In honor of AACAP’s 60th Anniversary, Committee and Regional Organization leaders were asked to look back on their history and reflect on the future of AACAP and the field of child and adolescent psychiatry.
AACAP News and How It Has Changed Over the Years

Diane K. Shrier, M.D.

AACAP News has changed substantially since it was first established as an official publication of the Academy in 1978. Changes have occurred in length, frequency, and regularity of publication, as well as format, mission statement, and content. The numbers and types of associate, section, or other editors, and of regular contributors appointed by the chief editor have also changed, along with length-of-term for the editors and the AACAP staff and publishers involved. The appearance of AACAP News has changed quite dramatically over the years with the addition of color and a “glossy magazine” look. Through it all, member surveys show AACAP News to be read and valued by a majority of AACAP members. This is a brief summary of the earlier years and focuses in more detail on the changes of the past ten years. For a more extensive discussion of the evolution of the News prior to 2003, I refer you to the two-part article prepared for the 50th Anniversary of AACAP (see references section).

The precursor of AACAP News, (the American Academy of Child Psychiatry Newsletter) began in 1968 as an occasional newsletter, typed by the secretary of the Academy: one page in 1968 and two pages in 1970. When Joseph Noshpitz, M.D., became secretary of the Academy, he expanded the newsletter first to 8 pages and then to 16 to 21 pages, and published twice a year.

In 1978, under the presidency of George Tarjan, M.D., Moisy Shopper, M.D., was appointed the first official editor and major changes began to occur in content and format. Dr. Shopper contrasted the purpose of the Newsletter with that of the Journal, the Academy’s scientific publication. He stated in part: “The Newsletter’s function will be to keep the AACP membership informed of issues, developments, and action in our organization and specialty.” The current Mission Statement published in each AACAP News issue shows what has changed since then.

Since Dr. Shopper, eight other editors have been appointed, including the current editor, Uma Rao, M.D., the first woman and first South Asian. While each editor has placed his/her stamp on AACAP News, this article will focus on the major changes made by three editors: Martin Drell, M.D., William Bernet, M.D., and Wun Jung Kim, M.D., M.P.H.

Dr. Drell expanded the News to 48-52 pages published six times a year and established more of a magazine format, with regular columnists on specific topics for each issue. He appointed an associate editor, Diane Shrier, M.D., to a feature editor role, doing interviews of AACAP presidents and other notables, and writing or soliciting an article for each issue. Prior to Dr. Bernet’s tenure, the editor reviewed and edited the entire issue, with the support of AACAP staff. Dr. Bernet appointed section editors for News, Columns, Components, Opinion, Features, and Annual Meeting; and established the Editorial Board consisting of all editors, which convenes twice a year. He prepared the first guide for prospective authors, the style guide for AACAP News editors and staff, and established requirements for authors who included patient material to increase protection of patient confidentiality and release of information. Dr. Bernet stepped down as editor when he became treasurer of AACAP and Dr. Kim was the first Asian and international graduate to be appointed editor.

Dr. Kim expanded and diversified authorship and topics, including culturally-sensitive articles on youth culture, social networks, and international and racial issues. He reduced the frequency and number of regular columnists to no more than every other issue, and solicited more issue-oriented Committee, Task Force and other Component reports and Assembly and Regional Organization contributions from a wider range of membership. The Mission Statement and Guidelines for Contributors were revised. Organization and production were tightened to meet deadlines and to get issues out to members on a more consistent basis. The term of office of the editor was expanded from three to five years, with one renewal; and three-year terms were established for the section editors, renewable for an additional three year term. As part of an effort to involve younger members, Dr. Kim established a competitive process to choose a resident editor, who is in the first year of child psychiatry fellowship, to a two-year term. The first was Jean Dunham, M.D., who moved on to become a section editor. The second is Garrett Sparks, M.D., who will become a section editor in October 2013. Alvin Rosenfeld, M.D., joined AACAP News as photography editor and, with the change to full-color, has transformed the cover into art. He actively solicits members to contribute photographs for both the cover and to accompanying articles in the News.

