www.CLpsychiatry.org

Plans are underway to celebrate the name change at the Academy's 2018 Annual Meeting in November, which has also been rebranded to Consultation-Liaison Psychiatry 2018, to further emphasize the core nature of both the Academy and the meeting.

- Press releases, *APM News* articles, a *Psychiatric Times* article, *Psychiatric News* articles, and other publications are being developed in the lead-up to the "go live" date.

PROMOTING THE NAME CHANGE

The team developing a three- to four-minute video to be broadcast at the American Psychiatric Association's New York Annual Meeting in May comprises:

Nancy Byatt, DO, MBA, FAPM
Terry Rabinowitz, MD, DDS, FAPM
Rebecca Brendel, MD, JD, FAPM
Cristina Montalvo, MD
Sejal Shah, MD, FAPM
David Gitlin, MD, FAPM
Robert Boland, MD, FAPM
James Rundell, MD, FAPM
Maryland Pao, MD, FAPM

- Ongoing coordination and consultation will take place with APA communications staff.
- Further consultation is occurring with APA's communications staff and the APA Council on Psychosomatic Medicine as the transition unfolds.

I hope your new year is going well. I'm honored to be your president in this important transitional year and want to thank you for your membership and your engagement with your Academy. The countdown to our name change is almost over.



Caribe Royale, Orlando

nuances of the multiple subspecialties within C-L psychiatry."

Each year, the Annual Meeting Committee assembles the highest-quality educational program for attendees. "Each year, the best-received sessions are those in which attendees learn information relevant to their work in a lively, engaging environment," says committee chair Christina Wichman, DO, FAPM. "Abstract submissions should be structured in such a way that it will be clear to potential participants how your session will enhance their knowledge, incorporating the tenets of adult learning theory.

"It may also be helpful to utilize part of your abstract submission to break down timing of your presentation. For example, five minutes introduction; 20 minutes didactic presentation on topic; 15 minutes case-based discussion with utilization of audience response system.

"Keep in mind that the academic quality of the meeting continues to rise, making the competition for speaking slots rather high. Less than half of oral paper and session submissions will be accepted, and many good submissions must be declined.

"Please take extra care to make your abstract clear, rigorous, and engaging—it is the only information on which the program committee can judge your work."

Instructions for submission are on the Academy's website here:

tinyurl.com/2018Abstracts

FREE DAY'S TRAINING FOR MEMBERS IS A HIGHLIGHT OF NEXT ANNUAL MEETING

— Christina Wichman, DO, FAPM



Congratulations and a grateful thank you to Lisa Seyfried, MD, FAPM, and the entire 2017 Annual Meeting Committee for an amazing meeting in Palm Springs, California, this past November. Outgoing president Bob Boland's vision was brought to life, and our attendees were treated to up-to-date knowledge about a number of current dilemmas in psychosomatic medicine.

Dr. Seyfried made several well-received changes to the program structure, including utilization of several dynamic speakers within each plenary session, de-coupling of lunches from content to allow for increased opportunities for networking, and implementation of the Friday evening awards ceremony. We will be using the success of these changes as our building blocks upon which to develop this year's meeting.

Several of the ideas for these changes stemmed from the work of a Council taskforce to look at continuous improvement of our annual meeting. The services of Velvet Chainsaw Consulting (VCC) were secured in 2016 to conduct a 360-degree review and evaluation of our meeting. VCC comprises a team of industry experts who work to create an improvement plan that focuses on alignment of the core organization mission with improved education, networking, and attendee experiences. VCC had many positive things to say about our meeting and our great collegial community and made a considerable number of recommendations, some of which were implemented during our 2017 meeting. We will continue to build upon these changes for the 2018 meeting.

As such, planning is well under way for this year's meeting. This year we head back to the East Coast, to sunny and warm Orlando, Florida. President James (Jim) Rundell, MD, FAPM, has chosen the theme, *Branding C-L Psychiatry: Defining the Breadth and Depth of our Subspecialty*. This is the "Year of the SIG" when the Academy's special interest groups (SIGs) will steal the limelight at plenaries and demonstrate the breadth and depth of their specialty practices. SIGs have been asked to propose subjects and speakers for TED-style plenary presentations—where speakers are required to deliver their key messages in punchy, 10-15 minute presentations. Selected speakers will be participating in TED-style speaker training to help put forward their best presentation yet. We expect to select between four and eight proposals overall—and have been thrilled with the submissions that have been received thus far.

Perhaps the greatest change for this meeting involves our preconference programming. The benefits of Academy membership are being enhanced—the entire program on Tuesday, November 13, will be FREE to Academy members who register for the annual meeting. Content on Tuesday will include the ever-popular all-day Essentials course, as well as a forum for our researchers. This means members could attend programming on Tuesday, then have a day out with their families enjoying the tourist hotspots of Orlando, or have even more opportunities for content and CME by attending Skills courses on Wednesday. (The all-day Essentials course will be repeated on Wednesday, November 14.) Our traditional meeting will commence on Thursday, November 15.

For Academy members with early registration, attendance of the Tuesday full-day Essentials course and meeting registration will cost \$650 for approximately 33 hours of CME. A phenomenal deal! Registration will open online in July.

Additionally, we will be celebrating our Academy and specialty name change—the first meeting since the Academy's name change! In recognition, the event will be called "CLP 2018."

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@APM_Psychiatry

POPULAR ARTICLES MAY HELP AS YOU PLAN CONTENT FOR THIS YEAR'S ANNUAL MEETING

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



Ted Stern, MD, FAPM

Greetings. Hope all is well with you and yours.

Announcements about the upcoming Annual Meeting have already started to appear in our in-boxes, so it seemed like a good idea to let you know that a bevy of articles have been receiving lots of attention (and have been downloaded frequently).

Below is a partial list of frequently cited/downloaded articles from issues of *Psychosomatics*, categorized by content areas (and some of our Special Interest Groups).

This information might be helpful as you consider submitting abstracts for preconference courses, workshops, symposia, and paper sessions. You can

access the full articles (linked from the titles) by going to the web version of this article on the APM website at www.apm.org/news/ann-mtg-articles-2018

Thanks to your efforts as authors and reviewers of submitted articles, *Psychosomatics* is thriving. Moreover, the average time from submission to a decision is only seven days!

