

NEWSLETTER

Summer 2014

APM — Psychiatrists Providing Collaborative Care for Physical and Mental Health

President's MESSAGE — Linda L.M. Worley, MD, FAPM



I send warm summer greetings your way!

Much has been happening both in and outside the Academy. Most importantly, we are growing and flourishing thanks to the hard work of so many faithful Academy members and our close partnership with Mr. James Vrac, our executive director. Our membership has now surpassed the 1,000 mark! This is incredible. Let's work hard to keep our tradition of openness and warmth despite our growing size. I suspect this will come naturally to us when we gather in November on a beautiful Fort Lauderdale beach for our 61st Annual Meeting. Our theme is "Lessons from Our Best Teachers: Patient-informed Advances in Clinical Care, Research, and Leadership."

J. Michael Bostwick, MD, FAPM, the annual meeting program chair, with the tireless assistance of his annual meeting program committee, has done an exceptional job!

Outside the Academy, many of us have been receiving ABPN emails outlining the requirements to register for the 2015 recertification examination in Psychosomatic Medicine. Thankfully, we can breathe a sigh of relief knowing the Academy will have a full-day pre-conference *Updates* course. Additionally, the course will be recorded and made available online via the Academy's website for those who can't attend in person. In addition, **Bob Boland, MD, FAPM**, has been working tirelessly with his group to prepare MOC materials approved by the ABPN, which we are aiming to launch before the end of summer.

In June, we convened our half-year council meeting that included a focused strategic planning retreat. It was affirming to review the progress made toward our previous strategic goal of building meaningful partnerships with our sister organizations. One of these essential partnerships is with the American Psychiatric Association, whose current president, **Paul Summergrad, MD, FAPM**, is a long-standing Academy member. Under Dr. Summergrad's leadership, the APA has committed to advocating for psychiatry to have a significant role in health care reform. Mirroring APM's emphasis on developing integrated care models, the APA has reached out to experts in the field, most of whose names you will recognize from their prominence in APM. Thanks to **Wayne Katon, MD, FAPM, Lori Raney, MD, Carol Alter, MD, FAPM, Roger Kathol, MD, FAPM, Jurgen Unützer, MD, Ben Druss, MD, and Erik Vanderlip, MD** for generously stepping up to lead the field! Dr. Summergrad has chosen for the theme of the APA 2015 meeting in Toronto, "Psychiatry: Integrating Body and Mind, Heart and Soul." We expect a strong showing of our membership at the meeting. Make sure you proudly proclaim your identity as a psychosomatic medicine psychiatrist and acknowledge your "home base" in the APM. We need to continue to spread the word about how excited we are about the work we do.

At the retreat we carefully thought through priorities for the Academy in the domains of research, education, value of membership, and revenue. Specific short-term goals include updating our psychosomatic tool box so that it contains the latest evidence base from the

(continued on page 2)

Annual Meeting NEWS

APM 61st Annual Meeting in Florida

**"Lessons from Our Best Teachers:
Patient-informed Advances in Clinical
Care, Research, and Leadership"**

—**J. Michael Bostwick, MD, FAPM**
2014 Scientific Program Chair

We would undoubtedly all agree that the needs of the patient should be central to the doctor-patient relationship. But good intentions are rarely enough. How can we approach our clinical encounters with greater elegance and sophistication? How can we be the most erudite psychosomatic medicine practitioners we can be?

APM's 61st Annual Meeting, November 12-15, in Fort Lauderdale, strives to answer these questions from as many perspectives as possible. Organized around the theme, "Lessons from Our Best Teachers: Patient-informed Advances in Clinical Care, Research, and Leadership," the scientific program includes offerings from

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Issue HIGHLIGHTS:

- ⊙ 2014 Meeting Highlights
- ⊙ Changes to 2015 PM Recertification
- ⊙ NRMP Fellowship Match for 2015-2016
- ⊙ SIG and fAPM News

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President's Message (cont'd. from page 1)

field, effectively showcasing the unique skills and knowledge we provide as PM physicians. A special thanks to **James Rundell, MD, FAPM**, who hit the ground running on this one. We also began brainstorming about plans to strengthen the research arm of our Academy (see "Mission Critical: The APM and Research," page 7). In addition, we have launched two task forces: the first to make recommendations for improving communications and increasing visibility with our colleagues outside APM; and the second to continue developing the possibility of residents being able to pursue PM fellowship during their PGY4 year.

Exciting news on the Foundation front! Former president of the Academy, **Don Lipsitt, MD**, made a generous donation to the Academy's foundation arm this year. A special thank you to him and to our Foundation board for making this possible. These tax deductible donations enable us to pursue strategic initiatives for the Academy while also preserving affordable membership fees. I would be thrilled if each one of us donated to the Foundation this year. When we reach a mark of 100% of members donating, our eligibility and competitiveness for seeking outside funds increases exponentially. So please give—even a little—if you can! Donations can be as small as \$1—or the sky's the limit! The most important thing is to give from the heart, because you want to. We will be honoring sponsorship level donors at the annual meeting with an invitation-only reception in a beautiful suite with an amazing view of the Atlantic. Rumor has it that our past president, **John Shuster, MD, FAPM**, a comedian-in-training, has consented to donate his talent in the form of the *début* of his new comedy routine.

Can't wait to see you in November! Until then, take care and enjoy each and every day.

Annual Meeting Chair's Message (cont'd. from page 1)

master clinicians, consummate researchers, seasoned educators, and even a classically trained actor.

Plenary sessions will hew closely to the meeting's theme. For the Thursday morning Presidential Symposium that asks the question, "How Relevant Is Our Research and Evidence Base to Actual Patient Care?," three thought-provoking speakers selected to cover a breadth of points of view will challenge assumptions that may be guiding our clinical decision-making. In a talk entitled "The Creation, Publication, and Mass Dissemination of High-Quality Medical Information," **William Lanier, MD**, editor-in-chief of the *Mayo Clinic Proceedings*, will describe the process of discernment he uses in assembling high-quality editorials for his influential journal. In "Things You Think That Might Not Be True: Findings from the Rhode Island MIDAS Project," **Mark Zimmerman, MD**, a Brown University-based professor of psychiatry, will draw upon data from his own practice to support the iconoclastic arguments that have characterized his productive clinical research career. Through the lens of suicidology, Norwegian psychologist **Heidi Hjelmeland, PhD**, will question the value of a popular approach to research she considers potentially redundant, irrelevant, or both in "Risk Factors, Risk Factors, and More Risk Factors: Are We Doing the Right Kind of Research to Guide Clinical Care?" Plenty of time is built into the schedule for audience participation in what promises to be a stimulating Q&A.

In what may be a first for the Academy, a narrative medicine expert will assume the podium for Friday's plenary. **Louise Aronson, MD**, an internist and geriatrician at the University of California at San Francisco, recently published *A History of the Present Illness*, a collection of stories about the patients and colleagues she has encountered in her work with the urban dispossessed. Entitled "The Human Side of Healthcare: Medicine as Stories, Stories as Medicine," I am honored and privileged to be her discussant. Dr. Aronson will demonstrate how skillfully elicited stories can elevate history-taking from mundane drudgery to greater empathic attunement for doctors and better care for their patients.

On Friday evening, in a shift from science to performing arts, a theater piece will thrust the patient's perspective to center stage. In his 55-minute one-man play, "Mercy Killers," Juilliard-trained actor Michael Milligan will portray the havoc that standard medical care can wreak on a family ill-equipped to pay for it. Celebrated for his Shakespearean prowess, Milligan shape-shifts into a blue-collar guy who tells the wrenching story of how well-intended but spectacularly expensive treatment for his uninsured wife's ultimately fatal cancer has shattered him financially, morally, and spiritually. During more than two years on the road, Milligan has continued to evolve his play's story line to reflect the continually unfolding, on-the-ground human implica-

tions of healthcare reform. APM fellow **James Rundell, MD, FAPM**, will act as discussant and moderator for the vigorous give-and-take that will inevitably follow the show. Tickets for the event will be \$25, with a discount price of \$10 for trainees/ECPs.

