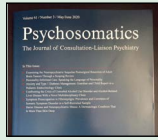
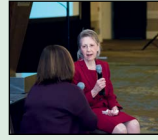




**SIGS POLICY
REVISED:
NEW RULES**
P. 4



**PSYCHOSOMATICS
THAT WAS THEN:
THIS IS NOW**
P. 5



**SIG UPDATES —
ONE CHALKS UP
500 SUBSCRIBERS**
P. 7



**NEW SIG FOR
HISPANO-AMERICAN
PSYCHIATRISTS**
P. 11

NEWSLETTER

Summer 2020

ACLP — Psychiatrists Providing Collaborative Care Bridging Physical and Mental Health

President's Message

**'NEVER LET A GOOD CRISIS GO TO
WASTE'**

— *Michael Sharpe, MA, MD, FACL*



This most optimistic of sentiments, attributed to British Prime Minister Winston Churchill during the Second World War, well describes our Academy's responses to the multiple crises we have faced in 2020. So, what were the crises?

FIRST OUR JOURNAL

As we entered 2020, we faced a crisis in the future of our Academy journal, *Psychosomatics*. Not only was our long-serving editor-in-chief, Ted Stern, MD, FACL, retiring, but it also became apparent that if our current contract with Elsevier was not renegotiated, the Academy risked losing money on the journal. Would anyone want to be the new editor? Could we successfully negotiate a better publishing contract with Elsevier? In fact, would our journal survive?

Becca Brendel, JD, MD, FACL, my predecessor as president, had established a task force to find a new editor-in-chief. This very accomplished group worked under the leadership of past-president Don Rosenstein, MD, FACL. It was a welcome surprise to hear from them that they had received many truly excellent applicants for the post. Dr. Rosenstein and his colleagues conducted a rigorous selection process and, from an extremely strong and impressive shortlist, they recommended Hochang Ben Lee, MD, FACL, from the University of Rochester, to the Board. Dr. Lee was subsequently interviewed by the Executive Committee and his appointment as our new editor-in-chief was approved by the Board on August 6. He will start working side-by-side with Dr. Stern later this year before assuming the role full-time in January 2021. We have also been successful in negotiating a new contract with Elsevier, which, even in the challenging business environment of academic publishing, will move our journal to be fully online and will continue to generate money for our Academy as well as pay the new editor-in-chief.

Wanting to wring all the benefits they could out of this crisis, the ACLP Board, encouraged by our executive director James Vrac, CAE, has decided to use this unique

(continued on page 2)

NOMINATED BOARD

MEMBER ON A MISSION

'Changes in health care systems based on market-driven assembly line models of care have begun to magnify disparities'

Mary Ann Cohen, MD, FACL—a member of the Academy for 33 years and an Academy Fellow for 30 of them—has been nominated to become a director of the ACLP Board.



Mary Ann Cohen, MD, FACL

The Academy's Nominating Committee have put forward her name for election by members at the annual meeting in November.

If elected, Dr. Cohen would complete the unfinished term of two years vacated by E. Sherwood Brown, MD, PhD, FACL, who is standing for election as secretary.

Dr. Cohen, a Life Fellow of the ACLP, a Distinguished Life Fellow of the American Psychiatric Association, and a Hackett Award winner, among other distinguished awards, is co-chair of two ACLP SIGs

(continued on page 3)

opportunity also to change the name of the journal from *Psychosomatics* to the *Journal of the Academy of Consultation-Liaison Psychiatry*, belatedly and fittingly catching up with the new name of our organization. So, the journal crisis was certainly not wasted by our Academy and January 2021 will see an all-new Academy journal. Look out for it.

THEN COVID-19

Little did we know in late 2019, but our journal crisis was not the only one, or indeed the biggest one, we were to face in 2020. Whilst the COVID-19 crisis may have passed its peak in some parts of the US, it still rages in others. It has produced huge challenges for us all: How do we care for so many sick people, especially when we cannot communicate with them face-to-face? How do we further integrate Psychiatry into the care of the complex medically ill? How do we best support our medical, surgical, nursing, and other hospital colleagues?

ACLP members have risen to these challenges in truly spectacular fashion. They have stepped forward, worked hard, and played a key role in the clinical teams in the hospitals and community services they are part of. They have innovated to provide effective remote consultations. They have developed their role to provide the best possible support for their colleagues and, in doing so, have enhanced the profile and reach of C-L Psychiatry in their organizations. The Academy is rightly proud of these contributions.

To support its members, the Academy set up a dedicated COVID-19 listserv, ably curated by the ACLP Education Committee, for the rapid sharing of learning about all matters COVID-19 that was free to all. This became a highly regarded resource, used internationally. If nothing else, the pandemic and its many consequences have confirmed one positive: that, when needed, fellow ACLP members are always at hand to consult, empathize and inspire—as shown from contributions to the listserv and reflected by our Education Committee in the *Last Word* column in this edition (back page).

To ensure that we retain and build on the experience, I have established a Presidential Task Force on 'learning from COVID-19' led by past-president Peter Shapiro, MD, FACL, of Columbia University in New



Peter Shapiro, MD, FACL

York. This task force will make recommendations on what new practices we should strive to retain—and how we might do this. I hope it will be able to report by the time of our annual meeting in November of this year. So, another crisis that was not wasted...

THEN OUR ANNUAL MEETING

COVID-19 has changed our lives in so many ways. And it is going to change our great annual meeting this year. The institutional travel bans affecting many of our members, together with justifiable concern about the spread of COVID-19 in Arizona, mean that we are simply no longer able to have a face-to-face meeting in Phoenix. But, do not fear, CLP 2020 program chairs Jesse Fann, MD, FACL, and Jane Walker, MBChB, PhD, will make sure that 'the show goes on.'

The crisis will not be wasted but will trigger the transformation of our annual meeting. The 2020 meeting will be reborn 'Phoenix-like' (if not actually in Phoenix, Arizona) from the COVID-19 ashes to emerge as a dramatic, engaging virtual event. So please do make sure that you block out the dates of November 12-13. The ACLP virtual meeting promises the best of ACLP education, science, and networking, all from the comfort and safety of your own home! For further information, visit www.CLP2020.org

THEN DEATH OF GEORGE FLOYD

And there were more crises. In May of this year a video showing the death of a black man whilst restrained by a white police officer shook a world already traumatized by COVID-19. The aftermath has included not only campaigns such as that led by Black Lives Matter but also sometimes violent riots in the US and elsewhere. The consequence has been a national, and indeed international, reflection on how black and other minority groups are treated in our society

and indeed about equality more widely.

The Board has spent much time considering the issues raised for the Academy by this national reflection and has issued a public statement on behalf of ACLP which can be seen on our website from the home page.

ACLP is not wasting this crisis either. To ensure that we make any practical changes we need to, I have initiated another Presidential Task Force to consider how we ensure the diversity of, equity for, and the inclusion of all ACLP members in all our activities. I



Kewchang Lee, MD, FACL

am very pleased that Kewchang Lee, MD, FACL, from UCSF and the VA in San Francisco, has agreed to lead this task force. Whilst the APA has established its own very wide-ranging task force that we will learn from and link with, ours will focus on those issues that are specific to our Academy.

President-elect Maria Tiamson-Kassab, MD, FACL, will ably take over presidential oversight of this work after my term ends this November.

SO, WHAT NEXT?

With 2020 only halfway through, you would be forgiven for wondering 'what next?' Whatever actually happens, I can say with great confidence that, having seen how our Academy has not only survived, but thrived over the last six months, if we do face more crises, they will be robustly responded to by our Academy; certainly not to be wasted as opportunities for positive change. And more than that, they will be put to good use as opportunities to continue building our Academy into an increasingly influential professional organization that supports its community of members to provide the best care for their patients.

My heartfelt thanks to all our members, past and present, who have worked so hard to get us to where we are. Let us keep going.

which she founded in 2003, the Bioethics SIG, with nearly 450 members, and the HIV/AIDS Psychiatry SIG, which has grown from 32 founding members to 500 members this year.

Dr. Cohen is in the private practice of psychodynamic psychotherapy, C-L Psychiatry, HIV psychiatry, addiction psychiatry, and geriatric psychiatry and serves as voluntary clinical professor of psychiatry at the Icahn School of Medicine at Mount Sinai. She served on, or directed, C-L Psychiatry services at two municipal hospitals for 23 years and AIDS psychiatry services at an AIDS nursing home and the Mount Sinai Medical Center for 12 years.