Most articles are published online within 10 days of acceptance. Final publication, in hard copies of *Psychosomatics*, are typically published within one to two issues of acceptance (i.e., two to four months).

You should know that your efforts are always much appreciated.

FREQUENTLY CITED PSYCHOSOMATICS ARTICLES CATEGORIZED BY APM SPECIAL INTEREST GROUP

Bioethics

Seyfried L, Ryan KA, Kim SY: Assessment of decision-making capacity: views and experiences of consultation psychiatrists. *Psychosomatics* 2013 Mar-Apr; 54(2):115-23. doi: 10.1016/j.psym.2012.08.001

Kim SY, Appelbaum PS, Kim HM, et al: Variability of judgments of capacity: experience of capacity evaluators in a study of research consent capacity. *Psychosomatics* 2011 Jul-Aug; 52(4):346-53. doi: 10.1016/j.psym.2011.01.012

Neuropsychiatry

Isenberg-Grzeda E, Kutner HE, Nicolson SE: Wernicke-Korsakoff-syndrome: under-recognized and under-treated. *Psychosomatics* 2012 Nov-Dec; 53(6):507-16. doi: 10.1016/j.psym.2012.04.008

Neufeld KJ, Hayat MJ, Coughlin JM, et al: Evaluation of two intensive care delirium screening tools for non-critically ill hospitalized patients. *Psychosomatics* 2011 Mar-Apr; 52(2):133-40. doi: 10.1016/j.psym.2010.12.018

Palliative Medicine & Psycho-oncology

Walker J, Hansen CH, Butcher I, et al: Thoughts of death and suicide reported by cancer patients who endorsed the "suicidal thoughts" item of the PHQ-9 during

routine screening for depression. *Psychosomatics* 2011 Sep-Oct; 52(5):424-7. doi: 10.1016/j.psym.2011.02.003

Ando N, Iwamitsu Y, Kuranami M, Okazaki S, Nakatani Y, Yamamoto K, Watanabe M, Miyaoka H: Predictors of psychological distress after diagnosis in breast cancer patients and patients with benign breast problems. *Psychosomatics* 2011 Jan-Feb; 52(1):56-64. doi: 10.1016/j.psym.2010.11.012

Cardiovascular Psychiatry

Beach SR, Celano CM, Noseworthy PA, et al: QTc prolongation, torsades de pointes, and psychotropic medications. *Psychosomatics* 2013 Jan-Feb; 54(1):1-13. doi: 10.1016/j.psym.2012.11.001

Dubois CM, Beach SR, Kashdan TB, et al: Positive psychological attributes and cardiac outcomes: associations, mechanisms, and interventions. *Psychosomatics* 2012 Jul-Aug; 53(4):303-18. doi: 10.1016/j.psym.2012.04.004

Community-based Psychosomatic Physician Practice Issues

Ratliff JC, Palmese LB, Reutenauer EL, et al: Obese schizophrenia spectrum patients have significantly higher 10-year general cardiovascular risk and vascular ages than obese individuals without severe mental illness. *Psychosomatics* 2013 Jan-Feb; 54(1):67-73. doi: 10.1016/j.psym.2012.03.001



Early Career Psychiatrists

Baer W, Schwartz AC: Teaching professionalism in the digital age on the psychiatric consultation-liaison service. *Psychosomatics* 2011 Jul-Aug; 52(4):303-9. doi: 10.1016/j.psym.2011.02.002

Emergency Psychiatry

Benford DM, Caplan JP: Psychiatric sequelae of Spice, K2, and synthetic cannabinoid receptor agonists. *Psychosomatics* 2011 May-Jun; 52(3):295. doi: 10.1016/j.psym.2011.01.004

HIV/AIDS Psychiatry

Brezing C, Ferrara M, Freudenreich O. The syndemic illness of HIV and trauma: implications for a trauma-informed model of care. *Psychosomatics* 2015 Mar-Apr; 56(2):107-18. doi: 10.1016/j.psym.2014.10.006

Psychological Considerations

Stewart DE, Yuen T: A systematic review of resilience in the physically ill. *Psychosomatics* 2011 May-Jun; 52(3):199-209. doi: 10.1016/j.psym.2011.01.036

Markowitz SM, Gonzalez JS, Wilkinson JL, Safren SA: A review of treating depression in diabetes: emerging findings. *Psychosomatics* 2011 Jan-Feb; 52(1):1-18. doi: 10.1016/j.psym.2010.11.007

Research

Zaubler TS, Murphy K, Rizzuto L, et al: Quality improvement and cost savings with multicomponent delirium interventions: replication of the Hospital Elder Life Program in a community hospital. *Psychosomatics* 2013 May-Jun; 54(3):219-26. doi: 10.1016/j.psym.2013.01.010

Transplant Psychiatry

Maldonado JR, Dubois HC, David EE, et al: The Stanford Integrated Psychosocial Assessment for Transplantation (SIPAT): a new tool for the psychosocial evaluation of pre-transplant candidates. *Psychosomatics* 2012 Mar-Apr; 53(2):123-32. doi: 10.1016/j.psym.2011.12.012

Medicine & Psychiatry

Chwastiak LA, Rosenheck RA, Kazis LE: Association of psychiatric illness and

CLP 2018 (cont'd. from page 3)

As always, much of the success of the annual meeting depends upon the dedicated, hard-working members of the Annual Meeting Committee. The Preconference Courses Subcommittee is co-chaired by Divy Ravindranath, MD, and Leeza Park, MD, FAPM. Sandra Rackley, MD, FAPM, and Scott Beach, MD, FAPM, will lead our General Sessions Subcommittee. Janna Gordon-Elliott, MD, FAPM, will be joined by Dahlia Saad-Pendergrass, MD, in leading the Oral Papers and Posters Subcommittee. The Early Career Track Subcommittee remains in the capable hands of John Taylor, MD, and Kristen Somers, MD, FAPM. Christina Bilyeu, MD, will chair the Local Arrangements Subcommittee, and Thomas Heinrich, MD, FAPM, continues as our CME Liaison.

We are very excited to be meeting at Caribe Royale, an all-suite accommodations hotel with impeccably designed meeting space. Caribe Royale offers a spectacular resort pool and waterslide, boutique spa, modern fitness center, tennis and basketball courts as well as a 1.5-mile running/bicycle trail—all within minutes of all that Orlando has to offer. There will be access to a free shuttle from the hotel to the Disney parks!

