# BRIDGING THE DIVIDE
## REDUCING INEQUITY THROUGH EDUCATION

AAP Association for Academic Psychiatry

September 8—10, 2021

THE UNIVERSITY OF ILLINOIS
COLLEGE OF MEDICINE
CHICAGO PEORIA ROCKFORD URBANA

This activity is jointly provided by University of Illinois College of Medicine at Chicago and the Association for Academic Psychiatry.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of Illinois College of Medicine at Chicago and the Association for Academic Psychiatry. The University of Illinois College of Medicine at Chicago is accredited by the ACCME to provide continuing medical education for physicians.

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The University of Illinois College of Medicine at Chicago designates this Live activity for **a maximum of 27.75 *AMA PRA Category 1 Credit(s)*** *TM*.  Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**AAP Annual Meeting
September 8-10, 2021
Virtual**

**Preliminary Program**

AAP Association for Academic Psychiatry

## Wednesday, September 8, 2021
10:00 AM - 11:15 AM
Workshop Sessions

**Workshop Session:** 9065
**Title:** Creativity in the Age of Burnout: A Critical Educational Competency?
**Presenters:**
Vineeth John, MD, MBA, McGovern Medical School, Houston, TX
Amanda Helminiak, MD, McGovern Medical School, Houston, TX
Brandi Karnes, MD, McGovern Medical School, Houston, TX

**Abstract Description:** Creativity is defined as the generation of novel, useful and viable ideas. Despite recent breakthroughs in the neuroscience of creativity, creative thinking continues to be an underexplored theme in academic medicine. In Psychiatry, most breakthroughs in therapeutics have emerged from serendipitous discoveries. Yet, no formal curriculum currently exists with regards to exposing our trainees to the basics of the creative process. Our workshop aspires to examine the latest breakthroughs regarding the origins of human innovation and creativity. Utilizing didactic instruction, self reflections and small group discussion, this workshop will examine the psychosocial and neuroscientific underpinnings of creativity including the science of serendipity, power of collaboration, expertise versus elastic thinking, the role of perseverance, and neural changes behind insight. The workshop proposed to create a viable, safe space for the participants to reflect on some of the most creative moments of their lives and distill some of the common variables which might have led to those breakthrough moments. A case study detailing the discovery of Helicobacter Pylori by two relatively unknown Australian physicians, Drs. Robin Warren and Barry Marshall and the various individual and institutional factors which fostered their creativity will be discussed in detail. Finally, a tool kit for enhancing creativity will be provided to help the participants develop a creative mindset while at work as well as at home.

**Upon completion of this session, participants will be able to:**
1. Construct a working definition of creativity;
2. List various individual and institutional impediments to leading a creative life; and
3. Apply the current knowledge about creativity to enhance our individual and institutional creative potential.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Leadership/Administrative Development, Competencies

**Workshop Session:** 9030
**Title:** Overcoming Impostor Syndrome: Fostering Vulnerability and Self-Efficacy in Our Trainees and Ourselves
**Presenters:**
Samuel Boas, MD, Weill Cornell Medicine, New York, NY
Heather Vestal, MD, MHS, Duke University School of Medicine, Durham, NC
Lianna Karp, MD, MGH/McLean, Harvard Medical School, Boston, MA
Reuben Hendler, MD*, MGH/McLean, Harvard Medical School, Boston, MA
Marla Wald, MD, Duke University School of Medicine, Durham, NC

**Abstract Description:**
As educators and trainees in academic medicine, we often wish to appear unfailingly confident and competent. We are hesitant to reveal our imperfections and failures to others, yet privately many of us highlight our faults and fail to internalize our successes. We call this impostor syndrome, a pattern in which we doubt our accomplishments and have a pervasive fear of being exposed as a fraud. Over time, this struggle with impostor syndrome affects the wellbeing, education, and productivity of our trainees and ourselves. Furthermore, women and minorities may be particularly susceptible to the impostor feelings, making it a target to improve equity in medical education (1, 2). We propose that two antidotes to impostor syndrome are embracing vulnerability and fostering self-efficacy.

Modeling vulnerability has been shown to increase learner engagement, strengthen connection within a learning community, reduce feelings of isolation, shame, and self-critical thoughts, and support wellness (3). In this workshop, participants will practice concrete ways to identify imposter syndrome and incorporate vulnerability into their teaching, mentoring, and leadership roles, such as: self-disclosure; discussing difficult cases, bad outcomes, or errors; modeling "not knowing"; and practicing self-compassion. Utilizing a vulnerability exercise, we will discuss our own impostor feelings and tools to decrease them by building self-efficacy. Participants will discuss how to apply these skills in diverse settings and will brainstorm the benefits and challenges that might arise when attempting to cultivate a culture of vulnerability within their own institutions. References: (1) Cokley, K., et al. An Examination of the Impact of Minority Status Stress and Impostor Feelings, 2013. (2) Kumar, S., Jagcinzki, C. The imposter phenomenon and its relationship to achievement goal theory, 2006. (3) Brown, B. Daring Greatly: How the Courage to Be Vulnerable Transforms the Way We Live, Love, Parent and Lead, 2013.

**Upon completion of this session, participants will be able to:**
1. Define impostor syndrome, including its prevalence and impact on trainees and faculty in academic medicine;
2. Role-play incorporating vulnerability into teaching encounters, paying specific attention to impostor syndrome in action; and
3. Discuss how vulnerability and self-efficacy can positively impact the learning environment and support trainee and faculty wellness.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Competencies


**Workshop Session:** 6457
**Title:** Freedom from Powerpoint: A Blue Ribbon Recipe to Take the Pain Out of Planning a Highly Effective Learning Session
**Presenters:**
Lora Wichser, MD, University of Minnesota, Minneapolis, MN
Jonathan Homans, MD, University of Minnesota, Minneapolis, MN
Katharine Nelson, MD, University of Minnesota, Minneapolis, MN

**Abstract Description:**
"The consequences of "cognitive overload" in medical training are becoming more apparent. Passive learning strategies involving a traditional hour lecture consisting of 70 PowerPoint slides filled with facts and figures have been demonstrated to be ineffective and potentially contribute to stress and negative health. (1,2) While educators may embrace the theory underlying active learning, many educators struggle with the actual facilitation and structuring of active learning sessions. The "Minnesota Arc" is a conceptual framework, originally developed to rapidly teach early learners the skills of interacting with distressed or "difficult" patients. (3) This framework has also been applied in leadership to facilitate interactions with distressed stakeholders. (4) This workshop extends the basic "Minnesota Arc" concept even further to support and equip educators to effectively engage with distressed and potentially cognitively overloaded learners. The Minnesota Arc integrates the science of human cognition and educational theory which allows for quick translation of these concepts to educators of all levels. Application of this framework facilitates highly efficient and effective planning and implementation of learning sessions. References: (1) Brown, Peter C. Make It Stick : The Science of Successful Learning. Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 2014. (2) Young, JQ, J Van Merrienboer, S Durning, and O Ten Cate. "Cognitive Load Theory: Implications for Medical Education: AMEE Guide No. 86." Article. Medical Teacher 36 (5): 371–84. https://doi.org/ .3 9/0142159X.2014.889290. (3) [Redacted]. The Interview Arc 2.0: A Model for Engaging Learners in the Patient Interview Through Both Virtual Self-Directed Training and Direct Coaching. Association for Academic Psychiatry Annual Meeting, Milwaukee, WI. September 7, 2018. (4) [Redacted]. Teaching Teachers the Interview Arc: A Concise and Elegant Model for Engaging Learners in the Patient Interview. Association for Academic Psychiatry. Denver, CO. September 7, 2017.

**Upon completion of this session, participants will be able to:**
1. Quickly identify your audience's prior knowledge during an active learning session;
2. Apply the "Minnesota Arc" to efficiently engage your audience for any given educational activity; and

3. Efficiently create an effective education session which incorporates evidence-based learning theory.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Educatio

**Workshop Session:** 7133
**Title:** Bridging the Confidence Gap: Mentoring the Under- and Over-Confident Learner
**Presenters:**
Lauren Schumacher, MD, University of California - San Francisco, San Francisco, CA
Michelle Mehta, MD, Mayo Clinic, Rochester, MN
Andreea Seritan, MD, University of California - San Francisco, San Francisco, CA
Siya Mehtani, DO*, University of California - San Francisco, San Francisco, CA (Author Only)

**Abstract Description:**
Calibrating confidence is an important skill for physicians. Underconfidence can slow career development, and impair personal and group performance. Lack of self-confidence is also associated with imposter phenomenon. Overconfidence can interfere with accurate assessment of abilities and knowledge, and reduce the likelihood that learners may seek out information which could improve their clinical practice and teaching. The ACGME psychiatry milestones include demonstrating "a balanced and accurate self-assessment of competence, using clinical outcomes to identify areas for continued improvement." However, helping trainees (and even ourselves) calibrate confidence is a challenge. In this interactive workshop, participants will explore factors contributing to confidence, consequences of under/overconfidence, and strategies to address under/overconfidence.

**Upon completion of this session, participants will be able to:**
1. Identify factors which affect confidence;
2. Describe consequences of under- and overconfidence; and
3. Practice strategies to help learners calibrate their confidence levels.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Career Development

**Workshop Session:** 8811
**Title:** "I'm Not a Racist:" Structural Racism as a Curricular Thread
**Presenters:**
Kari M. Wolf, MD, Southern Illinois University School of Medicine, Springfield, IL
Ashima Datey-Chakrabarty, MD*, Southern Illinois University School of Medicine, Springfield, IL

**Abstract Description:**
All medical schools and residencies teach about cultural competency and social determinants of health, yet few go beyond this teaching to address ways race affects inequities in health outcomes. Despite a substantial body of literature outlining access limitations and poorer quality of care provided to people of color (even when controlling for income, education, and insurance).  (1), much of the teaching about racism in healthcare focuses on individual factors—overt or implicit bias. (2) While our institution discusses individual biases to raise awareness, our educational efforts focus on structural racism—the racism that pervades the institutions in which our patients live, learn, and receive health care. Rather than having a discreet class or rotation to teach this topic, we weave the concept of structural racism throughout the residency curriculum in an effort to (a) heighten awareness of the structural racism that exists in our communities, (b) have intentional discussions about ways that we reinforce structural racism, (c) help residents and medical students understand how structural racism impacts our patients, (d) weave this understanding into the policies we implement, (e) and ultimately create change agents who will work to dismantle structural racism over the course of their careers. This workshop will describe the curricular elements in place to accomplish these goals. These examples will be geared towards stimulating participants' creativity to develop programs at their home institutions. References: (1) King CJ and Redwood Y. J Natl Med Assoc. 2016 May; 8(2):131-6. (2) Du Bois Rev. 2011 Apr; 8(1): 115–132.

**Upon completion of this session, participants will be able to:**
1. Define institutionalized racism;
2. Brainstorm examples of structural racism in your home communities that affect patient health; and
3. Explore opportunities to introduce the topic of discrimination into discussion and teaching in one's home institution.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Curriculum Development, Competencies

**Workshop Session:** 8991
**Title:** Creating Lifelong Psychiatrist-Advocates by Building Legislative Advocacy Skills in Residency
**Presenters:**
Maeve A. O'Neill, MD, Bassett Medical Center, Columbia University Vagelos College of Physicians and Surgeons, New York, NY
David Beckmann, MD, MPH, Massachusetts General Hospital, Boston, MA
Lianna Karp, MD, Massachusetts General Hospital - Chelsea Healthcare Center, Harvard Medical School, Boston, MA
Katherine G. Kennedy, MD, Yale University, New Haven, CT
Timothy Shea, MD*, Massachusetts General Hospital/McLean Hospital, Harvard Medical School, Boston, MA

**Abstract Description:**
Advocacy is increasingly recognized as part of the job description for physicians, particularly psychiatrists. Both the American Medical Association (AMA) and the American Psychiatric Association (APA) have put forth a call for physicians to advocate for sociopolitical changes needed to improve public health and reduce health inequities. Despite these calls for advocacy, there is limited training and opportunity for psychiatrists to take on the role of advocate, particularly with respect to impacting legislation. A 2020 article published in Academic Psychiatry on advocacy training in psychiatry residency found that only seven residencies responded to a request about whether they include advocacy teaching in their curricula. In light of this gap in resident education, we plan to lead a workshop that introduces legislative advocacy skills to offer an opportunity for participants to both gain legislative advocacy skills and prepare to teach these skills at their home institutions. In this workshop, presenters will address barriers to initiating legislative advocacy and provide a framework for getting started in legislative advocacy. This will be a highly interactive session during which participants will learn and practice legislative communication skills through small group role-plays. Participants will also work in small groups to brainstorm innovative ways to bring legislative advocacy skills back to their home institutions. By understanding the range of legislative advocacy skills and considering how to acquire and implement these skills, workshop attendees will move toward the larger goal of increasing psychiatry's impact on legislation in order to reduce inequities in mental health burden and treatment.

**Upon completion of this session, participants will be able to:**
1. Recognize value, and relative ease, of participating in legislative advocacy for the purpose of addressing mental health disparities;
2. Develop and practice communication skills for legislative advocacy; and
3. Determine and commit to next steps on bringing legislative advocacy training to home institutions.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Career Development, Curriculum Development, Competencies

# Wednesday, September 8, 2021

## 11:30 AM - 12:45 PM
## Workshop Sessions

**Workshop Session:** 8861
**Title:** CHIPP: A Framework for Engaging in Educational Scholarship
**Presenters:**
Ali A. Asghar-Ali, MD, Baylor College of Medicine, Houston, TX
Richa Lavingia, MD, MPH*, UPMC Western Psychiatric Hospital, Pittsburgh, PA
Vineeth John, MD, MBA, UTHealth McGovern Medical School, Houston, TX

**Abstract Description:**
Ernest Boyer coined the term "scholarship of teaching" to describe the systematic study of teaching to optimize learning. The Association of American Medical Colleges (AAMC) Group on Education Affairs (GEA) identified five areas of educational work: teaching, curriculum development, advising and mentoring, education leadership and administration, and learner assessment. Educational scholarship involves the dissemination of ideas and products generated through activities in these domains. Academic institutions increasingly recognize the value of this form of scholarship, with many medical schools offering clinician educator tracks and encouraging the use of educator portfolios in academic promotion. Yet, no simple and cohesive framework currently exists to guide faculty members to embark on a career rich in educational scholarship. This workshop will introduce participants to the process of conducting educational scholarship through the lens of CHIPP, a novel framework to guide one's educational activities. The five components of CHIPP are collaboration, humility, innovation, patience, and persistence. Through interactive activities and discussion, this workshop hopes to highlight the relevance and value of CHIPP in aiding one's career progress and enhancing professional satisfaction. Furthermore, the workshop will demonstrate how to use the elements of CHIPP when developing educational activities and producing scholarly work. CHIPP offers a comprehensive approach for faculty and learners who may be developing educational portfolios and for their mentors as a framework for the mentoring relationship. Participants will also discuss ways in which the CHIPP framework could help with overcoming barriers/challenges in developing educational scholarship at their local institutions.

**Upon completion of this session, participants will be able to:**
1. Define educational scholarship;
2. Discuss factors that lead to educational scholarship success using the CHIPP framework; and
3. Incorporate CHIPP in the planning of future educational efforts.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Career Development

**Workshop Session:** 9045
**Title:** Brain-ival! Using interactive Games to Teach Neuroscience
**Presenters:**
Adriane delaCruz, MD, PhD, University of Texas-Southwestern, Dallas, TX
David Ross, MD, PhD, Yale University, New Haven, CT
Ashley Walker, MD, University of Oklahoma-Tulsa, Tulsa, OK
Michael Travis, MD, University of Pittsburgh/UPMC, Pittsburgh, PA
Melissa Arbuckle, MD, PhD, Columbia University Medical Center, New York, NY
Maja Skikic, MD, Vanderbilt University, Nashville,TN (Author Only)
Lindsey S. Pershern, MD, University of Texas-Southwestern, Dallas, TX (Author Only)
Joseph Cooper, MD, University of Illinois-Chicago, Chicago, IL (Author Only)
Elise Scott, MD*, Vanderbilt University, Nashville, TN (Author Only)

**Abstract Description:**
The modern neuroscience revolution is redefining the essence of how we conceptualize psychiatric illness. Yet despite its expanding role and importance, neuroscience education continues to lag. In many settings, psychiatric neuroscience is not taught at all. When it is taught, instruction is often lecture-based, despite an extensive literature suggesting that such approaches may not be the most effective. For our field to advance, it is critical that we find ways to present core material in a way that is engaging, accessible, and relevant to patient care. The National Neuroscience Curriculum Initiative (NNCI) is a collaborative effort to bring neuroscience to life through experiential learning exercises. In this session, we will introduce participants to an educational format course we call "Brain-ival." In these sessions, learners work in teams to complete educational games in a friendly, competitive environment. Each task is designed to engage students using principles of adult learning, including retrieval-based practice and the application of knowledge to novel situations; points are awarded not only for knowledge acquisition, but also for peer teaching and teamwork. The overall experience creates a joyful synergy between learning important content and having fun. This workshop will provide participants the opportunity to experience with the Brain-ival format as a learner and the chance to reflect on how they might create and apply similar activities to complement other teaching approaches.