Should she be elected to the Board, Dr. Cohen has in mind a program of goals to achieve:

- To increase the evidence base for the salience and value of the C-L psychiatrist in the context of integrated and collaborative care.
- To differentiate consultation-liaison psychiatry from other forms of integrated care.
- To illustrate the salience of C-L Psychiatry in general.
- To help prevent the shredding of the humanistic basis of the doctor-patient relationship.
- To utilize C-L Psychiatry as the basis for the promotion of humanism in medicine and narrative medicine in order to meet the challenges of market-driven, productivity-based models of care.
- To utilize the mission of C-L Psychiatry in the teaching, training, and practice of medicine.
- To advocate for parity and decrease mental health stigma.
- To address the tragedy of health care disparities, racism, and discrimination in health care.
- To advocate for caring and more time for care—"10 to 20 minutes is not enough."
- To advocate for recognition of signs and symptoms of burnout and suicidality in physicians and to develop strategies for its prevention.
- To recognize how pandemics such as HIV and COVID-19 magnify health

care disparities and tax the overworked and overwhelmed physician and other health care workers.

Members who nominated Dr. Cohen included César Alfonso, MD, FACP, Columbia University Medical Center, who wrote: "Dr. Cohen's enthusiasm and stamina are admirable. She has a brilliant mind which, coupled with superior empathic ability and elegant composure, makes her a productive and creative board member."

Saba Syed, MD, FACP, UCLA David Geffen School of Medicine, wrote: "Dr. Cohen is a dedicated teacher. Over the past 48 years, she has educated and mentored hundreds of trainees, some of whom are leaders in the fields of C-L Psychiatry and Psychodynamic Psychiatry.

"The list includes trainees and early career psychiatrists from places as near as Albert Einstein College of Medicine, Cleveland Clinic, Columbia University College of Medicine, Fordham University, Mount Sinai, Missouri, New York Medical College, and UCLA; and from places as far as Australia, Bangladesh, Great Britain, Germany, Italy, Israel, Korea, Lebanon, New Zealand, Pakistan, Sri Lanka, and Taiwan. She currently serves as mentor to trainees from Chile, Fordham University, Portugal, New York Medical College, and Zimbabwe.

"She is compassionate and has devoted her professional life particularly to persons who are socially deprived, culturally oppressed, and survivors of trauma, discrimination, and stigma. She serves as a role model for empathy, respect, thoughtfulness, and enthusiasm in her clinical practice and teachings."

Beyond ACLP, Dr. Cohen's other passion is The American Academy of Psychodynamic Psychiatry and Psychoanalysis (AAPDPP) for whom she is co-chairing their 2022 66th annual meeting.

Emphasizing a theme Dr. Cohen has associated herself with in recent times, the program is entitled: *How to Replenish a Passion for Medicine: Psychodynamic Psychiatry and Consultation-Liaison Psychiatry*. It has accompanying literature asserting: "Persons with multimorbidities, who constitute most of our patients, benefit from a multidimensional biopsychosocial approach. Changes in systems of health care based on market-driven assembly line models of care have begun to further magnify disparities, erode progress made, undermine physicians' capacity for empathy, threaten the physician-patient relationship, and decrease both patient and physician satisfaction."

In this

ISSUE:

President's Message: Never let a good crisis go to waste.....	1-2
New SIGs policy: Reflecting importance to the Academy's future.....	4
Psychosomatics: That was then, this is now.....	5
Psychosomatics: New name and online-only.....	6
SIG updates: SIG chalks up 500 subscribers.....	7
SIG for Hispano-American psychiatrists	11
Committee updates.....	12
LAST WORD: Support for medical colleagues	16

 @CL_Psychiatry

NEW SIG POLICY FRAMED TO REFLECT THEIR IMPORTANCE TO THE ACADEMY'S FUTURE

'ACLP recognizes its SIGs as the lifeblood of the organization'

A new SIG policy adopted by the ACLP Board provides a new administrative structure to manage SIG growth.

Academy leaders responsible for their SIG will work with SIG chairs at least annually to review SIG membership and ensure membership information is up to date.

Their reports will include a roster of participants at SIG meetings at the annual meeting, a synopsis of the group's activities for the year, and an update of SIG contact information posted on the Academy website.

All SIG membership reports will be reviewed by the Academy's Governance Committee at least every three years—and the committee will consider 'sun-setting' some SIGs if a review of their activity, productivity, and continued relevance to the Academy suggests they have become obsolete.

Metrics reviewed by the Governance Committee will include:

- Number and change in ACLP membership of SIG members in the past year.
- SIG members' attendance at the annual meeting.
- Sponsored presentations at the annual meeting.
- Other educational/website/scholarly contributions as a SIG.

A change in leadership or dissolution of a SIG will be recommended to the Board by the Governance Committee, if, over two consecutive years, one or more of the following is not achieved:

- An annual report is submitted to the Board.
- Submission of a SIG-sponsored presentation for the ACLP annual meeting or other significant psychiatry meeting (APA, WPA, subspecialty meeting etc.)
- Sponsorship of a journal article, or one or more contributions to a national publication such as *Psychiatric Times*, or *Psychiatric News*, written and submitted collectively by the SIG (not by an individual SIG member).
- Update of the SIG webpage on the Academy website.

- Meaningful activity on the SIG listserv.

The ACLP Board will normally approve a maximum of five SIGs per year. Applications will be reviewed in June. If there are more than five SIGs proposed in one year, the Governance Committee will consider the interest level, timeliness, and merit with the Executive Committee for any exceptions.

SIG chairs will serve a three-year term with an option to renew for a second term. Incoming chairs/vice-chairs will be selected by the current SIG chair or when forming a SIG. It is intended that the vice-chair becomes chair when the chair's term expires. The vice-chair should also serve as backup representation for the chair if necessary.

SIG	subscribers	ACLP	non-ACLP
Addiction & Toxicology	135	114	21
Bioethics	447	370	77
Burn & Trauma Injury	17	15	2
Cardiovascular Psychiatry	307	243	64
Collaborative & Integrated Care	102	86	16
Community-Based CLP			
Physician Practice Issues	290	220	70
Early Career Psychiatrists	635	498	137
Emergency Psychiatry	569	427	142
Geriatric Psychiatry	72	61	11
Global & Cultural	321	253	68
HIV/AIDS Psychiatry	500	275	225
Integrative Medicine (Complementary & Alternative Medicine)	218	171	47
Medicine & Psychiatry	854	674	180
Military & Veterans	126	103	23
Neuropsychiatry	691	536	155
Palliative Medicine & Psycho-oncology	507	416	91
Pediatric C-L Psychiatry	237	175	62
Proactive C-L Psychiatry	105	95	10
Psychological Considerations	323	258	65
Quality & Safety	129	104	25
Research	310	259	51
Telepsychiatry	476	366	110
Transplant Psychiatry	444	323	121
Women's Health	500	378	122

Subscribers to SIGs formed after July 1, 2020 are now restricted to current Academy members only. However, as is Academy tradition, anyone, Academy member or not, may still be invited to participate as guests in SIG activities such as SIG meetings or presentations at the annual meeting.

A recent analysis of SIG subscribers shows the proportion of ACLP members to non-ACLP members (left).

SIGs existing before the adoption of this policy may, if they so wish, elect to require current Academy membership of all of their members (with the approval of the Academy's Governance Committee and subsequent approval by the ACLP Board). Once implemented, an Academy membership requirement for a SIG cannot be rescinded.

"ACLP recognizes SIGs as the lifeblood of the organization," says ACLP president, Michael Sharpe, MD, FACLP. "SIGs serve to bring members with shared interests together. They provide vital networking, mentoring, and collaborative support to their members and, as the organization grows, SIGs remain a vibrant avenue through which members can make professional connections. SIGs also develop and deliver a significant portion of the educational content of our annual meeting through preconference courses and general sessions.

"The importance of SIGs to the ACLP make it even more compelling that SIGs should be brought more clearly under the umbrella of the Academy's governance for the well-being and long-term future sustainability of the Academy. Such governing principles apply to all components of our process and procedures for the benefit of the whole ACLP membership."

Beyond the designation of chair and vice-chair, SIGs are free to establish a working and leadership structure that supports their activities. For example, a large or busy SIG may, at their discretion, appoint others to leadership roles such as a trainee or ECP chair, communications coordinator, or relevant subgroup chairs, without the need for Academy Board approval.