Getting involved in the annual meeting is already under way with a call for abstracts. (Registration will open in early July). Remember, there is a firm deadline of Monday, April 2, for submissions, so start working on your abstracts now! I look forward to seeing you in Orlando!



obesity, physical inactivity, and smoking among a national sample of veterans. *Psychosomatics* 2011 May-Jun; 52(3):230-6. doi: 10.1016/j.psym.2010.12.009

Steinbrecher N, Koerber S, Frieser D, Hiller W: The prevalence of medically unexplained symptoms in primary care. *Psychosomatics* 2011 May-Jun; 52(3):263-71. doi: 10.1016/j.psym.2011.01.007

Dubovsky AN, Arvikar S, Stern TA, Axelrod L: The neuropsychiatric complications of glucocorticoid use: steroid psychosis revisited. *Psychosomatics* 2012 Mar-Apr; 53(2):103-15. doi: 10.1016/j.psym.2011.12.007



View this article
on the web at

www.apm.org/news/ann-mtg-articles-2018

APPLICANTS ENTERING FELLOWSHIP TRAINING ARE OUR FUTURE

We must do everything possible to encourage recruitment

— Paul Desan, MD, PhD, FAPM,
chair, APM Education Committee; and

— Madeleine Becker, MD, FAPM,
chair, APM Fellowship Education Subcommittee



This is the fourth year that applications to Consultation-Liaison Psychiatry Fellowship training have been managed through the “Match” system—the National Resident Matching Program.

Results of the latest Match, announced in January, showed a total of 113 positions were offered, 70 positions were filled, and only four applicants remained unmatched.

This is the first year that 100% of active programs agreed to be fully in the Match. There were no positions offered outside of the Match prior to the deadline for rank order list submission. This is a great accomplishment for our field!

Program directors will recall the mad scramble to fill positions in December under the old system, when the Academy’s guidelines specified not requiring response from any offer prior to December 1.

The Match offers all applicants and programs a fair and equitable opportunity to express their choices, which the previous system did not. The Match has been very popular with applicants (a Fellowship Education Subcommittee survey resulted in a 90% approval rating).

Unfortunately, the number of applications has remained similar for a third year in a row. This emphasizes the need to maximize recruitment into our specialty.

“The number of applicants has remained similar for a third year in a row. This emphasizes the need to increase recruitment into our specialty.”

Survey results

In 2016, the Fellowship Education Subcommittee conducted a survey of 101 current and recent fellows throughout the country. Positive factors encouraging enrollment in fellowship training included opportunity for an academic career and opportunity for work in outpatient medical settings.

Residency training experiences were clearly major influences, especially outpatient integrated care exposure. The major negative factor was financial.

In 2017, the committee conducted a survey of psychiatry residents: 244 responded. More than 20% expressed an interest in C-L fellowship training; many of these also expressed interest in other psychiatric subspecialties, women’s health, and integrative psychiatry.

The survey again pointed to the importance of outpatient experience in increasing interest in C-L but, disappointingly, few resident programs had such exposure.

Residents considering C-L training expressed a higher level of interest in an academic career than other residents. Financial factors again emerged as discouraging training.

Residents considering C-L fellowships generally did not feel that such training was very likely to increase salary, while those

considering other psychiatric subspecialties did anticipate that fellowship training would increase salary.

These surveys also suggest that about 20% of C-L fellows became interested in the area as a medical student.

More detailed information about the Match and the surveys can be found in PowerPoint slides from the Program Directors Forum at the last two annual meetings. These slides are available for fellowship program directors in the members’ area of the Academy website.

Recruitment initiatives

The Education Committee and its subcommittees are undertaking multiple initiatives to encourage recruitment. We hope to raise the visibility of our field and provide training resources, at the fellow, resident, and medical student level.

The results of the surveys can help us target these efforts more effectively. For example, we can emphasize that C-L training is a powerful entry to an academic career with excellent job opportunities in education roles, but we must also emphasize that C-L training is an entry to an exciting area of practice.

Of note, there is an explosive rise in placement of psychiatrists in outpatient medical settings. It is essential that we both present C-L training as the ideal preparation for such practice, and that fellowship training makes our graduates competitive in this area.

We call on all Academy members to assist in encouraging recruitment to our field.

If you are connected with a medical school, please encourage your institution to include C-L exposure in medical student education. (A recent publication in *Psychoso-*



Madeleine Becker, MD, FAPM

matrics from the Medical Student Education Subcommittee emphasizes how popular and effective such rotations are.)

If you are involved in a psychiatry residency, please help assure that residents in your program receive a strong experience in C-L, and that this experience includes co-localized or integrated care in outpatient medical settings.

If you are with a fellowship program, please help assure that the program provides strong training with an attractive balance of didactics and workload, and includes training in integrated care and in women's health.

Applicants entering fellowship training are the future of our field. We must do all possible to encourage such recruitment.

The Match provides an easy and orderly application process, and should be viewed as one component of our efforts to grow our subspecialty.

For further support, please do email Madeleine Becker at: Madeleine.Becker@jefferson.edu

ACADEMY JOINS ALLIED ORGANIZATIONS TO EXPRESS “DEEP CONCERN” OVER HHS’ LGBTQ STRATEGY

The Academy is among 32 national health care organizations signed up to a letter to the US Department of Health and Human Services (HHS) expressing “deep concern” over its lack of focus on minority communities.

Academy president Jim Rundell, MD, FAPM, says the Academy Council voted unanimously to support statements in the letter, which was co-signed by the American Psychiatric Association and other psychiatric and medical organizations.

In particular, the letter expresses concern about HHS’ strategic plan and subsequent actions that appear to disregard the well-being of lesbian, gay, bisexual, transgender and questioning (LGBTQ) individuals.



Jim Rundell, MD, FAPM

“The data that we do have indicates that discriminatory policies can have detrimental impacts on the mental health of the LGBTQ population.”

“The mission of HHS is to enhance and protect the health and well-being of all Americans,” says the missive to HHS Secretary Alex Azar.

