



OFFICIAL PROGRAM



This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the American Psychiatric Association (APA) and Association for Academic Psychiatry (AAP). The APA is accredited by the ACCME to provide continuing medical education for physicians.

The APA designates this live activity for a maximum of 19.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

teaching skills - technology - research - faculty development

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Planning Committee and Faculty Disclosures

The American Psychiatric Association adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Medical Education. Any individuals in a position to control the content of a CME activity — including faculty, planners, reviewers or others — are required to disclose all relevant financial relationships with ineligible entities (commercial interests). All relevant conflicts of interest have been mitigated prior to the commencement of the activity.

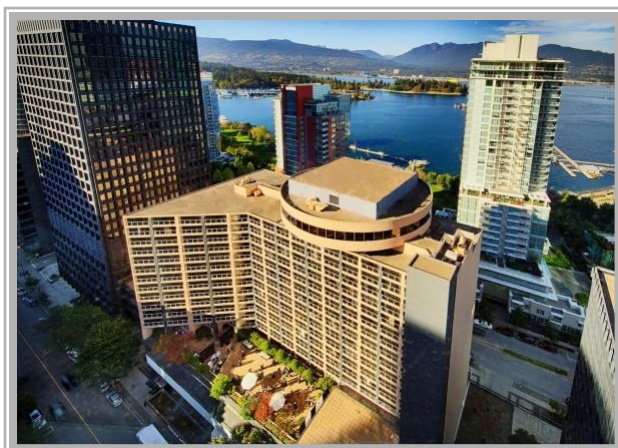
There are no financial disclosures.

General Information

About the Association for Academic Psychiatry

The Association for Academic Psychiatry (AAP) focuses on education in psychiatry at every level from the beginning of medical school through life-long learning for psychiatrists and other physicians. It seeks to help psychiatrists interested in careers in academic psychiatry acquire the teaching knowledge, research skills, and career development required to succeed. AAP provides members a forum to exchange ideas on problem solving, teaching techniques, curriculum, and other issues. AAP works with other professional organizations with mutual objectives through committee liaisons and collaborative programs.

For more information, go online to www.academicpsychiatry.org or contact the AAP Executive Office at 770.222.2265.



2023 Annual Meeting

Registration Information

The AAP Annual Meeting Registration Desk is located on the 2nd Floor. All attendees, guests, and presenters must register and pick up their credentials from the AAP Registration Desk. Listed below are dates and times the AAP Registration Desk will be open.

Tuesday, September 5	2:00 pm – 5:00 pm
<i>Master Educator and Executive Board Only</i>	
Wednesday, September 6	8:00 am – 12:00 pm
<i>Master Educator Only</i>	
All Registrants	12:00 pm – 8:00 pm
Thursday, September 7	7:00 am – 4:00 pm
Friday, September 8	7:00 am – 5:00 pm
Saturday, September 9	7:00 am – 12:00 pm

Guest Registration for Social Events

Guests of registered attendees are welcome to participate in our Welcome Reception, 7 – 8:30 pm on September 6th in the Vistas 360, 19th Floor, Pinnacle Hotel Harbourfront and the Night Out event at Science World, 6:00 pm – 9 pm, as well as an after party, Port of Vancouver, 2nd Floor, 9:00 pm – 11:00 pm, September 7th. **All guests (including children) must be pre-registered or register on-site to attend those events.** The cost for both social events is \$200 per person for adults and \$50 for children 5 years and older; Night Out only is \$150 per person for adults and \$50 for children 5 years and older. Please visit the AAP Annual Meeting Registration Desk to add a guest to your registration or if you have any questions.

Night Out Event

Thursday, September 5, 6:00 pm – 9:00 pm

Science World, Eureka Gallery

1455 Quebec Street
Vancouver, BC

The AAP Annual Meeting Night Out has become a welcomed tradition showcasing some of the best cuisine and atmosphere the host city has to offer. Your Vancouver Night Out will offer generous samplings of regional food, beer, and wine along with amazing views of the downtown skyline. Enjoy this time-honored AAP tradition, as the perfect opportunity to catch up with old friends and to get to know new ones! There will be multiple engaging activities – a MUST NOT MISS event!

This fun filled event is part of each full meeting registration fee and includes extensive food stations (including an AAP tradition – the mashed potato bar!) non-alcoholic beverages as well as two drink ticket/attendee to be used toward an alcoholic beverage of your choice. Additional beverages are available for purchase from the fully stocked bar.

There will be continuous shuttle service available between The Pinnacle Hotel Harbourfront and Science World beginning at the hotel (5:45 pm) and last shuttle departing Science World (9:15 pm).

In addition to shuttle service, walking and transit directions are available on Whova (Logistics: Night Out).

Night Out After Party

For those wishing to extend their evening with friends and colleagues a little longer, consider the Night Out After Party – back at the Pinnacle Hotel Harbourfront, Port of Vancouver Room, 2nd Floor. This year's after party will include a variety of table games and a sweet treat to end your night! You are welcome to purchase drinks at the lobby bar and bring to this event.

These are ticketed events. All full-meeting pre-registrants will have a Night Out sticker on the back of their badge.

One-day annual meeting registrants, Master Educator only registrants and all guests of attendees, not already registered (including children) need to purchase tickets at the AAP Annual Meeting Registration Desk if planning to attend this event.

Educational Program Accreditation

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Presenter Evaluations

Daily evaluations for educational sessions may be completed by following the appropriate links:

Wednesday: https://www.surveymonkey.com/r/23_Wed_Evals

Thursday: https://www.surveymonkey.com/r/23_Thur_Evals

Friday: https://www.surveymonkey.com/r/23_Fri_Evals

Saturday: https://www.surveymonkey.com/r/23_Sat_Evals

Evaluation links are also available through WhoVa!

Evaluation Notes:

- Links will be emailed daily during the annual meeting to all registrants.
- Access evaluations directly from your smartphone, computer or tablet by following the link.
 - Links to SurveyMonkey are provided on WhoVa (Surveys).
- Please take the time to complete an evaluation for each session you attend.

Evaluations are essential for future planning and presenter feedback!

Learning Objectives

As a result of attending the 2023 AAP Annual Meeting, participants will be able to:

- Describe teaching approaches that improve and enhance your current educational practice;
- Identify at least one new pedagogical approach to incorporate into your current teaching practice;
- Discuss challenges facing the field of academic psychiatry and identify strategies to address these challenges effectively; and
- Identify experienced medical educators who can serve as mentors in developing an effective teaching portfolio and career as well as peers who can serve as collaborators for new educational projects and scholarly work.

The AAP Annual Meeting is designed for psychiatrists who are interested in learning about academic development, teaching psychiatry and researching about teaching psychiatry. Psychologists and other medical educators sometimes attend this conference when they are heavily involved in education at their particular institution.

**2024 Annual Meeting
September 11-14, 2024**

Washington, DC

**The Mayflower Hotel, Autograph
Collection**



The AAP Annual Meeting is designed for psychiatrists who are interested in learning about academic development, teaching psychiatry and researching about teaching psychiatry. Psychologists and other medical educators sometimes attend this conference when they are heavily involved in education at their particular institution.

**Mark your calendar for next year's
AAP Annual Meeting!**



EDUCATIONAL PROGRAM

* denotes trainee

Wednesday, September 6, 2023

2:45 pm - 4:15 pm

WORKSHOPS

Room: Port of New York

This Building Set is for PGY-1 to 99: Development of Diversity, Equity, and Inclusion Curricula in Psychiatry Residency and Beyond

Nikhita Singhal, MD, *University of Toronto*

Erinna Brown, MD, FRCPC, MSc, *University of Ottawa*

Lauren Hishon, MD, MBA*, *University of Ottawa*

Liisa Johnston, MD, FRCPC, MEd, *Children's Hospital of Eastern Ontario*

Marijana Jovanovic, FRCPC, MD, *Child and Adolescent Psychiatrist, Children's Hospital of Eastern Ontario, University of Ottawa*

Chetana Kulkarni, MD, FRCPC, *University of Toronto, University of Toronto/Hospital for Sick Children*

Katherine Matheson, MD, FRCPC, *Children's Hospital of Eastern Ontario*

Rajeevan (Raj) Rasasingham, MD, FRCPC, *University of Toronto*

Lara Postl, FRCPC, *Children's Hospital of Eastern Ontario (AUTHOR ONLY)*

Description:

Amidst the current social climate, with the ongoing COVID-19 pandemic and greater attention on racial injustice, there has been increased discourse around longstanding systemic social inequities impacting mental health. It has been well documented in the literature that racialized individuals often have negative experiences seeking and engaging with mental health services, including experiencing race-based discrimination, and feeling excluded from traditionally Eurocentric models of care that do not adequately center their needs. Despite this, diversity, equity, and inclusion (DEI) principles have not been a major component of psychiatry residency training or continuing education. Our interactive workshop aims to address this gap by providing participants with the foundational knowledge, skills, and tools to begin building DEI principles into psychiatry curricula. Following an initial brief presentation on the current state of DEI education in psychiatry, we will share an example of an innovative curricular initiative being developed as a case study and launching pad for subsequent breakout group discussions. Attendees will divide into three groups focusing on the following topics: (1) benefits, challenges, and strategies for curricular co-design involving individuals with lived experience; (2) different modes of curricular delivery, including virtual modules/platforms; and (3) customizing curricula to meet learning needs at various stages of training, from residency to late-career. Group representatives will report back when we reconvene as a large group for further discussion, with the final portion of the session dedicated to action planning and exploration of how key takeaways can be applied to improve DEI curricula within participants' own institutions.

Learning Objectives

Objective 1:

Summarize the current state of evidence regarding psychiatry residency training on diversity, equity, and inclusion (DEI) principles,

Objective 2:

Discuss challenges and best practices in implementing DEI curricula, including involvement of individuals with lived experience and consideration of educational needs at different career stages, and

Objective 3:

Elaborate action items aimed at creating or improving DEI curricula within their own institutions.

Thematic Focus:

Competencies, Curriculum Development, Disparity, Diversity and Inclusion, Teaching/Education

Intended Audience:

Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of San Francisco**Nemesis or (Self) Discovery: Strategies for Receiving Feedback**

Adrienne Gerken, MD, *Thomas Jefferson University Hospital*

Ashika Bains, MD, MS, *Harvard Medical School/Massachusetts General Hospital*

David Beckmann, MD, MPH, *Thomas Jefferson University Hospital*

Sharon Chaing, MD, MS, *Thomas Jefferson University*

Emily Sorg, MD, *Massachusetts General Hospital*

Marla Wald, MD, *Duke University*

Description:

Learning to deliver effective feedback is an essential skill for educators. But what about receiving it? While feedback is essential to education and growth, receiving and incorporating it can feel painful and trigger responses including rejection, avoidance, and impostor syndrome. Yet the benefits of receiving feedback—even soliciting it—are tremendous, for in the words of Spock, “Change is the essential process of all existence.” To best serve the next generation, we must actively build the skill set of receiving—not just providing—feedback. In addition to building a more effective teaching practice, receiving feedback with a growth mindset enables us to model this challenging skill for learners. This workshop will draw from the work of Dr. Carol Dweck (*Mindset: The New Psychology of Success*; Random House, 2006) and Douglas Stone and Sheila Heen (*Thanks for the Feedback: The Science and Art of Receiving Feedback Well*; Viking, 2014). Participants will review the principles of high-quality feedback, then discuss the benefits of feedback. Interactive content will be paired with individual, paired, and small-group activities as we discuss the concepts of “growth” vs. “fixed” mindsets, identify ways to “pull” for feedback, and learn to recognize and address three types of feedback “triggers” that make receiving feedback challenging. Finally, we will generate and discuss ways to evaluate and improve responses to feedback. Participants will leave with improved confidence in their ability to accept and solicit feedback, a skill set for coaching learners who struggle with feedback, and the will to “make it so.”

Learning Objectives

Objective 1: Describe three “triggers” activated by receiving feedback,

Objective 2: Evaluate their own responses to feedback and adjust to a “growth mindset” when needed, and

Objective 3: Coach learners who struggle with feedback, including assisting them in “pulling” for effective feedback.

Thematic Focus: Career Development, Competencies, Leadership/Administrative Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of Singapore**Failure to Fail – Challenges and Solutions in Failing Learners in Academic Difficulty**

Kien T Dang, MD, FRCPC, *University of Toronto*

Chloe Leon, MD, FRCPC, *University of Toronto and CAMH*

Carla Garcia, MD, FRCPC, *University of Toronto*

Description:

With the next generation of learners having experienced suboptimal virtual medical education and challenges with wellness, more undergraduate and postgraduate trainees would be expected to experience academic difficulty during clinical rotations. It is estimated that 7-9% of learners in residency experience academic difficulty. Despite this, the number of low performance evaluations has decreased over the past 15 years. Concern over retaliatory evaluations, legal action, and lack of support are cited as reasons for not failing learners. Failure to identify learners in difficulty prevents learners from receiving academic and/or wellness support they need to launch into successful careers. In this interactive workshop, we plan to discuss reasons for current learners to have academic difficulty, discuss barriers to failing learners, generate an approach to successfully failing a learner on a clinical rotation, and practice challenging conversations with the learner in difficulty.