PSYCHOSOMATICS: THAT WAS THEN, THIS IS NOW

— From Editor-in-chief Ted Stern, MD, FACLIP



Ted Stern, MD, FACLIP

Psychosomatics was first published in 1960; the founding editor, and its editor-in-chief (EIC) for nearly three decades was Wilfred Dorfman, MD, an internist and endocrinologist from Brooklyn, New York. His efforts helped to shape the journal and the organization (then called the Academy of Psychosomatic Medicine [APM]), into what it is today.

The second EIC of *Psychosomatics* was Thomas N. Wise, MD, FACLIP (now Editor Emeritus), a prolific writer and invaluable mentor to scores of C-L Psychiatry fellows and psychiatrists from across the country, chief of psychiatry at Inova Hospital and professor of Psychiatry at George Washington Hospital and the Johns Hopkins Hospital.

I am fortunate to count Tom as one of my mentors. He ably oversaw *Psychosomatics* for two decades, during which time the journal's value to the APM's membership soared; the front cover of the journal evolved, and the page count within each issue continued to increase, from 60 to 80 pages per issue.

In 2008, I was named as the third EIC of *Psychosomatics*, mindful of Tom's recommendation for term-limits for the EIC. During my tenure, supported by a dedicated lot of associate editors (including Richard Hall, James Levenson, Margaret Stuber, Oliver Freudenreich, Maryland Pao, and especially Jason Caplan [who for several years oversaw the decision process for submissions that originated from my home institution, the Massachusetts General Hospital]), by our stellar cadre of editorial board members, by literally hundreds of reviewers, by the board of directors of the Academy of Consultation-Liaison Psychiatry (ACLIP), as the organiza-

tion is now called, and by Josh Spieler (at Elsevier), and David Newcombe and Donna Schena (our managing editors at Stellarmed).

The journal's cover and its logo have been updated; the number of pages in each issue has continued to increase (to 104 pages per issue). Nevertheless, we have increased our efficiency; the average time from submission of an article to a decision about publication is now only 6.7 days; accepted articles go online 10 days after their acceptance, and articles go to print in the journal roughly four to six months after their acceptance. Moreover, the volume of submissions has risen sharply, with more than 50 articles per month submitted in 2020. This suggests that it may be time once again to increase the number of pages we publish in each issue or to become a monthly journal.

continue to publish], letters to the editor, book reviews, and perspectives).

Now, as I am coming to the end of my 13-year tenure as the third EIC of *Psychosomatics*, and having reviewed and overseen the decision process of more than 6,000 submissions, it is once again time to thank all of you in the ACLIP, and the field of C-L Psychiatry, for your steadfast care of patients with comorbid medical and psychiatric problems, your education of multi-disciplinary practitioners, your creation of new knowledge through research, and for your leadership in integrated care and collaborative care.

Psychosomatics could not have become the valued resource that it is without your involvement and support. I look forward to remaining active in C-L Psychiatry and in academic endeavors, and to passing on the editorial baton to the fourth EIC of *Psychosomatics*.

It has been an honor and a privilege to serve as EIC and to have had a front row seat into the work done by literally thousands of practitioners and investigators of C-L Psychiatry from around the globe. I am confident that the field, and the journal, will continue to flourish.

I also look forward to our upcoming special issue (September/October 2020; 61(5)) on psychiatric and neuropsychiatric issues of COVID-19 infection and its treatment.

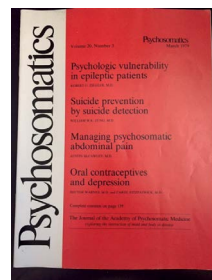
Now, amid a global pandemic (with neuropsychiatric, psychiatric, psychological, economic, and social components) and on the brink of widespread social changes, the mission of C-L Psychiatry and *Psychosomatics* (to educate, to guide clinical care, to generate new knowledge, and to provide leadership) is ever more important. Opportunities abound.

Be safe; be well.

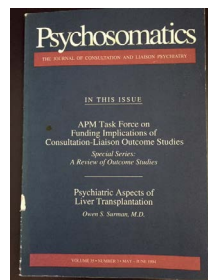
Best, and thanks.

Ted

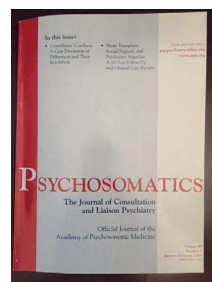
"Psychosomatics could not have become the valued resource that it is without your involvement and support."



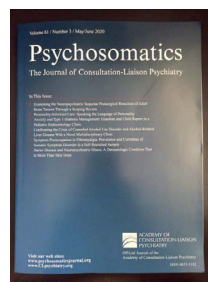
1979



1994



2008



2020

When the APM founded the journal, many of the articles focused on psychological issues associated with medical illness; the scope of our published articles has broadened. We now focus on psychiatric complications of medical, surgical, and neurologic conditions and their treatments, as well as on psychiatric reactions to medical conditions, with articles related to each organ system, among other topics. We have maintained a clinical focus (with our review articles, original reports, case reports [something that few journals

JOURNAL MOVES ONLINE-ONLY AND CHANGES ITS NAME

'It's an exciting time of change and another notable milestone in our development'

The Academy's journal, *Psychosomatics*, is to become solely an online journal from January 2021.

The transition will coincide with the name of the journal changing to the *Journal of the Academy of Consultation-Liaison Psychiatry*.

The Board's decisions preceded finalization of a new five-year publishing contract with Elsevier which was renegotiated over the last five months.

The new contract provides for the transition to fully online from January 2021 at a time when a new editor-in-chief will take over from Ted Stern, MD, FACLIP, who is retiring from the role at the end of 2020 after 13 years in post.

Shortlisted candidates for that role were interviewed during May and June—and it is planned that the Board's appointee, announced in this edition, will overlap Dr. Stern by approximately three months before assuming the role effective January 1, 2021, for a five-year term.



Michael Sharpe, MD, FACLIP

ACLIP News asked Academy president Michael Sharpe, MD, FACLIP, about the Board's decisions.

Why have you decided to take the journal to online-only?

Online is simply the way to go for journals. The move was proposed by Elsevier as part of the contract negotiations. And it rapidly became clear that continuing with a print edition meant, in the long run, complete eradication of our royalty revenue by subscription costs. Financial projections indicated the Academy would be paying Elsevier to support the journal, instead of the other

way around if we continued with a paper journal. Moving to online-only allows us to maintain the Academy's royalty revenue stream for the journal at a similar level for 2021-25 as that we have enjoyed from 2015-20.

The Academy is not alone in this move to online-only. Many academic journals have adopted this strategy to adapt to the rapidly changing market forces of the academic publishing world. The journal has been online for years and many of our members already prefer this mode of access. We must now transition the membership as a whole to online-only. I have no doubt it will be difficult for some to give up a paper edition and we are sorry to have to remove this option, but the Board agreed that this is the only financially viable course of action.

It's also worth remembering the advantages of being online. Papers are available very quickly and are easily accessible to all. Our entire back catalogue is available online. Furthermore, as part of our new Elsevier contract, we have negotiated a significant increase in page count that will enable the journal to accept and publish more articles.

Online-only journals can also publish articles on a rolling basis, rather than waiting to compile articles into periodic issues. Say we wanted to disseminate information immediately (such as at the outset of a crisis) rather than wait for a scheduled publication date, we would be able to do so—and also disseminate it globally in an instant, rather than wait for postal deliveries.

What is the cost saving to the Academy by going online-only?

The cost of printing the bound, 200+ page edition of *Psychosomatics* bi-monthly, plus processing and postage, is about \$125,000 per annum—a cost which is not sustainable longer term without resorting to significant increases in membership fees. Production costs for editions online are, of course, much, much lower by comparison.

Will going online-only still make getting the journal a major benefit of membership?

Yes, it will. The content is the same; it's just

the distribution mechanism that is different. In fact, it will enhance it, as the depth of content will expand beyond what couldn't be affordably delivered by paper copies.

We will also use the revenue from the journal to pay for many other member benefits. This revenue stream is one reason why our annual dues—compared to other medical specialty societies—are so low.

Would you expect that some members, maybe those who have been practicing the longest, will miss the paper journal?

For many, if not most, of our members, this change will go unnoticed, as online access is now the main way journals are accessed and reading articles only on a screen is the norm. For some members, however, the Board acknowledges it will be a noticeable change, and some will no doubt miss receiving printed copies in the mail and miss this periodic 'concrete' contact from the Academy.

For those who sometimes prefer paper—and I am one of those people—articles from the online journal can be readily printed.