As always, the guts of the annual meeting will be the scientific presentations from the membership. The centerpiece of Wednesday's pre-conference courses will be the all-day *Updates in Psychosomatic Medicine*, a CME event we believe will prove especially attractive this year given the large number of members planning to take the ABPN recertification exam in 2015. There are also **four half-day skills courses**:

- Legal Issues in Psychosomatic Medicine
- Psychopharmacology: A Focused Review of Drug-Drug Interactions
- Acute Brain Failure: Neurobiology, Prevention, and Treatment of Delirium
- Assessment and Management of the Opioid-Dependent Chronic Pain Patient

With nearly 400 submissions, the Program Committee had an abundance of riches from which to assemble a learner's feast to be served up Thursday through Saturday. With the goal of accommodating as many presentations as possible, the number of symposia and workshop sessions has increased from five to six, with up to eight simultaneous offerings in each session. **Eight tracks** span the expansive territory that psychosomatic medicine encompasses:

- 1) Collaborative Care & Technology
- 2) Critical Care/Delirium
- 3) Neuropsychiatry
- 4) Perinatal & Pediatric Psychiatry
- 5) Psychosomatic Medicine Subspecialties
- 6) Psychotherapeutic & Liaison Interventions
- 7) Addiction & Transplant Psychiatry
- 8) Career Development

The cream of the individual-submission crop will be featured in **seven concurrent paper sessions** on Friday morning, with themes of:

- 1) Common Clinical Scenarios
- 2) Delirium
- 3) Neuropsychiatry
- 4) Physical Symptoms & Health
- 5) Psycho-Oncology
- 6) Transplant Psychiatry
- 7) Systems-Based Practice

Presentations by our 2013-2014 Webb Fellows are scheduled for these sessions.

Highlights of the scientific program will include awards presentations in conjunction with midday meals: Research Award winner **Jesse Fann, MD, FAPM**, on Thursday, and Hackett Award winner **Lewis Cohen, MD, FAPM**, on Friday, whose speech will follow an Awards Luncheon that will include the induction of several dozen APM members newly elected to fellowship in the Academy. **José Maldonado, MD, FAPM**, winner of the Dlin/Fischer Award for the best oral paper presentation submitted for the program, will speak on Saturday morning. **Jeff Huffman, MD, FAPM**, the winner of the first Lipsitt Award, will deliver a Thursday afternoon workshop. Inaugurated through an endowment from psychosomatic medicine pioneer and former APM president Don Lipsitt, MD, this award honors a mid-career psychiatrist currently making substantial contributions to the evolving field of integrated behavioral health.

More than 150 posters, including 102 from trainees, will grace the Thursday evening poster session. This premier event for mixing and mingling with fellow conference attendees will segue into the traditional Welcome Reception on the ocean-front terrace of the conference hotel. That gathering will, in turn, morph into a cocktail party on the beach jointly sponsored by the nearby medical schools at the University of Miami and the University of South Florida.

A suite of events designed to address the concerns of psychosomatic medicine psychiatrists across the spectrum of their careers will occur throughout the conference. New members, first-time attendees, early-career attendees, and trainees will gather for a mixer on Wednesday evening. The Early Career Track Subcommittee will host a Saturday lunch during which experienced APM members will meet with groups of junior participants in give-and-take sessions whose topics could range from how to best manage tension between personal and professional obligations to how to nourish academic aspirations while working in a non-academic setting. A forum specifically geared to the concerns of psychosomatic medicine fellowship directors will convene on Wednesday evening. And in another first for APM, mid-career and senior researchers will gather on Saturday afternoon for a three-hour session



*J. Michael Bostwick, MD, FAPM
APM 2014 Program Chair*

sponsored by the Research and Evidence-Based Practice Committee. Moderated by committee co-chairs **Michael Sharpe, MD, FAPM**, and **Jeff Huffman, MD, FAPM**, this event is specifically geared to nurturing a group whose ongoing participation in APM is vital to the health and vigor of our Academy. (See page 7 for Drs. Sharpe and Huffman's article, "Mission Critical: The APM and Research.")

If all of this isn't enough, group runs and meditation sessions will occur at the crack of dawn on Thursday, Friday, and Saturday. Attendees wishing to take a break from the classroom can sign up for a guided tour of the nearby Florida Everglades, or simply relax in the hotel spa, the swimming pools, or the Atlantic lapping a few short steps across the beach from the scientific action.

Don't hesitate to make your hotel reservations for APM's premier event! The Marriott is rapidly filling up with early registrants, but nearby hotels abound in this waterfront paradise. I look forward to seeing you there.

**Are you taking the
ABPN recertification exam
in 2015?**

**Don't miss Bob Boland's
article on page 4,
"Changes in the
Recertification Process."**

Changes in the Recertification Process

As many of us are approaching the time for recertification, we are experiencing more than a little anxiety about the American Board of Psychiatry and Neurology (ABPN) requirements for Maintenance of Certification (MOC). Recently, the ABPN has updated the requirements. Fortunately, the most recent changes have introduced more flexibility in the process.

What Hasn't Changed?

For ABPN recertification, we still have to do MOC activities and then take an exam. The MOC activities still have the same three parts: CME, Self-Assessment (SA) CME, and Performance in Practice (PIP) units.

The exam, of course, hasn't changed. It is still the same high stakes exam, given at a professional testing center where you have to be interrogated, retinal scanned, and stripped to your undergarments before being allowed anywhere near the test. Or nearly so.

What Has Changed?

☉ **CME.** There have been some important changes to the CME requirements. Most notably, the number of required CMEs and SA CMEs has changed as the ABPN has implemented a "phase in" of CME requirements. That phase-in ended this year, so for persons taking the recertification examination in 2015 or afterwards, the requirements are 300 CME credits, with some of those being in SA activities. The SA requirements have been mercifully reduced from a previously required 40 SA credits to a more reasonable 24. These new requirements mean that if we have been keeping track of our CMEs for the 10 years since we were originally certified (or recertified for us older folks), we would need an average of 30 CME credits per

year. SA activities have been available for only a few years, about three, thus this means an average of 8 SA credits per year.

☉ **PIP.** The Performance-in-Practice requirement has been a particular irritant for us. As before, it still consists of two portions: a feedback module and a clinical module.

Feedback module. Originally requiring a great deal of feedback from multiple sources, the feedback module was controversial for those of us doing consultation work. It could have meant that we would have to ask patients who barely knew us—and never asked to see us—to evaluate us.

Responding to these concerns, the ABPN has softened the requirement and is now letting us choose between a variety of possible feedback options. Examples they give of acceptable activities include: (1) five patient surveys; (2) five peer evaluations of general competencies; (3) five resident evaluations of general competencies; (4) 360-degree evaluations of general competencies with five respondents; (5) institutional peer review of general competencies with five respondents; or (6) one supervisor evaluation of general competencies. Note that by "general competencies" they are referring to the same competencies used in residency training: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Professionalism, Interpersonal Communication Skills, and System-Based Practice. Any one activity is sufficient to meet the requirement for a feedback module. This is good news for those of us in teaching positions, as



Bob Boland, MD, FAPM
Chair, MOC Subcommittee

ABPN 10-Year MOC Component Requirements

ALL CME, SA, and PIP Requirements Must Be Completed Before the Application

| Original Certification or Recertification Year | MOC Application Year | MOC Exam Year | Medical License | TOTAL CME Credits Required | CME from a Minimum of Two SA Activities | PIP Unit Required |
|--|---|---------------|------------------------------------|----------------------------|---|-------------------|
| 2005 | 2014 | 2015 | Active, full, unrestricted license | 270 | 24 | 1 |
| 2006 | 2015 | 2016 | | ↓ | ↓ | ↓ |
| 2007 | 2016 | 2017 | | | | |
| 2008 | 2017 | 2018 | | | | |
| 2009 | 2018 | 2019 | | | | |
| 2010 | 2019 | 2020 | No restrictions on any license | ↓ | ↓ | ↓ |
| 2011 | 2020 | 2021 | | | | |
| 2012 | See Continuous MOC Program (C-MOC) at www.abpn.com/c-moc | | | | | |

many of us already have competency-based evaluations being done by our residents and fellows. Similarly, many hospital systems include activities (e.g., peer evaluations) that would help us meet these requirements.

Clinical module. As an example of a PIP clinical module, one could chart reviews of patients being treated for depression, compare it against a standard for depression treatment, make a plan for improvement, and then do subsequent chart reviews to track improvement.

The PIPs sound daunting; however, again, we only have to do one unit (meaning 1 feedback + 1 clinical), and many of us already have to do activities as part of our hospital staff privileges that may meet PIP requirements.

This chart on the opposite page, from the ABPN, summarizes the requirements:

This brings up several questions:

1. Why do I have to do this? Because the ABPN said so. But face it: it simply was never reasonable to expect our patients to believe that after passing one examination at the beginning of our careers we could be assumed to be competent for the rest of our lives. All professions that are responsible for the lives of others (e.g., pilots, law enforcement, senators—wait, no, not the last) have to regularly demonstrate that they are keeping up their skills; so should we. In this era of increasing regulation, if we drop the ball on overseeing ourselves (remember, the ABPN is composed of our colleagues), it is inevitable that some other heavier-handed institution will do it for us.