References


Dr. Shrier is contributing editor of AACAP News and clinical professor of psychiatry and behavioral sciences and of pediatrics at George Washington University Medical Center, Washington, DC.

Editors of AACAP News

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<td>December 1978 – Spring 1982</td>
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Wun Jung Kim, M.D., M.P.H.

In honor of AACAP’s 60th Anniversary, Committee and Regional Organization leaders were asked to look back on their history and reflect on the future of AACAP and the field of child and adolescent psychiatry.
Big Sky Regional Organization of Child and Adolescent Psychiatry

In January 2011, Montana’s child and adolescent psychiatrists met to restart the Big Sky Council, a Regional Organization which had been dormant for over a decade. Our Council elected leadership, rewrote bylaws, reincorporated under state law, established financial stability, sent our Delegate to Assembly meetings and Advocacy Day, set short-term goals and long-range objectives, rallied around and supported the annual Big Sky Psychiatry Conference, and established a communication platform to address needs surrounding professional development, evidence-based practices, mentorship, and the development of regional standards of care. All of these efforts have resulted in an active, vibrant Regional Organization.

Additionally, we have continued to support and sponsor the Big Sky Psychiatry Conference, which is an annual conference which brings together psychiatrists across the region both for the conference and for annual meetings of the Big Sky Council and the Montana chapter of the APA. Our organization also will continue to partner with child psychiatrists of neighboring states which do not have their own chapters of AACAP.

Our long-range objectives are:

- To stimulate and advance the knowledge and treatment of psychiatric problems of children, adolescents, and their families, both within its membership and in the community-at-large.

- To provide programs for continuing education of its membership, both as an independent organization and in cooperation with other organizations having a similar purpose.

- To provide a forum for the exchange of ideas relative to the resources and child psychiatric needs of the community.

- To collaborate with other groups interested in child, family, and community welfare and mental health.
AACCAP Ethics Committee

— Arden Dingle, M.D., Chair

Who knew ethics could be so much fun. The last 10 years, especially the most recent ones, have been very busy and productive for the AACCAP Ethics Committee.

Come visit our webpage and learn what’s what: www.aacap.org/cs/ethics.

The first major accomplishment was revising the AACCAP Code of Ethics to improve its readability and enhance its broad applicability to all aspects of child and adolescent psychiatric practice. And, it is shorter! It is rare for a code to include development as a principle to emphasize its importance when working with children and adolescents.

When AACCAP leadership mandated participation in ethics education activities as a requirement for membership, it endorsed the importance of ethical principles for the practice of child and adolescent psychiatry. The feeling of validation was quickly replaced by the thought of “What do we do now?” since educational activities do require content and, unfortunately, there is not very much on ethics written for, and by, child and adolescent psychiatrists. So, the Ethics Committee has been working hard to develop and identify different types of content in various formats that can be helpful for AACCAP members in their work and to satisfy the requirement. For additional information on the requirement, please read Ethics Requirement FAQ.

The ethics section is located on the member page: www.aacap.org/cs/members_only/members_only. The page has information designed for all types of practitioners and all levels of training and practice. The section is organized into five parts.

Ethics in Action

Information and educational material on ethical issues in a variety of situations as related to children, adolescents, and families, as well as to child and adolescent psychiatric practitioners.

The emphasis is on understanding and managing the practical and general issues that impact the functioning, mental health, and treatment of youth, their families, and those who work with them in medical and other settings.

Code in Action

Information and resources on how the AACCAP Code of Ethics is used operationally in practice and how its principles can be helpful in clinical, research, and administrative activities and decision making.

Ethics in the Workplace

Information and educational material on ethical issues that arise in various types of child and adolescent psychiatric practice such as clinical, research, administrative, consultative and educational work.

Foundations of Ethics

Information on the foundations and basics of bioethics that is relevant and applicable to the practice of medicine, and child and adolescent psychiatry. In addition to information on important historical precedents and documents, there are reviews and discussions of various approaches to considering, analyzing, reviewing and utilizing ethical ideas and values.