As time passes I do think that we'll all find an online journal increasingly useful—with facilities such as by being able to search at speed for topics and issues across multiple documents when, for example, we wish to examine a particular aspect of research; or to search 'on the move' an indexed archive of topics for relevant references; or to benefit from links to other material online.

We must not forget that papers in *Psychosomatics* are currently already published online before they appear in the printed edition. If we're not already accessing the journal online and wish to experiment, we can visit this page of the Academy website for details: clpsychiatry.org/member-resources/access-online-journals

In time, we may well wonder why we hadn't made this move earlier.

What is the reasoning behind the name change?

As we all know, our subspecialty has successfully moved from being called Psychosomatic Medicine to Consultation-Liaison Psychiatry, so the new journal title will be

more in line with our established, recognized, everyday practices, giving us a more readily recognized association with what we do and say as an Academy of members.

For many years, the name *Psychosomatics* has been an anchor for our development, but now that our Academy and subspecialty has changed its name, so too must our journal.

Not only that, but we anticipate that the name change will bring many more to see the new journal name as the natural home for their latest manuscripts, making our journal ever-more current and relevant to today's and tomorrow's best practice in our field.

Regular readers and prospective Academy members will turn to our journal as the first point of reference for developing their knowledge and experience.

Are there drawbacks to the name change?

We have some administrative tasks to manage, such as how we are listed (we will need a new ISSN number that could potentially trigger a review by those controlling such listings); and whether our associates helping to disseminate our content, such as university libraries, will join with us seamlessly in this changeover. We have the resources and experience of Elsevier to guide and support us in this.

The new name, *Journal of the Academy of Consultation-Liaison Psychiatry*, is nearly the same as our current subtitle which will help our transition.

Our specialist advisers suggest that, inevitably, what's called our "impact factor" may dip in the short-term, then recover after a period (maybe over even two-three years) as citations become quoted from journals with both our former and new names. Lists published in the *Journal Citation Reports* quote both former and new names, but new titles are listed without an "impact factor" because the article count for the two preceding years (a denominator in impact factor calculations) is zero.

Led by the Board and our executive team, however, we fully expect to overcome these short-term challenges and set ourselves on a much surer footing. It's an exciting time of change and another notable milestone in our development.

- This article was first published in the July edition of *ACLP News*.

ACLP SIG & Forum Updates

SIGs

Addiction & Toxicology

Co-chairs: JJ Rasimas, MD, FACLP; and Filza Hussain, MD, FACLP

Acute intoxication and withdrawal are frequently the central reason for presentation to acute care, and C-L psychiatrists are asked to assist in management.

SIG members have submitted an interesting symposium for CLP 2020 and we have successfully been using our listserv to keep in touch.

Our hope is to foster collaboration and community especially during the pandemic when the patient population is facing new challenges and gaps in service delivery.

We look forward to connecting with you at the ACLP annual meeting. In the meantime, let's keep the listserv active! Come join us as we continue to grow our SIG.

Bioethics

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

Rotating Trainee and Early Career Psychiatrist co-chairs: Anita Chang, DO, (trainee, 2017-2020), Shafi Lodhi, MD, (trainee, 2020-2022), Shannon Mazur, DO, (trainee, 2019-2022), Andrew Siegel, MD (ECP, 2017-2020), Samantha Zweibel, MD, (ECP, 2019-2022).

The COVID-19 pandemic of 2020 brought new, challenging clinical and bioethical dilemmas that have overwhelmed patients, families, faculty, clinicians, trainees, medical students throughout the world and caused many of our members to rethink ways of caring for patients and teaching during this unprecedented time.

ACLP extended the deadline to accommodate COVID-19 pandemic proposals for CLP 2020 and members are developing proposals on the tragic and complex aspects of severe illness, death, and dying while isolated from loving family to prevent transmission.

For CLP 2020, members submitted proposals on bioethical aspects of involuntary psy-

chiatric holds on inpatient medicine. Drs. Becca Brendel, Molly Cinderella, Stephen Kramer, Erin Sterenson, Jo Mokonogho, Ashley Smith, Erin Sterenson, and Shariff Tanious expressed interest in this dilemma in care. Drs. Laura Guidry-Grimes and Shannon Mazur plan to explore end-of-life decision-making in patients with treatment-refractory psychosis.

Members continue to teach bioethics to psychiatrists and clinicians of all specialties. In 2020, members submitted proposals for presentation at the annual meetings of the APA, EAPM, IPS, WPA, ACLP, and other meetings—most of which were canceled because of the pandemic.

Once again, Drs. Cohen, Aladjem, and Alfonso are strategizing to propose that the Bioethics SIG become a Section of the WPA.

Interest in bioethical issues has markedly increased and, over the past four years, membership has more than doubled to a current total of 447 Bioethics SIG members and high attendance at ACLP Bioethics SIG symposia!

We encourage early career psychiatrists and trainees to participate in developing Bioethics SIG symposia and writing articles for the ACLP C-L Psychiatry Series in *Psychiatric News*.

Community-Based CLP Physician Practice Issues

Chair: Hindi Mermelstein, MD, FACLP

What a difference a quarter can make! What should have been a few months planning, writing, and editing submissions for the annual meeting of ACLP and other projects became something almost beyond description as the tsunami of COVID-19 washed over many of us.

The work, the work of health care, our work continued often at a fever pitch. The crisis forced a shift from the planned to the urgent and emergent. The stay-at-home, shelter-in-place and overall quarantine directives amplified the issues.

The SIG has been active in supporting its members during this time as we learn

(SIG & Forum Updates continue on page 8)

more about COVID-19 and its impact on the communities in which we work and often live. We look forward to a return to “normal” and a resumption of our everyday stresses, strains and opportunities.

Early Career Psychiatrists

Co-chairs: Jai Gandhi, MD; and Stephanie Tung, MD

The Early Career Psychiatrists (ECP) SIG aims to create a network for, and provide support to, trainees and psychiatrists entering the field of C-L Psychiatry. Our group is open to trainees and faculty within their first 10 years of practice. We believe that ECP members are the future leaders of our field. We strive to foster their interests, and promote their professional development.

Starting in February 2020, the SIG has been hosting a monthly conference call. During these meetings, we have brainstormed about the development of ECP mentorship programs and ECP networking events at the 2020 annual meeting. We also discussed how our various institutions have adapted to meet the needs of psychiatric patients during the COVID-19 pandemic. We are currently creating a working document in which ECP members can share practical advice.

If you would like to join, or collaborate with the ECP SIG, please contact us at: ecp@list.clpsychiatry.org

Emergency Psychiatry

Co-chairs: Allison Hadley, MD; and Scott Simpson, MD, MPH

The Emergency Psychiatry SIG has continued to be active during the COVID-19 pandemic.

A multi-site collaboration has initiated a research project to track volume and quality measures in emergency psychiatric settings during the evolving pandemic. As we prepare for the ACLP Annual Meeting, submissions are being developed for COVID-19-related topics, as well as updates in emergency psychiatric care, the intersection of behavioral and medical symptoms in emergency settings, and topics related to safety, including suicide risk management.

The SIG has continued with significant

growth through the addition of an Early Career Representative position. This new leadership position has been filled by Julie Owen, MD, and promotes early career involvement and mentorship. Dr. Owen will be spearheading the development of a new website for the SIG. The SIG has continued to prioritize establishing formal mentorship opportunities, networking for research collaboration, and increasing discussion about clinical practices on the listserv.

HIV/AIDS Psychiatry

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

Early Career Psychiatrist Rotating Trainee co-chairs: Rusty Baik, MD, (2018-2021), Elise Hall, MD, (2017-2020), David Karol, MD, (2017-2020), Mallika Lavakumar, MD, (2017-2020), Luis Pereira, MD, (2017-2020), Nafisa Reza, MD, (2018-2021). Rotating Trainee co-chair: Paulo Sales, MD, MSc (2019-2022).

We lend our voices to address inequities and health care disparities that were magnified by the HIV pandemic and, nearly 40 years later, are evident in the current COVID-19 pandemic. While HIV is a blood-borne viral illness, and SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2) is transmitted by droplet infection, both have magnified societal and health care inequities that need to be addressed.

To that end, many members deployed on the frontlines of the COVID-19 pandemic are working to care for clinicians as well as their patients and families.

In 2020, members continue to work toward teaching clinicians of all specialties about HIV prevention and care in articles, books, and presentations. Members have submitted proposals on prevention of HIV transmission and stigma and care of people with HIV to the ACLP. Members are also teaching and writing about the COVID-19 pandemic and contributing to the ACLP COVID-19 web page and listserv.