**Upon completion of this session, participants will be able to:**
1. Review principles of adult learning that can be used to guide the creation of an active learning curriculum;
2. Gain experience using a game-based learning activity; and
3. Develop and implement an active learning curriculum for teaching a neuroscience topic of their choice.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Curriculum Development, Competencies

**Workshop Session:** 6488
**Title:** Creating Moments that Matter in Medical Education
**Presenters:**
Phillip B. Cawkwell, MD, Bay Area Clinical Associates, San Jose, CA
Dave Frederick, MD, MGH/McLean, Boston, MA
Joe Stoklosa, MD, MGH/McLean, Boston, MA

**Abstract Description:**
When you look back at past AAP meetings you have attended, what are the moments you remember? With the vast amount of information today's medical students and residents are given, what truly takes hold? Do you ever wonder if the lessons you are trying to teach your learners stick with them? All moments are not created equal – some take hold for a lifetime while others fade fast. We know that certain types of events are natural and defining – transitions (e.g. a first rotation of residency), milestones (e.g. annual training director reviews), and hardships (e.g. racial microaggressions). Other moments can be deliberately engineered by building in specific features, like "breaking the script," recognizing others, and building connection. Understanding how to build these moments gives medical educators the opportunity to amplify their impact on learners from all walks of life. In this workshop, we will discuss evidence from psychology and the social sciences that explores critical elements of creating defining moments and learn how to apply these techniques to medical education. After a mini didactic to teach the essential building blocks, the workshop will focus on two interactive exercises that will empower participants to first examine the times that have mattered most in their own lives and then challenge them to build their own moments that matter. A major theme of this session will be understanding the diverse backgrounds of our learners and the ways in which we can maximize inclusion. Participants will leave ready to create defining moments that are memorable and meaningful for their learners.

**Upon completion of this session, participants will be able to:**
1. Describe the four elements that create defining moments;
2. Practice creating a defining moment for their learners; and

3. Reflect on opportunities for, and the value of, creating defining moments as educators.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 6595
**Title:** Don't Fail to Fail: Strategies for Clear Communication with the Learner in Difficulty
**Presenters:**
Carmen Wiebe, MD, FRCPC, University of Toronto, Toronto, ON
John Teshima, MD, FRCPC, University of Toronto, Toronto, ON

**Abstract Description:**
Clinical teachers are often daunted by the realization that a learner is in difficulty. Reluctance to offend the learner, frustration with the learner for not meeting responsibilities, and fear of having to justify one's actions can make it challenging to address concerns in a timely, supportive and productive way. There is a need to train faculty to be able to articulate the behaviours that make a resident appear "lazy", and how to communicate "bad news" (Dudek, 2005). This workshop will introduce three communication techniques to help teachers talk to learners about performance issues, clarify the underlying problem, and begin to negotiate a remediation plan. There is currently no evidence to support any particular set of communication techniques with learners in difficulty. This workshop will introduce three strategies borrowed from Dialectical Behaviour Therapy, a manualised, evidence-based psychotherapy which operationalizes its communication techniques in a concrete, specific way. Removing the strategies from a psychotherapy context allows teachers to improve the clarity and directness of their communication without crossing a line into "doing therapy". Facilitators will open the workshop with a role-play demonstrating poor communication. A framework for responding to learners in difficulty will be presented. Communication strategies will be described and then illustrated or practiced via: 1) a video with opportunity to reflect; 2) sample conversations inviting input from the group; 3) whole-group brainstorming, and 4) a paper-sorting exercise in pairs. Facilitators will reprise the opening role-play, this time demonstrating the strategies taught, and invite the group to discuss.

**Upon completion of this session, participants will be able to:**
1. Describe a framework for working with a learner in difficulty;
2. Implement effective communication strategies with a learner in difficulty; and
3. Be more willing to engage with the learner in difficulty.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 7570
**Title:** The Consult Question is Justice: Reducing Inequity Through Social Justice Education in C-L Psychiatry
**Presenters:**
Abhisek C. Khandai, MD, University of Illinois at Chicago, Chicago, IL
Diana Robinson, MD, University of Texas-Southwestern, Dallas, TX
Mira Zein, MD, Stanford University, Stanford, CA
Kayla Behbahani, DO, Brigham and Women's Hospital, Brookline, MA
Laura Pientka, MD, University of Minnesota, Minneapolis, MN (Author Only)
Adrienne Taylor, MD, Brigham and Women's Hospital, Brookline, MA (Author Only)

**Abstract Description:**
Psychiatrists increasingly recognize how structural factors can negatively impact individuals' psychiatric outcomes (1). Accordingly, recent efforts have been made to incorporate social justice principles into medical school and residency education (1,2). However, social justice education has not been highlighted in consultation-liaison (C-L) psychiatry. Indeed, we believe that C-L psychiatry is the setting best suited to apply social justice principles to trainees in the clinical setting, given its embedded role within the general medical system. This workshop will challenge attendees (with particular focus on medical students, residents, and fellows) to reframe C-L psychiatry from a social justice perspective. After an overview of important terms in social justice, such as structural

competency and intersectionality, we will discuss how these can be applied to psychiatric care of medically complex individuals. We will critique common C-L psychiatry interactions from a social perspective, finding opportunities for teachable moments for trainees. In small groups, we will dive deeper and discuss the specific relevance of social justice to care of specific medically complex populations. Finally, we will discuss ideas for informal and formal curicula for enhancing social justice competency in the C-L setting, from ad hoc discussions following patient interactions to formal didactics and quality improvement projects. We aim to re-envision C-L psychiatry, through a social justice lens, as a transformative tool for reducing inequity. References: (1) Metzl JM and Hansen H. JAMA Psych 2018 Feb;75(2): 115-116. (2) Mathis et al. Acad Psych 2019 June;43:635-638.

**Upon completion of this session, participants will be able to:**
1. Apply principles of social justice and structural competency to consultation-liaison (C-L) psychiatry;
2. Critique common C-L psychiatry interactions from a social justice perspective; and
3. Develop informal and formal curricula for teaching social justice in the C-L psychiatry setting.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Competencies


**Workshop Session:** 8563
**Title:** Stereotype Threat in the Clinical Learning Environment: Causes, Effects, and Remedies
**Presenters:**
Erick K. Hung, MD, University of California - San Francisco, San Francisco, CA
Caitlin Costello, MD, University of California - San Francisco, San Francisco, CA
Tammy Duong, MD, University of California - San Francisco, San Francisco, CA
Peter Ureste, MD, University of California - San Francisco, San Francisco, CA


**Abstract Description:**
Workplace diversity is an essential value in academic health centers. Fostering more inclusive clinical learning environments has received national attention in its importance to medical education and in addressing issues on health disparities and optimizing the clinical learning environment. Unconscious biases and stereotypes (with respect to gender, race, ethnicity, sexual orientation, etc.) exist in the clinical learning environment and can negatively impact learners, faculty, staff, and patients. Specifically, stereotype threat, the situational predicament in which people are or feel themselves to be at risk of confirming a negative stereotype about their social group, can have substantial negative consequences. The effects of stereotype threat can lead to reduced performance and communication, decreased sense of belonging, detrimental behaviors in the workplace such as diminished effort of team members, reduced value and interest in a domain, discounting of feedback, decreased workforce diversity, and perpetuation of stereotypes. Acknowledging the stereotype threats in the clinical learning environment and developing strategies to mitigate their effect is critical to create more inclusive learning climates and to optimize individual and team performance. In this workshop, participants will be able to appreciate the consequences of stereotype threat in the clinical learning environment and identify strategies to mitigate the negative effects of stereotype threat at the individual and system level. Additionally, participants will practice a specific model of giving feedback, performance-based feedback, that has been shown in the literature to be effective in optimizing performance in situations where stereotype threat has been activated.

**Upon completion of this session, participants will be able to:**
1. Define the concept of stereotype threat and appreciate its impact in the clinical learning environment;
2. Discuss strategies to mitigate the negative effects of stereotype threat; and
3. Apply a specific model of giving feedback (e.g. performance-based feedback) which has been shown to mitigate the negative impacts of stereotype threat on individuals.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Leadership/Administrative Development, Career Development

## Wednesday, September 8, 2021
12:45 PM – 1:45 PM        LUNCH BREAK
### Mentor/Mentee Career Development Lunch (Non-CME)
Designed for all career levels: early- and mid-career faculty members and trainees. These consultations are intended to foster future collaboration, scholarly and career mentoring. Mentors will be available to discuss a variety of topics, including academic careers for clinician educators, educational research, manuscript preparation, job searches, CV building and grant funding.

## Wednesday, September 8, 2021
1:45 PM - 3:00 PM
Workshop Sessions

**Workshop Session:** 8996
**Title:** Hashtag Activism: Using Social Media to Combat Inequity
**Presenters:**
Jeana Benton, MD, University of Nebraska Medical Center, Omaha, NE
Marley Doyle, MD, University of Nebraska Medical Center, Omaha, NE
Daniel Gih, MD, University of Nebraska Medical Center, Omaha, NE
Kaz Nelson, MD, University of Minnesota, Minneapolis, MN
Sheritta Strong, University of Nebraska Medical Center, Omaha, NE
Howard Liu, MD, MBA, University of Nebraska Medical Center, Omaha, NE (Author Only)
Art Walaszek, MD, University of Wisconsin School of Medicine and Public Health, Madison, WI (Author Only)

**Abstract Description:**
Inequity and disparities in educational and health care systems negatively impact patients and providers. Despite efforts to reduce these discrepancies, many groups remain disadvantaged as a result of race, ethnicity, gender, sexual orientation, or stigma impacting care. As physician-educators, we are in a unique position to advocate for change. We propose that the intentional use of social media can be a powerful means of reaching diverse populations, educating patients, and developing professional networks aimed at bridging this divide. The percentage of social media users in America has increased with each successive generation (Smith et al. 2018). Twitter averages over 330 million monthly active users from diverse cultures, backgrounds and socioeconomic classes. The presence of social media use by academic health centers, physicians, journals, and provider organizations also continues to rise (Liu et al. 2019, Logghe et al. 2018, Widmer, 2016, Peters 2015). The widespread presence of social media provides a powerful and direct means to convey opinions, provide evidence-based education, and direct the public to useful resources (Liu et al. 2019). Advocacy through the use of social media allows timely and pertinent dissemination of information. The amplification of these messages via social media connections reinforces their impact and invites discussion of issues contributing to ongoing disparities, bias, and inequity. This workshop will provide a primer on the use of Twitter for advocacy for new and established medical educators. It is targeted toward individuals currently using social media that want to enhance their Twitter presence and impact.

**Upon completion of this session, participants will be able to:**
1. Identify three (3) core advocacy issues and generate three (3) key organizations to amplify the message;
2. Develop an advocacy strategy related to one of their core advocacy issues; and

3. Create an advocacy tweet using social media best practices.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Technology, Leadership/Administrative Development

**Workshop Session:** 9013

**Title:** Passport Style Rotation: Developing Knowledge and Professional Development in Residents
**Presenters:**
Ramanpreet Toor, MD, University of Washington, Seattle, WA
Jennifer Erickson, DO, University of Washington, Seattle, WA
Jessica Whitfield, MD, MPH, University of Washington, Seattle, WA
Analise Peleggi, MD*, University of Washington, Seattle, WA

**Abstract Description:**
Traditional resident education is based on fixed-structure and clinical experiences. This traditional educational method has strengths but offers limited opportunities to develop learner autonomy or incorporate residents' individual interests directly into their clinical training. Additionally, the time-management skills that graduating psychiatrists require to thrive in independent settings are rarely addressed by traditional rotation structures. The number of residency hours is constant, and adding new fixed rotations is challenging and impractical. The passport style rotation is an alternative to traditional style rotations that can address these limitations. In a passport style rotation, residents work within a framework that includes specific requirements and general timetables for completion. The residents are provided with a list of educational activities including key literature to be reviewed, meetings with supervisors, and clinical rotation options. They are responsible for building their schedule to complete all requirements. This style of rotation provides flexibility for individuals with different learning styles and life experiences. It invites residents to identify their interests or weaknesses and be active participants in the customization of their learning. In addition to conferring content, passport style rotations also encourage professional development skills and a systems-based perspective. In this workshop, we will describe in detail a passport style elective rotation we built and include first-hand resident perspectives about the experience as it has developed over time. Participants will discuss the advantages and limitations of different rotation styles, be invited to draft their own flexible rotation, and workshop their learning experience with others.

**Upon completion of this session, participants will be able to:**
1. List key differences between traditional fixed structure rotation and passport style rotation;
2. List the benefits of passport style rotation; and
3. Develop a plan on how to use this style to build a rotation.

**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 7866

**Title:** Cross Connections: Reducing Inequality Through Lateral Networking
**Presenters:**
Helena Winston, MD, MPhil, MSc, University of Colorado, Aurora, CO
Sarah E. Baker, MD, MA, UT Southwestern Medical Center, Dallas, TX
Bruce Fage, BScH, MD, Centre for Addiction and Mental Health, Toronto, ON
Christopher Flinton, MD, Walter Reed National Military Medical Center, Bethesda, MD
Matthew L. Edwards, MD*, Emory University School of Medicine, Atlanta, GA (Author Only)

**Abstract Description:**
The discipline of medicine is notoriously organized along a vertical hierarchy with attendings usually positioned at the vertex. Networking in such a system can feel uncomfortable and fraught with power dynamics. A rarely discussed option is lateral networking, or the process of finding other people at one's own level with whom to collaborate in order to advance oneself and the field of psychiatry outward and upward. Lateral networking is a business concept that is largely invoked in leadership studies to caution leaders about the competition that can occur between those at the same organizational level, and thus impair output. An alternative and little discussed aspect of lateral networking is its potential to enable connections and productivity among those at similar power levels with less concern about impressing those at upper levels. This workshop will introduce this concept and facilitate these connections with the goal of creating lateral connections among trainees or early career psychiatrists with similar interests. Those with similar interests will brainstorm specific topics/project ideas and potential mediums (poster, workshop, research, commentary paper, review, etc.) and venues to present work (journal, conference, grand rounds at a local institution, newspaper, etc.). They will then create a plan for follow-through on projects once the conference ends and with the help of the presenters. The workshop leaders will also talk about their own collaborations with others at their own level and how this has helped them to feel more comfortable in academia, be productive in the field of psychiatry, and have fun!

**Upon completion of this session, participants will be able to:**
1. Describe the concept of lateral networking, along with its benefits and potential problems;
2. Identify various ways to connect with others through social media, conferences, and at their home institutions, as well as describe ways in which they may utilize these connections to contribute to collective knowledge through shared interests; and
3. Develop project ideas with other participants, including specific plans of action for next steps.
**Intended Audience:** Medical Students, Residents, and/or Fellows
**Thematic Focus:** Teaching/Education

**Workshop Session:** 2019

**Title:** Stacking the Deck: Using Intentional Serendipity in Academic Career Development
**Presenters:**
Sean Blitzstein, MD, University of Illinois at Chicago, Chicago, IL
Josepha Cheong, MD, University of Florida, Gainesvillle, FL
Marcy Verduin, MD, University of Central Florida, Orlando, FL

**Abstract Description:**
"What do I want to be when I grow up?" is a commonly asked question, not just from children but from medical students, residents, and attending psychiatrists alike. Should I specialize? If so, where? Child or Forensic Psychiatry? Inpatient or Community-based? Academia or Private Practice? The assumption is often that our (single) future career path is laid out before us, and we just have to find it. What if there are multiple paths, and we accidentally stumble upon one that works? Intentional serendipity posits that chance plays an important role in all of our careers; unplanned events are not only inevitable, but desirable. There are many paths that can provide fulfillment and success, so, as advisors, mentors, and teachers, how can we help our selves, trainees, and faculty to anticipate and recognize chance events, and then transform these events into opportunities for career development or even a career change? We owe it to our mentees, learners, and faculty to be adequately prepared for these unexpected but potential growth opportunities.