Ethics Library

Annotated resources on ethical issues relevant to the practice of medicine, and child and adolescent psychiatry, and from AACCAP is provided, as well as descriptions of, and links to, other professional websites.

The Ethics Resources Center is a work-in-process, and member input on what works and what does not would be much appreciated. Additional material being developed includes case vignettes, videos, and resources for the public.

In addition to the webpage, other avenues for members to learn about child and adolescent psychiatry ethical issues are being developed. We had our first webinar, “Professionalism and the Internet,” which still can be viewed. A member question with a committee response was disseminated on AACCAP News Clips. Committee members wrote a commentary for a JAACAP issue published in 2012 and did a book forum on books on ethical issues that is coming in 2013. Also, the Ethics Column in AACCAP News continues to present thoughtful reviews and discussions of relevant child and adolescent psychiatry ethical concerns. The number of Annual Meeting presentations that include discussions on ethical topics has increased every year. The major focus of the Committee has been on developing and implementing an approach to conveying information on ethical principles and their practical applications as well as material on the foundations of ethical theories used in medical care that is user-friendly for all types of child and adolescent psychiatry practitioners.

The hope of the Ethics Committee is that these various types and forms of information on ethical principles and issues are the beginning of a structure and process that will be relevant, engaging, interactive and productive for all AACCAP members.

The Committee is interested in suggestions and feedback, please e-mail AskEthics@aacap.org.
Training and Education in the Academy: Highlights From the Last 15 Years and Introducing the AACAP Alliance for Learning and Innovation (AALI)

Jeffrey Hunt, M.D., and Howard Liu, M.D., Co-Chairs, Training and Education Committee

The AACAP Training and Education Committee (formerly the Work Group on Training and Education) has been an active component for decades. The primary focus of the committee has been to promote the highest quality graduate medical education for child and adolescent psychiatry fellows and to provide resources to enhance educational initiatives, with a secondary interest in supporting recruitment of medical students into our field. Over the last 20 years, the mission statement of this committee has continued to broaden. Highlighted below are successes of the last two decades and the introduction of an exciting new educational endeavor within the academy, the AACAP Alliance for Learning and Innovation (AALI).

Timeline

1959 – Training Committee created by AACAP President, Reginald Lourie, M.D.
1986 – Triple Board Pilot Programs were launched
1997 – AACAP Office of Research and Training is initiated
1997 – Committee takes over Developmentor, a recruitment tool for medical students
1997 – Committee members advocate for flexibility in requirements with ABPN
2000 – Preparation of training directors for ACGME Six Core Competencies: Academic Leadership Award (Cancro award) established for best chair, dean, or CEO in support of child psychiatry
2004 – First trainee member of Committee
Remediation in residency becomes a major focus
2005 – CAP Recruitment article written
2007 – CAP Recruitment pamphlet developed
Education Initiative arises from joint effort of Committee and AACAP President Tom Anders, M.D.
Teaching for Success and Resident as Teacher member forums debut at Annual Meeting
Post Pediatric Portal Pilot Project began
2009 – Preparation for the ABPN Clinical Skills Verification (CSV) process begins
2011 – Creation of the CAPME (Child and Adolescent Psychiatry in Medical Education) Task Force and online resource page for educators
2012 – Debut of a recruitment video, CAP-activated: A Short Story About Child and Adolescent Psychiatry, which was funded by AACAP’s Campaign for America’s Kids (CFAK)
2013 – AACAP Alliance for Learning and Innovation introduced

Present

In residency education, the Training and Education Committee is working with Accreditation Council for Graduate Medical Education (ACGME) and representatives from AACAP, American Association of Directors of Psychiatric Residency Training, American Psychiatric Association, and American Medical Association to develop and disseminate the ACGME Milestones in general psychiatry (July 2014). The child and adolescent milestones will follow in 2015. This is a competency-based framework to guide educators in defining measurable goals for their residents in important domains such as patient care, medical knowledge, and the
other core competencies. Additionally, the Committee is actively supporting combined programs and continues to advocate for these programs within the ACGME and American Board of Psychiatry and Neurology (ABPN).