Drs. Bourgeois, Cohen, Bradley, Pereira, Cournos, Cozza, and rising MS 2 Getty Makurumidze are editing a new textbook, *HIV Psychiatry: A Practical Guide for Clinicians*, for physicians in all specialties. Dr.

Damir Huremović, who wrote the prescient book in 2019, *Psychiatry of Pandemics: A Mental Health Response to Infection Outbreak*, and Drs. Mark Bradley, Jon Levenson, Sejal Shah, Sameer Kahn, and Paolo Sales are writing a chapter on co-infection with HIV and SARS-CoV-2.



Mary Ann Cohen, MD, FACLP. Dr. Cohen is pictured being interviewed during a session at last year's annual meeting.

The HIV/AIDS Psychiatry SIG has grown from 32 members in 2003 to 500 members in 2020!

Dr. Grimaldi in collaboration with Drs. Cohen, Cozza, and Pereira continue to select and annotate articles for the quarterly HIV Psychiatry Bibliography which is available at:

<https://www.clpsychiatry.org/member-resources/clinical-monographs/hiv-biblio/>

The SIG web page is: <https://www.clpsychiatry.org/signs/HIV/>

We welcome new members, especially ECPs, trainees, and medical students.

Integrative Medicine (Complementary & Alternative Medicine)

Co-chairs: Janna Gordon-Elliott, MD, FACLP; Uma Naidoo, MD; and Ana Ivkovic, MD

So far in 2020, the Integrative Medicine SIG has named a third co-chair to our group, Janna Gordon-Elliott, MD, FACLP, to join Uma Naidoo, MD, and Ana Ivkovic, MD.

Our SIG has continued our task of compiling an integrative medicine bibliography as a reference for ACLP membership, selecting articles with particular relevance to C-L Psychiatry.

Co-chair, Uma Naidoo, and colleagues,

have also published *Complementary Medicine and Natural Medications in Psychiatry: A Guide for the Consultation-Liaison Psychiatrist in Psychosomatics*.

Looking ahead, we hope to further engage our membership and generate interest from the ACLP community through initiatives related to CLP 2020. We have submitted a SIG-sponsored preconference workshop for the meeting; we will find opportunities to recruit new members and begin collaborations with other ACLP groups.

During these times of great uncertainty and unease, as well as demand for action, there is perhaps more interest in, and general acceptance of, many of the practices falling within the category of integrative medicine than ever before.

From positive modulation of the nervous system, through mindfulness training, nutrition, physical activity, and other behaviors, to the negative health effects of indolent stress, there is a call for scholarly work and advocacy that advance the field of integrative medicine.

Military & Veterans

Co-chairs: Eric Devon, MD; and Shannon Ford, MD

The Military & Veterans SIG held an important meeting early in the pandemic, where member Divy Ravindranath, MS, MD, FACLP, presented to the group on management of consults in the time of COVID-19. His experiences in Palo Alto were very helpful in giving many of us ideas for how to prepare.

In conjunction with the Telepsychiatry SIG, he has submitted an abstract for the fall meeting on service conversion from face-to-face to telepsychiatry during the pandemic.

We have also sponsored an abstract submission highlighting the history of integrated care in the VA and Department of Defense.

This summer, we are looking forward to having another virtual meeting and are open to new members at any time.

Pediatric C-L Psychiatry

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

SIG members have maintained communication within our own membership and with the Physically Ill Child Committee of the

American Academy of Child and Adolescent Psychiatry.

There was much communication and collaboration regarding care delivery during the unique setting of the COVID-19 pandemic. Data was shared from multiple institutions regarding their care arrangements. This information and collaboration amongst our membership was an especially great support for those trying to navigate these times with a smaller service.

Though the pandemic has increased the amount of networking amongst SIG members throughout the country, it has also increased demands on our resources and systems of care delivery. Focusing on the wellness of our membership has become as much a focus as productivity, and we are hoping to be of greater support in the coming months.

Despite the demands of the beginning of this year, our SIG managed to coordinate several promising submissions for consideration in the ACLP 2020 meeting program. We are also thrilled to have been included in the *Essentials* preconference course this year!

Proactive C-L Psychiatry

Co-chairs: Hochang Lee, MD, FACLP; and Mark Oldham, MD

As our inaugural year as a SIG comes to a close, we reflect on the thriving community pursuing Proactive C-L Psychiatry.

Online materials: Our SIG website continues to develop with an up-to-date bibliography including recent publications by SIG members. Those who are interested will also find an expanding array of materials on how to launch and develop a Proactive C-L Psychiatry service.

Listserv: We have been delighted to see members of our community using the listserv as a forum for real-time engagement, creative problem-solving, and consultation. Join the conversation online!

Symposia & workshops: Several members of our SIG submitted abstracts for the upcoming annual conference to explore the logistics of service delivery, various team compositions, and adaptations of this model for different settings and patient populations. Stay tuned for details.

Other news: Several members of this SIG are working on a Proactive C-L Psychiatry

resource document for the American Psychiatric Association.

Michael Sharpe, MD, FACLP, et al published on their British version of Proactive C-L Psychiatry in *General Hospital Psychiatry*. Dr. Oldham, co-chair of the Proactive C-L Psychiatry SIG, received an ACLP Visiting Professorship to provide consultation at Stanford. As a community we celebrate that with Proactive C-L Psychiatry services in England and, soon to be, California, this model will stretch from coast to coast and across the Atlantic Ocean!

Quality & Safety

Chair: David Kroll, MD

Quality and safety educational resources, including an introductory didactic video for quality improvement projects, have been developed and will be available soon on the ACLP website.

Members of the SIG also wrapped up our first cohort of the National QI Project co-sponsored by the Fellowship Education Subcommittee, and we will start planning year two in July.

Thanks also to the SIG members who were active on, and extremely helpful to, the discussions taking place on the ACLP COVID-19 listserv.

Research

Chair: Katie Sheehan, MD

The Research SIG will be reaching out to those on the listserv in the coming weeks to check in on how people are doing and the impact of COVID-19 on life in general and their research pursuits.

While there is uncertainty about the future and this year's online ACLP Annual Meeting, we are planning for our annual "Research for Researchers" workshop, which will be led by the 2020 ACLP Foundation Research Professor Award Winner, Jeff Huffman, MD, FACLP, associate professor, Harvard University.

We have also submitted an abstract for a workshop focused on integrating research into clinical care. We hope to engage with new SIG members at the meeting in November and look forward to continuing to build community and collaboration among the expanding group of ACLP researchers.

(SIG & Forum Updates continue on page 10)

Telepsychiatry

Chair: Terry Rabinowitz, MD, FACL P

The ACLP Telepsychiatry SIG has been busy the past few months because of the increased need for, and use of, all forms of remote communication aimed at preventing the spread of coronavirus and attenuating or eliminating its risk.

The SIG was one of the “first responders” to the pandemic by contributing to guidelines, recommendations, and resources for ACLP, which are available on the ACLP website.

In addition, the SIG submitted a workshop proposal for the ACLP 2020 Annual Meeting, *Telepsychiatry: Now More than Ever!* It includes a component that discusses the COVID-19 pandemic and will demonstrate how these associated challenges have been addressed for inpatient consultations as well as for other settings and conditions (e.g., ED consultations, palliative care, trainee supervision, counseling, and “curbside consultations”), as well as for people (e.g., colleagues, trainees, and families of affected individual).

Looking forward, there is no doubt the SIG will continue to play a major role in dealing with the pandemic and we aim to be more than a “how-to” resource for our colleagues. Many SIG members are actively involved in clinical research examining how best to use telepsychiatry during the pandemic, some are collecting data that suggests that telepsychiatry services may actually be more cost effective and are associated with lower “no-show” rates than face-to-face encounters. Other members are developing creative new ways to use existing technologies, and some have developed entirely new approaches necessitated by the pandemic.

- A new Hispano-American Consultation-Liaison Psychiatry SIG has been given ACLP Board approval. See page 11.

Forum

C-L Psychiatry Division Directors

Chair: Brian Bronson, MD, FACL P

The C-L Psychiatry Division Directors Forum was established in the fall of 2019 as a year-round venue for C-L Psychia-

try directors to provide one another with mutual support to navigate the complex demands of managing a C-L Psychiatry service. The forum is open to all directors of C-L Psychiatry services.