“Any authority that grants license to discriminate would be detrimental to LGBTQ patients’ safe access to care and would undermine the progress we have achieved

in addressing disparities among this patient population.”

The signatories—from organizations representing providers, patients and administrators across the country—say HHS should present a special focus on how to achieve better outcomes for minority populations.

“Despite advances in LGBTQ rights and acceptance, stigma continues to be the greatest problem facing sexual and gender minorities,” say the signatories. “In fact, many LGBTQ people develop an internalized shame that can contribute to problems with self-acceptance, anxiety, depression, difficulty forming intimate relationships, and being open about their sexual orientation or gender identity.”

Research on the ‘minority stress model’ highlights the impact of social prejudice, isolation and invisibility as the primary factors leading to an increased health burden and greater risk of mental health issues, homelessness and unemployment, say the signatories.

“LGBTQ patients also have higher rates of suicide, with 40% of gender minorities reporting attempting suicide. Additionally, the risk of physical conditions is exacerbated with increased rates of tobacco use, HIV and AIDS, and weight problems.

“LGBTQ patients are already more likely to delay getting necessary medical care. For those who do seek health services, half of gender minorities educate their own providers about necessary care and 20% report being denied care.”

The letter states that lack of data in national surveys and administrative claims make it a challenge to study disparities in this population, and more research is needed to enhance clinical care for minority populations.

“After learning that HHS leaders are discouraging staffers from using specific words, including ‘transgender,’ ‘evidence-based,’ and ‘diversity,’ we are especially concerned about the potentially harmful repercussions this policy could have on data collection on this population of disadvantaged patients,” say the signatories.

“The data that we do have indicates that discriminatory policies can have detrimental impacts on the mental health of the LGBTQ population. To reduce the cost of health care and achieve our goal of creating a healthier nation, the needs of specific populations must be examined and effectively addressed.

“We urge you to reconsider these actions and include strategies to focus on better access to health services and improved outcomes for minority populations, including millions of LGBTQ people in the US.”

The full letter with the signatories is here:

www.apm.org/wp-content/uploads/HHS-letter-on-LGBTQ-patients.pdf

APM SIG Updates

65% of Academy members are subscribed to one or more SIGs

This year's Annual Meeting will focus on the breadth and depth of our C-L subspecialty by highlighting expertise and experience among members of our special interest groups.

SIGs are one of the Academy's top membership benefits. We have 16 SIGs to date—and more are in the pipeline. They specialize in a range of C-L subspecialties as diverse as transplant psychiatry, women's health, emergency psychiatry, and community-based issues.

Most of the groups have their own listservs, and several have their own websites. The APM website section on SIGs has links to the listservs and websites, and information about each SIG—and how you can join it.

The SIG membership table (page 9) shows the number of APM members already participating in, and contributing to, our SIGs. Currently, 65% of Academy members are subscribed to one or more SIGs.

Now is an excellent time to join a SIG for the first time (you're not limited to only one SIG!). You do not have to be an expert in the subspecialty to take part—SIGs welcome new members who simply wish to extend their knowledge of a particular C-L subspecialty.

Below are updates from a selection of the SIGs. More detailed coverage of each SIG is being featured in a series of articles in each issue of the monthly *APM News*. In the current March issue, we feature

the HIV/AIDS Psychiatry SIG—and track how far it has evolved from the days of the HIV epidemic in the US.

No tame, historic or comfortable read here: HIV/AIDS Psychiatry SIG founder and co-chair Mary Ann Cohen, MD, FAPM, berates “the shredding of the humanistic and compassionate aspects of medicine.”

“Demands for productivity, complexities of coding for reimbursement, and the use of electronic medical records have taken a toll on the time and energy of physicians in every specialty and at every encounter with patients and contribute to physician burnout,” she says. “There is no greater impact of these demands than on the severe and complex patient with a multimorbid medical and psychiatric illness.

“These challenges have been described as ‘medicine under siege.’ The complexities and dynamics are true for every illness, but are magnified by HIV and lead to the concept of HIV as ‘The Great Magnifier of Maladies.’”

Below are the latest SIG updates.



Mary Ann Cohen, MD, FAPM

Bioethics

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

Interest in bioethical issues has markedly increased over the last year, with a current total of over 260. Bioethics SIG members and high attendance at our APM 2017 Bioethics SIG symposia.

At the 2017 APM Annual Meeting, Bioethics SIG members presented the following symposia:

- “Tailoring Informed Consent to the Complexity of the Clinical Situation: As If It Were So Simple! The Nuts and Bolts of Informed Consent Dialogues in Psychosomatic Medicine”—chaired by Naalla Schreiber, MD.
- “Ethical and Psychiatric Challenges in the Treatment of and Advocacy for the Displaced Individual: A Collaborative Bioethics and Global Health SIGs Symposium”—chaired by Eric Rafla-Yuan, MD.

- “Cross-Cultural Issues at the End of Life: A Case-Based Bioethics and Palliative Care/Psycho-oncology Collaborative SIGs Sponsored Symposium”—chaired by Saba Syed, MD.

Our members are currently submitting proposals for a Bioethics SIG Plenary, some of which are focused on the topic of determination of decisional capacity.

See this SIG's website at
www.apm.org/sigs/bioethics

An article by SIG members was published in print and online describing a new concept in determination of decisional capacity developed by member James Bourgeois, OD, MD:

Bourgeois JA, Cohen MA, Erickson JM, Brendel RW: Decisional and dispositional capacity determinations: the role of neuropsychiatric illness and an integrated clinical paradigm. *Psychosomatics* 2017; 58:565-573. PMID 28734555.

Another article addressing this topic has also been submitted to *Psychiatric Times*: Schreiber NS, Bourgeois JA, Landry JC, Schmajuk M, Erickson JM, Weintraub RW, Cohen, MA: What psychiatrists need to know about the determination of dispositional capacity.

Special thanks for outstanding contributions go to Bioethics SIG rotating trainee and ECP co-chairs whose terms ended in 2017: Drs. Javier Jimenez, Maria Theresa Mariano, and Dave Sheski. Current rotating ECP co-chairs are Monika Chaudhry, MD (2015-2018) and Andrew Siegel, MD (2017-2020). Current rotating trainee co-chairs are Anita Chang, DO (2017-2020) and Eric Rafla-Yuan, MD (2016-2019).