2. What should I be doing now? You should be keeping track of your CME, SA, and PIP activities. This can be conveniently done through the ABPN website—the ABPN has “Physician Folios” available at application.abpn.com/webclient/folios.aspx where you can create your personal folio. Many CME and SA activities are sent by the sponsoring organizations to the ABPN and automatically added to your folio after you complete them. You can also add your own activities. These are done on the “honor” code; however, the ABPN does do random audits and may require proof of the activity, so save your CME certificates and other pa-

perwork (in my case I scan all of them for safekeeping).

3. What can APM do for me? Currently, one can meet all or most of the CME requirements with Academy activities. The annual meeting offers an average of 30 CME credits each year, so if you attend regularly you will have sufficient CME credits when you need them. In the past three years we have also offered SA credit in the form of a “pre-test” associated with our meeting. In 2011, this was more of a pilot and only offered 4 credits; subsequent years have offered 8 credits. If you participated in these activities, you will be close to your needed SA credits, and if you are taking the examination in this next year you have a chance for another annual meeting-associated 8 SA credits before you take the exam. (Note that even though you will have to apply for the exam before our meeting, the ABPN will allow you to continue earning credits toward MOC after your application.) For those who did not do the SAs in the past two years and need more credits, there are a number of other approved SA activities listed on the ABPN website and many are free. (I took the APA’s pre-meeting exam for 8 SA credits and it wasn’t awful.) Going forward, we are also looking at creating PIP modules that are relevant to Psychosomatic Medicine; in the meantime, the APA offers free PIP clinical modules to its members, and some journals such as *FOCUS* include PIP activities.

4. What if I haven’t done a thing? Is there still time before my exam? Yes, but hurry. Look on the ABPN site for approved activities (www.abpn.com/moc_products.asp). And, don’t pat yourself too hard on behalf of the bullet you dodged—this will be the last time you’ll get away with it. Once you’ve passed your recertification exam you will be entered into a newer system that requires more regularity. So, rather than put off MOC, maybe it’s time to embrace the concept of lifetime learning and self-evaluation!

A Final Note

This all pertains to the 10-year MOC program; that is, to individuals who took their examination or recertification before 2012. Those who were, or will be, board certified or recertifying after 2012 will become part

of the Continuous Certification program alluded to in the chart. More on that in a future article.

Acknowledgements: Thanks to Patti Vondrak at the ABPN for fact-checking this article for accuracy. Any remaining inaccuracies are my own.

KEY DEADLINES FOR PLANNING CERTIFICATION

The 2015 Psychosomatic Medicine exam will be held October 13–16, 2015. The application will be available in the doctors’ Physician Folios accounts approximately January 6, with the deadline of April 1, 2015.

The cost of the exam is \$1900. Applications submitted after April 1 thru June 1, 2015 will incur a \$500 late fee.

Scheduling for the exam will begin August 10, 2015.

KEY DEADLINES FOR PLANNING RE-CERTIFICATION (MOC)

Exam dates: April 13–17, 2015

Application available in Physician Folios accounts: August 4, 2014

Application deadline: November 3, 2014 (\$1500 exam fee)

Late deadline: December 1, 2014 (with \$500 late fee)

Scheduling begins: February 9, 2015

REQUIREMENTS FOR ADMISSION to the 2015 maintenance of certification (MOC) examination include:

- A full, active, unrestricted medical license
- Completion of 270* Category-1 CME credits in the past 10 years, with 150 in the past five years
- Completion of at least two self-assessment activities that provide 24* SA CME credits in the past ten years
- Completion of one Improvement in Medical Practice (PIP) unit.

**of the total 270 required CME credits, 24 CME credits should involve self-assessment*

More information:

<http://www.abpn.com/cp-moc>

FELLOWSHIP RECRUITMENT & THE NRMP MATCH

After many years of working through the development of a more efficient and equitable fellowship recruitment process, Psychosomatic Medicine participated in the 2014 NRMP Specialties Services Match. The APM has once again signed a formal agreement with the NRMP and we are now on board to use the Specialties Match for the 2015 recruitment season. Now that program directors have experience with the Specialties Match, we are confident that things will go smoothly this year. Candidates should be quite comfortable with the process, as they all will have used the Match four years ago for their own residencies. While this still may feel like a major culture change, we feel strongly that the benefits greatly outweigh the risks for large and small programs alike and will eventually lead to the growth of our field.

Following are some key informational points about the Match:

- To join the NRMP Match, at least 75% of ACGME-accredited programs (nationally) must agree to participate. In addition, at least 75% of the total available positions (nationally) must be offered through the Match. Last year, more than 90% of our programs participated. We are aiming for 100% participation this year. In addition, the Fellowship Education Subcommittee has strongly endorsed an “all-in” policy in which programs commit all of their available positions to the Match.
- “Available positions” means those positions which have usually been filled, typically those for which a program has funding. This is not necessarily the same as the number of ACGME-accredited positions unless a program typically fills all of those slots.
- NRMP rules require that subspecialty programs in the same discipline participate in a single fellowship match. For example, all Internal Medicine subspecialty programs (Cardiology, Nephrology, Endocrinology, etc.) are run together. For Psychosomatic Medicine, this means we will be coupled with Child/Adolescent Psychiatry, currently the only other Psychiatry fellowship in the Match. This is primarily for organizational purposes and will not complicate our matching process.

• Programs may continue to use the same application process currently in place, either the APM common application or individual institutional application. ERAS are not required.

• Although NRMP registration opens September 10, programs may begin the recruitment process, i.e., responding to requests for applications and setting up interviews, prior to that date.

For the July 2015 start date for fellowship programs, the following dates and additional information apply:

- September 10, 2014: Opening date for NRMP registration of programs and candidates.
- November 5, 2014: Rank-order list entry opens.
- December 3, 2014: Final date for submission of position quotas, i.e., number of positions each program will make available.
- December 17, 2014: Rank-order list certification deadline
- January 7, 2015: Match Day

Programs which do not fill will be provided a list of candidates who did not match to any program, and these candidates will be informed by NRMP which programs continue to have openings.

Individual program costs:

- Institutions: \$200 per institution (paid once for any participation with NRMP)
- Programs: \$35 per program track
- Matched Applicant: \$35 per applicant matched to the program



Philip Bialer, MD, FAPM



David Gitlin, MD, FAPM

New Members

FULL MEMBERS

Christian Cornelius, MD
D. Edward Deneke, MD
David Diaz, MD
Maalobeeka Gangopadhyay, MD
Travis Lajoie, DO
Elizabeth LaRusso, MD
Robin McAllister, MD
Etienne Muscat, MD
Virginia O'Brien, MD
Glenn Pearson, MD
Maria Poor, MD

Davin Quinn, MD
Nadine Schwartz, MD
Sibyl Simon, MD
Martha Ward, MD

TRAINEE MEMBERS

Omair Abbasi, MD
Elizabeth Albertini, MD
Tahani AlQassem, MD
Ahmad Alzahrani, MBBS
David Banayan, MD
Dianna Bisek, MD
Monika Chaudhry, MD

Kaleena Chilcote, MD
Suki Conrad, MD
Caroline Cruz, MD
Aryeh Dienstag, MD
Jennifer Erickson, DO
Sarah Faeder, MD, PhD
Arpita Goswami-Banerjee, MD
Elionora Katz, MD
Pankaj Lamba, MD
Kenny Lin, MD
Daniel Linhares, MD
Subani Maheshwari, MD
Nasuh Malas, MD

Ramzi Mardem Bey, MD
Adrienne Mishkin, MD
Louis Nardelli, DO
Varma Penumetcha, MD
Vasthie Prudent, MD
Kamalika Roy, MD
Rachel Shmuts, DO
Karina Umanskaya, DO
Ha Vu, DO
Gerald Winder, MD
Kimberly Woodyard, MD
MSW

Mission Critical: THE APM AND RESEARCH

The mission of the Academy is to “vigorously promote a global agenda of excellence in clinical care” and to do this by influencing education, policy, and research. Substantial progress has been made with an increasing membership, fabulous annual meetings, and a developing education program including a significant influence on health-care policy. But what about the research mission?

Organizations that wish to remain at the “cutting edge” of their field have to invest in R&D (research and development). If we don’t do it, who will? While we need to build on the successes of the excellence of our practice in both inpatient and outpatient C-L psychiatry, especially collaborative care, we also need to be ready for, and preferably leading, “the next big thing.” This is especially important as there is both a change in the way that health services will be organized and funded across the U.S. (and likely beyond) and competition from other disciplines. At a recent APM strategy meeting, the Council endorsed the critical importance of fostering research as an essential ingredient of our long-term success and as our professional duty to contribute to advances in patient care.