**Upon completion of this session, participants will be able to:**
1. Define intentional serendipity and identify at least one example of intentional serendipity in their own life or career;
2. Outline examples of finding multiple paths to career fulfillment, and
3. Identify at least one technique they will employ to make the most of potential career opportunities for themselves and/or others.

**Intended Audience:** Medical Students, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching, Leadership, Career

**Workshop Session:** 8793
**Title:** Bridging the Divide: Addressing Issues of Culture and Identity within Supervision
**Presenters:**
Sallie DeGolia, MD, MPH, Stanford University, Stanford, CA
Belinda Bandstra, MD, MA, Stanford University, Stanford, CA

**Abstract Description:**
The supervision of residents and medical students is an expectation of psychiatrists who work in an academic clinical setting. Learning supervision, however, is rarely a major focus of psychiatry training programs or of faculty development. As the cultural diversity of trainees outpaces the diversity of faculty (AAMC), attending to issues of culture and identity within the supervisory dyad is of critical importance – whether in clinical or nonclinical supervision. Research has suggested that willingness to consider multicultural differences and their potential impact have been increasingly recognized as critical to good supervision practice (Watkins 2019). Neglecting to talk about race and culture in supervision negatively impacts supervisees of color in psychodynamic psychotherapy settings (Tummala-Narra 2004). Yet, how this happens requires mutual trust, self-reflection and certain skills (Schen & Greenlee 2018). A strong supervisory alliance is necessary to enable a productive discussion around insensitivities, misunderstandings, micro-aggressions, and rupturing events surrounding multicultural variables that may occur within supervision (e.g., Inman et al. 2014; Soheilian, Inman, Klinger, Isenberg and Kulp 2014). Supervisors are in an important position to guide multicultural discussions and research shows that supervisees desire such discussions in supervision (cf. Soheilian, Inman, Klinger, Isenberg and Kulp 2014, Tohidian and Quek 2017). This workshop will explore challenges with attending to such issues and ways to advance productive discussions of multicultural issues within the supervisory dyad. Didactic and experiential examples will be provided.

**Upon completion of this session, participants will be able to:**
1. Identify challenges in addressing issues of culture and identity within supervision;
2. Demonstrate approaches to discussing issues of culture and identity within supervision; and
3. Outline strategies for advancing faculty development around addressing issues of culture and identity within supervision.
**Intended Audience:** Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Career Development, Competencies

**Workshop Session:** Educators' Showcase
Educators' Showcase #1
**Title:** Psychiatry Residents as Interdisciplinary Teachers: The PIES Model
**Presenters:**
Molly Howland, MD*, University of Washington, Seattle, WA
Tom Soeprono, MD, University of Washington, Seattle, WA
Analise Peleggi, MD*, University of Washington, Seattle, WA
Marcella Pascualy, MD, University of Washington, Seattle, WA (Author Only)
James Lee, MD*, University of Washington, Seattle, WA (Author Only)

**Abstract Description:**
Learning to educate other healthcare providers is invaluable for psychiatry residents. Interdisciplinary teaching is common in psychiatric practice and necessitates that residents appreciate the needs and strengths of their colleagues. This process promotes a robust teaching skill set. However, few residency teaching curricula have involved interdisciplinary teaching, and none have evaluated the outcomes of interdisciplinary teaching programs. We propose a novel model of developing residents into teachers called the Psychiatry Interdisciplinary Education Service, or PIES, model. PIES is resident developed and organized and includes residents of all years who are

interested in improving their teaching. Resident teachers develop an interactive "chalk talk" about a common psychiatric issue encountered in medical settings (e.g., functional disorders). They deliver this talk in several iterations to internal medicine, family medicine, pediatrics, and obstetrics-gynecology trainees at preexisting noon conferences or didactics. Surveys of talk audiences assist resident teachers in improving their talks. Each resident teacher chooses a longitudinal faculty mentor, who provides teaching guidance between talks. Before each talk iteration, the resident teacher delivers a practice talk to our community of resident teachers and faculty mentors to receive constructive criticism based on the tenets of adult learning theory (e.g., andragogy). Follow-up surveys of resident teachers and faculty mentors have indicated that resident teachers have grown in their teaching knowledge, skills, and confidence. The PIES model is a replicable educational model that nurtures residents into effective teachers, curriculum developers, and lifelong learners. This Showcase will inspire participants to implement the PIES model at their own institution.

**Upon completion of this session, participants will be able to:**
1. Duplicate the steps of the PIES model;
2. Utilize the PIES mentorship process to mold residents into effective educators; and
3. Formulate plans to implement the PIES model at their institution.

Educators' Showcase #2
**Title:** Promotions Primer: What We Learned After Five Years
**Presenters:**
Certina Ho, BscPhm, MIS, University of Toronto, Toronto, ON
John Teshima, MD, FRCPC, University of Toronto, Toronto, ON
Yifan Zhou, BSc, PharmD Candidate, University of Toronto, Toronto, ON (Author Only)
Sanjeev Socklingam, MD, MHPE, FRCPC, University of Toronto, Toronto, ON (Author Only)

**Abstract Description:**
Although faculty promotion is a core component of the academic mission of departments, the promotion process can be challenging. To provide guidance and support to faculty, our Department of Psychiatry introduced the Promotions Primer (PP) in 2014. PP is offered annually as a half-day faculty development workshop, during which experienced faculty members provide general information, share tips and strategies, and past examples of faculty promotion dossiers. Our project is the first to conduct a five-year review of PP since its inception. We retrieved the number of promotion applicants and successful promotions between 2011 and 2019. We compared the number and percentage change of promotion applications and successful promotions, respectively, between 2011-2014 and 2016-2019 (i.e. four years pre- and four years post-PP), and excluded promotions data from the transition year of 2015. We also matched corresponding attendance data of PP in 2016-2019 with promotion applications and successful promotion data. We identified an overall increase of 2% in promotion applications, and an overall 4% increase in successful promotions from 2011-2014 (pre-PP) to 2016-2019 (post-PP). However, in 2016-2019, only 31% of promotion applicants had attended the PP and majority (i.e. 70%) of successful promotions were not PP attendees either. Going forward, we will consider other aspects of program evaluation for our Promotions Primer workshop.

**Upon completion of this session, participants will be able to:**
1. Recognize the curricular components of a half-day faculty development Promotions Primer workshop that is aimed at providing guidance and support to prospective psychiatry faculty members through the promotion application process;
2. Relate lessons learned from the Promotions Primer workshop based on an eight-year review of promotion application and successful promotion data; and
3. Appraise our approach to program evaluation of a Promotions Primer workshop.

Educators' Showcase #3

**Title:** Development of the Pandemic Acceptance and Commitment to Empowerment Response (PACER) Program: A blended model to promote resilience during the COVID-19 pandemic

**Presenters:**
Kenneth Fung, MD, University of Toronto, Toronto, ON
Mateusz Zurowski, MD, University of Toronto, Toronto, ON (Author Only)
Alan Li, MD, Regent Park Community Health Centre, Toronto, ON (Author Only)
Jenny Jig Wen Liu, PhD, Toronto Western Hospital, Toronto, ON (Author Only)
Josephine Wong, PhD, Ryerson University, Toronto, ON (Author Only)

**Abstract Description:**
With a global pandemic, it is essential to develop an efficient way to support the mental health and resilience of subgroups most highly impacted by the pandemic. Paralleling these needs are concerns of safety and accessibility in the development and implementation of supportive programming. Based on Acceptance and Commitment Therapy (ACT) and principles of Social Justice and Equity, we developed an intervention model, Acceptance and Commitment to Empowerment (ACE), to enhance psychological resilience and collective empowerment. In view of social distancing precautions, our intervention is delivered online, consisting of 6 interactive self-guided modules complemented by 6 weekly video-conference group sessions. To date, 97 participants have successfully enrolled and completed the 6-week program. Preliminary feedback suggests the program was well-received and easily accessed by participants. In particular, the interactive activities reflected experiential learning objectives of the PACER program, while reflective writing exercises provided participants with an opportunity to process their experiences and relate it to the ACE model. Additional feedback also highlights some challenges for implementing an online learning program during the pandemic, including concerns of privacy when colleagues and co-workers may be simultaneously enrolled into the same program, as well as challenges of overcoming online learning and digital technologies. Overall, preliminary findings from the PACER program suggest that a hybrid self-directed and group online intervention based on the ACE model is a feasible and effective way delivering important mental health support and increasing resilience and empowerment during the pandemic.

**Upon completion of this session, participants will be able to:**
1. Understand needs for digital and online delivery of group mental health support programs;
2. Identify barriers to implementation of a successful online group intervention program; and
3. Generate strategies to reduce barriers of access to promote online learning and engagement.

# Wednesday, September 8, 2021
3:15 PM – 4:00 PM
AAP Psychiatric Education Award Lecture: At the Interface of Science and Society: Integrating Neuroscience into Modern Psychiatry

**Presenter:** David A. Ross, MD, PhD
Yale School of Medicine, New Haven, CT

**Abstract Description:** Psychiatry is in the midst of a paradigm shift. While the diseases we treat are increasingly understood in terms of the complex interactions between genetic and environmental factors and the development and regulation of neural circuitry, most psychiatrists have relatively minimal knowledge of neuroscience. This may be due to many factors, including the difficulty of keeping pace with a rapidly advancing field and a relative dearth of accessible educational resources. Nonetheless, it is crucial that practicing clinicians learn to embrace a modern neuroscience perspective. New research is already translating into a range of immediate clinical applications: from improved diagnostic tests (e.g. via chromosomal microarray testing for Autism Spectrum Disorders) to novel pharmacological agents (e.g. brexanolone for post-partum depression) and interventional tools (e.g. deep brain

stimulation for obsessive-compulsive disorder). At a more basic level, a contemporary neuroscience perspective offers the opportunity to create a new dialogue with our patients, their families, and other providers, about the cause and meaning of psychiatric symptoms. They ground psychiatric disorders and associated maladaptive behaviors in the context of a brain disease and away from issues of character and moral fiber that often drive the shame, blame, and stigma many patients face. In this session we will review how psychiatry arrived at this unique moment in history and the challenges and opportunities facing our field. We will then describe a range of educational resources that are designed to make cutting-edge neuroscience accessible for students, clinicians, other mental health providers, and a lay audience.

**Upon completion of this session, participants will be able to:**
1. Appreciate the relevance of cutting-edge neuroscience to the future of psychiatry;
2. Appreciate historical limitations to effectively incorporating neuroscience into both clinical practice and medical education; and
3. Be able to describe different approaches for integrating neuroscience into classroom teaching, online platforms, and clinical settings.

## Wednesday, September 8, 2021
4:00 PM – 5:00 PM
### Trainee Meet & Greet Social (Non-CME)
All Trainees welcome!

### AAP Book Club (Non-CME)
Join your colleagues for the AAP Book Club discussion on the award-winning graphic novel *Stitches* by David Small. Discussion will be led by AAP members David Elkin, MD and Lillian Joy Houston, MD.

In this award-winning graphic memoir, best-selling children's book illustrator David Small figuratively reopens childhood wounds, detailing the tragic experience of going in for "routine" surgery as a child only to awaken nearly mute, missing a vocal cord as a result of surgery for cancer. Small details his dysfunctional family environment and childhood trauma openly and unflinchingly, creating a powerful narrative about childhood adverse events, family dynamics, and one individual's path to resilience.

## Wednesday, September 8, 2021
5:00 PM – 7:00 PM
### Welcome Reception & 50th +1 AAP Celebration (Non-CME)

## Thursday, September 9, 2021

10:00 AM - 11:15 AM
AAP Business Meeting/Award Presentations (Non-CME)

## Thursday, September 9, 2021
11:30 AM - 12:45 PM
**Keynote Address:** Bridging Troubled Waters: Challenges and Opportunities in Teaching Social Justice in Psychiatry

**Presenter:** Ruth Shim, MD, MPH (she/her)
Luke & Grace Kim Professor in Cultural Psychiatry, Department of Psychiatry & Behavioral Sciences, Associate Dean of Diverse and Inclusive Education, University of California, Davis School of Medicine, Sacramento, CA

**Abstract Description:**
The relationship between social justice and mental health is multi-faceted, complex, and has significant implications – not only for individual patients, but also for society. To understand social justice as it relates to mental health, one must consider the framework of the social determinants of mental health – the conditions into which we are born, grow, live, work, and age – as they are most responsible for the health and mental health inequities that exist in society. Certain segments of our population (especially people with serious mental illnesses) disproportionately experience striking inequities and disparities in health outcomes. Furthermore, people who have serious mental illness have an increased vulnerability to the deep-rooted inequities in major systems such as criminal justice, child welfare, and healthcare. Unfortunately, the concepts of social justice and structural racism have not been consistently or effectively taught in academic psychiatry. Often, challenges arise when students and trainees possess greater expertise on these topics than faculty who are tasked with teaching them. This session will provide a primer on concepts of social justice and equity in the context of psychiatry and aims to begin cultivating communities in which academic psychiatry is effectively able to rise to the challenge of teaching and promoting mental health equity.

**Upon completion of this session, participants will be able to:**
1. Understand how social injustice and structural racism impact academic psychiatry;
2. Consider how structural and institutional forces create barriers to diversity, equity, and inclusion in academic psychiatry; and
3. Develop solutions for addressing social injustice and achieving mental health equity in academic psychiatry.

## Thursday, September 9, 2021
12:45 PM - 1:45 PM LUNCH BREAK
CV Boot Camp Career Development Lunch (Non-CME)
Small group discussion with curriculum vitae review by senior level psychiatrists during the lunch break. *CV Boot Camp attendees should have their CV available online for review as well as a printed copy in front of them. Please have specific questions prepared for mentors.* Sample CVs will also be provided to pre-registrants in advance of the session.

## Thursday, September 9, 2021

## 1:45 PM - 3:00 PM
## Workshop Sessions

**Workshop Session:** 6594
**Title:** See Something, Say Something: A Bystander Intervention Lesson to Empower Trainees
**Presenters:**
James Koved, MD, Oregon Health and Science University, Portland, OR
Lindsay Lebin, MD*, Univeristy of Colorado, Denver, CO (Author Only)
Caitlin Rippey, MD, PhD, Oregon Health and Science University, Portland, OR (Author Only)

**Abstract Description:**
Witnessing injustice and feeling unsure how to respond is a common experience for physicians in training. Medical students and residents face steep and unfamiliar power differentials in their interactions with patients, staff, and supervisors. This dynamic, combined with the presence of abuse, burnout, and moral distress, makes it particularly challenging to speak up when witnessing discrimination. As part of a larger cultural competency curriculum, we built an interactive lecture designed to empower residents to intervene in these moments. Our approach draws on bystander intervention literature. Long-standing research has shown that teaching intervention skills can reduce interpersonal violence and victimization (1, 2) While commonly used to address violence outside the hospital, we suggest that the same tools can be used in learning environments to combat inequity ranging from racism and misogyny to bias against individuals with mental illness. In our lecture, participants learn to assess situations, decide whether and how to act, and effectively verbalize responses. The lesson also reviews extending this brief intervention into ongoing conversations when appropriate. We have found success teaching this material to junior psychiatry residents, who report improved confidence speaking up when they encounter instances of bias. In this workshop we will outline the core components of bystander intervention training and describe how to teach these skills in didactic formats. We cover practical considerations from our implementation including timing, teaching methodologies, and revisions. Workshop participants will have opportunities to engage with the material itself through sample exercises and then practice addressing common concerns raised by trainees.