Please explore our web page at: www.apm.org/sigs/bioethics

We welcome suggestions for new members and invite you to attend our meetings, submit cases to our “Issues in Bioethics” section of *Psychosomatics*, and join our APM Bioethics SIG!

Community-Based Psychosomatic Physician Practice Issues

Chair: Hindi Mermelstein, MD, FAPM

This has been an exciting period for the SIG. The very change in our organization's name is not only a better reflection of our field but, moreover, is most appropriate for a SIG whose members are often in settings where they may be the only, or one of the few, "C-L" clinicians, and for whom relationships with other providers allow for care to be provided.

We have been working hard to better define our SIG and to make sure it is responsive to the needs of members and what we believe are untapped members of the SIG and the organization going forward. We invite word-smiths to help us and, like the organization, change our name to better capture our work!

We are very excited about this year's upcoming Annual Meeting and the focus on the SIGs. Our SIG has submitted a proposal for the plenary talk and has begun to work on submissions for CLP 2018 presentations.

The listserv has been an issue, so please be patient and feel free to email me directly (hmermelstein@gmail.com) until resolved. We are working on it. We invite all to join our SIG, contribute to our submissions, and help make it work for you, and indirectly for those for whom you care.

Emergency Psychiatry

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

The Emergency Psychiatry SIG was busy at the 2017 Annual Meeting! Our members produced several great sessions, from working with police in the hospital setting, to managing agitated patients (including with ketamine), to the management of toxidromes.

In addition to our morning round-up, members took advantage of the Annual Meeting's new lunch format to network and generate new collaborations.

Topics of interest among our SIG members include:

- Building different service models for delivering psychiatry consultation services

to emergency departments (EDs), both in the US and abroad.

- Managing boarding patients.
- Teaching emergency psychiatry to trainees.
- Using ketamine for agitation, depression, and suicidality in the ED.
- Managing medical issues in psychiatric patients.

Emergency psychiatry continues to grow in prominence as a subspecialty. Our SIG aims to keep APM's membership informed of developments in this field and ensure the Academy retains its leadership role in emergency psychiatry.

Our SIG has more than 250 members, and our members are working with other professional societies including the American College of Emergency Physicians to develop submissions for CLP 2018.

We encourage interested APM members to follow reviews by Naomi Schmelzer, MD, MPH, of emergency psychiatry articles of interest on the APM website, and contact the co-chairs if you are interested in participating in the SIG.

APM SIG Member Counts

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HIV/AIDS Psychiatry

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

The HIV/AIDS Psychiatry SIG continues to grow, with an increase in membership from 32 in 2003 to 415 in early 2018. Over the 37 years since AIDS was first described, the HIV pandemic has radically changed and, as a result, the HIV/AIDS Psychiatry SIG has evolved.

The SIG is also the World Psychiatric Association (WPA) Section on HIV/AIDS Psychiatry. SIG members gave presentations at WPA throughout the world including at the WPA Congress, as well as at meetings of the APM, American Psychiatric Association, and the European Association of Psychosomatic Medicine (EAPM).

In 2017, members of our SIG presented courses and symposia at the EAPM and the WPA:

EAPM:

"HIV Psychiatry Update"—chairs: Jordi Blanch, MD, and Mary Ann Cohen, MD, FAPM, with Esteban Martinez, MD, Karl Goodkin, MD, and Kenneth Ashley, MD

WPA:

Kelly Cozza, MD, FAPM, and Luis Pereira, MD, chaired and presented a course on HIV psychopharmacology with Drs. Blanch and Carvalhal. Drs. Cohen, Alfonso and Blanch presented three symposia that were updates on HIV psychiatry and HIV prevention and care.

The second edition of the *Comprehensive Textbook of AIDS Psychiatry—A Paradigm of Integrated Care* was published by Oxford University Press in May 2017. The textbook has 135 contributors, more than half of whom are members of the APM HIV/AIDS Psychiatry SIG. The textbook was edited by Drs. Cohen, Gorman, Volberding, Jacobson, and Letendre. It is available in print and as an e-book.

Journal articles of interest in HIV Psychiatry, annotated quarterly by John Grimaldi, MD, can be accessed in the Member Resources section of the Academy's website. A member login is required to access the annotations.

(SIG Updates continue on page 10)

Special thanks go to Josephine Mokonogho, MD, for her work as rotating ECP co-chair from 2014 to 2017. Current rotating ECP co-chairs are: Elise Hall, MD, (2017-2020), David Karol, MD (2017-2020), and Malika Lavakumar, MD (2017-2020). Current trainee co-chairs are Kevin Donnelly-Boylan, MD (2016-2019) and Luis Pereira, MD (2017-2020).

We invite you to explore our web page at www.apm.org/sigs/hiv and to join our SIG, and to read about the challenges HIV/AIDS specialists face in the March issue of *APM News*. See "How SIG Tackles 'The Great Magnifier of Maladies'" at www.apm.org/apm-news

Neuropsychiatry

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

Three task groups of the Neuropsychiatry SIG are spearheading new projects.

The **Symposia Work Group** is creating a potential SIG plenary session at CLP 2018 and recommending speakers.

The **Scholarship Work Group** aims to publish papers on:

Delirium-catatonia

- Laying a basis of the definition of delirium, evolving the concept, and reviewing articles.
- Clustering analysis between delirium and catatonia.

TBI and psychopharmacology

- Reviewing all available published evidence.
- Proposing an algorithm of TBI-related psychiatric symptom management.

The **Education Work Group** is uploading educational slide decks on the website and examining C-L milestones currently focused in neuropsychiatry.

The aims of the three task groups are to:

- Continue to grow SIG membership.
- Enable members to disseminate their expertise through presentations at SIG-sponsored symposia.
- Offer scholarships and further education in neuropsychiatry among C-L trainees.

Pediatric Psychosomatic Medicine

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

The 2017 Annual Meeting was a successful and meaningful experience for many members of the Pediatric SIG. Both SIG chairs, as well as several of our members, presented at our SIG-sponsored general sessions "Anatomy of a Difficult Consult-Psych or Not?" and "Pediatric Behavioral Health Integration, Advice from the Field."

Dr. Turkel also presented a preconference skills course, "When Brain Meets Mind: Pro-Tips for the C-L Psychiatrist as a Collaborative Neuropsychiatrist."