The Academy already has many prominent researchers among its membership, and many more who contribute in various ways to the research endeavor. However, the Research and Evidence-Based Practice Committee, supported by the Council, thinks we can and should do more. We must not only disseminate research, but must also work to increase its production. How can this be done? We propose three strategies:

- In the short term, we will foster a culture within the Academy that is friendly to, and supportive of, those actively conducting research, both in the annual meeting and at times in between, with an enhanced focus on new research procedures, biostatistics, and other “research for researchers” topics.
- In the mid-term, we need to recruit additional active researchers into the Academy by becoming an attractive organization for researchers to come together. We also need to partner with other organizations who can further the research agenda.
- In the long term, the Academy, with support from our not-for-profit Foundation, aspires to be a research funder in its own right.

So what can you do? If you are doing research, even in a small way, please be in touch so we can develop a list of active researchers. We are also interested in your views about what would be attractive to researchers at the meeting



Michael Sharpe, MD, FAPM



Jeff Huffman, MD, FAPM

Co-chairs, Research & Evidence-Based Practice Committee

and what you feel would be a powerful draw to recruit additional excellent research colleagues to join us.

We are planning other innovations. In Fort Lauderdale this November, there are several events for researchers:

FIRST, a workshop on November 13th about “all you ever wanted to know about research, but were too afraid to ask.”

SECOND, we will be starting a researchers’ special interest group specifically for those for whom research is a major part of their work.

THIRD, we will also be running a workshop specifically for researchers on the afternoon of Saturday, November 15th. This will include presentations and discussion on practical aspects of doing research and an opportunity to discuss how we can develop this in the future. There will also be an informal social meeting afterwards on Saturday evening for drinks and dinner for those interested.

We very much look forward to seeing you there and to working together to build on the Academy’s many achievements in developing it further as a leading research organization. Now is the time for the Academy to develop its research mission, a mission that is critical to our long-term success.

CALL FOR COMMITTEE VOLUNTEERS

Interested in Academy committee service? Volunteers are now invited to apply.

How to indicate your interest in committee service by SEPTEMBER 10

1. Visit the APM “Organization” web page which provides details of all of APM’s current committees: About > Organization
2. Once you identify a committee that interests you, please contact the committee leadership (chair or vice/co-chair) directly to indicate your interest in serving. You will find the contact details of committee leaders using the

online directory lookup on the APM website: Members > Directory/Referrals

What happens next?

- By September 15, committee chairs must submit recommendations for committee appointments to President Worley.
- By October 15, the president completes the committee appointments process and committee chairs are notified first, followed

shortly thereafter by notifications from the executive office to all committee appointees. Committee terms begin and end on October 15.

- November 13-15: Newly constituted committees meet at the annual meeting.

On behalf of the APM Council, we welcome your active participation in the 2014-2015 APM committee appointments process.

PSYCHOSOMATIC MILESTONES UPDATE

Robert Boland, MD, FAPM, with help from the members of the Psychosomatic Milestones Working Group: Madeleine Becker, MD, FAPM, Mark Servis, MD, James Levenson, MD, FAPM, Catherine Crone, MD, FAPM, and Laura Edgar, ACGME executive director.

I recently had the pleasure of chairing the Psychosomatic Milestones Committee for the Accreditation Council for Graduate Medical Education (ACGME). The pleasure, of course, came not from the task, which is important, yes, but pleasurable not so much. The pleasure came from the chance to work with some excellent colleagues as we together considered the next phase of fellowship assessment.

Any of you involved with general residency training (or within earshot of residency training directors) already know about milestones. Briefly, they are the next phase of the ACGME's new Accreditation System. They are intended to be used by programs to monitor resident performance every six months throughout their training. The aggregate data will be used by the ACGME to monitor the training programs.

The approach continues to use the ACGME competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Professionalism, Interpersonal Communication Skills, and System Based Practice. However, rather than simply certifying whether a trainee is competent in each area, the milestones take a developmental perspective, asking us to consider how the residents are progressing along different competencies on a semiannual basis, and throughout the course of their training. Four to five levels are defined, ranging from the typical beginning trainee to a level expected of a graduate. The fifth level is included as an "aspirational" target for exceptional trainees that exceed the usual expectations.

The development of the psychiatry residency milestones took about two years and incorporated various feedback processes and pilot tests. The competencies were subdivided, resulting in 22 psychiatry subcompetencies. Residencies will begin implementation of these milestones in July of 2014. Some of the challenges that will accompany the implementation of the milestones will be the development of new assessment tools that incorporate milestones, the targeting of particular milestone assessment in appropri-

ate rotations/activities, the development of Clinical Competency Committees or CCCs to incorporate all data and make an assessment of the resident's progress, and the associated increase in workload for training directors and participating faculty.

Having completed this process, the ACGME turned its attention to psychiatry subspecialties. As one can imagine, this presented unique challenges. Although all of the major competencies remain relevant to subspecialty training, not all subcompetencies are applicable. In addition, a subspecialty may introduce new subcompetencies not relevant to general psychiatry training. Most challenging was how to define the learning stages along a shorter continuum, as most subspecialties are only one year long and two years at most, and trainees may come into the fellowship with very different levels of skills.

As with any group task, the most important part of that task is picking excellent members. In that, I, along with APM leadership (particularly Cathy Crone and Linda Worley) did an excellent job. The members of the committee were: Cathy Crone, Jim Levenson, Mark Servis and Madeleine Becker. Two members (myself and Dr. Servis) were part of the original general milestone development. The other members provided a "fresh look" and approached the process from the perspective of a PM fellowship training director. The group met June 6-7, 2014. In advance of the meeting, the chairs of each subspecialty committee worked together on the "general competencies"—those competencies that tend to cut across the specialties and have much in common: Practice-Based Learning and Improvement, Professionalism, Interpersonal Communication Skills, and System Based Practice. The subspecialty committee was given the task of creating the Patient Care and Medical Knowledge milestones. The workgroup then was permitted to edit and make changes to the remaining general competencies with the intent of making them more relevant to psychosomatic medicine. In the end, we created what I believe to be an excellent first draft. In general,

the group opted to avoid overly specific care and knowledge subcompetencies in favor of larger, core principles. In addition, there were many excellent editors in the group, with the result that we were able to condense and simplify many of the milestone descriptions.

Having completed this draft, there will be several opportunities for modification. The chairs of the subcommittees are currently reviewing the draft. This summer we will share this draft with interested parties, particularly the Academy of Psychosomatic Medicine, to give members a chance for comment and critique.

The goal is to have a final draft by September. The fellowship will plan to implement the milestones starting July 2015. With this tight deadline, a pilot is not possible. Thus, feedback from our members will be essential to the process.

No doubt, many are asking, "why are we doing this?" Training directors and other educators are already weighed down by administrative burdens and there is no way to avoid the fact that this will create more work for us.

The answers are simple. The current system of assessment for training programs has long been criticized as inadequate. Any training director who has had the frustration of passing along a resident they considered less than adequate because of perfunctory evaluations, giving mediocre but passing scores, understands that this is so. Training directors are not alone in their frustration and there is a growing fear that if we, as educators, do not address this problem, the government or other interested parties will take this on instead. If this is successful, the result will be a more flexible evaluation system that allows us to give thoughtful and constructive feedback to our residents. In addition, this tool may add curriculum development and a way for fellows to think about their own learning needs. The devil, however, is in the details. I believe the members of our subspecialty committee made a great start; however, we will need everyone's help so that this well-intended reform will live up to its potential.

JOURNAL EDITOR'S UPDATE

You are probably aware that *Psychosomatics: The Journal of Consultation and Liaison Psychiatry* is the official journal of the Academy of Psychosomatic Medicine. What you might not have realized is that the journal has been alive and kicking for 55 years! During this tenure the journal has had only three editors-in-chief: Wilford Dorfman, MD (the founding editor), Thomas Wise, MD, FAPM (editor emeritus), and myself.

Not surprisingly, the journal's goals are to serve the Academy and its membership and to further the mission of the Academy—to advance medical science, education, and health care for persons with comorbid psychiatric and general medical conditions, and to provide national and international leadership in the furtherance of those goals.