Learning Objectives

Objective 1: Discuss and discover challenges and barriers to failing a learner in academic difficulty,

Objective 2: Generate an approach to successfully failing a trainee in difficulty in a clinical rotation, and

Objective 3: Practice having difficult conversations with learners about their risk of academic difficulty.

Thematic Focus: Teaching/Education

Intended Audience: Junior Faculty

Room: Salon C

Cultivating the Next Generation of Problem Solvers: Implementing an Administrative Elective for Residents.

Suliman El-amin, MD, MS, *UMASS Medical School*

Auralyd Padilla, MD, *UMASS Medical School*

Dipavo Banerjee, DO, *UMASS Medical School*

Bogdan Anton, MD*, *UMASS Medical School*

Description: The role of the psychiatrist as administrator is not explicitly taught in graduate medical education. Hospital leaders are expected to obtain their administrative acumen through years of clinical and managerial experience or a separate graduate program. However, as the mental healthcare workforce shortage expands, psychiatrists will be called to fulfill leadership roles earlier in their careers. To prepare residents to meet the challenge of becoming hospital leaders as early career psychiatrist we have developed an introductory elective rotation in hospital administration for first- and second-year residents. In this interactive workshop, participants will learn about the benefits of creating an administrative elective for junior residents. Presenters will discuss the resident collaboration and project development process including the selected healthcare system challenge to be addressed. Participating residents will provide a brief presentation of completed projects and their associated experiences will also be discussed. Workshop participants will work together in small groups to work through common hospital issues and identify ways a junior resident elective could prepare residents to manage these challenges.

Learning Objectives

Objective 1: Understand the benefits and challenges in developing an administrative elective,

Objective 2: Recognize the essential components needed for an effective administrative course, and

Objective 3: Define learning objectives for an administrative elective from examples of common hospital problems.

Thematic Focus: Leadership/Administrative Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon D

Meet Your Future: Leading Meetings Worth Attending

James Koved, MD, OHSU

Description:

Academic medicine runs on meetings: large and small, scheduled and impromptu, covering incremental updates and practice-altering changes. So why are so many meetings excruciating? Despite being an essential business tool, meetings can be time-consuming, inefficient, and demoralizing for attendees and leaders alike. The increase in virtual meetings in response to the coronavirus pandemic has yielded its own set of benefits and pitfalls. When you're in charge of a meeting, what can you do to make it successful? Studies indicate that practicing psychiatrists and trainees feel deficient in administrative and leadership areas (Tobin 2002; Sockalingam 2007); however, we suggest that psychiatrists are actually well-poised to lead productive, efficient meetings. Drawing on business literature and best practices, this workshop will help participants transfer their existing expertise in psychiatric interviewing, psychotherapy, and group dynamics to enhance their skills in meeting leadership. Through educational content and interactive teaching tools, we will help participants (1) conceptualize their existing meetings based on a framework of meeting types and essential functions, (2) organize and prepare for meetings based on the intended goals, and (3) enact strategies for effectively conducting meetings, including address commonly-occurring challenging behaviors among attendees. Participants will engage in two live-action exercises designed to highlight meeting pitfalls and integrate these new approaches. This workshop is aimed towards individuals who lead meetings but welcomes all attendees interested in enhancing their leadership and administrative skills. The strategies discussed here are broadly applicable across settings and level of training.

Learning Objectives

Objective 1: Conceptualize and outline meetings in order to improve meeting flow and outcomes,

Objective 2: Identify strategies to mitigate common challenging behaviors and dynamics among meeting attendees, and

Objective 3: Practice using suggested strategies for leading meetings in small groups and consider how these strategies could be incorporated into existing meetings at their home institutions.

Thematic Focus: Competencies, Leadership/Administrative Development

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon E

2:45 pm - 4:15 pm

To-Do or Not-To-Do?: Values-Based Decision Making in Selecting Educational Projects

Bryan Lao, MD,* *Duke University Medical Center*

Sarah Eckstein, MD, *Duke University Medical Center*

Rick Wolthusen, MD, MPP,* *Duke University Medical Center*

Miles Christensen, MD,* *Duke University Medical Center*

Hania Ibrahim, MD,* *Duke University Medical Center*

Mountasir El-Tohami, MD,* *Duke University Medical Center*

Paul Riordan, MD, *Duke University Medical Center*

Description: Within our busy lives, academicians and clinicians often face an overabundance of options for educational activities, all vying for our limited time, energy, and cognitive capacities. In sorting through these options, individuals may even choose their educational projects based on their perceived role or cultural pressures rather than what is most likely to give their lives the most meaning. Additionally, declining an educational project may bring up uncertainty, guilt, or even shame. Within Acceptance and Commitment Therapy (ACT), values have long been used as a framework to identify and choose one's moral compass. Value congruent decisions give meaning to tasks within our lives (whether joyful or difficult) and reinforce our behaviors. Values can also orient us toward our chosen direction and allow us to use our professional and private resources effectively. By engaging with values, academic clinicians can begin to sort through which projects will bring them the most fulfillment. Additionally, they can also avoid burnout by validating values-defined boundaries when saying "no", because values congruent decisions evoke less uncertainty, guilt and shame. In this workshop, we aim to help participants engage with their values before applying this framework to a decision within their own academic careers. Participants will first explore the concept of values, followed by a series of guided exercises that let them connect with their values. Participants will then

work collaboratively in small groups to explore how these values may be present, or not present, with regards to a current or potential future academic project.

Learning Objectives

Objective 1: Compare and contrast values with goals, domains, or emotional states,

Objective 2: Formulate strategies for identifying and connecting with one's values, and

Objective 3: Assess and evaluate a decision within the framework of values.

Thematic Focus: Career Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty

Room: Salon F

High Stakes Interviewing: Using Standardized Patients to Train Medical Students to Obtain a Trauma History

Steven Huege, MD, University of California San Diego

David Lehman, MD, University of California San Diego

Priti Ojha, MD, University of California San Diego (*AUTHOR ONLY*)

Samantha Russo, University of California San Diego (*AUTHOR ONLY*)

Description:

With growing evidence of increased rates of trauma in our society, it is crucial that medical students are prepared to navigate clinical interactions with survivors. Neglecting to identify and ultimately provide treatment for trauma-related issues can have devastating consequences for patients. Trauma-focused interviewing is a particularly important component of medical education as psychological trauma can lead to chronic conditions including heart disease, cancer, stroke, and diabetes. However, the delicate nature of these discussions can sometimes impede on both the inquiry of trauma histories and the teaching of this skill. Given the potential for patient injury in this type of assessment, we have developed a standardized patient curricula to teach this skill in an environment that provides safety for the student and "patient" and allows for constructive feedback on trainee performance. Standardized patients have been proven to better facilitate learning non-verbal cues that are crucial in psychological trauma interviewing. The challenges of assessing for and obtaining a trauma history can involve additional complexity when the interviewer and interviewee come from different cultural backgrounds. Recognizing the importance of achieving cultural competency and the high rates of trauma exposure in immigrant/refugee populations, this trauma history interview standardized patient activity centers on conducting an interview with a recently arrived LGBTQ+ refugee standardized patient who presents with symptoms suggesting possible trauma exposure. The curriculum is compatible with virtual learning requirements and interviews being done remotely. This workshop seeks to endow attendees with the knowledge base to develop similar curricula at their own institutions.

Learning Objectives

Objective 1: Identify challenges faced by students and potential risks of harm to patients inherent with obtaining a trauma history,

Objective 2: Apply understanding of the cultural and legal considerations students need to account for when conducting an interview with a refugee who is a member of the LGBTQ community and train students to conduct a culturally competent interview, and

Objective 3: Create learning activities using standardized patients to facilitate the development of interviewing skills, with particular attention to obtaining a trauma history.

Thematic Focus: Curriculum Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

4:30 pm - 6:00 pm

WORKSHOPS

Room: Port of New York

Deer in the Headlights to Empowered Upstander: An Interactive Workshop

Abigail Kay, MD, *Jefferson Medical College of Thomas Jefferson University*

Dana Raml, MD, *Univ of NE MC*

Kristin Escamilla, MD, *Dell Medical School at The University of Texas at Austin*

Jody Glance, MD, *University of Pittsburgh School of Medicine*

Linda Love, PhD, *University of Nebraska Medical Center*

Description: Have you ever observed a microaggression occurring but didn't immediately know how to respond, instead feeling like a deer in the headlights? This bystander experience is, unfortunately, much too common. A bystander is an individual who sees mistreatment occur but does not intervene. There are many barriers to intervention. These can include discomfort with speaking up or not knowing how to speak up in the moment. Others might have concern for a negative impact on career or relationships or feel unsure if something harmful had occurred. People may also fear being unable to become an upstander after unintentionally committing microaggressions themselves. In contrast, an upstander sees injustice happening and acts. While transitioning from a bystander to an upstander may be challenging, it is essential to ensure those experiencing microaggressions feel supported, protected and valued. In academic settings, those experiencing microaggressions are likely to have lower salaries, fewer publications and grant awards, lower academic ranks, and a lower likelihood of being given leadership positions. It also has been shown to adversely affect performance, self-esteem, mental and physical health, achievement, and advancement. By becoming an effective upstander, you can impact the culture of inclusivity at your institution. This workshop offers an opportunity to expand your confidence as an upstander utilizing interactive discussion, review of upstander techniques, pair and share, and role play scenarios to practice skills.

Learning Objectives

Objective 1: Define the terms microaggressions, macroaggressions, bystander, and upstander,

Objective 2: Identify challenges and reinforce the importance of becoming an upstander, and

Objective 3: Examine examples of mistreatment in a variety of settings and strategies for response and practice skills needed to respond to witnessed micro/macroaggressions.

Thematic Focus: Disparity, Diversity and Inclusion

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of San Francisco

Increasing Connectivity in the Academic Collective: Nurturing Networking Skills for Your Career Voyage

Sean Blitzstein, MD, *University of Illinois At Chicago*

Marcia Verduin, MD *University of Central Florida*

John Luo, MD, *University of California Irvine*

Robert Boland, MD, *Baylor College of Medicine, Menninger Clinic, Baylor School of Medicine*

Description: You are working hard in your psychiatry department, whether as a resident or new faculty, lecturing for and supervising medical students or residents while juggling your other clinical responsibilities and administrative requirements; however, how do you increase your visibility and discover new opportunities for academic pursuits? Networking is an essential, but often not taught, competency for trainees and junior faculty, one that can generate further prospects for partnership in medical education, including presentations, workshops, and publications. While it is not a natural talent, it can be easily learned in the nurturing and collaborative environment here with AAP. This informative, interactive, and fun workshop will introduce participants to various practical skills involved in networking, including the "elevator pitch," strategies to enhance networking, and tools for virtual networking. The focus will be on practicing the techniques and allowing a significant amount of time for discussion. The workshop will be useful for junior faculty just starting out their careers, as well as for senior faculty who wish to teach this to the next generation of academic psychiatrists.

Learning Objectives

Objective 1: List the common mistakes in an elevator pitch,

Objective 2: Practice strategies for connecting to your target audience, and

Objective 3: Apply tools to enhance networking efforts at your home institution.

Thematic Focus: Career Development, Leadership/Administrative Development, Teaching/Education, Technology

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of Singapore

Got Joy? Finding Joy and Meaning in Our Work

Anastasia Evanoff, MD*, *Harvard Medical School McLean Hospital*

David Frederick, MD, *Massachusetts General Hospital, McLean Hospital*

Joseph Stoklosa, MD, *Harvard Medical School McLean Hospital*

Rachel MacLean, MD*, *Harvard Medical School, Massachusetts General Hospital (AUTHOR ONLY)*

Elizabeth Madva, MD, *Massachusetts General Hospital/McLean Psychiatry Residency (AUTHOR ONLY)*

Description: “What did you do as a child that made the hours pass like minutes? Herein lies the key to your earthly pursuits.” -Carl Jung. Consider Jung’s observation for a moment. What intrinsically brings you joy? Why? Our societal and professional focus on wellness and combating burnout could be characterized as our collective search for joy and meaning. Joy can be shared outwardly with smiles and laughter or felt as a positive affective experience within oneself. The joy we experience can multiply, igniting connections with colleagues, patients, families, and friends, spreading a sense of professional fulfillment, and catalyzing more deliberate career planning. How, then, do we find these elusive trophies in our lives for ourselves and our mentees? This workshop will explore how to locate and harness joy and meaning within our work by examining our own values, passions, and strengths. As part of a joy-filled ice breaker, participants will complete a brief assessment of their individual character strengths. Participants will hear the relevance of finding joy and meaning in work, be introduced to various evidence-based frameworks, and will engage in a large group discussion of the challenges and experiences of finding joy at work. Following that, participants will be introduced to the three core components of the workshop – values, passions, and strengths – using a diverse combination of teaching Methods: including Menti polls, solo writing, and pair and shares. The workshop concludes with learners brainstorming concrete ways to incorporate their strengths into their clinical work and teaching moving forward.