Our members enjoyed networking at the SIG lunches, as well as at our official SIG meeting. These opportunities afforded members the ability to brainstorm and network regarding possible submissions for the upcoming CLP 2018.

Several members have expressed interest in collaborating with other SIGs to give sessions on topics "across the lifespan", applicable to the general membership. Members of other SIGs interested in collaborating are encouraged to contact the SIG chairs, Drs. Markley or Turkel.

Research

Chair: Jane Walker, MBChB, MSc, PhD, MRCPsych

The Research SIG is aiming to recruit still more members at CLP 2018. Currently, membership stands at more than 150.

At last year's Annual Meeting members hosted their annual "Research for Researchers" workshop, led by APM Foundation Research Professor award winner Lydia Chwastiak, MD, MPH, FAPM. The SIG also sponsored its first preconference course in collaboration with the Research & Evidence-Based Practice (REBP) Committee. "Research Skills for C-L Psychiatrists" had interactive sessions on epidemiological studies, qualitative methods, clinical trials, translational research, and scientific review.

A research symposium is being planned for CLP 2018—as part of the FREE first-day (November 13) program exclusively for members. More details will follow.

Over the past three years the SIG has worked closely with the REBP to ensure that research remains a top priority for the Academy. The SIG has organized annual meeting sessions, such as "All you ever wanted to know about research but were too afraid to ask" and "Research for Researchers." It has also worked with the REBP and the APM Foundation to set up the annual Research Professor Award, which is linked to the Research Mentorship Program.

Members' own research includes work in areas such as basic science, randomized trials, implementation research, translational research, qualitative research and epidemiology. Members produce research updates uploaded to the website to ensure that Academy members can keep up to date with recent research.

The Research SIG is a relatively new SIG in the Academy but it is growing quickly and looks forward to new members joining in the coming year.

Women's Health

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

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

The SIG's resident members continue to collectively contribute to the APM quarterly "Annotations" by summarizing the most current articles in the field of women's mental health. SIG members regularly publish update articles for the *Psychiatric Times* column for APM as well as in *Psychosomatics*.

A Women's Health SIG website was completed last year and has been active since that time. The SIG also has an established listserv through APM for improved communication. Please be in touch if you wish to be included in our listserv and, as always, with feedback, comments, or questions.

The SIG had a strong showing at the 2017 APM Annual Meeting. This year, there were many presentations on the topic of women's mental health: one preconference session, five general sessions, three oral papers, and five posters. The SIG meeting boasted 25 attendees, and the SIG lunches were also well-attended.

Since the meeting, SIG members have already been active in scholarly activities. Two members have submitted TED-style talks for consideration for the SIG-sponsored plenary session at CLP 2018. Topics for these include transgender health and opioid use disorders in the perinatal period.

Several SIG members have become involved in the National Curriculum for Reproductive Psychiatry to bring a C-L perspective to the National Task Force for Reproductive Psychiatry. They have similarly become involved in the APA Council for Consultation Liaison

Psychiatry (previously, the Council on Psychosomatic Medicine) in the area of Women's Mental Health, and will be engaged in such activities as creating resource documents and participating in journal publications.



Luncheons on Thursday and Friday of the annual meeting are a delightful and delicious way to meet new personal and professional friends, especially when lunching at the "SIG Table" of your choice.

New SIG will focus on needs of military and veterans

The Academy's Council has approved the formation of a **Military & Veterans SIG**.

It is estimated that veteran and military providers comprise approximately 10–15% of APM membership.

One of the founders, Eric Devon, MD, Philadelphia VA Medical Center, says: "I believe that an interest group for sharing of ideas and information will help improve care provided to veterans, especially since we share a common system but with variations in implementation."



Eric Devon, MD

Among other founders is APM president Jim Rundell, MD, FAPM, who has worked with veterans and active duty soldiers with posttraumatic stress disorder. He is now professor of psychiatry at the Uniformed Services University of the Health Sciences and C-L psychiatrist for embedded behavioral health for Landstuhl Regional Medical Center in Germany.

An interview with Dr. Rundell on his experiences was published in the August 2017 edition of *APM News*. He described his work with military personnel as the "most rewarding clinical job I have ever had." See the article at tinyurl.com/yclcawo8

Other founders are:

- Justin Johnson, MD
Department of Military and Veterans Affairs, Durham VA Medical Center, North Carolina
- Henry Bleier, MD, FAPM
University of Pennsylvania
- James Rustad, MD
White River Junction VA Medical Center, Vermont
- Divy Ravindranath, MD, MS
Department of Veterans Affairs, Palo Alto, VAHS, California
- Jessica Brown, MD
Walter Reed National Military Medical Center, Maryland
- Linda Ganzini, MD, MPH, FAPM
Department of Veterans Affairs, Portland VA Medical Center, Oregon
- Linda Worley, MD, FAPM
Northwest UAMS College of Medicine, Arkansas
- Margo Funk, MD, MA
VA Southern Oregon Rehab Center and Clinics, Oregon.

An account of why the SIG has been formed and its objectives will be featured in an upcoming edition of *APM News*.

APM Subcommittee Updates

ANNUAL MEETING COMMITTEE

Preconference Courses

Co-chairs: Divy Ravindranath, MD, MS; and Eliza Park, MD, FAPM

Given their popularity and success in prior years, the preconference courses for CLP 2018 have been expanded to two days!

The first day (November 13) will feature an all-day Essentials of Consultation-Liaison Psychiatry course. This course will have multiple 30 to 45-minute presentations by experts in the field on core topics, such as neuropsychiatry, psycho-oncology, transplant psychiatry, and cardiac psychiatry.

The course will be offered for FREE on this day only for Academy members.

A research symposium is also in the early stages of planning. More information will come at a later date.

The second day (November 14) will feature an encore presentation of the Essentials of Consultation-Liaison Psychiatry course, for those who missed it on the first day. In addition, there will be multiple half-day Skills courses for you to choose from.

Topics for this year's courses are being solicited and selected. Previous annual meetings have featured courses on Emergency Psychiatry, Women's Mental Health, the Practice of C-L Psychiatry, and Psychotherapy in the Medically Ill. As in prior years, these sessions will be offered at extra cost to reflect the quality of education participants should expect to receive.