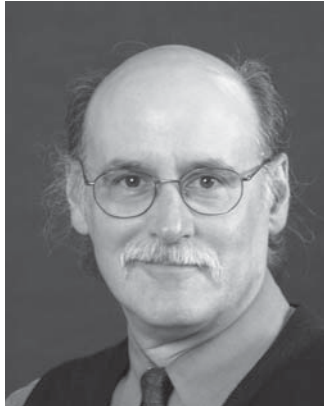
Psychosomatics has remained vibrant in large part due to the academic productivity of Academy members and to others who seek out new knowledge, who teach, and who provide clinical care at the interface of psychosomatic medicine and other disciplines. Since Psychosomatic Medicine became a recognized subspecialty of Psychiatry, interest in the field has grown. This has translated into an ever-increasing number of submissions to the journal; for example, in the past five years the number of submissions has increased by a staggering 50%.

In response to this explosion of new knowledge and essential clinical pearls, we have increased the number of pages printed in each issue of the journal, and we will continue to add more published pages in the years to come. To manage the available number of published pages (and to avoid delays between acceptance and publication), our acceptance rate of submissions has dropped to 23%. Therefore, only the best of our high-quality submissions passes through the peer-review process successfully.

Our heartfelt thanks go out to many of you: the hundreds of reviewers who provide invaluable advice on the science, readability, and practicality of submitted works; the members of our editorial board; and our three deputy editors (Jason Caplan, MD, FAPM, Oliver Freudreich, MD, FAPM, and Margaret Stuber, MD, FAPM). Our review process keeps the bar high for acceptance and leads to publication of revised and improved manuscripts.

Despite the growing volume of submissions (of review articles, original research, perspectives, case reports, and letters to the editor), the time from submission of an article to a decision about its publishability has plummeted; in 2014, the average time from submission to a final decision has been only 11.3 days! Moreover, the time from an article's acceptance to its appearance in print is only four to six months. However, more and more of our readers are not relying solely upon the hard copies that they receive with their subscription, but they are downloading articles at an accelerating pace. Over the past three years the number of times articles in *Psychosomatics* have been viewed electronically has increased significantly, with almost 182,000 article downloads in 2013—and this trend continues. In addition, the fact that *Psychosomatics* can now support video and supplementary materials will provide authors with the capacity to discuss their work and to show enhanced graphics, much like they might accomplish with an engaging YouTube video. Electronic initiatives also include mobile access to journal content (e.g., apps for researchers in institutions via the Science Direct app, and apps for personal or member subscribers via the Health Advance *Psychosomatics* app).

Thank you for your contributions and for your support of the journal and its mission. Together we will keep *Psychosomatics* and the field of psychosomatic medicine moving forward.



Theodore A. Stern, MD, FAPM
Editor-in-Chief, *Psychosomatics*

Most Cited *Psychosomatics* Articles in 2012

Larsen KA, Kelly SE, Stern TA, Bode Jr. RH, Price LL, Hunter DJ, et al: Administration of olanzapine to prevent postoperative delirium in elderly joint-replacement patients: A randomized, controlled trial. *Psychosomatics* 2010; 51:409-418.

De Leon J, Wynn G, Sandson NB: The pharmacokinetics of paliperidone versus risperidone. *Psychosomatics* 2010; 51:80-88.

Chen C-K, Tsai Y-C, Hsu H-J, Wu I-W, Sun C-Y, Chou C-C, Lee C-C, Tsai C-R, Wu M-S, Wang L-J: Depression and suicide risk in hemodialysis patients with chronic renal failure. *Psychosomatics* 2010; 51:528-528.e6.

Benford DM, Caplan JP: Psychiatric sequelae of Spice, K2, and synthetic cannabinoid receptor agonists. *Psychosomatics* 2011; 52:295.

Morasco BJ, Loftis JM, Indest DW, Ruimy S, Davison JW, Felker B, Hauser P: Prophylactic antidepressant treatment in patients with hepatitis C on antiviral therapy: A double-blind, placebo-controlled trial. *Psychosomatics* 2010; 51:401-408.

Most Cited Articles in 2013

Chwastiak LA, Rosenheck RA, Kazis LE: Association of psychiatric illness and obesity, physical inactivity, and smoking among a national sample of veterans. *Psychosomatics* 2011; 52:230-236.

Weinstein AA, Kallman Price J, et al: Depression in patients with nonalcoholic fatty liver disease and chronic viral hepatitis B and C. *Psychosomatics* 2011; 52:127-132.

Neufeld KJ, Hayat MJ, et al: Evaluation of two intensive care delirium screening tools for non-critically ill hospitalized patients **Poster Presentation: American Psychopathological Association Annual Meeting; New York, NY, March 4, 2010 *Psychosomatics* 2011; 52:133-140.

Steinbrecher N, Koerber S, Frieser D, Hiller W: The prevalence of medically unexplained symptoms in primary care. *Psychosomatics* 2011; 52:263-271.

Dubovsky AN, Arvikar S, Stern TA, Axelrod L: The neuropsychiatric complications of glucocorticoid use: Steroid psychosis revisited. *Psychosomatics* 2012; 53:103-115.

Reserve your hotel room today for the Annual Meeting! See page 13.

SIG Updates

Bioethics

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

Interest in bioethical issues has markedly increased over the last year with the welcoming of new members, high attendance at our SIG symposia, and a bioethics-focused Visiting Professorship at UCLA–Olive View. With 116 attendees, a symposium on decisional capacity, chaired by Henry Bleier, set the record for the highest attendance at our Bioethics SIG symposia!

At the 2014 APM Annual Meeting, our SIG will present a collaborative SIG symposium with the Palliative Care SIG: “CPR, Autonomy, and Medical Futility: Conflicting Rights and Responsibilities in the Physician-Patient Relationship.”

The Bioethics SIG Bibliography Task Force, comprised of Chair Dr. Cynthia Geppert and members Drs. Laura Roberts, James Kimball, and Kristin Bezai, began work on updating the annotated bioethics bibliography for psychosomatic medicine psychiatrists. This bibliography is now 15 years old and much has changed since its publication: Preisman RC, Steinberg MD, Rummans TA, Youngner SJ, Leeman CP, Lederberg MS, Cohen MA, Surman OS, Blum JA: An annotated bibliography for ethics training in consultation-liaison psychiatry. *Psychosomatics* 1999; 40:369-379.

Cavin Leeman has volunteered to serve as a consultant to the task force and several of the original authors, including Marguerite Lederberg, MD, FAPM, have offered to make contributions to the process.

SIG member Xavier Jimenez has accepted his appointment as editor of the Bioethics SIG web page and it should be up and running before the annual meeting. Xavier has also joined the Bibliography Task Force.

We welcome suggestions for new members and invite you and your colleagues to attend our meetings and to join our APM Bioethics SIG!

HIV/AIDS Psychiatry

Co-Chairs: Mary Ann Cohen, MD, FAPM, and Kelly L. Cozza, MD, FAPM

The HIV/AIDS Psychiatry SIG had much to celebrate at its 10th Anniversary at the APM 2013 Annual Meeting and, with the support of APM leadership, this celebration continues. Since 2003, our SIG has grown from 32 to 330 members. Since 2012, thanks to founding member and World Psychiatric Association President, Pedro Ruiz, our SIG became a Section of the WPA.

In May 2014, members of our SIG presented at the AAPDP and APA meetings in New York.

In June 2014, the Society for Liaison Psychiatry presented SIG member and Academy Councillor Phil Bialer, MD, FAPM, with the SLP Lifetime Scientific Achievement Award. His acceptance speech was on the history of HIV psychiatry.

In September 2014 at the WPA World Congress in Madrid, members of our SIG will present an Intersectional Symposium: “HIV Psychiatry as Paradigm for Psychosomatic Medicine: Preventing Transmission, Caring with Compassion, and Improving Adherence.”

In November 2014 at the APM Annual Meeting, our SIG will present two symposia:

- Update on HIV-Associated Neurocognitive Disorder: Prevention, Screening, and Current Controversies
- Depression in Patients with HIV: Current Research and Clinical Approaches to Screening, Management, and Treatment

Our SIG continues to work on continual quarterly updating of the HIV Psychiatry Annotated Bibliography developed by SIG members Oliver Freudenreich, MD, FAPM, and Maria Ferrara, MD, along with other consultants in conjunction with the Research and Evidence-Based Practice Committee.

We welcome suggestions for new members and invite you and your colleagues to attend our meetings and to join our APM HIV/AIDS SIG!

Medicine & Psychiatry

Chair: Thomas Heinrich, MD, FAPM

APM's 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 practicing psychosomatic medicine together to discuss important topics such as building careers that integrate medicine and psychiatry, clinical cases, research initiatives, and training issues. If you are interested in joining our Google Group, please email me at theinric@mcw.edu.