Learning Objectives

Objective 1: Recognize strategies for finding joy and meaning in work and teaching,

Objective 2: Examine their own personal and professional passions, values, and strengths, and

Objective 3: Select ways to apply their strengths to their work and teaching both within and beyond the session.

Thematic Focus: Career Development, Competencies, Leadership/Administrative Development

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon C

Feedback: The Final Frontier Reconciling and Integrating Feedback

Ran Li, MD, *University of Pittsburgh School of Medicine*

Samuel Boas, MD, *Weill Cornell Medical College/NewYork-Presbyterian Hospital*

Geoffrey Liu, MD, *Harvard Medical School McLean Hospital*

Description: There is extensive literature on the importance of feedback and how to give feedback effectively. Receiving feedback and responding to it well are crucial skills for trainees, faculty, and anyone committed to lifelong learning, but there is much less literature on this topic. It can be challenging to know how to respond to feedback, especially if the feedback is painful, unclear, or contradictory. Thus, effectively integrating difficult feedback is the final frontier of the feedback space. In this workshop we will give participants the tools and skills to boldly go into that frontier and discover ways to respond to difficult feedback more effectively, with the hope that our generation and the next can grow, heal, and nurture to the best of our abilities, together.

First, participants will identify common challenges that they experience when responding to difficult feedback. Second, participants will share their own experiences with responding to difficult feedback. Third, participants will engage in a structured role play exercise around seeking supervision on how to integrate feedback. Finally, participants will debrief the workshop and identify principles for integrating feedback.

This workshop will be applicable for learners of all experience levels as feedback can be potentially challenging at any stage of life. Participants will receive handouts, including a content summary and a guide for reconciling and integrating difficult feedback. These tools can be used for the rest of participants' careers to help themselves and the next generation respond effectively to feedback.

Learning Objectives

Objective 1: Recognize common challenges in responding to difficult feedback,

Objective 2: Develop a framework and tools for effectively integrating difficult feedback, and

Objective 3: Help colleagues and trainees at their home institution respond to difficult feedback more effectively.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon D

Teaching the Next Generation of Pandemic Psychiatrists

James Lee, MD*, *University of Washington*

Laurel Pellegrino, MD, *University of Washington*

Nadejda Bespalova, MD, *University of Washington*

Alexis Carnduff, MD, *University of Washington*

Gabriel Franta, MD, MPH *University of Washington (AUTHOR ONLY)*

Description: The COVID-19 pandemic has placed a spotlight on the interplay between infectious disease and mental health. Pandemics are a uniquely traumatic medical experience, with different ramifications compared to more individual healthcare experiences (e.g. organ transplant, cancer). Other infectious diseases like HIV, SARS, and H1N1 have also had significant impacts on mental health, each of these affecting various populations in different ways. Psychiatry residency programs need to be able to create and rapidly update teaching material about pandemic psychiatry – the art and practice of mental health during an outbreak of infectious disease. This workshop will introduce the concept of pandemic psychiatry through brief didactics and large group discussions that examine the interplay between infectious disease outbreaks and mental health. We will then examine how outbreaks affect specific populations, drawing attention to disparities and later formulating ways to actively combat them. Finally, we will present a structured framework to teach pandemic psychiatry. Our framework guides participants through the process of locating current information, identifying the phenotype of the illness, correlating this phenotype with its associated impacts on mental health, and encouraging concrete changes to one's practices that accommodate these impacts and address disparities. Small groups will be then directed to apply this tool to teaching psychiatrists about ongoing outbreaks, specifically the US monkeypox outbreak and the China enterovirus A71 outbreak. A final large group discussion will be used to compare strategies and set goals to implement these changes upon participants returning to their home institutions.

Learning Objectives

Objective 1: Identify concrete ways in which outbreaks like SARS, HIV, and COVID have affected mental illness,

Objective 2: Explain the impacts of mental illness on infectious disease outbreaks, including vaccination adherence and treatment delay for medical issues, and

Objective 3: Implement our provided educational framework to rapidly create a curriculum based on the phenotype of a novel infectious disease, applying relevant concepts of equity, justice, inclusion, and community advocacy to a pandemic psychiatry curriculum.

Thematic Focus: Curriculum Development, Disparity, Diversity and Inclusion, Teaching/Education

Intended Audience: Junior Faculty, Senior Faculty

Room: Salon E

Beyond Cultural Competency: Developing and Implementing a Cultural Psychiatry Curriculum

Danielle Morelli, MD*, *University of Texas Southwestern Medical Center At Dallas*

Barbara "Bobbie" Banner*, MD, *University of Texas Southwestern Medical Center*

Chengxi Li, MD*, *University of Texas Southwestern Medical Center*

Joseph Guillory, MD, *The University of Texas Southwestern Medical Center (AUTHOR ONLY)*

Adriane dela Cruz, MD, PhD, *The University of Texas Southwestern Medical Center (AUTHOR ONLY)*

Description: The ACGME has established intensive and highly focused cultural competency requirements for psychiatry residency programs, and best practices for meeting these requirements are developing. (1) Teaching cultural psychiatry may be a successful method for meeting these requirements and allows programs to move beyond the concept of cultural competence. The deep exploration of themes of health equity and antiracism provided by cultural psychiatry are of great interest to psychiatry educators (2). Evolving cultural psychiatry objectives conceptualize new Methods: for addressing disparities and inequities by focusing on the social determinants of health, implicit bias, global mental health, community partnerships, and structural discrimination (2,3,4). Creating a curriculum that fully embraces cultural psychiatry to explore the relationship between culture and psychiatric practice can be challenging. This workshop will discuss the resident-led and faculty supported steps our program has taken to develop and implement a residency didactics thread focused on cultural psychiatry. We created a program-specific mission for cultural psychiatry didactics and considered the extent we could explore topics such as antiracism, health equity, cultural competence, social determinants of health, implicit bias, community partnerships, structural discrimination (5), and global mental health through personal reflection, group discussion, and immersive experiences. As part of the workshop, we will present our process and share perspectives on the definition of cultural psychiatry. Workshop attendees will utilize time in the workshop to create a program-specific mission statement for cultural psychiatry didactics. Workshop attendees will also identify topics to enhance teaching of cultural psychiatry at their respective programs.

Learning Objectives

Objective 1: Define the term "cultural psychiatry," describe the topic areas that could be included in cultural psychiatry didactics, and identify ways to utilize the teaching of cultural psychiatry to meet ACGME requirements related to cultural competency,

Objective 2: Identify the domains of cultural psychiatry currently addressed in your program's didactics and domains not currently addressed in the curriculum, and

Objective 3: Outline teaching objectives for a cultural psychiatry curriculum at your home program and identify teaching sessions to add to enhance teaching in cultural psychiatry.

Thematic Focus: Competencies, Curriculum Development, Disparity, Diversity and Inclusion, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon F

Team-Based Learning: Active, Social Learning for Psychiatry Education

Elmira Yessengaliyeva, MD, *Western Michigan University Homer Stryker MD School of Medicine*

Kirsten Porter-Stransky, PhD, *University of South Carolina School of Medicine Greenville*

Description: We learn better when actively engaging with content rather than passively listening to lectures. Indeed, the Liaison Committee on Medical Education (LCME) accrediting body requires "instructional opportunities for active learning and independent study to foster the skills necessary for lifelong learning." Yet, many programs continue to struggle implementing active learning experiences for their students and residents. Designing active learning events requires a shift in mindset from being the "sage on the stage" to the "guide on the side." Team-based learning (TBL) is an active learning modality grounded in adult and social learning theories. TBL is well suited to integrate clinical sciences, pharmacology, neuroscience, and other biomedical sciences into psychiatry cases. Workshop participants will experience a mini TBL, discuss the advantages of TBL, and learn how to

create a TBL for their learners. One workshop presenter has earned the Knowledge of the Fundamentals of TBL Certificate from the Team-Based Learning Collaborative, and all presenters have experience teaching psychiatry topics using TBL. Workshop participants will be able to add TBL to their educator's toolbox for the next generation of psychiatry education.

Learning Objectives

Objective 1: Describe the components of team-based learning,

Objective 2: Discuss the advantages of team-based learning as an active learning strategy for adult learners, and

Objective 3: Design team-based learning applications to include in their own teaching.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Thursday, September 7, 2023

9:00 am - 10:15 am

Harbourfront Ballroom 1/2

KEYNOTE ADDRESS

[Room: Harbourfront Ballroom 1/2](#)

Mentoring and Generativity: Go Fast Alone or Go Far with Others

Carol Bernstein, MD, *Albert Einstein College of Medicine and Montefiore Medical Center*

Description: Mentorship, coaching and sponsorship are critical elements of support for educators, both young and old. This talk will describe the key factors in contributing to a productive mentor/mentee relationship and the differences between mentorship, coaching and sponsorship in promoting careers. Participants will have the opportunity to hear from lived experiences as well as the opportunity to participate in a "pair and share" exercise in order to reflect on their own career trajectories.

Learning Objectives

Objective 1: Describe key factors contributing to a productive and valuable mentor/mentee relationship,

Objective 2: Describe the differences between mentorship, coaching and sponsorship and the benefits of each, and

Objective 3: Reflect on their own experiences with mentors and mentees by participating in a "pair and share" opportunity.

Thematic Focus: Career Development (early, mid, and late)

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

10:30 am - 12:00 pm

Workshops

[Room: Port of New York](#)

Show and Tell: Constructing Effective Teaching Portfolios

John Teshima, MD, Med, FRCPC, *University of Toronto*

Shaheen Darani, MD, *University of Toronto*

Rachel Russo, MD, *University of California San Diego/San Diego VA*

Gregory Dalack, MD, *University of Michigan*

Description: Academic faculty at most institutions are required to keep track of their teaching and scholarly education activity in a portfolio or dossier. At minimum, this document compiles a track record of teaching and associated evaluations of teaching performance. At optimum, a teaching portfolio/dossier tells a compelling story of how passionate and excellent you are as a teacher and educator. The portfolio/dossier is usually required for promotion applications, particularly those on the

basis of teaching and education. It is also required for some annual review processes, teaching/education award applications, and for applications to leadership positions in education. Given its importance, faculty are encouraged to begin creating a teaching portfolio/dossier from the beginning of their academic careers. However, faculty are not consistently provided explicit guidance on how to effectively construct a teaching portfolio/dossier, one that can best highlight their teaching and educational excellence. This workshop will engage participants in thinking about all key aspects of constructing effective teaching portfolios/dossiers: 1) the purpose and goals of portfolios/dossiers, 2) how to collect and maintain all relevant sources of data and material, 3) possible formats for portfolios/dossiers and organization of the contents, and 4) strategies to highlight the meaning and impact of teaching and education scholarship. Examples of portfolios/dossiers will be shown to highlight specific approaches and strategies. Participants are also encouraged to bring their own portfolios/dossiers (if they have one) for reference and to spur further questions and feedback.

Learning Objectives

Objective 1: Describe the purpose and goals for teaching portfolios/dossiers,

Objective 2: Discuss effective strategies for collecting all relevant materials for teaching portfolios/dossiers, and

Objective 3: Initiate at least one change to improve their current portfolio/dossier or initiate a first step in creating a portfolio/dossier.

Thematic Focus: Career Development (early, mid, and late)

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty

Room: Port of San Francisco

Permission to Wonder: A Visual Thinking Strategies (VTS) Workshop

Margaret Chisolm, MD, *Johns Hopkins University School of Medicine*

Mary Blazek, MD, *University of Michigan*

Meher Kalkat*, *Johns Hopkins University School of Medicine*

Description: Visual Thinking Strategies (VTS) is an established, evidence-based pedagogical approach applied innovatively in medical education. VTS uses the arts to develop skills and attitudes relevant to scientific discovery, clinical practice, and lifelong learning, including the ability to observe closely, empathize, tolerate ambiguity, persevere and to wonder (1,2). VTS facilitators use carefully refined techniques, including linking, framing and unconditional language, to foster productive conversations that minimize hierarchy and create a supportive learning environment (3). In this interactive workshop, led by medical educators and a medical student with experience in art-based education, attendees will participate in, facilitate, and coach VTS discussions. Active engagement will help attendees understand the potential for use of VTS with future medical learners and may also inspire further training and facilitation of VTS discussions at their own institutions.