The forum kicked off with a well-attended and lively inaugural session at the CLP 2019 meeting in San Diego, where more than 50 participants discussed areas of greatest importance to them. This discussion was guided by early results from the C-L directors’ needs survey, given to initial forum registrants.

Over the winter, forum members engaged in several active email discussions, such as debating the roles for psychiatric and mental health nurse practitioners in C-L Psychiatry, and discussing how to demonstrate value of a C-L Psychiatry service, among other topics.

With the rapid and unexpected arrival of the COVID-19 pandemic in March, discussion topics quickly shifted to C-L Psychiatry service delivery adaptation. Simultaneously, members collaborated on three SIG-sponsored workshop proposals for the CLP 2020 meeting, the topics chosen for their importance to current and emerging leaders in C-L Psychiatry.

If you are a director and have not yet joined, we encourage you to do so! If you are interested or have questions, please reach out to the chair, Brian Bronson, MD, FACL P, at Brian.Bronson@stonybrookmedicine.edu

Latest Membership Counts for ACLP SIGs

Membership counts for the SIGs continue to grow as more and more members get still more value from their ACLP subscriptions. Information and debate are often prolific on SIG listservs—and exchanges based on clinical experiences help to build knowledge and sometimes offer an alternative insight into individual patient care.

You don’t have to be a specialist in the SIG’s specialty to join a SIG—you might just wish to develop your interest in a chosen area—and there’s no limit to the number of SIGs you can join.

You join (or leave) by editing your membership profile on the ACLP website.

ACLP SIG Member Counts

Addiction & Toxicology	135
Bioethics	447
Burn & Trauma Injury	17
Cardiovascular Psychiatry	307
Collaborative & Integrated Care	102
Community-Based PM Physician	
Practice Issues	290
Early Career Psychiatrists	635
Emergency Psychiatry	569
Geriatric Psychiatry	72
Global & Cultural	321
HIV/AIDS Psychiatry	500
Integrative Medicine (Complementary & Alt. Medicine)	218
Medicine & Psychiatry	854
Military & Veterans	126
Neuropsychiatry	691
Palliative Medicine & Psycho-oncology	507
Pediatric C-L Psychiatry	237
Proactive C-L Psychiatry	105
Psychological Considerations	323
Quality & Safety	129
Research	310
Telepsychiatry	476
Transplant Psychiatry	444
Women’s Health	500

NEW SIG FOR HISPANO-AMERICAN PSYCHIATRISTS

The ACLP Board has approved the establishment of a new special interest group (SIG) to provide an opportunity for Hispano-American psychiatrists to share their interest for C-L Psychiatry.



Ricardo Millán-González, MD

Ricardo Millán-González, MD, requested establishment of the Hispano-American C-L Psychiatry SIG.

“Our group, comprised of more than 40 C-L psychiatrists, have assisted the annual meetings since 2008, coming from all around Mexico, Central America and the Caribbean Region, South America and Spain,” says Dr. Millán-González.

“Through time we have naturally affiliated as a team, sharing academic and investigation projects through our universities and workplaces; all made possible by the communication the ACLP allowed us to have.”

At least seven C-L Psychiatry programs currently exist in Latin America: three in Colombia (Bogotá and Medellín); one in Chile (Pontifical Catholic University); and three in Mexico (National Autonomous University of Mexico, University of La Salle and TEC University of Monterrey).

“And we are no less than 60 subspecialists in the field who develop our clinical practice with high complexity teams in general hospitals, have academic activities, participate in resident programs, continuous education year-round regarding C-L Psychiatry, and also publish numerous investigation projects in highly qualified indexed journals,” says Dr. Millán-González.

“We therefore believe that, with the opportunity the ACLP has facilitated us, it is time to bring more formality to our group within the Academy. Furthermore, we have raised some objectives for the new SIG we intend to propose.

“We are excited and looking forward to this project, which we see as an opportunity to promote diversity and inclusion as well as academic growth,” says Dr. Millán-González

THE SIG'S OBJECTIVES

- Expand ACLP core messages throughout all Latin America and the Iberian Peninsula to guide continuous medical formation and teaching in C- L Psychiatry.
- Collaborate with ACLP concerning our academic and culturally-oriented experience in the field, including our approach to medically-ill patients in Spanish- and Portuguese-speaking populations in the Ibero-American region, and also within the US (who represented 18.1% of the US population, 58.9 million people, in 2019.)
- Establish a close communication bridge between ACLP and local psychiatric associations in the region.
- Enhance Latin-American seminars, medical conventions and meetings, investigations, and study meetings, with ACLP endorsement.
- Open bilateral internship opportunities from the region to US academic centers.
- Host ACLP visiting professors in our regional countries.
- Promote the development of multicentric investigations in C-L Psychiatry.
- Create treatment-approach protocols for C- L Psychiatry in low-income hospitals in our region.

ARTICLES ARE INVITED FOR *PSYCHIATRIC TIMES*

Board director James Bourgeois, OD, MD, FACLP, has been named as ACLP Liaison to *Psychiatric Times*, which plans to publish several brief articles each year on C-L Psychiatry topics.

An initial article *Consultation-Liaison Psychiatry: The Interface of Psychiatry and Other Medical Specialties*, written by Dr. Bourgeois and ACLP president Michael Sharpe, MD, FACLP, was published in April: <https://www.psychiatrictimes.com/view/consultation-liaison-psychiatry-interface-psychiatry-and-other-medical-specialties>

Subsequent articles are on suicide risk screening (lead author: Maryland Pao, MD, FACLP) and child C-L Psychiatry using telemedicine during COVID-19 (author: Eva Ihle, PhD, MD).

Dr. Bourgeois is seeking several more articles on relevant C-L Psychiatry topics over the coming months. ACLP members are encouraged to submit drafts to Dr. Bourgeois directly (email: james.bourgeois@bswhealth.org).

Student/resident/fellow co-authors are particularly welcomed.

“This is a good, high-visibility opportunity to present C-L Psychiatry in a high-circulation, general psychiatry publication,” says Dr. Bourgeois.

ACLP Committee Updates

ANNUAL MEETING COMMITTEE

Chair: Jesse Fann, MD, FACLP

Local Arrangements

Chair: Lee Tynes, MD, PhD, FACLP

I have been on the Annual Meeting Committee's Local Arrangements Subcommittee for several years, but this has certainly been an unprecedented time! The uncertainty regarding the Annual Meeting has presented some challenges, but the subcommittee has spent time trying to anticipate the different shapes the meeting may take.

Now we know that the meeting will not happen in Phoenix, the committee will work to create some 'virtual' activities to keep us motivated and entertained! Thank you, subcommittee members!

Brief Oral Presentation & Posters

Chair: Walter Kilpatrick, DO

The Brief Oral Presentation & Posters Subcommittee is part of the larger Annual Meeting Committee for the ACLP and is responsible for the production and running of the Brief Oral Presentation and Posters sessions during the annual meeting.

In early 2020, the subcommittee opened the submission process for potential abstracts. When the submission process was complete, the subcommittee had received more than 100 abstracts to be considered for Brief Oral Presentations and nearly 300 abstracts for consideration as Posters.

The subcommittee has been engaged in its rigorous grading process aimed at selecting the highest quality abstracts with a focus on scientific value, original data, and level of scholarship.

Now that the meeting in Phoenix will not happen, we will be considering how best accepted abstracts can be presented as Brief Oral Presentations and Posters.

Our subcommittee members are also ready as required to moderate the Brief Oral Presentation sessions, and to grade the Posters session for awards given to some of our more outstanding poster entries.

The subcommittee also plans to continue

its tradition of mentorship in 2020. Those plans include sponsoring a session in which presenters will receive mentorship in developing and presenting their oral papers. Each presenter chosen for this session would work with a committee member designated as their mentor. The designated mentor would help the presenting mentee hone their oral presentation skills and develop their abstract into a deliverable presentation for the annual meeting.

The subcommittee is committed to producing the highest standard of evidenced-based and scholarly work at our annual meeting. We are grateful for the dedication and commitment of all of our committee members.

EDUCATION COMMITTEE

Chair: Paul Desan, MD, PhD, FACLP

The Education Committee coordinates the educational work of the ACLP, including the six subcommittees listed below. This spring the Education Committee has been particularly concerned with addressing the needs of our members in this time of COVID-19, and maintains several webpages devoted to information about the pandemic.