The Medicine & Psychiatry SIG will once again be gathering at the Association of Medicine and Psychiatry's Annual CME Conference which will be held at the Blackstone Renaissance Hotel in Chicago on October 10 and 11, 2014. This conference has a wonderful line-up of speakers who will be teaching about integrated care models, internal medicine, psychopharmacology, and neuropsychiatry as well as the popular resident clinical vignette competition. In addition, the conference will feature Paul Summergrad, MD, FAPM, as our Keynote Speaker.



**Association of
Medicine &
Psychiatry**

ANNUAL CME MEETING

**October 10-11, 2014
Chicago, Illinois**

**The Blackstone
Renaissance Hotel**

www.assocmedpsych.org

Neuropsychiatry

Chair: Yonas Geda, MD, MSc

Vice Chair: Dimitry Davydow, MD, MPH, FAPM

Background: *Neurology* (Price B, 2000), the *American Journal of Psychiatry* (Martin J, 2002), the *Journal of Neuropsychiatry and Clinical Neurosciences*, and *Psychosomatics* (Lyketos C, 2000, 2004) have addressed the future of neuropsychiatry in the 21st century. *Neurology* made a specific recommendation: “based on these changes, we call for the introduction of new training curricula and accreditation criteria for both neurology and psychiatry.” The *AJP* made a candid remark: “neurology and psychiatry have, for much of the past century, been separated by an artificial wall created by the divergence of their philosophical approaches and research and treatment methods. Scientific advances in recent decades have made it clear that this separation is arbitrary and counterproductive.” These remarkable scientific developments led to the genesis of the Neuropsychiatry Special Interest Group.

Mission: The Neuropsychiatry special interest group (NP SIG) will promote and advance the science and art of neuropsychiatry.

Goals:

- Organize recurring workshops on neuropsychiatry.
- Foster collaborations among APM members interested in neuropsychiatry; and build liaison with ANPA and AAN.

Summary of SIG activities (2008 to 2014):

The 2008 president of APM, Constantine Lyketos, MD, MHS, FAPM, proposed the formation of the SIG. Dr Lyketos then reached out to neuropsychiatrists who are also members of APM. The founding members of the steering committee are:

Yonas Geda, MD, MSc, Professor of Neurology and Psychiatry, Mayo Clinic, Scottsdale, AZ

Adarsh Gupta, MD, private practice, Long Island, NY

Colin Harrington, MD, Associate Professor of Psychiatry, Brown University, Providence, RI

Constantine Lyketos, MD, MHS, FAPM, Professor of Psychiatry, Johns Hopkins University, Baltimore, MD

Jorge Ricardo, MD, Professor of Psychiatry, Baylor Medical Center, Houston, TX

Robert Robinson, MD, Professor and emeritus chair of Psychiatry, University of Iowa, Iowa City, IA

Cynthia Stonnington, MD, Associate Professor and chair of Psychiatry, Mayo Clinic, Scottsdale, AZ

Paula Trzepacz, MD, FAPM, Clinical Professor of Psychiatry, Indiana University, and Senior scientist, Neurosciences, Lilly Research Laboratories, Indianapolis, IN

Bernard Vaccaro, MD, FAPM, Assistant Professor of Psychiatry, Harvard University, Boston, MA

The SIG organized workshops on neuropsychiatry during APM conferences of 2009, 2011 and 2013.

The Merger of the Critical Care and Neuropsychiatry SIGs in 2014: The merger reflects the neuropsychiatric aspects of critical illnesses. For instance, studies have consistently shown that the incidence of delirium in mechanically ventilated critically ill patients averages from 70-80%. Furthermore, a substantial percentage of critical illness survivors face incident, persistent cognitive dysfunction, possibly mediated by the occurrence of delirium. In addition, nearly one-third of these patients struggle with depression and posttraumatic stress disorder during the year after their critical illness. The Neuropsychiatry SIG will now be an important avenue for educating the larger APM membership on neuropsychiatric aspects of critical illnesses, as well as foster potential research collaborations in this important area.

Women's Health

Co-Chairs: Nehama Dresner, MD, FAPM, Christina Wichman, DO, FAPM, and Nancy Byatt, DO, FAPM

It has been a busy year for SIG members: collaborating on publications and presentations for our November 2014 meeting, increasing our presence as embedded or integrated

mental health practitioners in obstetrics and gynecology, and caring for complicated patients. Here is list of the presentations tentatively scheduled for the November meeting:

Symposia/Workshops:

- Thursday, Nov. 13, 3:30pm: “Update on Perinatal Psychiatry”
- Friday, Nov. 14, 3:30pm: “Complex Pregnant Patients in the Hospital: Lessons the PM Psychiatrist Can Learn from Our Patients”
- Saturday, Nov. 15, 10:45am: “Substance Use Disorders in Pregnancy: Clinical Management and Psychosocial Issues”

Oral Paper (Friday, Nov. 14, 10:40am:

- “Rapid Access to Perinatal Psychiatric Care in Depression (RAPPID)”

Posters (Thursday, Nov. 13, 6:00pm:

- “Integrative Treatment of Alcohol Withdrawal in Pregnancy”
- “Assessing Beliefs About Psychotropic Medications and Pregnancy”
- “Learning from Patients What Works Better: EPDS vs. PHQ2”
- “Emergent Depression Following Cessation of the Estrogen-modulator Raloxifene: Case Report and Literature Review”
- “Early Intervention for Preterm Dyads: A Curriculum for NICU Nurses”
- “Weathering the Transition to Motherhood: Patterns of Postpartum Depression Across Cultures”
- “Description of Obstetric Patients Attended by the Liaison Psychiatry Service of Hospital Universitario San Vicente Fundación from 2011 to 2012”
- “The Association Between Intimate Partner Violence and Suicidal Ideation in the Postpartum Period Among Low Income Women in Brazil”

We look forward to welcoming SIG members and newcomers at our meeting in Fort Lauderdale!

NEW MEETING WEBSITE

APM 2014 debuts an all-new website at www.eventscribe.com/2014/APM. A direct link to this new site is on the APM website at Meetings > 2014 General Information.

The new meeting site features the full program for the meeting, including abstracts for all sessions, speaker and author biographies, details on the pre-conference program, and much more. Visitors can view the program by day, track, format (symposium, workshop, etc.) and speaker, and the site can develop for you a shortlist of sessions based on a keyword search.

The site includes the very latest details regarding the hotel, transportation options, social events, registration information, and exhibitors. A section on early career consultations discusses how to book consultations with the top leaders in the profession, and for session speakers there is a dedicated section on how to prepare for the meeting.

The site is smartdevice friendly, which means you can access and use it easily on your smartphone or tablet, not just your PC. But the capabilities of the site don't end with that—you can create and store your own personal schedule for the event ("My Plan") and receive emails from the site each day of the meeting with your personal program organized just for you.

A helpful Quick Start guide, a click from the homepage, provides a simple overview of the capabilities of the new site.

The site is the first of a range of new technologies APM is bringing to the annual meeting to improve the efficiency of the meeting and the experience for attendees. Special presentations scheduled for the meeting will provide more details. Bring your smartdevice to take full advantage of your time at APM 2014!

REGISTER EARLY FOR MAXIMUM SAVINGS

Pre-register for the Annual Meeting by August 31 and enjoy a \$100 discount on the members meeting registration fee. Registration dates to watch for this year:

Aug. 31: Early registration ends

Sep. 1–Sep. 28: Standard registration

Sep. 29–Oct. 31: Late registration

Oct. 31: Online registration closes

There are significant cost increases if you wait (see complete fee details on the registration form on page 15).

You may register online with a credit card, or by mail or fax. We encourage you to use the online system, as this saves considerable staff time and will assure accuracy of your data in the registration system. The link to the online registration system is on the APM website home page. To register by mail or fax, use the Registration Form on page 15 or the PDF of the form on the website. There will be no admittance without payment, and registration forms will not be processed until payment is received.

The online registration system will close at midnight Pacific time on October 31. Registration forms postmarked after October 31 will be treated as on-site registrations. Because some materials for on-site registrants cannot be prepared in advance, delays at the Registration Desk are possible.