References:

1. Agarwal GG, McNulty M, Santiago KM, Torrents H, Caban-Martinez AJ. Impact of Visual Thinking Strategies (VTS) on the analysis of clinical images: A pre-post study of VTS in first-year medical students. *J Med Humanit.* 2020
2. Bentwich M, Gilbey P. More than visual literacy: art and the enhancement of tolerance for ambiguity and empathy. *BMC Medical Education.* 2017;17(1):200
3. Edmondson A. *The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation, and Growth.* 1st ed. Wiley; 2018

Learning Objectives

Objective 1: List 4 functions that arts/humanities learning activities serve in medical education,

Objective 2: Explain the evidence supporting the impact of VTS on clinically relevant skills and attitudes and on supportive learning environments, and

Objective 3: Describe how the key elements of VTS can be applied and adapted to medical education.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of Singapore

Navigating the Future and Multiverse of an Academic Career

Joseph Cheong, MD, *University of Florida*

Mark Cannon, PhD, *Vanderbilt University*

Description: The Future is difficult to predict and, at times, equally difficult to navigate. As one progresses in a career – it may be a daunting task to determine which path is the “best” to pursue. Clinical- or research-based educator? Administrator at local institution or in the public sector of advocacy and policy? These examples are a few of the potential “multiverses” in an academic psychiatrist’s career. Deciding on which project/position/opportunity to pursue can present a dilemma of “no bad choices” and lead to decisional paralysis and/or distress and indecision. In any enterprise, indecision leads to stalled processes that often result in decreased efficiency, frustration and lower levels of productivity. Navigating the future may cause one to wonder about the path(s) not taken and precipitate even further indecision, frustration and, perhaps, even buyer’s remorse with the chosen path. The ability to navigate a stalled process – whether in discussions about daily operations, in administrative duties or in career decisions – is an essential skill for success in an academic career. In this interactive workshop, participants will learn how to identify and to address effectively stalled processes in a multiverse of settings – interpersonal, organizational, and personal. Through a combination of brief didactics, interactive exercises and case studies, participants will develop a deeper understanding of techniques to identify goals, assess current situations and obstacles, generate possible solutions, and develop a plan of action. Being able to navigate the unknown is essential for a successful mission of discovery – both personally and professionally.

Learning Objectives

Objective 1: identify and understand factors that lead to stalled processes in both everyday and long-term progression,

Objective 2: Identify and clarify goals and aspirations for success in their academic environments, and

Objective 3: Develop a plan to navigate successfully internal and external obstacles to achieve goals.

Thematic Focus: Career Development, Competencies, Leadership/Administrative Development

Intended Audience: Junior Faculty, Senior Faculty

Room: Salon C

Surely You’re joking! A Workshop on Humor and Teaching?

Jordan Broadway, MD*, *Duke University*

Miles Christensen, MD, MPH.*, *University of Washington*

Tyson Pankey, PhD, MPH, *Duke University School of Medicine*

Paul Riordan, MD, *Duke University School of Medicine*

Julie Penzner, MD, *Duke University (AUTHOR ONLY)*

Description: Some form of “humor” has been around at least since Hippocrates. However, while laughter may be the best medicine, is humor the best teacher? There is a fine line between the role of teacher and performer, and this line moves with learner development, subject matter, teacher style, and audience. Also, while effective teachers are often engaging and dynamic, deliberately practicing these skills is daunting. Humor, in its myriad of forms, can be a powerful tool to engage the learner, but only when used thoughtfully. Learners vary in their comfort with silliness and their susceptibility to embarrassment. Teachers vary in their intrinsic seriousness. Furthermore, the interpretation of this frivolity and whimsy can vary widely, as humor can make assumptions about the cultural perspective of its audience. And the beleaguered teacher learns that humor is not culturally universal. By identifying where mindful consideration is needed and exploring practical, authentic ways to incorporate humor, participants will be empowered to cultivate this skill. This workshop is designed for everyone, whether you’re an ENTJ, an ISFP, or a SIFP (Self-Identified Funny Person). In this workshop, participants will have the opportunity to focus on the past and present use of humor in medical education, explore approachable and pragmatic ways to incorporate humor into teaching spaces, and participate in mindful discussion of cultural inclusiveness. Participants from all career stages can expect to practice new skills, be inspired by their peers, and hopefully laugh along the way.

Learning Objectives

Objective 1: Identify practical tips and tricks for incorporating humor into teaching topics,

Objective 2: Examine the risks and benefits of including humor in teaching, and

Objective 3: Formulate strategies recognizing culturally appropriate and inappropriate humor for diverse audiences.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon D

From Disrupting to Building Inclusive Clinical Environments: How Educators Can Address Microaggressions in Clinical Setting Using Inclusive Leadership Framework.

Ashley Trust, MD, *University of Texas at Austin Dell Medical School*

Jesus Ortega, MSW, *Dell Medical School at University of Austin*

Description: Microaggressions are subtle statements, actions, and attitudes that reinforce stereotypes toward a minoritized group. For some learners and faculty, they can be part of the everyday clinical experience. Given the fast pace of clinical environments, faculty, staff, and trainees, may fail to address these significant interactions that occur on interpersonal, institutional, and systemic levels. As educators, we risk infusing toxicity into medical training and contributing to physician burnout, when microaggressions go unchecked. Inclusive leadership, prepares individuals to deal with diverse perspectives, recognize their own biases, and expand their cultural awareness, humility and empathy. Equipping clinical educators with inclusive leadership skills along with ways to address microaggression will actively create inclusive and safe learning environments. The workshop will utilize inclusive leadership framework and tools to understand ways to build a culture of inclusion; with real-life case studies in the clinical setting, the participants will: a) Learn about their own bias in clinical settings, b) Use models of interventions for disrupting microaggression; c) Understand how to engage in meaningful trust-building conversations; d) Applying knowledge and tools to real-life case scenarios, and e) Learn inclusive leadership framework and applications.

Learning Objectives

Objective 1: Evaluate your own biases in a clinical setting,

Objective 2: Utilize models of interventions for disrupting microaggression, and

Objective 3: Apply the six traits of inclusive leadership framework to clinical scenarios.

Thematic Focus: Competencies, Disparity, Diversity, and Inclusion (DDI), Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon E

Oh, the Places You Will Go! Elements of Program Implementation, Advising, and Selecting Students for Visiting Rotations.

Sarah Baker, MD, MA, *University of Texas Southwestern Medical Center*

Nicole Cotton, MD, *Morehouse School of Medicine*

Claire Selinger, MD, *The University of Texas At Austin*

Kristin Escamilla, MD, *Dell Medical School at The University of Texas at Austin*

Dana Raml, MD, *University of Nebraska Medical Center*

Description: The number of US senior medical students applying to residency in psychiatry has substantially increased over the past decade, jumping from 680 in 2012 to 1,437 in 2022 (NRMP match data 2012 and 2022). Several factors have been identified as significant in medical students' decision to match into psychiatry, including clerkship experience and mentorship (Spollen et al., 2017). In addition to the core psychiatry clerkship, students have the ability to participate in electives at their home institution or as visiting students. The goals of a visiting rotation may vary considerably between applicants and specialties, including opportunities to learn more about a program, a desire to match at the hosting program, and to broaden one's education prior to beginning residency. The NRMP survey of Psychiatry Residency Program Directors indicated that rotating at their institution was one of the top ten considerations when selecting applicants for interview (NRMP). There remains a dearth of literature on visiting rotations in psychiatry undergraduate medical education, presenting ample opportunity for scholarship in this burgeoning need within psychiatry education across the country. With the growing number of applicants for residency positions in psychiatry, it remains unclear how this will translate to student interest in visiting rotations. Psychiatry clerkship and elective directors must be prepared to counsel their advisees on how best to consider a visiting rotation, to

collaborate with teaching faculty in the development and implementation of their own visiting electives, and to look for biases that can impact access and selection criteria.

Learning Objectives

Objective 1: Describe the evolving role of visiting rotations for psychiatry, residency applicants and review various institutional practices regarding visiting students, and

Objective 2: Identify challenges and limitations to the implementation of visiting student programs.

Objective 3: Develop best practices in advising students on applying to visiting rotations and evaluate processes for selecting visiting applicants while monitoring for bias and ensuring equity.

Thematic Focus: Curriculum Development, Teaching/Education

Intended Audience: Junior Faculty, Senior Faculty

Room: Salon F

Building a Culture of Wellness Part II: Harnessing the Hidden Curriculum to Improve Learning Environments in Medical Training

Heather Flett, FRCPC, *University of Toronto*

Justin Lam (*AUTHOR ONLY*)

Tima Martimianakis, MA, Med, PhD, *University of Toronto (AUTHOR ONLY)*

Description: This workshop will build on the foundational content of last year's highly evaluated and well received AAP workshop. Feedback has been thoughtfully incorporated from last year's workshop to allow a deeper dive into content and more time for skill development through interactive case-based discussion. Please note, participants are not required to attend Part 1 to benefit from Part 2 of this workshop. Medical training lacks a strong culture of well-being. As the priorities of Faculties of Medicine have shifted to include wellness and positive learning environments, monitoring the hidden curriculum can identify misalignments between the formal curriculum and the tacit practices and processes learners experience in training. The hidden curriculum, in contrast to the formal curriculum is not a planned or deliberate educational activity. The hidden curriculum refers to socializing influences that operate at the level of structure, culture and practice. The hidden curriculum can be found in routines, customs, and rituals that constitute the day-to-day practices of teachers and learners. Hidden curriculum influences can either reinforce or undermine the goals of the formal curricula and can be both positive and negative. In this workshop an interactive framework will be presented to evaluate curriculum with a goal to uncover hidden curriculum effects. Participants will have an opportunity to apply the framework in small group discussions with high-fidelity cases. The interactive framework and cases will demonstrate to participants a mechanism for monitoring the hidden curriculum at their local sites to identify priorities towards learner wellness and healthy, safe, learning environments.

Learning Objectives

Objective 1: Describe the hidden curriculum concept and how it intersects with wellness mandates in medical education,

Objective 2: Describe a mechanism for monitoring the hidden curriculum in medical learning environments, and

Objective 3: Discuss the use of the hidden curriculum as a framework to identify priorities towards learner wellness and healthy, safe, learning environments.

Thematic Focus: Curriculum Development, Disparity, Diversity and Inclusion, Leadership/Administrative Development

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

1:30 pm - 3:00 pm

Workshops

Room: Port of New York

Supporting Breastfeeding Trainees

Anne Walsh, MD, *Johns Hopkins University School of Medicine*

Anne Ruble, MD, MPH, *Johns Hopkins University School of Medicine*

Sasha Narayan, BA, MD*, *Johns Hopkins University School of Medicine*

Evelyn Gurule, M.D.,PhD*, *Johns Hopkins University School of Medicine*
Johanna Beck, MD*, *Thomas Jefferson University Hospital (AUTHOR ONLY)*

Description: Physician mothers, often the best advocates for patients breastfeeding, are unfortunately also a group unlikely to meet their own breastfeeding goals. While physician mothers report higher than average rates of intent to breastfeed and subsequent initiation, they are less likely to meet their breastfeeding goals due to early cessation. Many studies have sought to assess this discrepancy and have found limitations in time, space, milk storage, scheduling, and departmental support to be key factors impacting physician breastfeeding success. These challenges are often magnified for medical trainees by the traditional lack of flexibility in the medical training process. As psychiatry educators, we must boldly go where no one has gone before to support our trainees in navigating lactating in the workplace if breastfeeding is a part of their feeding plan. In this workshop, we will discuss the current state of lactation during residency as well as the challenges faced by psychiatry trainees in meeting their feeding goals. We will facilitate discussion on participants' personal experiences with returning to work postpartum during residency and experiences supervising trainees in this situation. Lastly, we will describe our journey in creating a breastfeeding support program within our psychiatry residency designed to help our trainees meet their breastfeeding goals, decrease burnout, and increase workplace satisfaction. We hope to share our successes and challenges in creating this program and to provide direction to those hoping to improve breastfeeding support at their institution. Join us in pursuit of the final frontier: a breastfeeding-friendly workplace for psychiatry trainees.