**Upon completion of this session, participants will be able to:**
1. Describe core tenets of bystander intervention;
2. Understand how these principles can empower trainees to challenge discrimination and promote equity; and
3. Incorporate bystander intervention training into small and large group teaching formats and anticipate potential concerns from trainees.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Curriculum Development, Competencies (including cultural competency and lifelong learning)

**Workshop Session:** 7773
**Title:** Grease Your Squeaky Wheels: Turning Disgruntled Trainees into Productive Partners, Setting Them on a Path Towards Academic Psychiatry
**Presenters:**
Jenna Trianna, MD, University of Minnesota, Minneapolis, MN
Stephanie Wick, DO, MBA, MS*, University of Minnesota, Minneapolis, MN
Robert Davies, MD, University of Colorado, Aurora, CO
Lora Wichser, MD, University of Minnesota, Minneapolis, MN

**Abstract Description:**
The aim of medical education is not only to produce master clinicians, but also to produce physician leaders who are engaged in medical education, health care systems, and advocacy. The norm in medical training remains to maximize clinical time leaving leadership endeavors as opportunities for those who are willing to go above and beyond. Unfortunately, this can contribute to disgruntled trainees and burnout. Both the AAMC and ACGME recognize the importance of increased trainee engagement. In undergraduate medical education, this is captured

in EPA13 and many of the general physician competencies including KP6, PBLI4/8/, P4, and PPD6 (1,2). In graduate medical education this is captured by milestone PROF2 (3,4). Every program has weaknesses and trainees who proclaim them. In best case scenarios, trainees engage with leadership regarding their concerns, and work to make lasting improvements to the culture of psychiatry and academic medicine. Trainees who are supported may go on to pursue a career in education or academic psychiatry. An increased sense of control in their curriculum and work environment improves trainees' perceptions of their programs and may decrease levels of burnout (5, 6). In this workshop, residency, fellowship, and clerkship leaders will present examples of positive changes that were sparked by "squeaky wheel" trainees and the positive outcomes of these changes - including recruitment of trainees into academic psychiatry. Through discussion, we will explore ways in which leadership can support trainees to transform them from "squeaky wheels" into productive partners. References: (1) Core Entrustable Professional Activities for Entering Residency. Association of American Medical Colleges. 2014. (2) Englander R, Cameron T, Ballard AJ, Dodge J, Bull J, & Aschenbrener CA. (2013). Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians. Academic Medicine. 88(8), 1088-1094. (3) The Child and Adolescent Psychiatry Milestone Project. A Joint Initiative of the Accreditation Council for Graduate Medical Education and the American Board of Psychiatry and Neurology. July 2015. (4) The Psychiatry Milestone Project. A Joint Initiative of the Accreditation Council for Graduate Medical Education and the American Board of Psychiatry and Neurology. July 2015. (5) Maslach, C., Schaufeli W., & Leiter, M. (2001). Job Burnout. Annual Review of Psychology, 52(1), 397-422. (6) Min Yi Sum, Qian Hui Chew, & Kang Sim. (2012). Perceptions of the Learning Environment on the Relationship Between Stress and Burnout for Residents in an ACGME-I Accredited National Psychiatry Residency Program. Journal of Graduate Medical Education, 11(4), 85-90.

**Upon completion of this session, participants will be able to:**
1. Re-conceptualize trainee complaints as opportunities for program improvement and growth;
2. Identify barriers in leadership and larger educational systems to this change in perspective; and
3. Implement a structure for engaging trainees in curriculum creation and improvement on a systems level.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Leadership/Administrative Development

**Workshop Session:** 7815
**Title:** How to be in Two Places at Once: Successfully Co-Authoring at a Distance
**Presenters:**
Rachel L. Shmuts, DO, Rowan University School of Osteopathic Medicine, Stratford, NJ
Abby Kay, MD, Sidney Kimmel Medical College at Thomas Jefferson University Hospital, Philadelphia, PA

**Abstract Description:**
In academic medicine, many physicians have unique and important ideas for publications. For many reasons, including time restraints, clinical responsibilities, lack of motivation, and the need for work-life balance, these ideas often do not make it from our minds to paper. Another barrier to prolific publication may be the overwhelming task of writing an article solo or the difficulty accessing a co-author, either due to distance or scheduling conflicts. Promotion in psychiatry is often tied to publications, and so the need to be published is of vital importance for career development. Thus, collaboration with a colleague on a particular project is often necessary to translate novel thoughts and approaches into print (or screen). In this workshop we will describe a method by which authors who are not co-located can streamline the process of writing a paper through a set of guidelines that are easily implemented. Learners will then engage in a live test environment, by the end of which, a refined piece of writing will be created with another author. The presented framework not only shows learners that writing can be low-stress and efficient, but it also builds relationships and maintains friendships with colleagues between annual meetings. It is also highly accessible to a diverse set of learners. Participants must have a phone and a laptop or desktop computer (or tablet) to fully engage in this workshop.

**Upon completion of this session, participants will be able to:**
1. To describe the technology (hardware and software tools) required for co-authors to successfully write an article when not physically present in the same location;
2. Understand the skills needed to develop lists assigned tasks for each participating writer and to optimize time management for both online and offline assignments; and
3. Collaborate with another author to write a refined sample abstract for hypothetical submission to a respectable publication.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Career Development


**Workshop Session:** 8256
**Title:** Inspiring Trainees Towards Advocacy: Lessons from the Medical Humanities
**Presenters:**
Sarah E. Baker, MD, MA, University of Texas-Southwestern, Dallas, TX
David Elkin, MD, University of California - San Francisco, San Francisco, CA
Justin Faden, DO, Temple University, Philadelphia, PA
Anne Johnson, MD, University of Texas-Southwestern, Dallas, TX
Kat Jong, MD, Friday Harbor, WA
Helena Winston, MD, University of Colorado, Aurora, CO


**Abstract Description:**
Advocacy work has a deep tradition in medicine. Adaptations of the Hippocratic Oath mention the physician's obligations to society, and the AMA also cites the importance of "contributing to the improvement of the community" in its Principles of Medical Ethics. Psychiatry, in particular, with its focus on serving those who are often underprivileged, has close links to advocacy work. However, educators may find it to be a difficult concept to teach. The medical humanities provide rich examples, both throughout history and in fiction, to help facilitate these challenging discussions and inspire residents towards their own advocacy work. This interactive workshop will provide an opportunity for medical educators to consider ways in which history and the medical humanities may be used to educate and inspire trainees towards advocacy. First, presenters will ask the group to reflect upon the meaning and methods of advocacy. Then, presenters will lead participants through a brief, but interactive, history of advocacy within psychiatry. In small groups, we will then ask participants to think critically about past advocates, such as Dorothea Dix and Clifford Beers, utilizing examples taken from their written works. In small groups, we will then ask participants to discuss how we might advocate for patients (or help our patients to advocate for themselves), utilizing case vignettes from literature and movies. Afterwards, we will discuss the case vignettes together as a large group. Throughout this workshop, we hope to emphasize the importance of collaboration and shed light on some critiques of psychiatry throughout history.
1. Identify key psychiatric advocates throughout history and summarize their advocacy efforts, with a focus on their efforts to reduce mental health inequities;
2. Compare and contrast different methods of advocacy available to psychiatrists today; and
3. Describe how medical humanities may be utilized to inspire trainees towards advocacy work, with emphasis on how trainees may address mental health inequities.

**Upon completion of this session, participants will be able to:**
1. Identify key psychiatric advocates throughout history and summarize their advocacy efforts, with a focus on their efforts to reduce mental health inequities;
2. Compare and contrast different methods of advocacy available to psychiatrists today; and
3. Describe how medical humanities may be utilized to inspire trainees towards advocacy work, with emphasis on how trainees may address mental health inequities.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 8992
**Title:** Equitable, Valuable, & Readable – How to Write An 'Outstanding' Letter of Recommendation
**Presenters:**
Daniel E. Gih, MD, University of Nebraska Medical Center, Omaha, NE
Anne McBride, MD, University of California - Davis Medical Center, Sacramento, CA
Alan Koike, MD, MSHS, University of California - Davis Medical Center, Sacramento, CA
Paula Wadell, MD, University of California - Davis Medical Center, Sacramento, CA
Brianne M. Newman, MD, Saint Louis University School of Medicine, St. Louis, MO

**Abstract Description:**
Letters of recommendation (LOR) serve an essential role throughout the academic physician's career, from residency applications to faculty promotion. Many faculty writing these letters, particularly junior-level academicians, may have little information on what a letter should include or how they can best portray the individual's performance. Biased phrases may generate inequities in a high-stakes career moment. The letter writer's generational or gender status may influence the narrative used to describe the individual's characteristics. Moreover, the gender status of the individual may similarly trigger gender bias in reference writing. Thus, it becomes critical that letter writers acquire skills to communicate qualities of an individual accurately and without unintentionally undervaluing the individual. This 75-minute workshop utilizes hands-on learning with active learning techniques (Think-Pair-Share, Small group), and time to work on letters in a highly interactive session. Participants will be asked to bring in two de-identified LORs they have previously written. Participants will rate their own LORs. Then LORs will be evaluated within small groups to generate immediate feedback on the quality and perceptions by the reader for each LOR. Feedback will be focused on identifying possible gender bias in the participants' letters. Ultimately, the large group will come back together to compare and consolidate findings to identify overall significant letter features, applicant abilities, commonly used phrases, and potential biases.

**Upon completion of this session, participants will be able to:**
1. Examine the data demonstrating the weight given to letters of recommendation;
2. Generate approaches in writing letters with appropriate content and minimizing inequity; and
3. Assess elements of an effective letter of recommendation.
**Intended Audience:** Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Leadership/Administrative Development, Career Development

**Workshop Session:** 9071
**Title:** From Cultural Competency to Cultural Humility – A Cultural Framework for Lifelong Learning in Addressing Mental Health Inequities
**Presenters:**
Poh Choo How, MD, PhD, University of California-Davis, Sacramento, CA
Khalima Bolden, PhD, University of California-Davis, Sacramento, CA
Hammad Khan, MD*, University of California-Davis, Sacramento, CA

**Abstract Description:**
Cultural competence is an important concept that laid the groundwork for providing culturally appropriate services to diverse populations by emphasizing the acquisition of specific skills and knowledge about discrete minority groups. The next step towards mental health parity calls for a multidimensional, intersectional, and dynamic approach that considers how individuals and populations are situated within and contextually dependent on a host of factors that influence their mental health and present barriers to accessing care that underlie health inequities (e.g. environmental, sociopolitical, and economical factors). Cultural humility provides this framework by focusing on (1) a lifelong commitment to self-evaluation and self-critique, (2) redressing power imbalances in the patient-provider dynamic, and (3) developing mutually beneficial, non-paternalistic clinical and advocacy partnerships on behalf of individuals and populations. Cultural humility approaches have increasingly been applied to training in various fields of medicine, psychology, nursing, and social work. It is vital for the field of psychiatry to embrace and practice cultural humility in our efforts to address mental health inequities. This workshop will provide participants

with an introduction to the principles and practices of cultural humility in a safe and non-judgmental setting, utilizing a combination of didactic information as a backdrop for highly interactive exercises, facilitated dialogue in small and large groups and practical applications in the areas of clinical practice, education, administration, and leadership. Reference: Murray-Garcia, J., & Tervalon, M. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. J Health Care Poor Underserved, 9(2), 117-25.

**Upon completion of this session, participants will be able to:**
1. Develop an understanding of the principles of cultural humility and how they can be applied to address mental health inequities;
2. Develop the awareness and appreciation of how each person brings their own identity, power and privilege to relationships with patients and colleagues in the clinical, educational, academic, or leadership work they do; and
3. Identify at least one area of potential growth (personal, community, departmental, or institutional) where the practice of cultural humility can be applied to address a specific health disparity/inequity.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Competencies

# Thursday, September 9, 2021
3:15 PM - 4:30 PM
Workshop Sessions

**Workshop Session:** 6130
**Title:** Beyond Yelp Reviews: Understanding and Managing Hostile Feedback from Learners
**Presenters:**
Geraldine S. Fox, MD, MHPE, University of Illinois College of Medicine, Chicago, IL
Marika Wrzosek, MD, Medical College of Wisconsin, Milwaukee, WI
Marty Drell, MD, LSU Health Sciences Center, School of Medicine, New Orleans, LA
Judith L. Lewis, MD, University of Vermont Medical Center, Burlington, VT

**Abstract Description:**
"Faculty who contend with hostile, non-constructive feedback from trainees often suffer in silence as there is usually little recourse at the institutional level. Additionally, shame can inhibit them from seeking the support of peers. Faculty rely on the fairness of their chairs and promotion committees to put this type of feedback into a broader, 360-degree perspective. Over the last five years, the larger societal trend of speaking truth to power (e.g. the "Me-Too" and "Times Up" movements, "Diversity and Inclusion" initiatives that focus on microaggression, etc.), has improved institutional sensitivity to unconscious bias, and encouraged reporting of concerns. However, an unintended consequence has been an increasingly adversarial learning environment. There has been a rise in unprofessional comments, inadequate evaluation of the validity of allegations, and a general breakdown in reflective communication. Higher educational settings are struggling as never before to balance increasingly strident student voices with faculty perspectives and concerns (1). As a reaction to these trends, some of our medical educators have elected to stop mentoring (2) and/or teach, and many are frustrated (3). In response, some schools are beginning to implement corrective steps. This workshop will explore the trend in student feedback towards indirect and sometime hostile evaluations, introduce possible root causes, and discuss potential solutions to protect faculty. While there has been much attention paid to the problem of mistreatment (4,5), empathy fatigue (6), depression (7), and the need for "psychological safety" (8) for learners in medicine, there has been little written about creating a safe educational environment for faculty. Specifically, the consequences of hostile, non-constructive learner evaluations of faculty have not been adequately characterized, understood, or offset by corrective actions. Sometimes this feedback takes the form of brief, hostile reviews, akin to those posted on the popular review platform Yelp. This workshop will describe unprofessional student reviews and their impact on faculty, explore possible cultural origins for this upward trend (3, 9-11), and discuss some concrete solutions. After a brief introduction and audience polling (5 min), we will begin with a vignette from a veteran educator (GF) sharing a recent personal experience with negative student comments (8 min). Participants will engage in a

breakout room discussion (7 min) about their own first or second-hand experience with negative student feedback followed by a group debriefing (10 min). We will then present (MD) several possible causal components (social, generational, cultural) that could account for this recent trend (10 minutes) and participants will have a chance to respond to these hypotheses and offer their own speculations (10 minutes). Finally, we will present one institution's curricular response to negative student feedback (5 minutes) and the group will "crowd source" other ideas and solutions to take home (5 minutes). We expect initial polling will be revealing and will anchor this presentation by surveying participants' personal or witnessed experience. The faculty testimonial following this will model self-disclosure and set the framework for a lively breakout room discussions and we expect the report back to the larger group will be engaging. After our didactic material, which floats tentative hypotheses about how to place this phenomenon in our large American culture, the large group discussion should be lively. The final section on novel solutions will generate excellent suggestions from the audience. References: (1) Lukianoff G, Haidt J. "The Coddling of the American Mind: How Trigger Warnings are Hurting Mental Health on Campus" September 2015 The Atlantic. (2) Soklaridis S, Zahn C, Kuper A, Gillis D, Taylor V, Whitehead C. "Men's Fear of Mentoring in the #MeToo Era- What's at Stake for Academic Medicine?" N Eng J Med, Dec 6, 1018. (3) Klass, P, Walking on Eggshells in Medical School: Is it possible to train doctors without hurting anyone's feelings? Editorial, NY Times, Sept 8, 2019. Accessed here on 10/14/19: https://www.nytimes.com/2019/09/09/well/family/walking-on-eggshells-in-medical-schools.html?smid=nytcore-ios-share. (4) Mavis, B, Sousa A, Lipscomb W, Rappliey, MD. "Learning about Medical Student Mistreatment from Responses to the Medical School Graduation Questionnaire". Acad Med 2014. 89: 00-00. (5) Fnais N, Soobiah D, Chen MH, Lillie E, Perrier L, Tashkhandi M, Straus S, Mamdani M, Al-Omran M, Tricco AC. "Harrassment and Discrimination in Medical Training: A Systematic Review and Meta-Analysis. Acad Med. 2014; 89:817-827. (6) Hojat M, Vergare MJ, Maxwell K, Brainard G, Herrine SK, Isenberg GA, Veloski J, Gonnella JS. "The Devil is in the Third Year: A Longitudinal Study of Erosion of Empathy in Medical School. (7) Ruthran R, Zhang MWB, Tam WW, Ho RC, "Prevalence of depression amongst medical students: a meta-analysis" Medical Education, Volume 50 Issue 4, March 2016. (8) Tsuei SH, Lee D, Ho C, Regehr G, Nimmon L. "Exploring the Construct of Psychological Safety in Medical Education", Academic Medicine July 30, 2019. (9) Evans KH, Ozdalga E, Ahuja N. "The Medical Education of Generation Y". AcadPsychiatry (2016) 40:382-385. (10) Talmon GA, Beck Dallaghan GL (eds). Mind the Gap: Generational Differences in Medical Education. Syracuse, NY: Gegensatz Press, 2017. (11) Simon Sinek Millenials in the Workplace, TED Talk Dec 28, 2016. Accessed here on 10/26/19: https://www.youtube.com/watch?v=5MC2X-LRbkE.