VISIT THE APM 2014 MEETING SITE AT

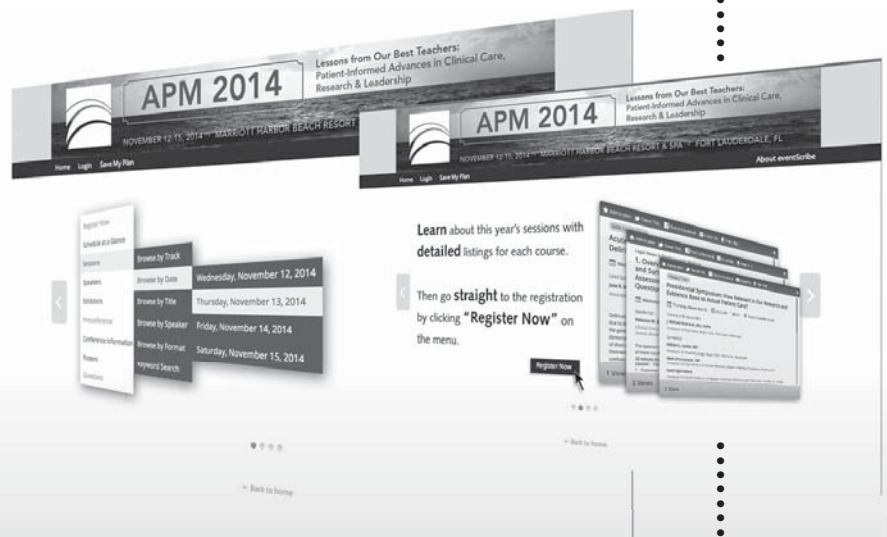
<http://tinyurl.com/APM2014-online>

The site features the full program for the meeting, including abstracts for all sessions, speaker and author biographies, details on the pre-conference program, and much more.

View the program by day, track, format (symposium, workshop, etc.) and speaker, or search by keyword.

Visit for the latest details regarding the hotel, transportation options, social events, registration information, and exhibitors.

Smartdevice friendly and capable of helping you create and manage your schedule at the meeting!



Marriott Harbor Beach Resort & Spa

NOTE: THE HOTEL IS ALREADY 95% SOLD OUT!
HURRY IF YOU WANT TO STAY IN THE HQ HOTEL

APM has selected the Marriott Harbor Beach Resort & Spa for the 2014 meeting.

Marriott Harbor Beach Resort & Spa
3030 Holiday Drive
Fort Lauderdale, FL 33316
<http://tinyurl.com/apm2014hotel>

Highlighted by a pristine oceanfront location and close proximity to the airport, the Marriott Harbor Beach Resort & Spa embodies an upscale retreat. Secluded on 16 waterfront acres, guests enjoy an idyllic private beach setting near the area's top attractions. The resort's 22,000-sq-ft spa boasts indigenous treatments and views of sparkling Atlantic waters. Three restaurants span the beach resort hotel, including the upscale 3030 Ocean Restaurant with modern American seafood.

The hotel offers an abundance of recreation and water sports, and a family and children's activity program that lets parents enjoy the APM meeting free of worries.

A limited number of suites (one king bed and one pull-out sofa in each suite, for a maximum of 3 adults to a suite) are available at the hotel at the following rates:

| | |
|--------------------|-------|
| Regular Room | \$199 |
| Partial Ocean View | \$229 |
| Ocean Front | \$259 |

APM has made the following arrangements for Marriott Harbor Beach guests:

- Complimentary access to the 24-hour fitness center
- Complimentary in-room Internet access during stay for APM attendees (worth \$12.95 a day)
- No resort fee for APM attendees

Book your hotel room directly with the hotel by using APM's online booking site: <http://tinyurl.com/apm2014hotel> or call 1-888-789-3090 and ask to make your room reservation under the APM block.

Please note that APM rates are only available until October 28, 2014.



FIRST TIME ATTENDING APM?

If this is your first time attending an APM annual meeting, here are some helpful hints to ensure that you get the most out of the event:

- **Always wear your name tag:** People will notice that you're a new member or first-time attendee by the ribbons on your name tag and they will introduce themselves to you. Just being receptive is all it takes to make a lot of new connections!
- **Get there at the beginning and stay to the end:** Attend everything you can. Not only can you receive a maximum of 29 CME credits, you will leave with a wealth of knowledge from experts in the field and great new contacts.
- **Speak up:** This is a very friendly, interactive meeting, so jump right in! If you have an idea or feedback, or if you have an area of expertise that overlaps with what's being discussed, go for it! No matter what your level of training, people will be glad to hear from you.
- **Find new friends, collaborators and mentors:** Everyone at the meeting has an interest in teaching, learning, research, and scholarship, so what better place to find connections! If you find someone with a common interest, they will almost certainly be happy to work with you, advise you, give you feedback, or help you on your next project. Networking opportunities are available throughout the meeting. There are social events nearly every day at which you can connect with fellow Academy members.
- **Get Involved:** Once you've gotten a feel for what the APM is all about, get involved! You are welcome to attend special interest group meetings and let committee chairs know you are interested in joining their committee.
- **Have fun:** We know that all work makes Jack and Jill very dull. The Annual Meeting Committee wants to ensure that there is a nice balance between facts and fun and has scheduled morning runs, mindful meditations, happy hours, a boat tour of Florida's famous Everglades, and the one-man play "Mercy Killing." See page 14 for details on the tour and the play.

APM 2014-2015 Committee & Subcommittees
will meet during the annual meeting.

Volunteer for your committee or subcommittee of choice
by September 10.

See page 7, "Call for Committee Volunteers," for details.

Annual Members'

BUSINESS MEETING

The 2014 Annual Members' Business Meeting is scheduled for Saturday, November 15, 2014, from 4:45 to 5:30 pm at the Marriott Harbor Beach Resort & Spa, Fort Lauderdale, Florida.

Agenda items include the election of officers and councilors and a major update of APM's bylaws in order to meet the requirements of New York State's "Nonprofit Revitalization Act" of 2013, with which APM, as a New York-incorporated entity, is obliged to conform. The proposed bylaws amendments were circulated to the membership in early August.

Election of Officers and Councilors:

The APM Nominating Committee (**Drs. Crone** [chair], **Becker**, **Gitlin**, **Katon**, and **Sharpe**) respectfully submits the following slate of officers and councilors for consideration at the Annual Members' Business Meeting:

Officers:

President-Elect:

Steven Epstein, MD, FAPM
(Washington, DC)

Vice President:

Robert Boland, MD, FAPM
(North Kingstown, RI)

Treasurer:

Linda Ganzini, MD, FAPM
(Portland, OR)

Secretary:

James Rundell, MD, FAPM
(Minneapolis, MN)

Councilors:

Philip Bialer, MD, FAPM
(2nd 3-year term)
(New York, NY)

Maria Tiamson-Kassab, MD, FAPM
(2nd 3-year term)
(San Diego, CA)

Paul Desan, MD, FAPM
(1-year term, completing the unfinished term of James Rundell upon his election as Secretary)
(New Haven, CT)

EVERGLADES TOUR



No trip to south Florida would be complete without seeing a portion of the 800 square miles of unspoiled wilderness known as the Everglades. One of the most spectacular natural wonders of the world, Florida's mysterious and beautiful subtropical wilderness provides habitat and protection for endangered and threatened species such as the American alligator and a variety of birds and fish. Experience an exhilarating 45 minute airboat ride through the "river of grass,"

skimming over the shallow waters and grassy vegetation, stopping periodically to point out birds, plant life, and possibly even an alligator. The tour is scheduled for Friday, November 14, 1:00-3:30 PM and costs \$124 per person.

The tour includes: exclusive 45-minute airboat ride, alligator and wildlife show, earplugs, bottled water, transfer via deluxe vehicle, and uniformed staff assistance.

For complete details of the tour and to register, please visit tinyurl.com/APM2014-Tour. Registration for this event closes on **October 31** and the event will operate rain or shine.

MERCY KILLERS

Joe loves apple pie, Rush Limbaugh, the 4th of July, and his wife, Jane. He is blue-collar, corn-fed, made in the USA and proud, but when his uninsured wife is diagnosed with cancer, his patriotic feelings and passion for the ethos of life, liberty and the pursuit of happiness are turned upside down.

Written and performed by Mike Milligan, this acclaimed one-man play explores Joe's struggles with the uniquely American experience of losing your health in the land of plenty. The one-hour play, scheduled for Friday evening, November 14, will be followed by an audience discussion. \$25 per person/\$10 for trainees and early career psychiatrists (ECPs).



Important Deadlines

— key dates for your planning

- | | |
|---------|--|
| Aug. 31 | Last day to register for the meeting at the Early discount rate |
| Sep. 1 | Labor Day in the USA; Academy office closed |
| Sep. 28 | Last day to register for the meeting at the Advanced discount rate |
| Oct. 6 | Last day to sign up for an ECP Career Consultation |
| Oct. 12 | Last day to cancel meeting registration for full refund minus \$50 service fee |
| Oct. 28 | Last day to make hotel reservations at APM discounted rate |
| Oct. 31 | Last day to pre-register for the meeting |
| Nov. 1 | Last day to cancel meeting registration with 50% refund |
| Nov. 12 | PRE-CONFERENCE COURSES |
| Nov. 13 | ANNUAL MEETING BEGINS, 8:45am |



APM 2014

- MARRIOTT HARBOR BEACH RESORT & SPA
- FORT LAUDERDALE, FL
- NOVEMBER 12-15, 2014

ANNUAL MEETING REGISTRATION FORM

1. CONTACT INFORMATION (Type or print only)

▶ Register online for efficient and secure handling of your data!
Go to www.apm.org for online registration.