With the conference rate for the hotel covering the weekend prior to the meeting, what better excuse could there be to come early and enjoy all that sunny Orlando has to offer!

An all-day
Essentials of
Consultation-Liaison Psychiatry
course is offered
for FREE on the first day only of
CLP 2018—exclusively for
Academy members who register
for the annual meeting.

Oral Papers and Posters

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

The Oral Papers and Posters Subcommittee is excited to start another year of promoting the breadth of outstanding clinical work and research of our community at CLP 2018.

In 2017, 101 oral paper and 232 poster abstracts were received, from which 38 oral papers and 140 posters were accepted for presentation. Top poster prizes were given to outstanding posters in three categories:

- Top Trainee Poster: "Plasma biomarkers of depression in inflammatory bowel disease patients" (presenting author, Manivel Rengasamy).
- Top non-Trainee Poster: "Impact of violence against health care workers" (presenting author, Lisa Rosenthal).
- Top Case Report Poster: "Monkey business with monkey water: an unrecognized route of heroin abuse" (presenting author, Jason Caplan).

We are looking forward to reviewing this year's oral paper and poster submissions. Our selection process continues to become more competitive. To increase the chance of acceptance, we encourage authors to thoroughly review the information on abstract preparation included in the 2018 call for abstracts and on the online submission platform.

Our subcommittee is interested in enhancing our contribution to the mission of scholarship and academic activity among Academy members. We are considering ways to collaborate with other subcommittees to provide education and training on abstract writing, poster preparation, and oral presentation style. More to come!

If you have questions or would like to get involved, please contact:

Janna Gordon-Elliott
jgordonelliott@gmail.com or
Dahlia Saad-Pendergrass
Dahlia.Saad-Pendergrass@hhchealth.org

EDUCATION COMMITTEE

Early Career Track

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

The Early Career Track Subcommittee will be coordinating career consults for CLP 2018 and hosting the program's Wednesday evening mixer for new members, early career members, and first-time meeting attendees.

Medical Student Education

Chair: Fremonta Meyer, MD, FAPM

Psychiatry question bank website: We have developed a website currently containing 100 multiple-choice questions.

Building off of adult learning theory where the goal is for learners not to actively engage with material, the platform allows users to create and curate questions.

The platform guides learners through the process of writing their own question and submitting it for review to a designated educator. Once a question is approved, all learners have the option to rate that question with "up," "down," or "neutral."

In addition, learners may rate questions according to perceived difficulty (medical student, resident, or fellow level). Questions are tagged and can be sorted by subject category.

We are currently surveying clerkship medical students nationally at the institutions represented by our subcommittee members. The goal is to evaluate how students engage with this question bank and assess its perceived strengths and areas for improvement. We also invite Academy members to direct their students and residents/fellows to utilize this resource, available at: www.psy-q.com

Promoting C-L careers among medical students:

We are also conducting a nationwide survey of medical students, particularly members of psychiatry student interest groups.

The goal of the survey is to understand their awareness of C-L as a subspecialty, and to learn about their areas of interest within C-L and their suggested strategies for dissemination.

ing information (email, Facebook, Twitter). We are also working with PsychSIGN leadership to advertise CLP 2018.

Online Education

Co-chairs: Mary Jo Fitz-Gerald, MD, MBA, DLFAPA, FAPM, FACP; and Seth Powsner, MD, FAPM

The Online Education Committee began in 2015 to oversee our education offerings on the LLC, and website. Major accomplishments have been filming Clinical Pearls at the annual meeting in 2016, and more were recorded in 2017.

See these videos under Member Resources on the Academy's website.

In 2017, the subcommittee proposed, and the Executive Council agreed, to record the entire meeting. Since November, members of the subcommittee have reviewed all the presentations other than plenary sessions. Members reviewed for recording quality

issues, copyright, and inappropriate/private information.

Overall, the presentations were of excellent quality and will be an asset to those who attended or who purchase. We hope to have CME available for the recorded material in the future.

Just a reminder . . . attendees at annual meetings since 2014 may access slides from those meetings by logging into the respective year's meeting website. On the APM Annual Meeting page under Education/Careers, take the "Schedule, Speakers, Abstracts" link for each year. If you've forgotten your access code, the site has a "forgot your access code" feature.

The subcommittee is working with other areas of the Education Committee on recruitment and an app.

The subcommittee will be recruiting additional volunteers for next year. Please contact Mary Jo Fitz-Gerald if you're interested or have suggestions: mfitzg@lsuhsc.edu

Interdisciplinary Education

Chair: Anna Ratzliff, MD, PhD

The Interdisciplinary Education Subcommittee has been busy working on several new educational offerings for members:

- A guide to interdisciplinary team members—how are they trained and an overview of best educational strategies to support C-L work with these team members.
- An annotated guide to inpatient C-L to educate your inter-professional team.
- An annotated guide to resources to educate your outpatient integrated care/C-L inter-professional team.

Additionally, our group is looking forward to supporting the development of educational content for a new CLP app.

Please share any resources you recommend for any of the above with Anna Ratzliff at annar22@uw.edu



Consultation-Liaison Psychiatry 2018

The Annual Meeting of the Academy of Consultation-Liaison Psychiatry

November 13-17, 2018 | Orlando, Florida



Call for Abstracts

Submission deadline:
Monday, April 2, at 11:59 pm EDT

"Branding C-L Psychiatry:
Defining the breadth and depth
of our subspecialty"

Visit tinyurl.com/2018Abstracts

EXPERT CRITICAL INSIGHT INTO RELEVANT STUDIES

is available in the Quarterly Annotations on the Academy website

Want to find out more about infectious diseases, catatonia, psychodermatology, substance use and addictive disorders . . . ?

Each quarter since mid-2013, Academy volunteers have posted commentary on journal articles relevant to important subspecialty areas in psychosomatic medicine.

Experts in the subspecialties select and review the most significant articles of the quarter.

Since the fourth quarter 2017, annotations to an article include its type of study according to common evidence-based medicine practice. Study types are:

- **Systematic review / meta-analysis.**
- **Randomized control trials.** Includes quasi-randomized processes such as alternate allocation.
- **Cohort studies.** Non-randomized controlled trials. A prospective, pre-planned study, with predetermined eligibility criteria and outcome measures.
- **Case control studies.** Observational studies with controls; includes retrospective, interrupted time series (a change in trend attributable to the intervention), case control studies, cohort studies with controls, and health services research that includes adjustments for likely confounding variables.
- **Case series / case reports.** Observational studies without controls (e.g., cohort studies without control, case series without controls, case studies without controls).