Learning Objectives

Objective 1: Describe the unique needs of lactating psychiatry trainees and the barriers they face in meeting their lactation goals,

Objective 2: Create a plan to evaluate lactation support resources at their institution, and

Objective 3: Discuss three opportunities for improving the lactation experience of psychiatry trainees.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: [Port of San Francisco](#)

“But I’m No Master Educator...”: Overcoming Barriers to Starting a Clinician Educator Program for Residents

Hania Ibrahim, MD*, *Duke University Medical Center*

David Frederick, MD, *MGH Dept of Psychiatry, McLean Hospital*

David Beckmann, MD, MPH, *Thomas Jefferson University Hospital*

Adrienne T. Gerken, MD, *Thomas Jefferson University Hospital*

Heather Vestal, MD, MSc, *Duke University School of Medicine (AUTHOR ONLY)*

Deanna Chaukos, MD, FRCPC, *University of Toronto (AUTHOR ONLY)*

Description: Clinician Educator Tracks (CETs) or Programs (CEPs) can be invaluable in preparing the Next Generation of medical educators. However, many residency programs do not have a CEP, and starting one can feel daunting. Interested faculty may worry about insufficient resources, support from leadership, or expertise in medical education, and may have curricular/structural questions regarding the optimal design for a CEP. This workshop will serve as a guide for designing and implement a program to help residents improve teaching skills, further career development, and engage in educational scholarship. Participants will have an opportunity to plan and practice the steps involved in developing a CEP, including: 1) Getting buy-in from leadership (including arguments regarding the benefits of a CEP), 2) Identifying resources (including resident and faculty time, content/curricular resources, financial support), 3) Curricular and structural design (including pros and cons of the many different design decisions participants will face). Special attention will be paid to identifying and overcoming potential barriers to starting a CEP. This is an updated version of a workshop presented at AAP in 2017, which featured “lessons learned” from starting a CEP in 2014. Since that time, co-leaders of that CEP have transitioned to other institutions, creating two new CEPs and learning new sets of lessons. In particular, we will describe the benefits of a “Strength through Vulnerability” approach. We aim to show participants that they don’t need to be “Master Educators” to start a CEP. The old saying is true: “Qui docet discit” – one who teaches, learns.

Learning Objectives

Objective 1: 1) List the benefits of and barriers to implementing a Clinician Educator Track/Program (CET/CEP) for residents,

Objective 2: 2) Create an action plan for how to obtain buy-in from leadership and identify resources needed to support the development of a CEP, and

Objective 3: 3) Debate the pros and cons of different structural and design decisions in creating a CEP, and how vulnerability can inform these decisions.

Thematic Focus: Curriculum Development, Leadership/Administrative Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of Shanghai

No Publications, No Problem: A Step by Step Guide to Publishing (for You and Your trainees)!

Bernice Yau, MD*, *Columbia University Medical Center*

Rashi Aggarwal, MD, *Rutgers NJMs*

Adam Brenner, MD, *University of Texas Southwestern Medical Center*

Richard Balon, MD, *Wayne State University School of Medicine*

Mary Morreale, MD, *Wayne State University School of Medicine*

Description: Academic writing and publishing are vital in career advancement and can help one develop skills in articulating ideas and reviewing the literature. Despite this, trainees often find publishing to be intimidating and challenging. Barriers include lack of time, lack of skills, and limited training in the publishing process. Faculty themselves also likely did not have much formal training in publishing and may find this process intimidating and difficult to teach. Academic Psychiatry is a journal that features scholarly work on innovative education, academic leadership, and advocacy in psychiatry. The journal aims to promote original research and to support and mentor new authors, and often receives queries from prospective authors about how to get started. This workshop is a down-to-earth, hands-on introduction to the essential skills of developing manuscripts for publication in peer-reviewed academic medical journals. The workshop will review the steps in publishing, from journal selection, manuscript type selection, manuscript preparation, submission, peer review, revision, editorial decision-making, and production. Experienced journal editors, reviewers, faculty and trainee writers will provide insights for every step. Specific strategies will be offered for assessing one's strengths and motivations as a writer and collaborator, and recommendations for best practices in selecting target journals and manuscript types, responding to reviewer concerns, and working with editors. This workshop will enhance skills of early and middle career academic physicians and also provide a framework for senior faculty to serve as mentors, senior authors, and guest editors.

Learning Objectives

Objective 1: Describe peer-reviewed journal publication processes,

Objective 2: Identify various manuscript types in education journals, and

Objective 3: Explain the roles of editors, authors, and reviewers in publications.

Thematic Focus: Career Development, Leadership/Administrative Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon C

Guiding Learners Toward the Fire: Finding the Space Between Boredom and Burning

Emma Samelson-Jones, MD, *University of California San Francisco*

Erick Hung, MD, *University of California San Francisco*

Alissa Peterson, MD, *University of California San Francisco*

Lucy Ogbu-Nwobodo, MD, MS, *University of California San Francisco*

Description: Over the past decade, there has been increasing attention to the importance of creating a culture of safety in institutions of higher education. Advances such as trauma-informed medical education (1) and restorative justice (2) emphasize safety as a foundational element in learning environments. With this, the definition of what it means to feel safe to an individual and the learning community has expanded. Learners may feel unsafe not only when they are mistreated or threatened, but also in situations where they feel uncomfortable or fearful. The Yerkes-Dodson framework

proposes that the relationship between mental arousal and learning and performance can be represented as an inverted U-shaped curve. (3) When arousal levels are too high or too low, performance and learning suffers. If arousal is inversely correlated with feelings of safety, then learners who feel unsafe – for any reason - may not be able to perform or learn despite our best efforts. Furthermore, our educational systems were historically not built for diverse learners. We must eliminate the structural barriers that prevent trainees from succeeding in learning environments, and create communities of equity, belonging, and anti-oppression. So, how do we create and maintain this culture of safety and still encourage learners to stretch and grow? Have we gone too far? (4) Or not far enough? In this workshop, we will explore frameworks for identifying this middle ground, where learners are neither over-protected nor shut down in the learning environment. We will identify interventions at individual, program, and institutional levels that optimize learning and encourage growth.

Learning Objectives

Objective 1: Summarize changes to the definition of safety in higher education environments over the past 10 years, and the potential positive and negative impacts on learning,

Objective 2: Describe strategies for balancing safety and discomfort in the learning environment, and

Objective 3: Apply an anti-oppressive and equitable approach to all learning during episodes of stress, as we identify a path forward towards learning and growth.

Thematic Focus:

Disparity, Diversity and Inclusion

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon D

Strange New Worlds: How Do We Recruit and Select the Next Generation of Faculty?

Daniel Gih, BS., MD, *University of Nebraska Medical Center*

Linda Love, PhD, *University of Nebraska Medical Center*

Dana Raml, MD, *University of Nebraska Medical Center*

Damani White-Lewis, PhD, *University of Pennsylvania*

Ihuoma Njoku, MD*, *University of Pennsylvania*

Description: Mental health is a universal priority, with no obvious or easy pathway forward. The collision of the increased demands for psychiatric services against the growing shortage of psychiatrists, along with national equity and diversity imperatives, have increased the importance of recruitment and hiring practices. Nearly every hiring group is experiencing challenges in finding new psychiatrists. Moreover, the current psychiatry workforce is aging too. Individuals searching for new roles and employment can be more selective than in the past, with potential employers competing for talent. Thus, intentionally aligning the needs between employer and job seekers is essential. As the nation grapples with new trends and challenges in employment, we need to develop productive strategies to effectively recruit and retrain excellent and diverse faculty in academic psychiatry. The cost of poor hiring can negatively impact faculty wellness and is costly to departments. During this session, we will discuss the state of academic hiring practices, including the evolution of diversity and inclusion practices, a case of a Midwest academic institution's evolving recruitment practices, and the trainee perspective on the search for employment. Participants will reflect and share their experience with the selection, recruitment, and hiring of academic psychiatrists. We will evaluate how multiple factors impacting the psychiatric workforce shape the landscape of providing quality education and patient care. Participants will identify strategies to mitigate potential negative impact through effective best practice hiring.

Learning Objectives

Objective 1: Examine factors that impact recruitment outcomes,

Objective 2: Evaluate the current recruitment culture across the US, and

Objective 3: Innovate in the essential work of recruiting new psychiatry faculty talent.

Thematic Focus: Leadership/Administrative Development

Intended Audience: Junior Faculty, Senior Faculty

Room: Salon E

Bringing Actionable Allyship Home: Empowering Trainees and Faculty to Address Microaggressions and Practice Critical Allyship

Danielle Morelli, MD*, *University of Texas Southwestern Medical Center*

Peter Ureste, MD, *University of California San Francisco*

Shaheen Darani, MD, *University of Toronto*

Ailyn Diaz, MD, *Pennsylvania Psychiatric Institute*

Ali Asghar-Ali, MD, *Baylor College of Medicine*

Francis Lu, MD, *University of California Davis*

Vivian Tran, DO*, *Eastern Virginia Medical School*

Description: Microaggressions are slights and insults and are commonly experienced by historically marginalized patients and physicians who are underrepresented in medicine. Despite bystander training, trainees and faculty underrepresented in medicine still experience high rates of microaggression in the clinical learning environment, and many do not report these events. For example, as many as 90% of psychiatry residents have experienced patient aggression. To address the practice gap in education and clinical care, promoting a culture of empowerment and actionable allyship is crucial. This calls for systemic changes and a dedicated effort to create an inclusive and equitable healthcare environment, regardless of whether microaggressions stem from patients, clinical staff, peers, or faculty. In this IDEA committee submission, presenters encourage participants to discuss the history and definitions of micro/macroaggressions and their lasting negative effects on physical and mental health. To practice critical allyship we will also review existing frameworks of microaggression response before, during, and after they occur. We will highlight specific response protocols such as the Yale ERASE model, Georgetown “Stop, Talk, and Roll” model, and UCSF verbal assault protocol. We will utilize interactive polling, individual reflection, role play, and small and large group discussion to encourage participants to identify microaggressions they have experienced or witnessed, explore existing frameworks of actionable allyship, and consider how to formulate/adapt a response protocol for their respective programs/departments. Participants will have the opportunity to actively engage and integrate insights into the development of new protocols at their home institutions to address microaggressions and practice active allyship.

Learning Objectives

Objective 1: Understand the history and definitions of micro/macroaggressions within academic medicine, describe their physical and psychological impact on those who experience them, and assess the barriers that prevent individuals from responding as a bystander,

Objective 2: Practice different frameworks (the Yale ERASE, Georgetown “Stop, Talk, and Roll”, and UCSF verbal assault protocol) for responding to microaggressions in the clinical learning environment, and

Objective 3: Synthesize new ideas and adapt a protocol for responding to microaggressions in the unique environments of their respective home institutions.

Thematic Focus: Competencies, Disparity, Diversity and Inclusion

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

WORKS-IN-PROGRESS

1:30 pm - 3:00 pm

Room: Salon F

Works-In-Progress # 1

1:30 pm – 2:00 pm

Everyone is a Storyteller: Psychiatry Residents Using the Written Word to Improve Patient Health Outcomes and Physician Wellbeing

Caroline Giroux, FRCP, MD, *University of California Davis Medical Center*

Estelle Dolan, MD*, *University of California Davis*

Michael Silva, MD, *University of Washington Psychiatry Residency*

Indicate the nature of your work: Educational Method

Description: The various dyads in psychiatry residency training (resident-supervisor, resident-patient) present a fertile ground for story-sharing and therefore, healing. Residents must tell stories when staffing with a supervisor: of present illness, patient formulations, and even narratives of wellness and resilience. In the listener's seat, residents and their supervisors might find a work of literature, a myth, or an archetype to frame a patient's challenges. The benefits of writing and storytelling for trauma survivors in our clinical populations and also among trainees have been shown in various studies to enhance mood and boost immune function. Such a modality might add meaning to medicine, hence acting as a buffer to burnout. At our institution, an anonymous donor created an endowment fund for up to two residents to develop strategies to incorporate the written word in psychotherapy. Under a faculty's guidance and for a duration of 2 years, the award provides funding and protected time to explore use of the writing in psychiatry, implement different modalities, and examine the benefits and barriers that arise in this realm. Providers already spend a large percentage of clinical time documenting, spurred by medico-legal necessity and essential communication; why not harness this large body of written work to enhance the therapeutic process? The current (and first) recipient, with her supervisor, aim to introduce this program through this presentation, share lessons learned so far, and seek guidance and advice from the audience.

Learning Objectives

Objective 1: List 3 benefits of narrative psychiatry for a residency training program, for physicians (including trainees and educators) and their patients,

Objective 2: List 3 practical strategies to incorporate the written word into supervision (staffing of intakes and weekly supervision of psychotherapy cases) and within the therapeutic encounter between physician and patient, even in a time-limited encounter, and

Objective 3: Identify 3 potential barriers to incorporating the written word and name 3 corresponding strategies to address them.

Presenter Learning Objectives Objective 1: Learn about potential to scale this project across multiple residents and residency programs,

Presenter Learning Objective 2: Gain insight into additional potential barriers for implementing the written word into psychiatry, and

Presenter Learning Objective 3: Learn about other examples of incorporating the written word into psychiatry.