In medical student education, the Child and Adolescent Psychiatry in Medical Education (CAPME) Task Force has been working with Association of Directors of Medical Student Education in Psychiatry (ADMSEP) to develop learning objectives and share teaching resources for child psychiatry topics in medical student education. To date, this educational resource has been accessed 1,400 times.

In recruitment, Jess Shatkin, M.D., M.P.H., a Training and Education member who also chairs the Workforce Issues Committee led the creation of a recruitment video, CAP-tivated: A Short Story about Child and Adolescent Psychiatry, which was funded by AACAP’s Campaign for America’s Kids (CFAK). This video is available on the AACAP website and YouTube. To date, it has been accessed approximately 10,000 times.

**Future**

Looking ahead, the Training and Education Committee will develop a virtual teaching academy to engage more members in exciting educational initiatives. Entitled the AALI program (AACAP Alliance for Learning and Innovation), this community will pursue the following goals:

- To serve AACAP in the development of innovative educational resources in partnership with its members;
- To ensure that the educational resources are made available to members at the annual meetings and on the web; and
- To provide an inclusive community for all educators to allow for support, recognition, and innovation.

AALI will be open to all AACAP members with an interest in education. Its first project will gather outstanding online resources for international members in concert with Paramjit Joshi, M.D.’s presidential initiative – AACAP International: Partnering for the Worlds’ Children.

At the 2013 Annual Meeting, the AALI program will hold a focus group discussion to determine future projects that will benefit the academy. If you would like to join the discussion, please contact Yoshie Davison, M.S.W., Director of Research, Training and Education, or Ashley Rutter, Training and Education Manager at training@aacap.org.

**Links**

CAPME links for medical student education in child psychiatry
www.aacap.org/AACAP/Resources_for_Primary_Care/CAP_Resources_for_Medical_Student_Educators.aspx

CAP-tivated: a short story about child and adolescent psychiatry
www.youtube.com/watch?v=r8ed-9NeJ7Y
The development and dissemination of clinical practice guidelines is one of the most important activities of a professional medical association (Rothman 2009). Clinical practice guidelines are defined by the Institute of Medicine (IOM) as “statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options” (IOM 2011). Because of their derivation from a critical review of extant literature, clinical guidelines occupy a high position in the hierarchy of “pre-processed” evidence (AMA 2002), and as such have the potential for great influence in clinical care.

Since 1997, the AACAP Work Group (later Committee) on Quality Issues (CQI) has published 34 clinical practice guidelines (called “practice parameters”) that have served to encourage best practices in child and adolescent mental health. Topics covered by these parameters have included the psychiatric evaluation and treatment of most child and adolescent psychiatric disorders, as well as the assessment and management of mental health problems in vulnerable populations of youth, such as youth with physical illness, youth in juvenile detention facilities, and gay/lesbian/bisexual/transgender youth. These parameters have been widely read and cited, as supported by AACAP member survey results and JAACAP impact factor contributions, and as such, appear to be fulfilling their educational mission.

Over the past several decades, the clinical guideline development process has become increasingly rigorous, in accordance with evolving principles promulgated by influential professional organizations such as the American Medical Association (AMA) and the IOM. In the early 1990s, these “guidelines for guidelines” tended to be broad and vague (AMA Policy); accordingly, clinical guidelines created in that decade suffered from significant methodological flaws (Shaneyfelt et al. 1999). Today, guideline standards have evolved to reach new heights of specificity and precision (IOM 2011), generating the imperative for parallel changes in the guideline development process across all medical specialties.

Two critical areas of guideline vulnerability were highlighted in the IOM report; namely rigor and transparency. Rigor refers to the precision with which the extant literature is systematically searched, critically evaluated, and rated for quality. Transparency refers to the protection of the guideline development process from conflicts of interest, both actual and perceived. Rigor and transparency are critical components of the guideline development process, as the “trustworthiness” (IOM 2011) of the guideline derives directly from fidelity to these constructs. We continually strive to enhance the trustworthiness of AACAP clinical practice guidelines among AACAP members and other key stakeholders.