For example, among the SIG reports in this newsletter (see page 8) you'll find reference to annotations posted regularly by Naomi Schmelzer, MD, MPH, about emergency psychiatry.

In January this year she posted a review of a pre-/post-intervention study of a non-

"This co-location model has less urgency for disposition to permit evaluation in a separate, calming environment with staff who have received additional training in the management of behavioral emergencies."

randomized clinical trial: Braitberg G, Gerdta M, Harding S, Pincus S, Thompson M, Knott J: Behavioural assessment unit improves outcomes for patients with complex psychosocial needs. Emerg Med Australas 2017 Dec 8 [Epub ahead of print].

The study examined the impact of establishing a six-bed unit within the emergency department (ED) to provide specialized care to all patients presenting with acute behavioral emergencies, referred to as the Behavioral Assessment Unit (BAU).

Patients experienced a significantly decreased length of stay in the ED (from 328 minutes to 180 minutes), as well as a reduction in median wait times to see both an ED clinician and an emergency mental health clinician.

In addition, there were fewer security codes called on patients seen in the BAU intervention than in the historical control group, as well as fewer episodes of mechanical restraint and therapeutic sedation.

The BAU differs from a primary psych ED in that it treats all patients with behavioral emergencies, regardless of underlying cause. Only a small percentage of patients treated there (13%) have a primary mental health problem.

The treatment goals include early and rapid care in a low-stimulus environment—which may differ from the psychiatric emergency cohort at large, and the results may not be generalizable, comments Dr. Schmelzer.

"Other limitations to more universal application of this care model is that the BAU was set up under an inpatient cost recovery model that may be difficult in other health care settings, and that the availability of a 72-hour observation area may have also influenced care delivery in this system. In addition, it is possible that the effects observed in the study could be attributable to the increased allocation of resources alone."

There are several delivery models of psychiatric emergency services, says Dr. Schmelzer. This study focused on outcomes following the establishment of a hybrid model, an embedded behavioral assessment unit within—and operated by—an emergency department.

"The co-location model is known to have several advantages, including access to an emergency department physician for medical interventions when indicated," she says.

"Yet, typically, it also has less urgency for disposition to permit evaluations in a separate, calming environment with staff who have received additional training in the management of behavioral emergencies."

Known disadvantages include possible marginalization of these patients, and misuse of the space as an overflow site for the main emergency department.

The Quarterly Updatable Annotated Bibliography on the Academy website (member access required) is here:

www.apm.org/member-resources/annotated-abstracts



CLP 2018
Consultation-Liaison
Psychiatry 2018

The Annual Meeting of the Academy of Consultation-Liaison Psychiatry

November 13-17, 2018 | Orlando, Florida
Branding C-L Psychiatry:
Defining the breadth and depth of our subspecialty



Welcome to our new members (July–December 2017)

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Nicole Allen, MD
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Ngu Aung, MD
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Joshua Braun, MD
Jessica Brown, MD
Haroon Burhanullah, MD
Chadi Calarge, MD
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Vivek Datta, MD
David Fein, MD
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Renee Garcia, MD
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Hasib Bhojwani
Jonathan Chou
Jennifer Hsu
Parveen Hussain
Matthew Johnson
Barbara Lam
Gun Ho Lee
William Leon
Kevin Li
Lydia Liu
Rachael Olson-Marszewski
George Sayde
Rachel Silverstein
Geoffrey Talis
Darya Terekhova
Aljane Whitaker



Early career psychiatrists are currently being featured in APM News interviewing APM stalwarts on video. The March issue includes an interview by Mark Oldham, MD (left), with 2017 APM Hackett Award winner Greg Fricchione, MD, FAPM. Don't miss it!

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FUTURE ACADEMY ANNUAL MEETINGS

November 13–16, 2019

Sheraton San Diego Hotel & Marina
San Diego, CA

November 11–14, 2020

Arizona Grand Resort & Spa
Phoenix, AZ

November 10–13, 2021

Miami, FL

November 9–12, 2022

Atlanta, GA

NOVEMBER 13-17, 2018 — THIS YEAR'S ANNUAL MEETING

CARIBE ROYALE ALL-SUITE HOTEL • ORLANDO, FLORIDA

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

LAST WORD: *From executive director James Vrac, CAE*



There's an unintentional theme running through this issue of our biennial printed newsletter.

Many of our contributors have independently highlighted the opportunity we all have in the months ahead to make a significant impact developing understanding of our C-L psychiatry specialty.

From the team creating the video to promote our name change in April (page 2), to the push for still more members of our SIGs, demonstrating the cumulative breadth and depth of our knowledge and experience (pages 8-11), to the need to get behind efforts to recruit yet more, early-career professionals to our field (page 6) . . . all have identified the great opportunity that lies within our reach.

It's tempting, I know, when demand never stops in our everyday jobs, to leave it to others—the SIG stalwarts who have worked at their tasks for years, or the APM Council members and committee chairs leading our decision-making.

But, the opportunity presenting itself is for all of us—for us all to create understanding about:

- What C-L psychiatrists do.
- What we contribute to our clinical teams.

- How the specialist knowledge we bring isn't exclusively ours alone (you could argue all psychiatrists need our skills) but by spending time and energy on C-L we contribute with clarity the latest updated thinking in this subspecialty area for the benefit of patients in our care.

As APM past president Bob Boland put it in the summer 2017 issue of this newsletter: “It's time to take control.”

It's time for each of us, in whatever environment we operate, to plan how we will get our message across, and put our strategy into action from this April—then constantly thereafter until we no longer need to explain our role.

Here in the executive office, we're marshalling the efforts of SIG and subcommittee leaders to make the new website even better. We're actively involved in making new video messages on several topics, but one in particular we think you'll like—a version you can share with your patient care colleagues that, we hope, will tell your story. Watch for further announcements very soon.

It's a truly exciting time to be a member of the Academy!



Winter 2018

NEWSLETTER

APM — Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health