**Upon completion of this session, participants will be able to**:
1. Identify the problem of hostile/non-constructive feedback in faculty evaluations and understand its impact on faculty morale and promotion;
2. Describe the societal changes, changes in medical education, and generational differences that might be contributory; and
3. Identify strategies to reduce the frequency of non-constructive feedback to faculty and to mitigate its negative impact.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 8282
**Title:** Holistic Review in the Residency Application Process – Implications for Applicants, Programs, Workforce Development, and Health Equity

**Presenters:**
Jessica G. Kovach, MD, Temple University, Philadelphia, PA
Robert Cotes, MD, Emory University, Atlanta, GA
Gretchenjan Gavero, DO, University of Hawaii, Honolulu, HI
Alan Koike, MD, University of Callifornia-Davis, Sacramento, CA
Amy Addams, AAMC, Alexandria, VA (Author Only)

**Abstract Description:**

This workshop will describe Holistic Review and its potential impacts on the residency application process, workforce diversity, and health equity. The number of US applicants to psychiatry has more than doubled since 2012, and by traditional metrics, such as USMLE scores, the quality of applicants is rising. Concurrently, national leaders in academic psychiatry are increasingly recognizing the importance of diversity and inclusion on the quality of training and health equity. AADPRT created a diversity and inclusion committee, ACGME now requires attention to "mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce," and Academic Psychiatry commissioned a special issue on "Diversity, Equity and Inclusion in the Clinical Learning Environment." Holistic Review, described by AAMC as "a flexible, individualized way of assessing an applicant's capabilities by which balanced consideration is given to experiences, attributes, and academic metrics and, when considered in combination, how the individual might contribute value" is largely successful in achieving more diverse classes in UME. To our knowledge, published studies of Holistic Review in GME are limited to one paper which describes improved diversity in one internal medicine residency. Participants will reflect about predictors of success in residency and presenters will discuss an ongoing, multi-site project to identify possible predictors of success among psychiatry trainees. Presenters will introduce the concept of holistic review and its potential impact on workforce diversity and health equity using examples from two residencies, and participants will strategize ways to help students showcase their non-metric strengths in the application process.

**Upon completion of this session, participants will be able to:**
1. Define the term Holistic Review and list the potential impacts on workforce diversity and health equity;
2. Identify three (3) attributes that predict successful applicants and successful residents at your home institution and consider how residency screening process may or may not screen for these accurately; and
3.List at least one (1) benefit and one (1) pitfall of holistic review for stakeholders in the residency application process and strategize three (3) ways to help students showcase their non-metric strengths.
**Intended Audience:** Junior Faculty, Senior Faculty
**Thematic Focus:** Leadership/Administrative Development, Career Development

**Workshop Session:** 8683
**Title:** But There's No Med for This!: Using Clinical Vignettes to Assess and Explore Trainee Readiness to Treat Those Living Under Psychosocial Strain
**Presenters:**
Hal Kronsberg, MD, Johns Hopkinss School of Medicine, Baltimore, MD
David Beckmann, MD, MPH, Massachusetts General Hospital, Harvard Medical School, Bosston, MA
Allison Brandt, MD*, DO, Massssachusetts General Hospital, Harvard Medical School, Boston, MA
Maeve O'Neill, MD*, Massachusetts General Hospital, Harvard Medical School, Boston, MA

**Abstract Description:**
Working with patients affected by poverty and structural disadvantages can overwhelm some trainees with feelings of helplessnness while leading others to ignore all problems but those that can be solved with medication or therapy. To best prepare trainees for this work, we need to understand their baseline knowledge and attitudes to create the educational opportunities, content, and supports needed to help them provide high-quality, compassionate, and relevant care for vulnerable patients. Typical quantitively scored pre- and post-tests fail to capture the worries and aspirations our trainees have about this sort of challenging work and offer no opportunities for them to consider what, exactly, is the role of the psychiatrist working with patients whose problems are not necessarily solved with a prescription pad.To tackle this problem, we created a vignette-based exercise that allows trainees to consider these complex situations by simulating a more representative and visceral experience. This has multiple aims: helping trainees explore and share their emotions and biases as clinicians for individuals living under psychosocial strain; providing opportunities for trainees to reflect on the role of the psychiatrist facing structural challenges; providing training programs with data to help guide education. This workshop provides examples of case-based vignettes and how they may be used, allowing for adaptability across institutions and settings. Individual writing, reflection, and discussion will show participants how this approach can introduce residents to social determinants of health, normalize and validate emotions associated with caring for patients impacted by them, and provide programs data to support trainees.

**Upon completion of this session, participants will be able to:**
1. Use a case-based vignette to explore trainee knowledge and attitudes about the social determinants of mental health and their intersection with clinical care;
2. Develop a sample vignette that would be most applicable to learners at participants' home institution; and
3. Lead a case-centered trainee discussion exploring the role of psychiatry when working with patients living in poverty and facing other structural challenges.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Curriculum Development

**Workshop Session:** 8867
**Title:** Wait! What?  Readying for Microaggressions When, Not If, They Happen
**Presenters:**
Dana Raml, MD, University of Nebraska Medical Center, Omaha, NE
Linda Love, EdD, University of Nebraska Medical Center, Omaha, NE
Jody Glance, MD, UPMC Western Pssychiatric Hospital/University of Pittsburgh Medical Center, Pittsburgh, PA
Kristen Escamilla, MD, Dell Medical School at The University of Texas, Austin, TX

**Abstract Description:**
Have you ever been questioned about your choice in specialties? Have you ever been made to feel like you don't belong because of your differences? Have you talked to your learners about microaggressions and how to handle these statements? A microaggression is a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a group who may be viewed as powerless or unimportant within society. Students, residents, faculty, mental health workers, and patients with mental health conditions often experience microaggressions in everyday settings. Micro implies that the aggression is minimal, but oftentimes microaggressions have a profound impact on those affected. By identifying these comments, we can develop ways to respond appropriately, work to promote safer learning environments, and improve patient interactions. This session equips faculty and staff with tools to respond to microaggressions as they appear in medical education and society. Since microaggressions often involve individuals who are unaware of their hurtful comments, specific communication approaches can yield better outcomes. The workshop will examine examples of microaggressions, and use these case examples to practice in-the-moment responses to them, using the A.C.T.I.O.N. framework. Case examples of various forms of microaggressions will be presented to workshop participants who will design best in-the-moment responses. Cases will evolve based on the various solutions presented by participants, culminating with a range of personal advocacy strategies for themselves, learners, patients, and social norms.

**Upon completion of this session, participants will be able to:**
1. Examine the prevalence of "microaggressions" in verbal, nonverbal, and environmental expressions;
2. Practice communication strategies to respond to microaggressions; and
3. Evaluate practices that support a positive learning environment.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Leadership/Administrative Development, Curriculum Development, Competencies

**Workshop Session:** 8956
**Title:** Autonomy as an Antidote: Targeted Interventions for Burnout
**Presenters:**
Paula Wadell, MD, University of California-Davis, Sacramento, CA
Anne McBride, MD, University of California-Davis, Sacramento, CA
Sam Murray, MD*, Psychiatry Residency Spokane/Providence, Spokane, WA
Bethel Essaw, MD*, University of California-Davis, Sacramento, CA

**Abstract Description:**

Addressing burnout in resident physicians is critical. People who are burning out are at risk for many negative outcomes and are likely to invest less time and energy in their work, do only what is necessary and be absent more often. This has obvious implications for patient care and may also drive disparities in care as a recent study demonstrated an association between symptoms of burnout and greater racial biases. During this interactive workshop participants will generate burnout intervention proposals for their sites.  As a group we will identify factors that contribute to burnout based on literature review and the personal experiences of the audience and presenters. The workshop will then transition to small groups where peers will help to identify the factors that could increase burnout in residents at a given site by reviewing a clinical site description other than their own. Facilitators will present a process for developing a burnout prevention strategy and will discuss how this process led to a targeted intervention in their own busy clinical site to increase autonomy for trainees.This intervention decreased clinical time yet productivity went up. Participants will return to their small groups to generate a proposal for their respective clinical sites to decrease burnout. Facilitators will include training directors and resident perspectives.

**Upon completion of this session, participants will be able to:**
1. Identify the factors that put resident physicians in particular at risk for burnout;
2. Receive feedback from peers regarding factors that could be increasing burnout in a given training setting; and
3. Create site specific proposals to decrease burnout.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 9048
**Title:** Making Lemonade Out of Lemons:  M&M Rounds as an Educational Process to Improve Care
**Presenters:**
John Teshima, MD, University of Toronto, Toronto, ON
Saulo Castel, MD, PhD, University of Toronto, Toronto, ON

**Abstract Description:**
Morbidity and Mortality (M&M) rounds may conjure up traumatic memories of being humiliated while being grilled about a case going wrong. However, M&M rounds can instead be a supportive and engaging educational process that helps clinicians improve the quality of care for their patients. They can also be used to teach quality improvement (QI) concepts and practices to learners and health care practitioners of all disciplines. Despite their potential benefits, M&M rounds are uncommon in Psychiatric departments. In this workshop, learners will experience a simulation of an interdisciplinary M&M rounds, based on the Ottawa M&M Rounds model. This published model offers specific guidance on case selection, presentation, facilitating the discussion and analysis, and generation of actionable recommendations. Participants will learn how to select cases and facilitate discussion in a way that establishes a safe and supportive learning environment. They will have an opportunity to engage in identifying contributing factors to the adverse outcomes in a fictional clinical case. They will be introduced to specific QI tools, such as the Ishikawa fishbone diagram and the Five Whys, and will generate recommendations to improve clinical care. Participants will then discuss how to design QI initiatives that would come out of the recommendations, including possible implementation strategies and approaches to monitor outcomes. Participants will then have an opportunity to reflect on how they might be able to introduce or modify M&M rounds within their own practice settings.

**Upon completion of this session, participants will be able to:**
1. Describe a model for M&M rounds that can be supportive and educational for participants;
2. Identify characteristics of useful cases for M&M rounds; and
3. Consider the implementation or modification of M&M rounds in their own clinical setting.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Competencies

**Thursday, September 9, 2021**
4:45 PM - 5:45 PM
Master Educator Graduate Reception (Non-CME)


**Thursday, September 9, 2021**
5:30 PM – 7:00 PM
**Umm...True & MORE!** (Non-CME)
Plan to join your fellow AAPers as we explore some fun and interactive virtual gatherings.  Trivia, teams solving mysteries, office games and so much more...More details coming soon....

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**Friday, September 10, 2021**
10:00 AM - 11:15 AM


**Presidential Plenary: Building Bridges: Retention, Resilience, and Social Justice**

*Moderator: Ruth Shim, MD, MPH (she/her)*
*Luke & Grace Kim Professor in Cultural Psychiatry, Department of Psychiatry & Behavioral Sciences, Associate Dean of Diverse and Inclusive Education, University of California, Davis School of Medicine, Sacramento, CA*

**Subtitle:** Promoting a Culture of Diversity in Academic Medicine
*Presenter: Rahn K. Bailey, MD, DFAPA, Professor and Chair, Department of Psychiatry*
*Assistant Dean of Diversity and Community Engagement*
*Louisiana State University Health Science Center- New Orleans, LA*
*CEO, Bailey Psychiatric Associates, PA*
*Houston, TX*

**Abstract Description:** There are many indices/metrics that measure quality medical education and service.  This presentation will discuss the necessity to include diversity, inclusion, and community engagement in the paradigm of excellent medical education and service.

Upon completion of this session participants should be able to:
1. The purpose of a diversity-based curriculum in academic medical institutions,
2. Pertinent terminology in a diversity-based curriculum
3. The economic benefit of community engagement in a diversity-based curriculum

**Subtitle:** No More Building Resilience Among URM Trainees: Dismantling Structural Whiteness To Reimagine Psychiatry Residency Training as an Antiracist Experience
*Presenter: Rupinder K. Legha, MD, Child Psychiatrist, Rupinder K Legha, MD PC, Los Angeles, CA*

**Abstract Description:**
As structural racism is increasingly recognized as a public health crisis, antiracism has garnered traction as a professional imperative in psychiatry. Psychiatry residency represents a pivotal moment to cultivate antiracism in clinical, educational, research, and other training opportunities. But to reimagine psychiatry as an antiracist practice, the structural whiteness shaping this gateway to the profession must be dismantled. Drawing upon Dr. Rhea Boyd and Dr. Tema Okun's scholarship, this plenary names and defines multiple aspects of whiteness shaping

the residency training experience. These include white hegemony, white normativity, white supremacy, white supremacy culture, and white privilege. Emphasizing whiteness as a toxic system of oppression calls attention to its historical and deliberate pattern of mistreatment continuing to thwart antiracism in the profession. Highlighting structural whiteness simultaneously illuminates how prevailing dialogues about the "URM trainee" experience (e.g. mitigating "burnout," eliminating "microaggressions," strengthening the "pipeline," promoting "diversity and inclusion," and increasing URM "representation") obscure institutionalized whiteness, its associated violence, and its active obstruction of the profession's antiracist transformation. No longer can we as a profession expect trainees to build resilience in the face of whiteness and other systems of oppression, like racism, sexism, heterosexism, and ableism. By first naming how whiteness and white supremacy culture are woven into the foundation of the training experience, the psychiatry profession can more urgently dismantle practices assailing marginalized social groups, advantaging dominant social groups, and undermining the profession as a whole.

**Upon completion of this session participants should be able to:**
1. Define whiteness and its multiple forms;
2. Identify at least one example of how whiteness shapes the residency training experience; and
3. Recognize why the concept of "building resilience" among URM trainees upholds rather than dismantles whiteness as a system of oppression.

**Sub-Title:** Mapping and Data in a Social Justice Curriculum
*Presenter:* *Walter S. Mathis, MD, Assistant Professor, MD, Yale Department of Psychiatry, New Haven, CT*

**Abstract Description:**
When teaching residents about the social determinants of health (SDOH), there is little resistance to the validated notion that where one lives affects one's health, that factors ranging from household income to the age of housing stock influence physical and mental well-being.  But, residents have difficulty translating these findings into clinical practice.  While 97% (28/29) of second-year residents surveyed reported thinking SDOH should be incorporated into treatment planning, only 59% (17/29) felt appropriately informed and skilled to do so.
A seeming lack of access to key data, as well as the skills to translate them meaningfully to clinical care, are key hurdles to implementation of SDOH by residents. While enormous amounts of geographically coded socio-economic and built environment data are freely available, they are spread across various federal, state, and local agencies in different formats. Collecting and synthesizing these disparate data is beyond the technical and time constraints of most residents in the clinical setting.  In hopes of increasing the integration of SDOH in resident's clinical care, we developed Case Study: New Haven, a web-based mapping tool that facilitates exploration of diverse public data sets for better understanding of their patients' settings outside the clinic.  We then paired this with a case-based pedagogic activity to help residents understand how these data can inform their formulations and intervention strategies with their patients.  Preliminary data show that residents feel more confident incorporating SDOH into their treatment planning after being introduced to Case Study: New Haven.

**Upon completion of this session participants should be able to:**
1. Describe the scope of social justice and health equity education at Yale psychiatry;
2. Appreciate how free spatial data can inform clinical care and a learner's understanding of their region; and
3. Translate fundamental principles from this project into their own pedagogical efforts.