Works-In-Progress # 2

2:00 pm – 2:30 pm

Reinvigorating the Psychodynamic Approach to Understanding Child and Adolescent Development

Veronica Raney, MD, *University of Arkansas for Medical Sciences*

Indicate the nature of your work: Curriculum

Description: Many psychiatry training programs, ours included, have increasingly constrained training to biological approaches. Our program focuses on psychopharmacology and meets the minimum required exposure to psychotherapy. Our Child and Adolescent Psychiatry fellowship offers didactics and shadowing during the 2nd year of training on a limited number of therapy modalities. As a result, we have observed that many fellows have had limited exposure to psychodynamic concepts and treatment Methods. Unfortunately, the absence of psychodynamic training in residency and fellowship may result in a limited scope of practice for psychiatrists after training, where they narrowly focus on the biological aspects of psychiatry—rather than a comprehensive, developmentally and psychodynamically sophisticated approach to the patient. Neglecting the broader and deeper aspects of psychiatry may contribute to 1) limited appreciation of the factors influencing patient presentation, 2) erosion of rapport, 3) poorer treatment outcomes, and 4) reduced professional fulfillment. We are developing a two-year curriculum that includes: 1) didactics on normal development; 2) structured reading on basic concepts with corresponding case discussions; and 3) supervised psychodynamic psychotherapy cases. We have gathered teaching materials and have concerns about dryness of some of the materials and “dated” language. In this discussion, we are seeking feedback on the proposed curriculum. Are there existing tools for assessing learners’ existing levels of knowledge, skills, and attitudes on new curriculum? When during training are the most appropriate timeframes for different components of the curriculum? How do we make the teaching more engaging and relevant to today’s fellows?

Learning Objectives

Objective 1: Define the importance of psychodynamic psychotherapy education within residency and fellowship training,

Objective 2: Describe the basics of a psychodynamic psychotherapy curriculum, and

Objective 3: Discuss the options for psychodynamic case presentations for training purposes.

Presenter Learning Objective 1: Receive suggestions for existing tools to use in assessing learners' existing levels of knowledge, skills, and attitudes on new curriculum,

Presenter Learning Objective 2: Gain a better understanding of the most appropriate timeframes within residency/fellowship to introduce different components of a new curriculum on psychodynamic psychotherapy, and

Presenter Learning Objective 3: Obtain feedback on ways to make teaching psychodynamic psychotherapy more engaging and relevant to today's fellows.

Works-In-Progress # 3

2:30 pm – 3:00 pm

Public Mental Health Education Classes for LatinX Students: Increasing Mental Health Awareness and De-Stigmatization

Michael Silva, MD*, *University of Washington*

Indicate the nature of your work: Research Project

Description: In late 2021, the nation was shocked by the state of youth mental health. The U.S. Surgeon General issued a rare public health advisory in response to study findings that showed a 10-year increase in youth depression and suicide rates. An abundance of literature indicated that Latinx youth were hit particularly hard in this crisis. They had among the highest rates of depressive symptoms and suicidality of any racial-ethnic group. Various sociocultural factors likely contributed to this mental health disparity, including mental illness stigma in the Latinx community. Poor mental health literacy has also been shown to negatively impact mental health treatment-seeking behavior, particularly in adolescents. Fortunately, several studies demonstrate that mental health educational initiatives can positively affect knowledge, empowerment, and help-seeking behavior in adolescents. In this workshop, we will present a novel educational mental health literacy curriculum designed with a cultural aim to Latinx youth in the 14-18 year-old age range. We will preface this presentation with an interactive discussion of the well-documented mental health crises facing Latinx youth, focusing on sociocultural and socioeconomic contributors to these crises. We will then discuss the evidence base of the curriculum, focusing on prominent studies that helped inspire the curriculum's design and its cultural modification to our target population. Lastly, we will present the curriculum in the context of our study on its effectiveness in reducing stigma and encouraging treatment-seeking. We will take questions and seek feedback from the audience, and hope to inspire future potential directions for similar initiatives.

Learning Objectives

Objective 1: Identify and discuss sociocultural and socioeconomic factors underlying the mental health crisis facing current Latinx youth,

Objective 2: Demonstrate an understanding of current literature on mental health literacy curricula for youth and how to utilize this literature to create new health education curriculum, and

Objective 3: Evaluate the design, implementation, and potential future utility of a novel, culturally-modified mental health literacy curriculum created specifically for a Latinx youth population.

Presenter Learning Objective 1: Identify opportunities for improvement of the design of the mental health literacy curriculum for Latinx students, particularly with regards to its cultural applicability to its target population of Latinx youth,

Presenter Learning Objective 2: Develop ideas on how to encourage student attendance of and engagement in the mental health literacy classes, and

Presenter Learning Objective 3: Formulate strategies to maximize audience participation and discussion during my presentation.

Friday, September 8, 2023

10:00 am - 11:30 am

WORKSHOPS

Room: [Port of New York](#)

How to Change the World—or at Least Convince Others to Help You Try: Building Advocacy Skills

Arindam Chakrabarty, MD, *Southern Illinois University School of Medicine*

Vanessa Einspahr, DO*, *Southern Illinois University Department of Psychiatry*

Kari Wolf, MD, *Southern Illinois University School of Medicine*

Description: While professional societies play a profound role in advocating on the state and national level, psychiatrists (and other medical professionals) are often left feeling like we want to do something, but don't know how to begin. We often underestimate the role advocacy plays in our everyday lives and the numerous opportunities for advocacy that we encounter in our normal course of living. Advocacy is more than convincing lawmakers to enact a law. Advocacy is reducing stigma by responding to your neighbor's comment that "homeless people are lazy and just need to get a job." Advocacy is answering meaningfully when a city council member asks you at a cocktail party whether your community should enact New York City policies with respect to people with serious mental illness. Advocacy is providing a brilliant response riding in an elevator when the hospital CEO asks what the hospital should do about all the people with mental illness clogging your ED. Advocacy is standing up in support of your marginalized colleague when you witness a microaggression. And, yes, advocacy is testifying before lawmakers in favor of or opposed to a piece of legislation. In this experiential workshop, we will utilize active learning strategies (Liberating Structures) to brainstorm ways that we can affect change through individual or small group actions by exploring ways to augment our credibility, enhance the receptiveness of our audience, combine storytelling with data to underscore our message, and practice delivering a short pitch to our audience.

Learning Objectives

Objective 1: Describe venues where we have the opportunity to influence policy,

Objective 2: Apply stories and statistics to create an "elevator speech" on your chosen topic, and

Objective 3: Practice delivering an elevator speech on an advocacy topic.

Thematic Focus: Career Development, Disparity, Diversity and Inclusion, Leadership/Administrative Development

Intended Audience: Junior Faculty, Senior Faculty

Room: [Port of San Francisco](#)

Clinical Reasoning in Psychiatry: Making the Unconscious Conscious

Kewchang Lee, MD, *University of California San Francisco*

Andrew Halls, MD, *University of California San Francisco*

Descartes Li, MD, *University of California San Francisco*

Alissa Peterson, MD, *University of California San Francisco*

Description: Medical errors create huge clinical and economic consequences within our field. Reducing the risk of clinical mismanagement is thus key to the education of trainees. Developing clinical reasoning in our learners can help achieve this, but teaching such can be challenging due to the complexities of this cognitive task. According to the Liaison Committee on Medical Education, clinical reasoning is defined as "the integration, organization, and interpretation of information gathered as a part of medical problem-solving." A well-established formal process of clinical reasoning has been developed, which includes: 1) data gathering; 2) development of a problem representation; and 3) creation and augmentation of knowledge structures known as illness scripts. While this process is well-described in the medical literature, there has been minimal dissemination about the application of clinical reasoning to the field of psychiatry. Teaching the concepts of clinical reasoning can help identify competence gaps in learners and thus make significant enhancements not only in the care of an individual patient, but also in the education of the trainee. Learners can also be taught how to apply these concepts to quality and systems improvement. Still, psychiatric educators may have particular challenges teaching clinical reasoning skills, since among the medical specialties, there are aspects of our work that necessitate unique approaches to this task. In this context, we will

orient participants to guidelines for teaching clinical reasoning in medicine, discuss approaches to teaching clinical reasoning in psychiatry, and use psychiatric case vignettes to practice applying clinical reasoning concepts.

Learning Objectives

Objective 1: Summarize the process of clinical reasoning using a well-established framework,

Objective 2: Demonstrate use of clinical reasoning principles to assess learner competence, and

Objective 3: Describe unique issues in the application of clinical reasoning skills within the field of psychiatry.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon C

Neurodiversity: Recognizing Strengths and Strengthening your Program

Jonathan Homans, MD, *University of Minnesota*

Katharine (Kaz) Nelson, MD, *University of Minnesota*

Rachel Kay, MD*, *University of Minnesota*

Description: Psychiatry wrestles with the gray area between “normal” and “disordered” experiences. Approaching this spectrum as a dichotomy risk invalidating the suffering that is produced by disorders, or inappropriately pathologizing individuals who deviate from “normal”. Neurodiversity is an outgrowth of the disability rights movement that highlights the amazing diversity of brain function and structure, focusing on individual strengths and criticizing the false idea of a “normal” brain.

This workshop focuses on how to use the framework of neurodiversity to cast a fresh eye on the education we provide throughout our training programs, to more fully unlock the potential of trainees.

This framework has a triple benefit: 1) including trainees with unique talents who are equipped to serve underserved populations, 2) highlighting education session design best practices, and 3) providing new opportunities to treat people with dignity and respect. Participants in this workshop will have the opportunity to incorporate this framework into portions of their own educational program.

Learning Objectives

Objective 1: Describe how neurodiversity impacts the learning environment,

Objective 2: Analyze educational and clinical environments through a neurodiversity lens, and

Objective 3: Implement educational best practices which affirm and celebrate neurodiversity, as opposed to educational models which result in exclusion and shame.

Thematic Focus: Curriculum Development, Disparity, Diversity, and Inclusion (DDI), Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon D

Powerpoint Not Powerball: How to Thoughtfully Create an Effective Slide Deck.

Paul Riordan, MD, *Duke University School of Medicine*

Rick Peter Fritz Wolthusen, MD, M.P.P*, *Duke University Medical Center*

Tyson Pankey, M.P.H., PhD, *Duke University School of Medicine*

Description: The reality is, teachers are made, not born. Yet rarely are residents taught key principles on how to design effective PowerPoints. As a result, residents learn by mimicking the worst practices of their teachers, only to later rediscover some hard truths articulated by statistician Edward Tufte, who asserted that PowerPoint is antithetical to learning. Instead of teaching learners to reason, PowerPoint presentations often become billboards that “advertise” without edifying and “entertain” without educating. Nuance is lost, and the learner disengages from the educational experience.

Despite noteworthy disadvantages, PowerPoint presentations remain a primary educational tool that audiences expect at meetings, lectures, and presentations. And in fact, this modality offers multiple advantages, including the ability to: display high quality images, present summaries efficiently, and support the dual encoding of information (i.e., visual input that complements and reinforces auditory input). In this workshop, participants will rediscover the promise and perils of a PowerPoint

presentation. In large groups, we will outline best principles in creating effective PowerPoint slides and evaluate contrasting examples of effective versus ineffective layouts. In small groups participants will learn how to effectively create high-yield slides that promote or enhance active learning. By the end of this workshop, trainees will feel more empowered to create slide decks that engage learners and reinforce clinical reasoning.

Learning Objectives

Objective 1: Evaluate pros and cons of PowerPoint as the medium of delivering a lecture,

Objective 2: Compare and contrast different PowerPoint slides to create some “pearls” for effective PowerPoint presentations, and

Objective 3: Propose strategies for effectively engaging audiences with a PowerPoint presentation to leverage the dual encoding theory of learning.

Thematic Focus: Competencies, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty

[Room: Salon E](#)

Supporting Novice Writers: How to Peer Review a Manuscript

Hania Ibrahim, MD*, *Duke University*

Danielle Lowe, MD, PhD*, *University of North Carolina at Chapel Hill*

Justin Chen, MD, MPH, *Weill Cornell Medicine/NewYork-Presbyterian Hospital*

Syeda Razia Haider, MD, *Duke University (AUTHOR ONLY)*

Description: Peer review is an important part of the academic publication process, essential for Supporting Novice Writers (though it can feel like a Strange New World at times!). Most psychiatrists complete training with very little to no experience in peer review. The peer review process can be challenging for all authors, but it is especially arduous for novice authors who may struggle with receiving critical feedback. Understanding the peer review process can help novice authors maintain motivation in academic writing. Prospective authors can also improve their own manuscripts by participating as peer reviewer. Further, trainees may benefit from mentorship or teaching from faculty around the peer review process. However, many faculty have had no formal training on this themselves and so may feel ill-equipped to mentor trainees in this area. In this workshop, we will provide an overview of the publishing process and different kinds of reviewer recommendations. We will discuss common pitfalls of submission from novice authors. Attendees will acquire a framework for identifying major flaws in a manuscript and structuring a written peer review. To provide experiential learning in peer review, we will utilize breakout groups for an exercise in which participants critically analyze parts of a manuscript. At the end of this session, the peer review process will be demystified for both authors and the next generation of peer reviewers.

Learning Objectives

Objective 1: Outline the steps of the publishing process and pitfalls of submission,

Objective 2: Practice conducting a peer review of a manuscript, and

Objective 3: List 3 strategies for writing an effective peer review.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty

[Port of Singapore](#)

GME Leadership What Does It Take?