References
American Medical Association, Policy H-410.968
Institute of Medicine (2011), Clinical Practice Guidelines We Can Trust

AACAP Committee on Medical Students and Residents: 15 Years of Promoting Connectedness to AACAP

Steven Schlozman, M.D., Sourav Sengupta, M.D., M.P.H., Michelle Horner, D.O., Eric Williams, M.D., Marika Wrzosek, M.D., and Ashley Rutter, Training and Education Manager

AACAP’s Committee on Medical Students and Residents hosts numerous events and opportunities for students and trainees. The core program is the Mentorship Program, offered during AACAP’s Annual Meeting. Over the years, the program has facilitated hundreds of mentors and mentees to come together and discuss patients and profession, career and life.

The Mentorship Program has always seemed pretty straightforward. Think back to that cool primordial soup project that you learned about in undergraduate biology. Scientists took a bunch of organic goop, added different kinds of energy, and, voila, like magic, amino acids started to form. It was like a recipe for getting things started: organic potential + energy = the building blocks of life.

The AACAP Mentorship Program is a lot like that experiment. What happens when you bring together students, residents, fellows, and child psychiatrists, shove them all into great big rooms, feed them a little something, and fuel the whole thing with infectious enthusiastic power? You get synergy – the sum of all your efforts surpassing the whole of the parts.

The program was piloted in 2005 under the direction of Andres Martin, M.D., M.P.H., and Susan Milam Miller, M.D. The program has since grown to include literally hundreds of mentors and mentees who gather to discuss, ponder, counsel and be counseled by the iterative knowledge and experiences that everyone brings to the table. What began, like primordial life, as an informal and organic gathering, has now become an international program that has served as a model for similar initiatives in professional organizations throughout the country.

In addition to the Mentorship Program, the Committee on Medical Students and Residents hosts many other important Annual Meeting events for trainee members: the Medical Student and Resident Breakfast, which highlights three distinguished mentors; networking hours to bring trainees together; town meetings, which provide the opportunity for trainees to share successes and challenges; and a career development forum to offer access to career-opportunity focused mentorship. The Committee also facilitates a travel award program for trainees, and partners with the Training and Education Committee on its highly attended Resident as Teacher event.

The mentorship program and Committee initiatives appear to have lasting impact. Original data publications led by Committee members demonstrate that participation in the Mentorship Program improves trainee’s knowledge of child and adolescent psychiatry and increases connectedness to AACAP (Horner, et al. 2008; Alleyne et al. 2009). Perhaps it is no coincidence that trainees have an increasing presence at AACAP since the inaugural mentorship program: in 2005, there were just 273 medical student and resident attendees at the Annual Meeting, and by 2012, the number almost tripled to 675. Initiatives like the Mentorship Program get trainees engaged and lead them to AACAP as their lifelong professional home.

Continuing participation after the Annual Meeting is an important Committee initiative. In addition to helping trainees pair up with mentors in their home institution, the Committee facilitates trainee authorship in AACAP News articles and through a developing partnership with the Journal of the American Academy of Child and Adolescent Psychiatry. Through these and other...
Mentorship Program participants met on the beach during the 56th AACAP Annual Meeting in Honolulu, HI.

initiatives, the infectious energy of the mentorship program continues to build between meetings.

From getting trainees involved in every aspect of AACAP to coordinating trainee awards to establishing a national Mentorship Network, the Committee on Medical Students and Residents has been committed to engaging the next generation of child and adolescent psychiatrists, and AACAP leadership has been tremendously supportive of these initiatives. We are committed, like the energy in that primordial soup, to infuse life into our students, our fellows and, of course into ourselves. We can't think of a better definition of mentorship.

Drs. Schlozman and Horner co-chair the Annual Meeting Mentorship Program.

Drs. Sengupta and Williams co-chair the Committee on Medical Students and Residents.

References