# Friday, September 10, 2021
## 11:30 AM - 12:45 PM
## Workshop Sessions

**Workshop Session:** 6292
**Title:** From Strange Situations to Good Enough Parents: Overcoming Challenges Faced by Psychiatric Trainees in Low SES Settings

**Presenters:**

Marijana Jovanovic, MD, FRCPC, University of Ottawa/Children's Hospital of Eastern Ontario, Ottawa, ON
Barbara Deren, MD*, University of Ottawa, Ottawa, ON
Katherine Matheson, MD, FRCPC, University of Ottawa/Children's Hospital of Eastern Ontario, Ottawa, ON
Dana Ross, MD, FRCPC, Women's Hospital/University of Toronto, Toronto, ON
Lara Postl, MD, FRCPC, University of Ottawa/Children's Hospital of Eastern Ontario, Ottawa, ON (Author Only)
Marina Moharib, MD*, University of Ottawa, Ottawa, ON (Author Only)

**Abstract Description:**
"Childhood poverty negatively impacts health and development, affecting physical and mental health. Impoverished families experience barriers limiting access to care including transportation, caring for multiple children, keeping appointments, and reduced motivation. This creates a need to ensure trainees are prepared to assess for and manage factors related to poverty. Trainees encounter challenges when working with families in poverty like personal biases/prejudices, feelings of incompetence and powerlessness, and inconsistent screening/documentation. Faculty members may have difficulties teaching trainees in these settings due to time constraints and a lack of residency-specific curriculums on social determinants of health. Various solutions have been proposed including educational interventions (brief or integrated into the core curriculum), field trips to local neighbourhoods, photovoice training, and poverty simulations. This workshop aims to discuss barriers experienced by low SES families, difficulties faced by trainees working with these populations, and allow participants to formulate action items geared at improving trainees' skills. Since there are many challenges facing families and trainees regarding accessing and delivering care in marginalized settings, we will endeavour to generate ideas on how to improve education of psychiatric residents in these contexts using the wisdom of the group and our experience working in an Infant and Early Childhood mental health clinic. Participants will divide into groups to discuss difficulties faced by trainees working in low SES settings at their institutions and our case and propose solutions. Lastly, participants will reconvene to formulate action items arising from the smaller groups targeting improving training in marginalized settings at their institution.

**Upon completion of this session, participants will be able to:**
1. Discuss barriers faced by families in poverty limiting their access to mental health care;
2. Identify difficulties faced by psychiatric trainees working with families in poverty and propose potential solutions; and
3. Elaborate a list of action items aimed at improving skills of psychiatric trainees working in marginalized settings at their institution.
**Intended Audience**: Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Technology, Curriculum Development, Competencies

**Workshop Session:** 7407
**Title:** Visual Thinking Strategies for Psychiatric Educators: An Art-Based Experiential Workshop
**Presenters:**
Mary C. Blazek, MD, MEHP, University of Michigan, Ann Arbor, MI
Margaret S. Chisolm, MD, Johns Hopkins Medicine, Baltimore, MD
Hal Kronsberg, MD, Johns Hopkins School of Medicine, Baltimore, MD
**Abstract Description:**
As psychiatric educators, we continuously look for opportunities to expand our educational practices and learning environments. A growing evidence base supports the use of Art Museum-based approaches for the training of physicians and medical learners. These methods improve clinically relevant skills including close observation, empathy, communication, teamwork, awareness of implicit bias, clinical reasoning, and tolerance of ambiguity. They also promote transformational outcomes related to professional identity formation and resilience, which may serve as an antidote to burnout by deepening reflection around the meaning and purpose of the work that we do. Visual Thinking Strategies (VTS) is the Art Museum-based method with the strongest evidence base in medical education. Mary Blazek and Meg Chisolm have completed advanced training in the Harvard-Macy Institute Art Museum Based Health Professions Education Fellowship, and Mary, Meg, and Hal Kronsberg have been trained as Visual Thinking Strategies (VTS) facilitators. Together they will facilitate a highly interactive, arts-based pedagogical workshop focused on VTS specifically relevant to psychiatry. No prior knowledge or experience with art is

necessary for participation. The workshop will include a brief presentation of the history, process and evidence for VTS and a demonstration of the method via guided open-ended discussion of a projected image of a work of art with the large group. Participants will then break into small groups with the opportunity to practice VTS themselves. Participants will gain appreciation of the educational and clinical relevance of VTS, which we hope will inspire further exploration and implementation at their home institutions. Resources will be distributed at the conclusion of the session.

**Upon completion of this session, participants will be able to:**
1. Articulate the process of VTS, including the method's three (3) core questions;
2. Describe the skills developed by VTS after participating in a large group interactive experience of VTS with a trained facilitator; and
3. Experience leading or participating in a VTS exercise with a small group of peers, with feedback by instructors and peers.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education


**Workshop Session:** 8253
**Title:** The Myth Behind The Manikin: Simulation-Based Learning Has a Role in Psychiatric Education
**Presenters:**
Arif Noorbaksh, MD, Dallas, TX
Kristin Escamilla, MD, Dell Medical School at the Univeristy of Texas, Austin, TX
Sarah E. Baker, MD, MA, UT Southwestern Medical Center, Dallas, TX
Kathlene Trello-Rishel, MD, University of Texas-Southwestern, Dallas, TX


**Abstract Description:**
Computer-enhanced manikin (CEM) simulation has been widely adopted in other fields of medicine but is rarely used in psychiatry education despite student preference and evidence supporting its effectiveness. Additionally, there is wide consensus that management of substance use disorders is not adequately addressed in medical education, with consequences for attitudes and treatment of this stigmatized population. In response, educators at three medical schools developed a novel case that addresses attitudes and clinical skills necessary for physicians practicing within the current opioid epidemic. Our workshop will familiarize educators with critical aspects of CEM, review the newly created case, and provide recommendations for implementing this novel learning tool into existing curricula. The workshop will begin with presenters providing an overview of the use of CEM in psychiatric education and the results from research done at their respective institutions, as well as CEM implementation basics and logistics. Presenters will then lead participants through a CEM case currently being implemented at the participating institutions. Next, in a large group setting, participants will discuss logistical considerations necessary for CEM implementation, previous challenges faced when initiating CEM-based learning at their home institutions, and work through possible solutions. In small groups, participants will then work to develop a novel CEM case for psychiatric education. Each group will then present their new case to the larger group for open discussion and sharing of ideas.

**Upon completion of this session, participants will be able to:**
1. List three (3) benefits of the use of CEM in medical education;
2. Describe the logistics and identify challenges in the creation and implementation of a CEM case; and
3. Develop a CEM case for future use within psychiatric education.
**Intended Audience:** Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education


**Workshop Session:** 8857
**Title:** It's Not a Competition, It's a Doorway: Using Finland's Open Dialogue to Create Space for All Perspectives
**Presenters:**

David Frederick, MD*, Massachusetts General Hospital/McLean, Boston, MA
Adrienne Gerken, MD, Massachusetts General Hospital/McLean, Boston, MA
Timothy Shea, MD*, Massachusetts General Hospital/McLean, Boston, MA
Joe Stoklosa, MD, Massachusetts General Hospital/McLean, Boston, MA

**Abstract Description:**
When confronting taboo topics that cannot help but evoke shame, resentment, or humiliation, how do we approach our co-workers in a way that will provide the opportunity for all to hear and be heard? Open Dialogue is an approach to psychiatric care that was developed by Jaakko Seikkula of Finland in the 1990s (Seikkula et al., 2006).  So-called "dialogic practice" centers on the principles of clinicians sharing thoughts and feelings transparently, tolerating uncertainty over expertise, and creating space for all viewpoints in the conversation. When we adapted this to the inpatient setting, dialogic practice allowed patients, families, and providers to communicate their perspectives about illness and treatment as coequals (Rosen & Stoklosa, 2016). In this way, each individual is invited to share their narrative of the events leading to hospitalization, as well as the many feelings that may arise including worry, relief, fear, hope, and doubt. We have further adapted this approach to a variety of med ed and leadership contexts: advancing projects, large group feedback, brainstorming, case conferences, and addressing administrative or clinical dilemmas.  The same dialogic principles of vulnerability, humility, and empathy are no less important to effective communication in any group of people with different backgrounds. The goal of this workshop is for participants to learn dialogic practice skills and principles, take part in a series of exercises designed to experientially facilitate how these skills create space for discussing challenging interdisciplinary dynamics, and to identify applications and adaptations of this curriculum for our learners' home setting.

**Upon completion of this session, participants will be able to:**
1. Identify the key elements of dialogic practice in Open Dialogue
2. Explore the barriers to open and nonjudgmental communication; and
3. Apply skills from Open Dialogue to difficult interdisciplinary dynamics that arise in local context.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Leadership/Administrative Development, Competencies

**Workshop Session:** 7539
**Title:** 'Easy Access' Approaches for Improving Teaching in Didactics: Strategies for Reducing Inequity and Improving Learning for All

**Presenters:**
Alissa Hemke, MD, University of Washington/Seattle Children's Hospital, Seattle, WA
Thomas Soeprono, MD, University of Washington, Seattle, WA
Douglas Russell, MD, University of Washington/Seattle Children's Hospital, Seattle, WA

**Abstract Description:**
Despite ample knowledge about best practices in adult education, these principles are not well-utilized in much of medical education. We have wrestled with how to promote the use of adult learning theory in our residency's weekly didactics, where much of the teaching—even to small groups—utilizes passive, powerpoint-focused lectures. Substantial forces maintain such practices, including a lack of dedicated time for teaching, and variable levels of knowledge about education. This workshop will utilize the presenters' experience as a jumping off point: we will share our journey of initially providing intensive consultation to individual faculty, then moving to more structural, 'easy access' approaches. These include the use of a highly structured didactic feedback form that specifically probes for key principles in adult learning theory, as well as brief, high-yield workshops for groups of faculty. Participants in this workshop will be interactively guided through these approaches, including reviewing our initial qualitative data, and will be invited to revise either example powerpoints or their own past lectures using a 'menu' of easily accessible techniques. Finally, participants will be coached to explore and hone a potential change to implement in their home institution. Active, structured learning experiences are important for all learners, but the discrepancy in outcomes between active and passive approaches is more profound in racial and ethnic minorities underrepresented in medicine (1). Inequity in medical education has ripple effects ultimately into

clinical care, where patients suffer from barriers owing to mental healthcare providers usually being culturally disparate from the patient population. References: (1) Haak, David C, et al. "Increased Structure and Active Learning Reduce the Achievement Gap in Introductory Biology." Science 332, no. 6034 (2011): 1213-6. http://science.sciencemag.org/content/332/6034/1213.

**Upon completion of this session, participants will be able to:**
1. Identify barriers to educators' implementing best practices in didactics;
2. Describe at least three (3) strategies for improving didactics teaching practices through low-barrier strategies; and
3. Identify possible structural changes to improve teaching in the participant's home institution, and outline next steps.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 7558
**Title:** Adventures in Active Learning: Active Learning Resources to Fit Any Budget

**Presenters:**
Lillian Joy Houston, MD, Southern Illinois University, Springfield, IL
Cesar Cardenas, Jr, MD*, University of Mississippi, Jackson, MS

**Abstract Description:**
Andragogy is a term popularized by Malcolm Knowles which refers to the methodology of teaching adult learners.  Studies in this area have provided changes to teaching methodology across multiple settings, including medical school and residency.  The use of active learning methodology has the potential to foster adaptive expertise and to create true lifelong learners.  However, locating useful resources can be difficult when instructors have limited protected time and/or budgetary constraints.  This workshop will draw from the presenters' experience in locating, appraising, and creating interactive classroom activities to demonstrate the use of online and offline resources that may be new to the audience with an emphasis on accessibility and budget.  The group will participate in short demonstrations of 3 online resources (Nearpod, Factile, and Educaplay) and 2 offline resources (Pictionary and Taboo).  The group will then reconvene to discuss how the resources and techniques demonstrated can be utilized at their home institutions to create memorable and engaging learning activities.  Participants are highly encouraged to bring an electronic device with internet access and to download the Nearpod app prior to attending.

**Upon completion of this session, participants will be able to:**
1. Describe adult learning theory.
2. Describe several available online learning tools (Nearpod, Factile, and Educaplay) and their relative strengths and weaknesses, including associated costs.
3. Design their own classroom activities utilizing both available online resources and offline (board game-based) resources.
**Intended Audience:** Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

# Friday, September 10, 2021
## 12:45 PM - 1:45 PM

## Poster Session
Posters are available for viewing for all AAP Annual Meeting registrants on the WHOVA app throughout the meeting.  During this session, lead or designated presenters will be available to discuss their poster in small group breakouts.  Participants are welcome to explore posters at their own pace.  In addition to live presentations and pdf poster displays, presenters may also provide a video presentation submission.

*Listing of all posters and presenters will be provided in the official program.*

## Friday, September 10, 2021
1:45 PM - 3:00 PM
Workshop Sessions

**Workshop Session:** 6458
**Title:** Don't Blame the Millennial Generation, Blame Generational Theory: How a Sociological Theory Has Captured Imaginations and Hijacked Educational Environments
**Presenters:**
Jonathan Homans, MD, University of Minnesota, Minneapolis, MN
Lora Wichser, University of Minnesota, Minneapolis, MN
Tolu Odebunmi, MD, MPH*, University of Minnesota, Minneapolis, MN
Rachel Talcott, C-TAGME, University of Minnesota, Minneapolis, MN (Author Only)
Stef Jarvi, MEd, University of Minnestota, Minneapolis, MN (Author Only)

**Abstract Description:**
The goal of education is passing knowledge and skills on to the next generation. Inherent in this goal is the dilemma of spanning the gap created by differences in age, training and developmental stage between educator and trainee. The prevailing framework in medical education is to assume characteristics of individuals based on their year of birth- such as Baby Boomers are hard workers and Millennials are good with technology. But what is the evidence to support these assumptions? This workshop interrogates the validity of generational theory as it applies to psychiatric educational environments and provides opportunities for participants to explore other frameworks for bridging the divide between educator and learner - and apply them to the participants' own learning environments. Drawing on workshop participants' experiences, we will use small and large group activities to explore areas of conflict and friction between trainees and educators. We will interrogate the construct of "the generation gap", and explore alternative lenses with which to view educational conflict -  including adult learning theory, reflexivity and context, and equity and diversity theories. Utilizing these tools we will examine different ways of connecting (and resolving misconnections) between learners and educators in order to positively impact the educational environment. Participants will leave with a physical handout of content explored in the workshop - allowing for an easy transition in practice - from a generational lens on conflicts, to a more evidence-based and constructive lens.

**Upon completion of this session, participants will be able to:**
1. Describe the origins of generational theory and other common group characterizations;
2. Interpret conflict between educators and learners through multiple lenses including equity and diversity, adult learning theory, and reflexivity and context; and
3. Apply new strategies for connecting with differently-aged colleagues within educational programs and institutions.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education.

**Workshop Session:** 8269
**Title:** What Women Want: Mentoring Needs of Female Medical Students and Residents
**Presenters:**
Rachel C. Conrad, MD, Harvard Medical School, Boston, MA
Elizabeth Fenstermacher, MD, Denver Health, University of Colorado School of Medicine, Denver, CO
Ashley Walker, MD, University of Oklahoma School of Community Medicine, Tulsa, OK
Amanda Jowell*, Harvard Medical School, Boston, MA (Author Only)
Stephanie Bousleiman*, Harvard Medical School, Boston, MA (Author Only)

**Abstract Description:**

Although females enter medical school at higher rates than males, women occupy a fraction of leadership roles within both academic medicine and the healthcare industry. The personalities qualities that are often considered inherent to strong leaders, such as being competitive, assertive, and direct, are often deemed "unwomanly". Data regarding gender-bias shows that critical subjective feedback is given to female employees 40% more than their male counterparts. A 2017 landmark paper demonstrated that patients of female physicians have lower rates of both re-hospitalization and death. Studies show that female physicians are more likely to follow the current guidelines and spend more time with patients. Despite this, female physicians are often paid less than their male colleagues. Unfortunately, female physicians disproportionately leave medicine and have higher rates of suicide. The demoralization and attrition of talented women from academic medicine is undoubtedly detrimental to our professional community, the education of future physicians, and our patients. The unique mentoring needs of female medical trainees should be identified and targeted beginning in medical school. Effectively coaching female trainees often involves helping them to identify, understand and be resilient in the face of gender-bias from institutions, supervisors, peers, and patients. Other specific tools for professional development that appear critical among women include sponsorship, mutual mentoring and peer networks. We will examine challenges facing women in medical training and literature on how we can better support and retain them. References: Andrews, N. "Climbing through Medicine's Glass Ceiling." New England Journal of Medicine, vol. 357, no. 19, 2007, pp. 1887–1889. Benderly, B. "What Is Keeping Women Out of Leadership Jobs in Academic Medicine?" Science, 2014. Defilippis, E. "Putting the "Putting the 'She' in Doctor." JAMA Internal Medicine, 2018.