Karen Broquet, MD, *Southern Illinois University*

Lillian (Joy) Houston, MD, *Southern Illinois University*

Description:

In many ways, the skills and competencies required for effective program or departmental leadership overlap with those needed for good institutional leadership. However, institutional leadership carries a greater focus on oversight, integration and public accountability. This is especially true in GME, where residency and fellowship programs function at the intersection of education, clinical care, patient safety, regulation, and healthcare funding. The workshop will use as its basis the revised 2023 AAMC GME Leadership Competencies (GMELCs) and associated self- and multi-source assessment tools. Within the GMELCs and its associated tools, skill sets are organized into four leadership domains of

foundational attributes, leadership capabilities, knowledge and skills, and essential role functions. Some of the domains are specific to institutional GME leadership and others are applicable for program level leadership. Presenters will provide participants with the GMELCs and related tools and also time, space, and guidance for making these immediately applicable. Participants will be encouraged to reflect upon and plan their next steps in their own professional development. Participants will have the opportunity to review expected skills and competencies and engage in a written self-assessment of leadership competencies relevant to their goals. This workshop is designed for anyone engaged in, contemplating, or even pre-contemplating a GME leadership role.

Learning Objectives

Objective 1: Identify the foundational attributes, leadership capabilities, and knowledge and skills essential for high-performing GME leaders;

Objective 2: Engage in self-assessment of selected core leadership competencies; and

Objective 3: Formulate next steps for personal professional development in one or more competency areas.

Intended Audience: Junior Faculty, Senior Faculty

Thematic Focus: Career Development, Leadership/Administrative Development

Salon F

Adaptive Expertise Principles of Curriculum Design for The Next Generation of Physicians

Chloe Leon, MD, FRCPC, *University of Toronto*

Kien Dang, MD, FRCPC, *University of Toronto*

Carla Garcia, MD, FRCPC, *University of Toronto*

Sacha Agrawal, MD, MSc, *Centre for Addiction and Mental Health (AUTHOR ONLY)*

Description:

Medical education has traditionally emphasized a passive approach to education, whereby expert knowledge is transmitted from teacher to student. Similarly, assessment of student knowledge has emphasized automatic recall, rather than knowledge application. Health care systems are increasingly complex, and medical education needs to continue adapting in order to develop the next generation of physicians that not only solve typical problems efficiently, but also can generate novel solutions to complex problems. In psychiatry for example, it is no longer sufficient to be aware of the biopsychosocial factors that contribute to illness and a general approach to treatment, but instead how to adapt this understanding in the face of complex circumstances (e.g. medical comorbidity, addiction, structural barriers to health such as poverty or racism). In this interactive workshop, we will demonstrate how case-based learning curriculum can support the development of adaptive expertise by going through a CBL-related education case, and illustrating concepts that support development of adaptive expertise (i.e. productive failure, use of 'why' and 'what if' questions). We will discuss emerging literature that adaptive experts are better able to respond to complex and novel circumstances. We will review recommendations for curriculum design that support development of adaptive expertise. Attendees will then have the opportunity to practice how to write cases that support the development of adaptive expertise, as well as discuss challenges and opportunities with this type of curricula.

Learning Objectives:

Objective 1: Describe the concept of adaptive expertise in medical education;

Objective 2: Discuss principles for curriculum design in case-based learning that promote the development of adaptive experts; and

Objective 3: Apply principles of adaptive expertise to the writing of a clinical case in psychiatry.

Intended Audience: Junior Faculty

Thematic Focus: Curriculum Development

1:00 pm - 2:30 pm

WORKSHOPS

Room: Port of New York

National Curriculum in Reproductive Psychiatry: From Foundation to Innovation

Sarah Nagle-Yang, MD, *University of Colorado*

Lindsay Standeven, *Johns Hopkins Medicine (AUTHOR ONLY)*

Lucy Hutner, *New York University (AUTHOR ONLY)*

Lauren Osborne, MD, *Weill Cornell Medicine (AUTHOR ONLY)*

Description: Over 50% of psychiatric patients are women. The majority of women have at least one pregnancy and experience perimenopause. Approximately 1 in 20 women may be diagnosed with Premenstrual Dysphoric Disorder and recent data suggest that the impact of premenstrual exacerbation of chronic mental health diagnoses is substantial. These facts suggest that every psychiatrist should hold foundational knowledge of mental health disorders related to female reproductive transitions, yet training in the field of reproductive psychiatry is not consistently included in current psychiatry residency programs. Furthermore, practicing clinicians may struggle to keep up with the expansion of knowledge that has occurred in recent years. The National Curriculum in Reproductive Psychiatry (NCRP) was conceived in 2013 by a group of academic reproductive psychiatrists with the goal of increasing access to training in reproductive psychiatry within residency programs. Initial materials were developed with funding from the APBN and are offered free to training programs and trainees. Over time, the NCRP has expanded through innovative approaches to meet the needs of a broader set of learners. This interactive workshop will provide an overview of the NCRP from its foundation to its current iterations including a free national, virtual didactic series for psychiatric fellows, a 3-day intensive course for practicing clinicians, and an adapted and expanded curriculum developed for ob/gyn training programs. Presenters will engage the audience through live polling, interactive experiences with curriculum materials and small group discussions. Feedback gathered in this workshop will be used to inform further development of the NCRP.

Learning Objectives

Objective 1: Describe the educational gap in reproductive psychiatry within US psychiatry and ob/gyn training programs,

Objective 2: Examine the feasibility of increasing education around reproductive psychiatry within their own training programs, and

Objective 3: Identify core competencies for general adult psychiatrists within the domain of reproductive psychiatry.

Thematic Focus: Curriculum Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of San Francisco

Learning on the Go: How to Use Podcasts for Psychiatric Education

Joseph Stoklosa, MD, *Harvard Medical School McLean Hospital*

Stephanie London, MD, *Zucker Hillside Hospital, Northwell*

Mountasir El-Tohami, MD*, *Dfaiuke University Medical Center and Durham VA Medical Center*

Reuben Hendler, MD, *McLean Hospital*

Johanna Beck, MD, *Thomas Jefferson University Hospital (AUTHOR ONLY)*

Trevor Taylor, MD, *McLean Hospital (AUTHOR ONLY)*

Henry Onyeaka, MD, *Massachusetts General Hospital (AUTHOR ONLY)*

Description: Learning by osmosis may be a myth, but podcasts - perhaps the next best thing - are real and represent an increasingly popular non-traditional platform for learning! Podcasts are digital audio recordings that can save educators time when used asynchronously or more deeply engage digital learners in session! Podcasts can reach clinicians, students, patients, and the general public, and data shows students favor the use of educational podcasts over traditional textbooks and journals (Hanafi et al, 2022). Despite these strengths, podcasts are underutilized. We believe psychiatric educators will be excited to integrate this innovative methodology into their curricula once equipped with knowledge of when, where, and how to do so. This workshop provides just that: an organizing framework elaborating different ways of using podcasts and matching them to specific educational goals. We will model two Methods: for integrating podcasts into educational curricula, using as examples podcasts developed by the presenters - Psychiatry and Society and Psych Debates. Via

Menti polls and large group discussion, participants will share their own experiences teaching and learning from podcasts and come away with an annotated list of high-quality podcasts and episodes to use. Small groups will practice applying the framework and Methods: provided to educational cases. In closing, we will guide participants in planning when, where, and how they can incorporate podcasts into their own teaching and learning going forwards!

Learning Objectives

Objective 1: Discuss three formats in which podcasts can be used effectively for psychiatric teaching and learning,

Objective 2: Practice using an organizational framework to match types of podcasts to specific educational purposes, and

Objective 3: Identify opportunities to incorporate podcasts into their own learning routines and teaching efforts

Thematic Focus: Competencies, Curriculum Development, Teaching/Education, Technology

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: [Port of Singapore](#)

Today, You Are You! Shaping Strong Personal Statements

Sarah Baker, MD, MA, *University of Texas Southwestern Medical Center*

Alexander Cole, MD, *University of Texas Southwestern Medical Center*

Kristin Escamilla, MD, *Dell Medical School at The University of Texas at Austin*

Rachel Russo, MD, *University of California San Diego/ San Diego VA*

Description: Personal statements are an important aspect of residency applications, providing readers a more personalized perspective on candidates' personal characteristics and motivations to enter psychiatry [1, 2]. The 2021 NRMP Residency Program Director Survey indicated that 90.2% of psychiatry programs use the personal statement as a factor in selecting candidates for interviews [3]. However, trainees routinely struggle to create a concise, compelling narrative describing their personal background and career aspirations. Gender differences have also been found in personal statements, with female applicants less likely to focus on self-promotion [4]. Furthermore, candidates may struggle with describing areas of concern, such as a test or course failure. Candidates may also question whether to disclose personal experience with illness. While these experiences may enhance empathy towards patients or have motivated a trainee towards the field of psychiatry, a survey of ACGME psychiatry residency training directors indicated that self-disclosure of mental illness may lower the chance of an interview offer [5]. Faculty mentors may struggle with how to advise students and how much input they should have in the writing process, particularly for students with poor writing skills. In this workshop, participants will have the opportunity to learn more about the use of personal statements in the residency application process, along with strategies for helping trainees avoid pitfalls and write strong personal statements that provide valuable information to program directors. By the conclusion of the workshop, participants will have the knowledge and skills to guide trainees to write strong personal statements for residency applications.

Learning Objectives

Objective 1: Describe the use of personal statements in the residency application process,

Objective 2: Identify characteristics of strong personal statements and potential concerns about gender differences between statements, and

Objective 3: Guide applicants towards writing strong personal statements that provide information valuable to program directors.

Thematic Focus: Career Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon C

It Takes Imagination to See without Sight: Envisioning Inclusion of the Disabled in Academic Psychiatry

David Hartman, MD, *Virginia Tech Carilion School of Medicine*

Cheryl Hartman, *Virginia Tech Carilion School of Medicine*

Description: Disparity, diversity, and inclusion in relation to race and ethnicity are being addressed in academic settings with renewed vigor. Similar barriers have confronted disabled individuals with institutionalized disadvantages and self-perpetuating impacts. Reassessing policies toward the disabled physician, faculty member, and learner is warranted in the current context of technology advancements, collaborative team-based care, and the shift toward adopting the health systems paradigm for medical education. COVID-19 provided relevant lessons on re-imagining our educational and clinical settings, forcing us to learn, teach, and offer services differently, increasing the potential for improved inclusion through such changes. The prevalence of disability, affecting approximately 25% of the adult American population, elevates the significance of this topic. Studies revealing the inadequate diagnostic, treatment, and preventative care of disabled persons, struggling with mental health and/or addiction, compels academic psychiatry to do better. Recent publications included such recommendations as providing disability health curricula and recruiting both disabled faculty and learners to improve the culture and capacity to develop competences in caring for the disabled. The fluidity and diverse nature of disabling conditions, including chronic diseases, broaden the discussion beyond the limited attention ascribed to the pursuit of targeted accommodations. It is incumbent on academic psychiatry to embrace open-minded discussions, give voice to persons with disabilities, and address the full range of relevant accommodations: policy changes, education on disability health, recruitment of disabled faculty and learners, technological adaptations, and enhancing physical accessibility, that would achieve improved inclusion, better trained, more diverse psychiatrists, and reduced health care disparity.

Learning Objectives

Objective 1: Cite two forms of disability disparities potentially found in medical education such as psychiatry residency programs,

Objective 2: Identify an improved sense of competence in addressing disability disparities through at least two possible solutions, and

Objective 3: Commit to at least one way the participant will enact a change in their academic setting to improve the inclusion of disabled learners and/or faculty.

Thematic Focus: Disparity, Diversity and Inclusion

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon D

Chalk Talks: Journey to the Next Generation - Revitalizing Teaching Techniques for Trainees

Miles Christensen, MD, MPH*, *University of Washington*

Paul Riordan, MD, *Duke University School of Medicine*

Bryan Lao, MD*, *University of California Los Angeles Hospital System*

Jordan Broadway, MD*, *Duke University*

Description: An essential skill of all educators is the ability to construct and deliver effective educational talks to trainees, other clinicians, and patients. As medical training continues to be taught through an apprenticeship model, "chalk talks" remain a popular and effective medium of education for residents and medical students alike. Through the real-time creation of visual concept maps, chalk talks facilitate interactive discussion in a variety of learning environments. By mastering this skill, providers and trainees are well-prepared to engage with others as they discuss research, clinical paradigms, and other academic concepts. "Mini chalk talks" are short (3-5 minutes), bite-sized lessons that can be mined from larger chalk talks. They are easier to deliver and absorb during the busyness of rounding in the hospital. However, one consequence of pandemic-era medical education and remote learning is that many trainees have been deprived of this traditional learning method and may not feel confident as they transition into their new teaching role. In this workshop we aim to guide participants in the creation of their own mini chalk talks. Participants will be provided with a generalizable model and a project outline for adopting content into concise, deliverable concept maps. Learners will work collaboratively and have the opportunity to learn from and be inspired by peers within breakout groups. By the end of this workshop, participants will be able to utilize these skills to create digestible teaching materials and will be empowered to share these techniques with learners at their home institution.