- The **Resources page** is devoted to reports, protocols, policies, and other items submitted by our members on how their institutions are responding. For example, almost 30 Reports from the Field provide updates from hospitals impacted by the pandemic.
- The **Links page** points to an array of information about many aspects of the crisis, relevant to the C-L practitioner.
- The **Stories page** hosts 55-word stories from the frontlines.

More than 270 items are now posted on our pages. In the initial phases of the crisis, our efforts were centered on safely staffing an overwhelming workload, but, with time, posts turned increasingly to sustaining resilience, our own and that of our medical colleagues (see *Last Word* at the end of this newsletter).

We also started a listserv which has currently posted more than 500 entries from almost

700 subscribers. Our webpage and listserv submissions slowed somewhat in June, as the crisis stabilized—unfortunately, we fear that many institutions are about to encounter the challenges the northeastern US faced this spring.

Please do keep your reports, ideas, protocols, policies, reviews, and posts coming. Please do send us suggested links to information you think will be useful to other C-L psychiatrists. Please do send us your brief stories from your life at the front.

This spring, C-L psychiatrists stepped up to the plate in an unprecedented crisis. Our pages show the ingenuity, vision, and leadership of our members. Seizing the power and opportunity defines medical pioneers in a chaotic time. We are proud to reflect on the accomplishments of our profession and look forward to further triumphs ahead.

Medical Student Education

Chair: Fremonta Meyer, MD, FACLP



The Medical Student Education Subcommittee continues to pursue initiatives related to improving medical student education in our subspecialty and recruitment to our subspecialty. We are continuing to develop our free ACLP-sponsored question bank website located at: <http://psy-q.com/> This is an educational resource containing multiple choice questions (MCQs) at both the medical student and resident/fellow level. We encourage ACLP members to use the website, advertise it to trainees, and to

submit MCQs. You may submit questions either through the website interface or by emailing your question to Dr. Meyer at: fmeyer@partners.org Submitted questions will be edited by the subcommittee, so please feel free to submit questions in draft form.

Online Education

Chair: Seth Powsner, MD, FACLP

The Online Education Subcommittee oversees the digital didactic resources of the ACLP. This year the subcommittee is happy

to announce posting of 22 recorded sessions of the latest annual meeting. See: <https://aclp.sclivelearningcenter.com>

Superb talks cover an array of topics (see below). Note Plenary Session 3 on the history of ACLP—a narrative which is unique and available nowhere else. All this content is free to members through October 31. If you are responsible for managing didactics at your institution, do consider using our offerings.

Four hours of CME is available for the *Updates* courses. And 8.25 hours of CME

are still available from the *Essentials* sessions of the 2018 Annual Meeting, with excellent presentations covering Delirium, Endocrine Disorders, HIV, Transplant and Cardiac Psychiatry, Psycho-oncology and Palliative Care, Women's Health, Bedside Neuropsychiatric Exam, and Agitation.

Maintenance of Certification

Chair: Dwayne Heitmiller, MD, FACLP

The Maintenance of Certification Subcommittee prepares every year the Self-
(Committee Updates continue on page 14)

RECORDED CONTENT FROM THE ACLP ANNUAL MEETING, 2019

- Plenary 1: *The Future of the Subspecialty*—Madeleine Becker, MA, MD, FACLP; Rebecca Weintraub Brendel, JD, MD, FACLP; *Educating for an Unknown Future: Training our Learners for... What?*—Edward Hundert, MD; *What the C-L Psychiatrist Should Know About Genetics*—Wade Bertini, MD, PhD; Katon Research Award Presentation: *Just Say "Yes" to Full Immersion in the House of Medicine*—Jeffrey Staab, MD, MS, FACLP.
- Plenary 2: *The Future of the Subspecialty*—Keynote speaker: Patrice Harris, MD, MA, president, American Medical Association; *The Future of Integrative Medicine in the Modern Healthcare System*—Darshan Mehta, MD, MPH; *Psychiatrist Wellbeing and Burnout: Paths to the Future*—Richard Summers, MD.
- Plenary 3: *The Future of the Subspecialty—the history of the ACLP* with Carol Bernstein, MD, James Levenson, MD, FACLP, John Shuster, MD, FACLP, and others.
- Hackett Award Presentation: *A History of Caring Collaboration*—Philip Muskin, MD, FACLP.
- Invited Workshop: *New Perspectives: A Closer Look at the Effects of Corticosteroids on the Brain*.
- Invited Workshop: *'Livers and Kidneys and Hearts, Oh My!' A Crash Course in the Assessment and Care of the Organ...*
- Invited Workshop: #MeToo and Psychiatry.
- Invited Workshop: *Delirium: The Most Important Condition for Our Subspecialty*.
- *Is it Pain or Secondary Gain? Pain Management in Patients with Opioid Use Disorder—A Primer for C-L Psychiatrists*.
- *Aggravated About Agitation II: Epidemiology and Treatment of Agitation in Special Populations*.
- *Developing a Spiritual Radar: Skills for C-L Psychiatrists to Address Patients' Religion Spirituality in the Medical...*
- Consult: *Mass Shooting. A C-L Psychiatry Department's Experience in Caring for Our Patients, Our Communities, and...*
- *Risk of Delirium with Frequently Encountered Medications: Analgesics, Antibiotics, Sedatives, Immunosuppressants, and...*
- *Beyond CBT: Utilizing Brief, Process-based Interventions in Health and Medical Settings*.
- *Beyond Capacity: It's All About Cooperation*.
- SIG Track: *What Do You Mean It's 'Functional'?*
- SIG Track: *The Management of Behavioral Outbursts in Developmentally Delayed Children, Adolescents, and Young Adults in...*
- SIG Track: *Changing Faces: A Clinical Approach to Personality Change Due to Another Medical Condition*.
- *Updates in Psycho-dermatology*.
- *The Future of Perinatal Psychiatry: Pregnancy and Postpartum Care in the 21st Century*.
- *Buprenorphine Waiver Course for C-L Psychiatrists*.
- *Updates in Consultation-Liaison Psychiatry – Delirium*—José Maldonado, MD, FACLP; *Transplant Psychiatry*—Paula Zimbrea, MD, FACLP; *Cardiac Psychiatry*—Christopher Celano, MD, FACLP; *Women's Mental Health*—Christina Wichman, DO, FACLP; *Ethics and End-of-Life*—James Bourgeois, MD, OD, FACLP; *Ketamine and Beyond*—JJ Rasimas, MD, PhD, FACLP.

Assessment Exam provided just before the annual meeting. This exam offers eight hours of self-assessment CME. This is an irreplaceable benefit for those attending the meeting. No member should miss this free option which fulfills your annual requirement for self-assessment CME.

Interdisciplinary Education

Chair: Liliya Gershengoren, MPH, MD

The Interdisciplinary Education Subcommittee continues to develop resources for the education of allied professionals. Last year we posted on the ACLP website the *ACLP Interdisciplinary Outpatient Collaborative Care Guide*, the *ACLP Interdisciplinary Inpatient Guide*, and the *ACLP Interdisciplinary Team Member Guide: Understanding Roles, Training and Collaboration Strategies*. These are available to ACLP members. Our subcommittee continues to explore how the ACLP can best relate to professionals from other disciplines, including the potential benefits and challenges of membership within our society.

As the COVID-19 pandemic spread, medical professionals found themselves facing great uncertainty and heightened risk of psychological harm. These events have compelled the psychiatric community to rethink, restructure, and, in many ways, enhance, the clinical landscape. Telehealth, not itself a novel idea in Psychiatry, has expanded within C-L Psychiatry, a specialty historically involved mainly in in-person interactions. Interdisciplinary education, too, has been transformed by this pandemic. We continue to assess the educational requirements of the professionals with whom we work, and hope to contribute to meeting those needs. Our subcommittee members contributed, for example, to the many telehealth resources on the ACLP COVID-19 pages.

Residency Education

Chair: Carrie Ernst, MD

The Residency Education Subcommittee seeks to promote and assist the training of psychiatry residents in our subspecialty. Generating content for such education is a focus of our current efforts, including creating a series of *How To* guides for residents doing common consults.

The subcommittee also runs the popular ACLP Trainee Mentorship Program. The goal of the program is to offer guidance and additional support to psychiatry trainees (residents and fellows) interested in C-L Psychiatry.