**Upon completion of this session, participants will be able to:**
1. Identify the current challenges facing women in medical training and appreciate the significant potential long-term impact of small incidents of gender-bias on women's professional development and career trajectory;
2. Demonstrate skills to effectively coach female medical trainees through incidents of gender-bias in both clinical and educational settings; and
3. Understand the potential impact of career sponsorship, mutual mentoring and peer networks for women in medical training and consider strategies to promote use these approaches to supporting women in their home institution.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Leadership/Administrative Development, Career Development

**Workshop Session:** 8896
**Title:** Fixing the Leaky Pipeline: Mentoring Pre-Med Students from Underrepresented Backgrounds
**Presenters:**
Heather S. Vestal, MD, Duke University School of Medicine, Durham, NC
Lucy Ogbu-Nwobodo, MD, MS*, Massachusetts General Hospital, Boston, MA
Damon Tweedy, MD, Duke University School of Medicine, Durham, NC
Justin Chen, MD, MPH, Massachusetts General Hospital, Boston, MA
Monie Breus, BA*, Massachusetts General Hospital, Boston, MA

**Abstract Description:**
The racial and ethnic diversity of the physician workforce has failed to keep pace with the increasing diversity of the population. It is imperative that we support, encourage, and empower more underrepresented minority (URM) students to pursue careers in medicine (and psychiatry!). An essential tool to do this is mentorship. However, psychiatric educators may experience significant barriers to mentoring pre-med students. It is easy to feel out of touch with what is needed to be a competitive medical school applicant today. ("Should I do a post-bac or SMP program? What are competitive GPA/MCAT scores? MD vs DO vs PA vs NP – how do I decide?" – *cue mentor feeling incompetent*) Faculty may also lack awareness of the unique challenges that URM students often face, and feel ill-equipped to help them overcome them. Furthermore, it may be unclear how to even find a pre-med mentee! In this workshop, participants will develop skills and confidence in mentoring pre-med students, particularly those from URM backgrounds. We will provide a "nuts and bolts" overview of the path to medical school. Interactive cases will highlight unique obstacles faced by URM students. Participants will practice strategies for addressing common experiences of stigma and imposter syndrome. Finally, participants will take steps toward

identifying opportunities for pre-med mentoring, and will receive materials to help educate and empower others at their home institutions to engage in pre-med mentoring.

**Upon completion of this session, participants will be able to:**
1. Summarize core content relevant to advising a student on the path to medical school;
2. Name unique challenges faced by students from underrepresented backgrounds and ways to help students overcome these; and
3. Practice strategies for helping mentees reduce feelings of shame and imposter syndrome.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Career Development

**Workshop Session:** 9067
**Title:** Novel Ways of Engaging in Diversity Education within Psychiatry Residency Programs
**Presenters:**
Jennifer L. Grant, MD*, Emory University School of Medicine, Atlanta, GA
Ann Schwartz, MD, Emory University School of Medicine, Atlanta, GA
Robert O. Cotes, MD, Emory University School of Medicine, Atlanta, GA
Benson Ku, MD*, Emory University School of Medicine, Atlanta, GA
Erica D. Lee, PhD, Emory University School of Medicine, Atlanta, GA (Author Only)
Nadine Kaslow, PhD, Emory University School of Medicine, Atlanta, GA (Author Only)

**Abstract Description:**
Many of the leading bodies of graduate medical education and psychiatric training* have called to implement policies that ensure the cultural competence of future psychiatrists. These efforts aim to ensure that trainees develop knowledge, skills, and attitudes for working effectively with patients, regardless of gender, ethnicity, religion, sexual orientation, and migration status. Any curriculum on diversity must also address the structural factors (e.g., unstable housing and violent neighborhoods) that disproportionately impact marginalized communities. As we acknowledge the importance of better serving increasingly diverse, and often underserved psychiatric patient populations, we must also identify key curriculum content and innovative teaching formats that ensure trainees are successful in achieving such a daunting but important task. In this workshop, we will review current theory and practice and focus on how to select salient topics to be included in a diversity education curriculum. We will facilitate an interactive group discussion about challenges of teaching cultural and structural competency and support participants in identifying creative and innovative strategies to address them. To facilitate this conversation, we will provide examples of three novel approaches to diversity training that are currently in practice at our institution: (a) Peer-to-peer teaching through the sharing of individual stories (diversity moments); (b) Resident-lead bite-sized, high-yield lectures on diversity topics, that deliver the educational material in an efficient and memorable manner (Bite-Sized Teaching (BST) conferences); and (c) Social justice and advocacy curriculum, rooted in local community partnership. We will conclude by providing opportunities for brainstorming and further discussion about how participants can create innovative opportunities specific to their patient population and training environment.

**Upon completion of this session, participants will be able to:**
1. Identify topics that should be included when developing a diversity education curriculum, and gain an in-depth understanding of the aspects of diversity that are important in psychiatry education;
2. Have a better understanding of three innovative approaches to teaching diversity, cultural, and structural competency; and
3. Feel empowered to discuss how they can improve diversity teaching and clinical education at their home institution. They will be asked to identify new concepts they have learned, approaches they might try, concepts or issues they had not thought about before (strategies, ways of interacting with others, etc.).
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 9068

**Title:** Increasing Experiential Learning in Psychotherapy Training: Review and Integration of 3 Emerging Evidence-Based Models
**Presenters:**
Jordan Bawks, MD*, University of Toronto, Toronto, ON
Victor Tang, MD*, University of Toronto, Toronto, ON (Author Only)
Paula Ravitz, MD, University of Toronto, Toronto, ON (Author Only)
Hussein Hirjee, MD*, University of Toronto, Toronto, ON (Author Only)

**Abstract Description:**
While the evidence base for psychotherapeutic interventions is very robust, the evidence base for training in psychotherapy is relatively impoverished and accordingly, the implementation of evidence based recommendations in residency training programs appears limited (1,2). Three emerging evidence based trans-modal psychotherapy-training methodologies have emerged in the last decade, Deliberate Practice (DP, 3) Self-Practice/Self-Reflection (SP/SR, 4), and Alliance-Focused Training (AFT, 5). All three emphasize increasing experiential training outside of the traditional teaching methodologies of didactic lecture, supervision, direct therapy and personal therapy. These methods fit with the emerging movement towards competency based medical education because of their emphasis on discrete skills, observable progression, and their capacity to be integrated into asynchronous curricular models.This workshop sets out to introduce the theory, key methods and literature support for DP, SP/SR, and AFT. Experiential exercises with these methods will be facilitated by the presenters. In the final stage of the workshop, attendees will collaborate to find ways to bring these methods into their psychotherapy curriculum and supervision. References: (1) Kitts et al (2019). Child Psychotherapy Training in the United States: A National Survey of Child and Adolescent Psychiatry Fellowship Program Directors. Acad Psychiatry. (2) Kovach et al (2015). Psychotherapy Training: Residents' Perceptions and Experiences. Acad Psychiatry. (3) Rousmaniere, T. (2017) Deliberate Practice for Psychotherapists. (4) Bennett-Levy, J. (2015). Experiencing CBT from the Inside Out. (5) Muran JC, Safran JD, Eubanks-Carter. C. (20 ). In The Therapeutic Alliance: An Evidence-Based Guide.

**Upon completion of this session, participants will be able to:**
1. Describe the ways in which experiential practices differ from traditional learning methods of psychotherapy training and the advantages and disadvantages of this approach;
2. Evaluate their psychotherapy curriculum and supervision models to see to what degree they align with recent research findings on evidence based practices; and
3. Implement practices from deliberate practice, self-practice/self-reflection, and alliance-focused training methodologies to improve psychotherapy education.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Curriculum Development, Competencies

**Abstract Number:** 6941
**Title:** Turning Up the Heat: Climate Change Education in Psychiatry Departments
**Presenters:**
Andreea Seritan, MD, University of California San Francisco, San Francisco, CA
Caitlin Hasser, MD, University of California San Diego, San Diego, CA
Descartes Li, MD, University of California San Francisco, San Francisco, CA

**Abstract Description:**
The American Psychiatric Association position statement on climate change states that "climate change poses a threat to public health, including mental health. Those with mental health disorders are disproportionately impacted by the consequences of climate change." (1) Mental health impacts from climate change are wide ranging: from the biological impact of heat waves on psychotropic medications, to psychological factors such as stress responses to the trauma of a major disaster, to social factors such as displacement, reduced community cohesion or disruptions in care systems. Currently, only a handful of medical schools have developed curricula to educate student on the impact of climate change on population health (2). To our knowledge, climate change curricula for psychiatry residents do not exist, yet a recent editorial in Academic Psychiatry encourages training

psychiatry residents about psychological, psychiatric and social impacts of climate change (3). In this workshop, we will share one department's efforts to increase awareness regarding the mental health impact of climate change. Participants will be invited to brainstorm and identify strategies they can use at their home institutions to develop climate change curricula or otherwise increase awareness of this global health crisis.

**Upon completion of this session, participants will be able to:**
1. Describe strategies to increase awareness regarding climate change and mental health
2. Describe challenges and lessons learned in developing curricula on climate change and mental health
3. Brainstorm on next steps in developing and implementing such curricula at their home institutions
**Intended Audience:** Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Curriculum Development

# Friday, September 10, 2021
## 3:15 PM - 4:30 PM
## Workshop Sessions & WIPs

**Workshop Session:** 6943
**Title:** Optimizing the Learning Environment: Innovative Strategies to Responding to Discriminatory or Excluding Comments and White Fragility in Medical Settings
**Presenters:**
Carmen Wiebe, MD, FRCPC, University of Toronto, Toronto, ON
Crystal Pinto, MD, University of Toronto, Toronto, ON

**Abstract Description:**
Medical trainees from underrepresented groups often experience excluding attitudes in academic settings. Discriminatory comments may come from attendings, fellows, residents, medical students, other staff members and patients alike. They can range from less overt statements, like microaggressions, to more overt such as racism, sexism, homophobia, transphobia. There is an abundance of literature describing the impact of this mistreatment on a  trainee's learning environment, as well as on their personal and professional wellbeing. However, there is minimal literature on advising trainees on how to respond, particularly when the comments are made by supervising physicians, where power dynamics and defensiveness can be especially challenging.
How can educators help their trainees communicate well in response to mistreatment in the workplace? This workshop will introduce strategies borrowed from Dialectical Behavior Therapy, a manualized, evidence-based psychotherapy, which operationalizes its coping and communication techniques in a concrete, specific way.
The workshop is geared both toward trainees themselves, as well as attendings who want to actively support underrepresented learners and promote inclusion and equity in their home institutions. Facilitators will interweave role-play, large group discussion and practice exercises, to present strategies to respond to excluding remarks/mistreatment and to accept feedback about the excluding remarks/mistreatment one may commit.

**Upon completion of this session, participants will be able to:**
1. Define and identify microaggressions and white fragility.
2. Assist trainees in developing skills to cope with and respond to microaggressions.
3. Be more willing to engage in uncomfortable conversations.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 7160
**Title:** If You Can't Say Anything Nice, Then Don't Say Anything at All?   Discussion Regarding Forward Feeding During the Clerkship Year
**Presenters:**
Kristin V. Escamilla, MD, Dell Medical School at the Univeristy of Texas, Austin, TX

Nicole Cotton, MD, Morehouse School of Medicine, Atlanta, GA
Kathlene Trello-Rishel, MD, Univeristy of Texas Southwestern, Dallas, TX
Arif Noorbaksh, MD, UT Southwestern Medical Center, Dallas, TX

**Abstract Description:**
Assessing medical students throughout their clerkship year is critical in producing competent and effective physicians. While the process for sharing feedback regarding student performance within each clerkship is straightforward, there is more to understand about discussing student performance between different clerkships. While the use of "Forward Feeding" has been studied in other specialties, there has been no research published regarding psychiatry's perspective on this contentious issue. This discussion will present various "Forward Feeding" policies, examine the controversy behind this topic, and explore recommendations for implementation at different institutions.

**Upon completion of this session, participants will be able to:**
1. Describe "Forward Feeding" and discuss the types of student information that may be communicated by "Forward Feeding";
2. Identify the potential benefits and concerns regarding forward feeding using case-based examples; and
3. Discuss the various ways to implement a system to communicate information about students within and across disciplines.
**Intended Audience:** Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education


**Workshop Session:** 8463
**Title:** Creating Positive Culture in Medical Education: Secrets from "The Culture Code"
**Presenters:**
Adrienne T. Gerken, MD, MGH/McLean Adult Psychiatry Residency, Boston, MA
Allison Brandt, MD, Howard Center, Burlington, VT
Nathan Praschan, MD*, MGH/McLean, Boston, MA
Joseph Stoklosa, MD, MGH/McLean, Boston, MA

**Abstract Description:**
One of the first tasks of an educator is to create a safe learning environment, whether teaching an individual didactic or overseeing a residency program. Good culture fosters psychological safety, bridges differences between educators and learners, and allows groups to function effectively in educational settings. An effective educational culture can bring together people from different backgrounds to work and learn as a team. Yet creating—let alone changing—culture can appear daunting. In this workshop, participants will engage in a group exercise (the "Marshmallow Challenge"), then use this as a jumping-off point to discuss effective (and ineffective) group environments. A brief, interactive mini-didactic will provide a framework for creating effective culture in educational settings, based on principles from Daniel Coyle's "The Culture Code" (1). Participants will then engage in an exercise to apply these principles to a current or upcoming educational project or endeavor. Throughout this workshop, emphasis will be placed on strategies for bringing people together and establishing common purpose, since a positive and cohesive culture allows groups to leverage individual differences in background and ideas and work together effectively. References: (1) Coyle, D. The Culture Code: The Secrets of Highly Successful Groups. Bantam, 2018.

**Upon completion of this session, participants will be able to:**
1. Reflect on the benefits and challenges of creating good culture;
2. Discuss three (3) strategies for consciously building a positive and effective culture in educational settings; and
3. Apply strategies for creating culture to a current or upcoming educational endeavor (e.g., didactic session, clinical teaching opportunity, or program).
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 9066
**Title:** Keeping Faculty and Community Practitioners Up-to-Date on Clinical Neuroscience: What to Say When Patients Ask
**Presenters:**
Belinda S. Bandstra, MD, MA, Stanford University School of Medicine, Stanford, CA
Andrew Novick, MD, PhD, University of Colorado School of Medicine, Aurora, CO
Ashley Walker, MD, University of Oklahoma School of Community Medicine, Tulsa, OK
Maja Skikic, MD, Vanderbilt University Medical Center, Nashville, TN
Jane Eisen, MD, McLean Hospital, Belmont, MA (Author Only)
Robert Fenster, MD, PhD, MGH/McLean, Adult Psychiatry Residency Training Program, Boston, MA (Author Only)

**Abstract Description:**
Neuroscientific knowledge about mental illness is exploding. While many psychiatrists recognize the importance of neuroscience to the field of mental health, they may not have an effective way to approach learning about neuroscience and may not readily see its relevance to their clinical practice. As a result, they may not feel comfortable discussing neuroscientific concepts with patients or incorporating them into their teaching of trainees. While there are increasing numbers of tools for teaching clinical neuroscience to trainees at the medical student or resident level, few tools explicitly address the learning needs of faculty and of clinicians in the community. To bridge this divide, we present a novel teaching format called What to Say When Patients Ask (WTS). The WTS format is interactive, based on principles of adult learning, and originally designed to focus on faculty and community clinicians as learners. It is organized around answering an imagined patient's questions about their illness, symptoms, treatment, or expected outcome/response from a neuroscientific perspective. This workshop will provide participants the opportunity to practice using this learning tool and reflect on how this format can be modified for various case conference and peer consultation settings as well as for settings with trainees.