Name _____ Degree(s) _____

Organization name for badge _____

Address _____

City/State/Zip/Country _____

Phone (_____) _____ Email _____

- Registering from outside USA/Canada? APM offers discounts for attendees of non-High Income countries as defined by the World Bank. Email us for details before submitting this form: apm@apm.org
- This is my first time attending
- I have the following special needs (dietary restrictions, disability, etc.): _____

2a. UPDATES IN PSYCHOSOMATIC MEDICINE (Wed. Nov. 12)

Course runs 8:00 AM – 5:00 PM. Note: Lunch is not included.

| ✓ CHECK ONE BOX ONLY | Early by 8/31/14 | Regular by 9/28/14 | After 9/28/14 |
|-------------------------|--------------------------------|--------------------------------|--------------------------------|
| APM Member | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 |
| Non-Member Presenter | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 |
| Non-Member | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$400 |
| Early Career* | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$275 |
| Trainee** | <input type="checkbox"/> \$75 | <input type="checkbox"/> \$125 | <input type="checkbox"/> \$150 |
| Allied Healthcare Prof. | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 |
| EAPM Member | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 |

2c. ANNUAL MEETING: Nov. 13 - 15

| ✓ CHECK ONE BOX ONLY | Early by 8/31/14 | Regular by 9/28/14 | After 9/28/14 |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| APM Member | <input type="checkbox"/> \$575 | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$725 |
| Non-Member Presenter | <input type="checkbox"/> \$575 | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$725 |
| Non-Member | <input type="checkbox"/> \$800 | <input type="checkbox"/> \$850 | <input type="checkbox"/> \$950 |
| Early Career* | <input type="checkbox"/> \$525 | <input type="checkbox"/> \$625 | <input type="checkbox"/> \$675 |
| Trainee** | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 |
| Allied Healthcare Prof. | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$350 | <input type="checkbox"/> \$400 |
| EAPM Member [Mbr # _____] | <input type="checkbox"/> \$575 | <input type="checkbox"/> \$675 | <input type="checkbox"/> \$725 |
| One-Day Attendance [Day _____] | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$300 |

* Within 5 years of completing training; provide completion date (MM/YY): _____
** Proof of status at current institution must accompany this registration form.

2b. PRE-CONFERENCE SKILLS COURSES (Wed. Nov. 12)

Note: Lunch is not included.

Morning Courses (8:00 AM – 12:00 noon; fees are per course)

- Legal Issues in Psychosomatic Medicine
- Psychopharmacology: A Focused Review of Drug-Drug-Drug Interactions

Afternoon Courses (1:00 – 5:00 PM; fees are per course)

- Acute Brain Failure: Neurobiology, Prevention and Treatment of Delirium
- Assessment and Management of the Opioid-dependent Chronic Pain Patient

of Courses x Fees

| ✓ CHECK ONE BOX ONLY | Early by 8/31/14 | Regular by 9/28/14 | After 9/28/14 |
|-------------------------|--------------------------------|--------------------------------|--------------------------------|
| APM Member | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$275 |
| Non-Member Presenter | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$275 |
| Non-Member | <input type="checkbox"/> \$250 | <input type="checkbox"/> \$275 | <input type="checkbox"/> \$325 |
| Early Career* | <input type="checkbox"/> \$150 | <input type="checkbox"/> \$200 | <input type="checkbox"/> \$250 |
| Trainee** | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$125 | <input type="checkbox"/> \$175 |
| Allied Healthcare Prof. | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$275 |
| EAPM Member | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$225 | <input type="checkbox"/> \$275 |

3. GUEST EVENTS

Annual Meeting registrants receive **complimentary** access to the events listed below. Additional tickets may be purchased for non-registered guests for these events.

| | | |
|--|------------------------|----------|
| Thursday Research Award Lecture Lunch: | _____ @ \$50/person | \$ _____ |
| Thursday Evening Welcome Reception: | _____ @ \$50/adult | \$ _____ |
| | _____ children under 5 | FREE |
| Friday Awards & Convocation Lunch: | _____ @ \$50/person | \$ _____ |

GUEST EVENTS SUB-TOTAL \$ _____

4. OPTIONAL EVENTS

| | | |
|---|-----------------------------|----------|
| Fri. Nov. 14: <i>Mercy Killers</i> | _____ @ \$25/person | \$ _____ |
| Fri. Nov. 14: <i>Mercy Killers</i> | _____ @ \$10/ECPs, Trainees | \$ _____ |
| Sat. Nov. 15: <i>Early Career/Trainee Lunch</i> | _____ @ \$25/person | \$ _____ |

5. MEMBERSHIP DUES

Current members can pay 2015 membership dues with this meeting registration.

| | | | |
|---------------------------|--------------------------------|--------------------|--------------------------------|
| APM Fellow or Full Member | <input type="checkbox"/> \$225 | Resident | <input type="checkbox"/> \$55 |
| Associate Member | <input type="checkbox"/> \$175 | Life Fellow/Member | <input type="checkbox"/> \$100 |

6. PAYMENT

- Check or Money Order Credit Card

Make checks payable to "APM" and mail with this form to: **APM-Annual Meeting Registration: 5272 River Road, Suite 630, Bethesda, MD 20816**

Fee Calculation:

| | | | |
|-----------------------|----------|--------------------|----------|
| 2a. Updates In Psych. | \$ _____ | 3. Guest Events | \$ _____ |
| 2b. Pre-Conference | \$ _____ | 4. Optional Events | \$ _____ |
| 2c. Annual Meeting | \$ _____ | 5. Membership Dues | \$ _____ |

TOTAL REMITTANCE (US FUNDS) \$ _____

If paying by credit card, complete this section: VISA MC AMEX

Card Number _____

Exp. Date (mm/yy) _____ Security Code _____

Name on Card _____

Signature _____

CANCELLATION POLICY: Full refund, minus a \$50 fee, if notified in writing before **October 12, 2014**. A 50% refund will be allowed if notified in writing between **October 12 and November 1, 2014**. **No refund after November 1, 2014**. Approved refunds will be returned via the same method of payment approximately 30 days after conclusion of the Annual Meeting.

Academy of Psychosomatic Medicine

5272 River Road, Suite 630
Bethesda, Maryland 20816
@APM_Psychiatry

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FUTURE APM ANNUAL MEETINGS

November 11–14, 2015

62nd Annual Meeting
Hilton Riverside Hotel
New Orleans, LA

November 9–12, 2016

63rd Annual Meeting,
JW Marriott Austin Hotel
Austin, TX

November 8–11, 2017

64th Annual Meeting
La Quinta Resort & Club
Palm Springs, CA

APM 61ST ANNUAL MEETING
REGISTER BY AUGUST 31 FOR THE EARLY DISCOUNT

Foundation of the Academy of Psychosomatic Medicine fAPM NEWS

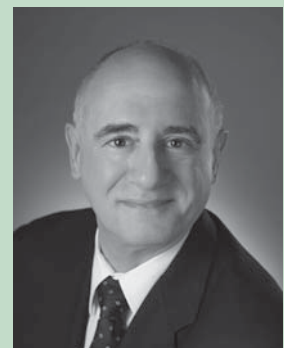
This summer APM and fAPM will truly begin the 100% campaign.

Our goal is to engage every member of the Academy in our project to support the future of psychosomatic medicine. It is through our personal, and collective, generosity that we will be able to provide the funding to support important Academy activities.

Travel awards allow us to support students, residents, and fellows so that they can attend the annual meeting and learn how APM is a fantastic organization. Webb Fellowships allow us to support fellows who have already begun the process of distinguishing themselves in our field. Of those awarded Webb Fellow-

ships, two-thirds become APM members and actively participate in the organization. This is a fantastic return on our investment in them, but it cannot happen without the support of all Academy members.

We will present Jeff Huffman, MD, FAPM, with the first Don R. Lipsitt, MD, award this November. Jeff is certainly deserving of this award and we should all congratulate him; the fAPM is proud to have sponsored this award to recognize his talent. We look forward to everyone's participation in the 100% Campaign and look forward to seeing everyone in Fort Lauderdale.



*Philip R. Muskin, MD, FAPM
Chair, Foundation of APM*



Summer 2014
NEWSLETTER

APM — Psychiatrists Providing Collaborative Care for Physical and Mental Health