With the field expanding beyond inpatient consultation work, psychiatry residents and, at times, C-L Psychiatry fellows, do not always have access or exposure to the multitude of C-L Psychiatry subspecialties and models of care. The program aims to connect trainees with C-L Psychiatry specialists in order to enhance their medical knowledge and assist with career choices. Mentees are matched with a mentor, and complete four telephone sessions during the year. If you wish to volunteer to be a mentor or a mentee, please see our webpage: www.clpsychiatry.org/residents-fellows/trainee-mentorship-program/

We also are working with the APA Council on C-L Psychiatry and with the Fellowship Education Subcommittee to encourage recruitment to our subspecialty and to promote fair recruitment practices. A web forum for residents considering application to fellowship in C-L Psychiatry was held in June. The forum is on the ACLP website:

www.clpsychiatry.org/news/webinar-recording-now-available-applying-to-c-l-psychiatry-fellowships-during-covid-19/

This is an excellent resource: please do direct any residents considering our field to this presentation.

Fellowship Education

Chair: Lisa Rosenthal, MD, FACLP

Our subcommittee seeks to support fellowship education in our subspecialty. COVID-19 has clearly had an impact on all aspects of training in C-L Psychiatry, and the efforts of the subcommittee have focused on adapting to needed changes. For example, many programs are now using online webinars for their didactic events. All of the web conferencing apps permit recording. We encourage all programs to submit content for a library of educational programming, both for fellows and for other trainees.

Our efforts included a COVID-19 web forum for program directors in May with

Lisa Rosenthal, MD, FACLP, Mark Bradley, MD, FACLP, Carrie Ernst, MD, Raymond Young, MD, Durga Roy, MD, and Kewchang Lee, MD, FACLP. The panel discussed changes to fellowship program operations in the present crisis. The program can be accessed from the Education Section of the ACLP COVID-19 Resources page or from: https://youtu.be/EXnl_Xa1Mtk

The Coalition for Physician Accountability is a consortium including the AMA, ACGME, AACOM, AOGME, AAMC, ECGMG, NRMP, and every other major organization overseeing medical education in the US. The coalition recently released a policy statement that all applicant interviews for residency and fellowships should be carried out remotely this year (details are available from the Education Section of the ACLP COVID-19 Resources page).

The ACLP Board has endorsed this policy. This means that all interviews for fellowship applicants must be conducted by remote means for all applicants for the entire application cycle this year. Virtual interviewing should include both local and far-away applicants. Programs should take measures so that internal applicants are interviewed and assessed in as an equitable a manner as possible in comparison to external applicants. All fellowship programs should commit to entirely online interviews and virtual visits.

Multiple resources for organizing online interviewing are available on the aforementioned Education Section of the ACLP COVID-19 Resources page. Programs, please be sure your information is up-to-date on the ACLP Fellowship Listings.

GOVERNANCE COMMITTEE

Chair: Madeleine Becker MD, MA, FACLP

Bylaws

Chair: Patrick Triplett, MD

The Bylaws Subcommittee reviewed changes related to the Board's announced strategy at last year's Annual Meeting of reducing the size of the Board. There were also changes that clarified committee composition, including to the structure of the Nominating Committee. The bylaws were edited to be gender neutral.

RESEARCH & EVIDENCE-BASED PRACTICE COMMITTEE

Chair: E. Sherwood Brown, MD, PhD, FACP

This has been an active year for the Research and Evidence-Based Practice Committee and its subcommittees. Much progress has been made despite the effects of the COVID-19 pandemic on every aspect of work. We have been very busy once again with the award selection process and we are soon to begin reviewing applications for the Webb Fellowship.

The committee received a large number of outstanding award nominees. The quality and quantity of nominees calls attention to the tremendous growth in research and scholarship within the Academy.

We also hope that research and evidence-based practice will be well represented at the annual meeting. Committee and SIG members have submitted several research-related proposals for consideration by the program committee.

Our committee strives to increase the number of researchers within ACLP. The relationship between psychiatric illnesses and medical illnesses is a very active research area. We would like for the people doing this type of research to be involved in ACLP meetings through the Research Professor Award and other programs. ACLP has much to offer clinical researchers as well as clinicians and educators. The inclusion of outstanding research and evidence-based practice at the annual meeting is a major objective for the committee.

Guidelines & Evidence-Based Medicine

Chair: Paula Zimbrea, MD, FACP

The subcommittee continues to publish well-written and informative summaries of recent literature pertinent to C-L Psychiatry. These summaries are available through the Quarterly Annotations section that can be found on the ACLP website. These updates are an important source for disseminating critical and timely information, as well as the best clinical practices, to ACLP members.

MEMBERSHIP COMMITTEE

The ACLP Membership Committee, and the Fellowship and Awards, and Business of C-L Psychiatry Subcommittees have been busy. Because of COVID-19-associated travel and financial restrictions faced by many active or potential ACLP members, we are striving to learn how these new challenges will, or are, affecting our members: Are fewer new members joining ACLP? Are current members forced to leave or to become inactive? Are fewer C-L Psychiatry fellows joining ACLP?

We aim to increase membership in ACLP but recognize that the pandemic has had, and will continue to exert, an extraordinary impact on members' financial and time resources. We are working on creative solutions to address these exigencies so that active members will appreciate the value in continued membership and potential new members will feel that their limited resources would be well spent on ACLP membership.

FORUM TO SHARE REFLECTIONS ON COVID-19

ACLP is seeking reports, policies, commentary, links, and other content related to C-L Psychiatry and the COVID-19 crisis—but we are also interested in your own direct experiences.

We seek stories of 55 words or fewer from our members, their trainees, and their teammates regarding their experiences in C-L Psychiatry contexts in the current crisis. Please see our webpage for details: www.clpsychiatry.org/covid-19/member-submitted-stories/

We hope that this creative forum will provide an opportunity to share reflections during this challenging time in a way that helps us feel more connected and less isolated.

Please send your stories to our submission email: COVID-19@CLpsychiatry.org This story project is being run by the ACLP Residency Education Subcommittee.

Torn at every turn:
Patients, bosses, friends, students
Parents, spouses, sons, daughters
"If you volunteer for this, who
will tell them why Mom isn't coming home?
Me?"
How to decide which
fight is the right fight
when there is no right?
Hope, cry, sleep, and
mask up.

C-L Psychiatry Fellow, April 6, 2020

Academy of Consultation-Liaison Psychiatry

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First-Class Mail
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Hagerstown, MD

FUTURE ACADEMY ANNUAL MEETINGS

November 10–13, 2021

Hyatt Regency Miami
Miami, FL

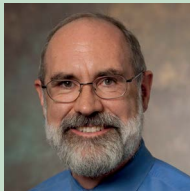
November 9–12, 2022

Hilton Atlanta
Atlanta, GA

November 8–11, 2023

JW Marriott Austin
Austin, TX

LAST WORD: Support for Medical Colleagues, from Paul Desan, MD, PhD, FACLPP



Dr. Desan continues his 'Reclaiming Liaison' theme from our previous biennial Newsletter.

As the COVID-19 crisis deepened, thoughts turned to how best to support our colleagues in medicine. Our members were pioneers:

- Dr. Hebert and Ms Perticone organized volunteer-staffed mid-afternoon support rooms
- Dr. Huremović ran Balint groups online
- Dr. Sockalingam and colleagues repurposed an online telementoring program
- Dr. Kantor and co-workers ran a comprehensive resilience course
- Dr. Everly taught about psychological first aid approaches and their role in past disasters
- Drs. Murtha and Asnes provided a protocol for non-intrusive debriefing.

New forms of support were developed. The Physician Support Line was run by more than 600 volunteer psychiatrists, For the Frontlines

offered support by text chat, Project Parachute provided referral to free therapy, PeerRxMed paired providers with a buddy, Facebook pages for professional sharing proliferated, and wellness apps like Headspace and 10 percent happier became free to health care professionals. Being heard was therapeutic. *The New Yorker*, *Slate*, and *McSeeneys* hosted many first-person accounts, we solicited 55-word stories from the frontlines, and our member Dr. Qayyam movingly described National Reserve duty in an NYC ED.

Drs. Hartzband and Groopman took a larger perspective in a remarkable article in *NEJM*. They cited research that intrinsic physician motivation reflects competence, autonomy, and relatedness, all three damaged by recent health care trends, and moreover that intrinsic motivation is sapped by inappropriate external motivation, such as RVU-based compensation. Multiple institutions and major medical societies provided large online compilations of support approaches of surprising diversity. All the above plus more are in the over 60 items posted in the Support for Medical Colleagues sections on the ACLP COVID-19 Resources and Links pages.

C-L psychiatrists must lead in supporting our colleagues, now and in the future. This is part of the Liaison role that we are proud to reclaim.