**Upon completion of this session, participants will be able to:**
1. Describe a method for clinical faculty and community clinicians to engage in lifelong learning of clinically relevant neuroscience;
2. Utilize adult learning principles to teach clinical neuroscience in a peer consultation or clinical setting; and
3. Adapt this teaching methodology to trainee/medical student didactic settings.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education

**Workshop Session:** 9080
**Title:** Sharing Other People's Stories: How the Humanities Can Help Educators Bridge the Divide of Lived Experience

**Presenters:**
Kat Jong, MD, Friday Harbor, WA
David Elkin, MD, University of California-San Francisco, San Francisco, CA
Anne Johnson, MD, University of Texas-Southwestern, Dallas, TX
Sarah E. Baker, MD, MA, University of Texas-Southwestern, Dallas, TX
Helena Winston, MD, University of Colorado, Aurora, CO
Justin Faden, DO, Temple University, Philadelphia, PA

**Abstract Description:**
"The humanity we all share is more important than the mental illnesses we may not" — Elyn R. Saks, The Center Cannot Hold: My Journey Through Madness. In Psychiatry, we are increasingly recognizing the role of lived experience in the dialogue about how we treat mental illness. The ACGME now recognizes that trainees must be ready to engage with patients from diverse cultural backgrounds. However, the approach to achieving this competency is fairly broad. Many educators, especially those from non-minority backgrounds, struggle with how to approach and discuss talking about ethnicity, sexual orientation, language, and socioeconomic status (to name a

few). Some worry, not without reason, that starting a conversation about these topics might cause more backlash than leaving it out entirely. We argue however, that it is exactly because it makes us uncomfortable that we must educate ourselves on how to discuss this material. Traditionally, medical educators have reached for their own patient stories; however, this approach will skew towards the population they have seen during their careers. In this workshop, we will show you how to utilize other people's stories to help facilitate dialogue. The medical humanities provides rich examples to help us go beyond that box and access speakers from outside our own communities. Using TED talks, graphic novels, paintings, short fiction, and poetry, we will show examples of how and ask our participants to consider how they might integrate these into their curriculum.

**Upon completion of this session, participants will be able to:**
1. List three (3) socioeconomic and cultural issues that may influence medical and psychiatric outcomes, and elicit such a list from trainees;
2. Utilize the medical humanities at their own institutions to teach about lived experience of patients from diverse backgrounds; and
3. Identify specific pieces that can be used to introduce more diverse narratives into their teaching.
**Intended Audience:** Medical Students, Residents and/or Fellows, Junior Faculty, Senior Faculty
**Thematic Focus:** Teaching/Education, Curriculum Development, Competencies

# Works-in-Progress

Works-in-Progress #1
**Title:** Designing an Educational Intervention to Implement Measurement Based Care in General Psychiatry Longitudinal Ambulatory Clinics
**Presenters:**
Karen Wang, Med, MD, FRCPC, MSc, Sunnybrook Health Sciences Centre, Toronto, ON
Stefan Kloiber, MD, Centre for Addiction and Mental Health, Toronto, ON (Author Only)

**Abstract Description:**
"Measurement-Based Care (MBC) is defined as the "systematic administration of symptom rating scales and use of the results to drive clinical decision making at the level of the individual patient" (Fortney et al., 2017). MBC allows for early identification of clinical deterioration, improved clinical accuracy, enhanced individualized treatment, reduced time-to-response and remission of major depression (Guo et al., 2015; Fortney et al., 2017; Hatfield et al., 2010). Increasingly, psychiatry residency training programs are recognizing the importance of MBC; however there are limited studies articulating how best to teach and implement MBC in a general psychiatry residency program. Previous reviews and quality improvement initiatives have shown that inadequate training and supervision coupled with poor technological infrastructure and workflow issues can impede successful implementation and limit the benefits of MBC (Arbuckle et al., 2013; Boyd et al., 2018; Lewis et al., 2019). Given the need to establish effective teaching approaches for MBC, this pilot project aims to design and test the use of a multi-faceted educational intervention to implement MBC in 2 general psychiatry longitudinal ambulatory clinics. 16 psychiatry residents will be assessed for their baseline knowledge, skills and attitudes of MBC both before and after the educational intervention. A handbook/primer focused on MBC in conjunction with 3 virtual, interactive educational seminars will be created to help facilitate implementation of MBC for Major Depression. Topics to be covered in the training include: History of MBC; Evidence for MBC; Clinical Scales for Patients and Providers; Overcoming Implementation MBC Challenges and Barriers."

**Upon the conclusion of this session, participants should be able to:**
1. Understand the rationale for MBC training in general psychiatry residency programs;
2. Identify challenges, barriers and opportunities involved in implementation of MBC in psychiatry training program; and
3. Evaluate feasibility and effectiveness of teaching methods that facilitate MBC implementation in general psychiatry residency training programs.

**Upon the conclusion of this session, presenters shoulld be able to:**
1. Seek suggestions from AAP delegates on the scope of our MBC Educational Intervention, in particular, topic ideas for the MBC Handbook;
2. Seek recommendations from AAP delegates on the dissemination of our MBC Handbook for Resident Training, especially on how to facilitate an effective uptake and engagement from various training sites; and
3. Seek ideas from AAP delegates on how best to obtain feedback from pilot training sites after their involvement in the educational intervention for the purpose of continuous quality improvement.

Works-in-Progress #2
**Title:** Teaching Structural Racism in Housing Policy: Use of Antiracism Learning Community
**Presenters:**
J. Corey Williams, MD, MH, Georgetown University Medical Center, Washington, DC
Deliya Wesley, PhD, MPH, Georgetown University Medical Center, Washington, DC (Author Only)
Matthew Biel, MD, MSc, Georgetown University Medical Center, Washington, DC (Author Only)

**Abstract Description:**
In response to recent civic unrest and calls for racial justice, our department of psychiatry recognized the need for structural reforms, education, and building community. We created an anti-racism learning community among faculty where members are committed to open-mindedness, engagement, and discussion to better understand approaches to antiracism in healthcare and society. We have implemented a series of self-study materials in form of interactive, online learning modules which include videos, readings, audio, and reflection questions. After faculty have engaged with the specific learning module, we assign them to virtual small dialogue groups to further metabolize the content and deepen the learning. In this Work-In-Progress session, we will present a prototype of this broader initiative focused on structural racism in housing policy. We will simulate an abbreviated version of our antiracism learning community for the participants with self-study materials combined with a dialogue space. We will present key themes from our reflections, explore pros and cons of this pedagogical approach, and invite feedback from educators in the audience. We will generate a discussion on overcoming institutional barriers to implementation.

**Upon the conclusion of this session you should be able to:**
1. Reflect on their experience of participating in a learning community method of pedagogy focused on antiracism principles;
2. Evaluate an interactive online learning module focused on structural racism in housing policy; and
3. Describe two policy examples of institutional racism embedded in housing-related policies that have contributed to residential racial segregation.

**Upon completion of this session the presenters should:**
1. Gain insight into the experiences of learners in the simulated antiracist learning community;
2. Enlist feedback from participants regarding the self-study materials and small group dialogues; and
3. Inspire the formation of similar antiracism learning communities at their home institutions.

Works-in-Progress #3
**Title:** Whose Voice Is Missing? Service User Involvement in Psychiatry Resident Selection to Reduce Inequity
**Presenters:**
Rachel Carr, MD*, University of Toronto, Toronto, ON
Sacha Agrawal, MD, FRCPC, University of Toronto / Centre for Addiction and Mental Health, Toronto, ON
Rachel Cooper, University of Toronto/Harvard Medical School, Toronto, ON / Boston, MA (Author Only)
Mark Fefergrad, MD, FRCPC, Med, University of Toronto / Sunnybrook Hellath Sciences Centre, Toronto, ON (Author Only)
Lauren Munro, PhD Candidate, University of Toronto, Toronto, ON (Author Only)
Gina Nicoll, University of Toronto, Toronto, ON (Author Only)

**Abstract Description:**

As the people served by psychiatrists, service users have valuable knowledge on what makes a good psychiatrist and yet have typically not been explicitly included in psychiatry resident selection committees. In 2016, our psychiatry postgraduate leadership collaborated with service users to create a committee to bring service users into our resident selection process in a way that strengthens the process, while acknowledging power imbalances and the history of exclusion of service users from education and leadership roles. The committee now includes ten service users and two service user co-leads, all compensated with honoraria. Initially the committee generated a list of values/traits of importance and has since been involved in designing and evaluating selection activities reflecting these values. The group has focused on social justice, reflections on power and privilege, and empathy as important characteristics and has worked with allied psychiatrists to inform the selection process in ways that aim to be accountable to service user communities. The inclusion of service users in selection adds a missing perspective to the process, signals the valuing of service user perspectives to prospective residents, and represents an important step in building meaningful opportunities for collaboration between service users and psychiatrists. Challenges include establishing legitimacy in the department, securing sustainable funding, and building a sustainable and diverse committee. Anticipated next steps include developing a formal evaluation strategy and direct involvement in interviews. In this presentation, we will seek consultation from participants as we present our work and reflect on challenges and next steps.

**Upon completion of this session you should be able to:**
1. Describe how service user involvement and leadership can strengthen resident selection and equity initiatives;
2. Assess service user engagement initiatives at their own institutions with regard to meaningful engagement and power sharing; and
3. Identify additional opportunities for meaningfully engaging service users in medical education.

**Upon completion of this session the presenters should:**
1. Learn about and build collaborations with other service user engagement initiatives in medical education;
2. Obtain suggestions for how to enhance our initiative, with respect to equity, accountability, and sustainability; and
3. Gather input about how best to evaluate the impact of this initiative.

# Friday, September 10, 2021
4:45 PM - 6:15 PM

## Media Session
This session features photographs, instructional/documentary and feature film clips relevant to the practice of psychiatric education or medical humanities. The presenter will lead a discussion focusing on the media's relevance to the practice of psychiatric education. We hope you will enjoy your own popcorn and movie snacks during this enjoyable AAP presentation.

**Media Session:** 111675
**Title:** Putting the Y Back in DiversitY: Use of Purl, a Pixar SparkShorts film, for discussion and teaching on Diversity and Inclusion
**Presenters:**
Ruby Barghini, MD, MS, Temple University, Philadelphia, PA
Keith Luthuli, MD, Capt USAF, St. Luke's Anderson Campus, Easton, PA

**Abstract Description:**
Diversity and inclusion has been on the forefront of training programs nationwide since the institution of ACGME's mandate that programs must engage in practices focused on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of trainees, faculty, and staff (July 1, 2019). As a result, medical schools and graduate medical education have been focused on methods for formal implementation of these

practices at their institutions.  It is important that we keep in mind the benefits of a diverse and inclusive workforce beyond meeting mandated requirements. Diversity fosters a more creative, innovative, and enriched learning environment. Cultural competence improves patient care regardless of minority status. Physicians underrepresented in medicine are more likely to care for patients in underserved areas.  Visual presentation of the short film Purl, a Pixar SparkShorts, can be used to explore, assess, and teach attitudes that value acceptance of diverse cultural beliefs and worldviews.  Participants will be encouraged to discuss the thoughts, emotions, and ideas evoked from a "minority" employee's experience in a non-diverse workforce and the subsequent journey to a more inclusive and diverse work environment.  After brief discussion of the film, learners will have the opportunity to discuss their own attitudes and experiences regarding diversity. Participants will consider applications of this short film within their home learning environment.

**Format:** Video Clips
**Length:** Short film 8:43 minutes + 20 min for introduction, small and large group discussion, and wrap up
**Year of Production:** 2018
**Distributor Information:** https://www.youtube.com/watch?v=B6uuIHpFkuo
**Funding Source:** N/A

**Upon completion of this session participants will be able to:**
1. Identify at least 2 common emotions and/or behaviors experienced by both minority and majority individuals in the learning/work environment; and
2. Develop increased awareness of how diversity is beneficial to the workforce and learning environment; and
3. Identify ways in which they can implement media to facilitate discussion and teaching of diversity to faculty, trainees, medical students, and staff within their institution.

**Media Session:** 111875
**Title:** Engaging the art community to create a therapeutic environment on an inpatient child psychiatry unit
**Presenters:**
Elisabeth J. Kunkel, MD, PennStateHealth, Hershey, PA
Michael Reese, Hershey, PA (Author Only)
Ruth Moore, Pennsylvania Psychiatric Institute, Harrisburg PA (Author Only)

**Abstract Description:**
Our adolescent inpatient psychiatry unit was plain and grey. The authors desired to enhance the space by providing artwork to create more therapeutic environment. Through a partnership with a local school district and two professional artists, community stakeholders were engaged to improve the milieu of the unit.
An environmental survey (n= 146 surveys) reported that the physical environment of my individual room was healing for me 55%; the physical environment of the group rooms were healing for me 53%; the physical environment of the hallway was healing for me 59%; and the colors used in the group spaces of the inpatient unit were healing for me 43%. Two professional artists were hired as long-term artists in residence. Linda Billet is a glass mosaic artist who has extensive experience working in schools, and who also has created pieces for a prison. Beth Krumholz is a mixed media artist who created paper-based art pieces featuring floral and botanical themes. Students at all grade levels were encouraged to work with the artists, and to discuss the importance of art as part of a therapeutic environment. 13 pieces were created for the adolescent inpatient psychiatry unit which will be displayed at AAP. The Harrisburg community created artwork during the Harrisburg Artsfest which will also be displayed.  We are planning to show pre/post artwork installation videos of the inpatient unit.  Installation challenges related to assuring safety on a behavioral health unit and to avoiding any ligature risk will be explained.

**Format:** Other
**Length:** 15-20 min
**Year of Production:** 2019
**Distributor Information:** Elisabeth J. Kunkel, MD.  ekunkel@PennStateHealth.psu.edu
**Funding Source:** PA Council for the Arts, the Penn State Community Relations Department, the Dauphin County Medical Society Alliance, the Pinnacle Foundation, and the Pinnacle Auxiliary as well as private donations.

**Upon completion of this session participants will be able to:**
1. Learn the value of enhancing the therapeutic environment in a psychiatric setting; and
2. Articulate the challenges of safe art installation on an inpatient psychiatric unit; and
3. Learn the best practices and challenges for community engagment.


**Media Session:** 111974
**Title:** The Mr. Rogers Effect: Applying lessons learned from the beloved teacher, unique guide and parental figure in the 21st century.
**Presenters:**
Rana Elmaghraby, MD, Sea Mar Community Center Vancouver/WA
Suliman El-Amin, Children's Natural Medical Center, Washington DC
Kriti Gandhi, UPMC PinnacleHealth, York, PA
Megan (Meggie) Chochol, University of Utah, Salt Lake City, UT
Cosima Swintak, Mayo Clinic, Rochester, MN
Keith Miller, Mayo Clinic Rochester, MN


**Abstract Description:**
Video Clips/Disscussion; Example: Fred Rogers, famous for his television program "Mister Rogers' Neighborhood," was known for frequently using the phrase, "I like you just the way you are." In this interactive media session, we will focus on specific teaching techniques and interviewing skills that faculty and learners can benefit from by analyzing brief segments of the iconic children's show. Our discussion will also include an overview of key components of Mr. Rogers' most applicable child engagement techniques, including celebrating individuality, promoting healthy self-esteem and encouraging curiosity and exploration. Trained by the pioneering child psychologist Margaret McFarland, Fred Rogers wanted children to use education in shaping their individual selves with the final product being thinking and feeling beings. In order to achieve that, he used play as both means and destiny as well as hands on engagement with the surrounding world, in personal relationships. Through audience participation, we will curate a list of participant's favorite Mister Rogers' techniques and how they can implement them within their respective institutions.


**Intended Audience:** Residency and Fellowship Program Directors, Faculty working with Medical students, Residents and Fellows
**Format:** Other
**Length:** 30 min
**Year of Production:** 2001
**Distribution Information:** "Mister Rogers' Neighborhood 1979-2001" from the website Amazon Prime


**Upon completion of this session participants will be able to:**
1. To understand the philosophy behind Mr. Rogers' method of asking questions and encouraging speculations in his teaching style;
2. To identify ways Mr. Rogers' uses concepts such as 'observation' and 'interpretation' in his children's show development; and
3. Recognizing strategies in which faculty can use Mr. Rogers' nonjudgmental attitude to teach empathy, curiosity and interviewing skills in residency and fellowship programs.


*<<END OF PROGRAM>>*