Learning Objectives

Objective 1: Identify and appraise key features of effective chalk talks,

Objective 2: Evaluate and distill these elements into a mini chalk talk, and

Objective 3: Formulate a framework through which to translate this skill to the next generation of clinicians.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon F

Enhancing Communication within the Collaborative Care Team: Use of Guided Role Play to Improve Case Formulation and Presentation Skills

Katy LaLone, MD, *Oak Street Health, Case Western Reserve University*

Lindsay Chrzanowski, MSW, *Oak Street Health*

Ramanpreet Toor, MD, *University of Washington*

Description: With the emergence of the Collaborative Care model, many professionals are finding themselves working within multidisciplinary teams to provide comprehensive and holistic care to patients. Working effectively as a team requires not only good communication but also a mutual framework for conceptualizing patient histories and presenting concerns. A thoughtful yet concise biopsychosocial formulation serves to organize a patient's history, clarify goals and barriers to care, thereby guiding the multidisciplinary team toward a collaborative treatment plan. During the workshop, we will review the key features of a biopsychosocial formulation required for thoughtful case presentation within the collaborative care team. This workshop will utilize interactive didactics as well as small and large group activities enhanced by real-world case examples. Live role plays modeling the interaction between a behavioral health care manager and a psychiatric consultant will foster the development of improved communication and presentation skills. Participants will have the opportunity to compare the effectiveness of their case presentation skills before and after completing a guided biopsychosocial exercise. As a large group, participants will discuss their role play experiences and brainstorm ways of enriching case formulation and presentation processes at their home programs. Participants will leave with a better understanding of the key components of a biopsychosocial formulation, tools for concise formulation skills for both the psychiatric consultant and the care manager, and an enhanced aptitude for leveraging a concise formulation when communicating within multidisciplinary teams.

Learning Objectives

Objective 1: Summarize key components of a biopsychosocial formulation,

Objective 2: Utilize a biopsychosocial formulation tool for improving case presentation skills within a collaborative care team, and

Objective 3: Demonstrate how to use role play to educate care team members on case formulation and presentation skills.

Thematic Focus: Competencies, Curriculum Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon E

The Good, the Bad and the Ugly: Becoming a Good Peer Reviewer for Education Journals

Ann Tennier, ELS, *Academic Psychiatry*

Rashi Aggarwal, MD, FAPA, *Rutgers University NJMS*

Richard Balon, MD, *Wayne State University School of Medicine*

Mary Morreale, MD, *Wayne State University School of Medicine*

Adam Brenner, MD, *University of Texas Southwestern Medical Center*

Andreea Seritan, MD, *University of California San Francisco*

Description: Academic psychiatrists are often called upon to serve as peer reviewers for education journals. This is an important faculty development opportunity, which allows reviewers to gain a working knowledge of acceptance and rejection criteria, while also improving their skills in writing for publication. Additionally, serving as peer reviewers for education journals enhances networking and

deepens connections to the national academic psychiatry community. More importantly, peer reviews provide learning opportunities for willing authors. Peer reviewers serve as anonymous mentors, who help authors improve their manuscripts and grow in the process. In this workshop, participants will learn strategies for effective manuscript review and tips of the trade from editors of the journal *Academic Psychiatry* and experienced peer reviewers.

Learning Objectives

Objective 1: Understand the role of peer reviewers for education journals,

Objective 2: Describe a step-by-step approach to the manuscript review process, and

Objective 3: Approach common dilemmas encountered in the manuscript review process.

Thematic Focus: Career Development (early, mid, and late)

Intended Audience: Junior Faculty, Senior Faculty

3:00 pm - 4:30 pm

WORKSHOPS

[Room: Port of New York](#)

Social Media: A Tool to Educate, Inspire, and Unite the Next Generations

Camila Fernández-Lockwood, MD*, *University of Puerto Rico RCM*

Saidy Salem-Hernandez, MD*, *University of Puerto Rico*

Liana Lladó, MD*, *University of Puerto Rico*

Frances Fuster, MD*, *University of Puerto Rico*

Karen Martinez Gonzalez, MD, *University of Puerto Rico*

Alisha Subervi-Vázquez, MD, MPH, MSc*, *University of Puerto Rico*

Gloria Suau, MD, *University of Puerto Rico (AUTHOR ONLY)*

Description: Social media (SM) is used for interaction, networking, and professional communication. Approximately 4.74 billion people use SM. It has become the perfect environment for healthcare professionals, universities, and organizations to educate, collaborate, and market services. In 2016, Instagram's main uses were "educational/informational and motivational/supportive". By 2018, Twitter became "the most popular form of social media for healthcare communication". A systematic review in 2019 revealed that 85% of interviewees "utilized SM to learn about programs" and 10% of another study reported the program's SM influenced their residency choices". The latter study identified four main SM topics: "resident recruitment, education, professional development, and academic scholarship". Improving access to healthcare, evidence-based (EB) practices, and knowledge is fundamental in medicine. Interestingly, many specialties' residency programs currently use what was once considered a security hazard, lack of professionalism, or a legal issue (RP). It has been proven to be an effective tool for candidate selection, program promotion, patient quality improvement, and practice building. SM also appears to be a viable platform for candidates to learn about the program and network virtually. Our Psychiatry RP's SM goal is to educate, advocate, raise awareness, collaborate, and share activities and achievements. This interactive workshop aims to teach how to create a professional SM. Participants are anticipated to develop a draft proposal, formulate a professional SM account, and utilize learned skills to chart the future of mental health.

Learning Objectives

Objective 1: Formulate a social media proposal taking into consideration the Intended Audience: and professional guidelines,

Objective 2: Develop a professional social media account including necessary forms and assess administrative processes for institutional account creation, and

Objective 3: Utilize designing tools to create social media content on previously identified topics and objectives.

Thematic Focus: Leadership/Administrative Development, Teaching/Education, Technology

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of Singapore

The Formative Assessment Rubric Experience (FARE) to Improve Lifelong Learning

Joseph Cooper, MD, *University of Illinois at Chicago*

David Ross, MD, PhD, *University of Alberta*

Ashley Walker, MD, *University of Oklahoma School of Community Medicine*

Melissa Arbuckle, MD, PhD, *New York State Psych Institute, Columbia Department of Psychiatry*

Bernice Yau, MD*, *Columbia University Medical Center*

Daniel Moreno De Luca, MD, MSc, *University of Alberta*

Hannah Pazderka, PhD, *University of Alberta (AUTHOR ONLY)*

Description: Methodologies are limited. Multiple-choice questions (MCQs) are easy to implement but promote binary (right/wrong) thinking without allowing an exploration of complexity or nuance. Worse yet, MCQs have been shown to propagate gender, racial, and linguistic biases. Open-ended assessments promote flexible thinking but suffer from a lack of structure and feedback to the learner. A novel, more fair, approach is needed. The Formative Assessment Rubric Experience (FARE) incorporates positive features from both assessment types. First, learners commit to an open-ended answer. However, unlike purely open-ended questions, FARE incorporates a feedback mechanism within the assessment itself. Learners review a standardized rubric, score a sample response using the rubric, get feedback on their scoring, and then grade their own open-ended response using the same rubric. Finally, they are asked to submit a new response based on what they've learned. FARE allows for greater reflection on self-assessment for complex topics, while still providing structured feedback to the participant. In this workshop, participants will experience an interactive teaching session that leverages the FARE method and then reflect on the experience and consider what it would be like to implement this type of approach.

Learning Objectives

Objective 1: Describe the limitations of both MCQs and open-ended assessment strategies.

Objective 2: Describe an alternative assessment approach, and

Objective 3: Reflect on opportunities to improve assessment across the UME, GME, CME continuum.

Thematic Focus: Competencies, Teaching/Education, Technology

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon C

Better Together: Supporting our Next Generation of Diverse Psychiatrists through Culturally Responsive Mentorship

Lucy Ogbu-Nwobodo, MD, MS, *University of California San Francisco*

Adam Howard, MD*, *Duke University*

Justin Chen, MD, MPH, *Weill Cornell Medical/NewYork-Presbyterian*

Tyson Pankey, MPH, PhD, *Duke University School of Medicine*

Bruny Kenou*, *George Washington University, School of Medicine and Health Sciences*

Description: Motivation and investment in further diversifying the field of psychiatry has skyrocketed in recent years. Institutions and programs recognize and acknowledge that more must be done to effectively recruit and retain people who identify as racially or ethnically underrepresented in medicine (URiM). Key to our mission to advance equity, diversity, and inclusion (EDI) in psychiatry, is increasing the availability of skilled mentors who are equipped to support the unique personal and professional developmental needs of our URiM trainees. Attention to specific contextual factors, including race-related stressors, social power, and access to the "hidden curriculum" help to differentiate optimal from suboptimal URiM mentorship. Importantly, the privileged responsibility of mentoring URiM trainees should not fall disproportionately upon the shoulders of URiM faculty; we need all hands on deck. If we truly espouse the value of EDI, then clinician educators must purposefully develop their knowledge, skills, and attitudes in the provision of culturally responsive mentorship. In this workshop, participants will discover how to develop or improve upon culturally responsive mentorship skills applicable to mentees at all stages of medical training. Presenters will outline how effective mentorship enhances the academic productivity and personal well-being of mentors and mentees alike. To concretize learning, participants will explore techniques for building and maintaining relationships that optimize mentorship quality and satisfaction. In small groups, participants will practice facilitating mentorship meetings that integrate culturally salient information from both mentors and mentees. Lastly, presenters will review common myths and pitfalls that stymie interpersonal closeness and connection within the mentor-mentee alliance.

Learning Objectives

Objective 1: Describe the relationship between culturally responsive mentorship and workforce diversification efforts in psychiatry,

Objective 2: List key characteristics of effective mentorship, and

Objective 3: Demonstrate culturally responsive behaviors that build and maintain a strong mentor-mentee alliance.

Thematic Focus: Career Development, Competencies, Disparity, Diversity and Inclusion

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon D

Effective Skills for Mentoring Women Faculty and Residents

Lindsey Pershern, MD, *Baylor College of Medicine*

Kim Lan Czelusta, MD, *Baylor College of Medicine*

Molly (Mary) Camp, MD, *University of Texas Southwestern Medical Center*

Description: Mentorship in the academic environment provides the foundation for professional growth and development. Effective mentoring relationships provide support and guidance and contribute to wellness, career advancement and overall satisfaction. Success in mentoring depends on many factors including mentor-mentee pairings, development of the mentor-mentee relationship, and collaborative goal-setting. Lack of mentor training contributes to ineffective mentoring programs, mentor fatigue/burnout and difficulty retaining junior faculty. These challenges disproportionately impact women faculty, who are overly represented at the instructor and assistant professor rank and who more frequently leave academics due to barriers to promotion. Women faculty often have reduced access to mentoring, but also may receive mentoring that does not address gender-related challenges. The pandemic has amplified these challenges by blurring work-home boundaries, decreasing opportunities for connection and placing financial strain on academic departments. Effective mentors understand their roles and responsibilities to mentees in the realms of career development, sponsorship, coaching and support. Mentors must recognize unique issues for women in the academic environment, especially in cross-gender mentoring relationships. These include; 1) consideration of promotion and tenure clocks while navigating personal decisions regarding families, 2) gender bias, discrimination and sexual harassment, 3) gender differences in negotiation for resources and pay and 4) gender differences in visibility of accomplishments, networking opportunities and sponsorship. Skill-building around these issues benefits women mentees and can have a positive impact on the departmental and institutional culture to support recruitment and retention of women faculty. Trainees benefit from the visible support and retention of female faculty role models.

Learning Objectives

Objective 1: Identify the importance of effective mentoring of women faculty and residents,

Objective 2: Recognize the unique issues for women faculty and trainees in academic psychiatry, including the impact of the pandemic, and

Objective 3: Use provided mentoring resources to create a mentoring plan to address these challenges.

Thematic Focus: Career Development, Disparity, Diversity and Inclusion, Leadership/Administrative Development

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon E

The Next Generation of Supervision: Using ACGME Milestones as a Roadmap for Success

Tom Soeprono, Med, *University of Washington*

Laurel Pellegrino, MD, *University of Washington*

Alexis Carnduff, MD*, *University of Washington*

Allison Rooney, MD, *University of Washington (AUTHOR ONLY)*

Description: A second-year resident has completed a month of consult liaison psychiatry. A knock is heard as the resident sheepishly smiles and asks their attending for feedback on performance. After struggling to name distinct areas for growth, the attending says, "You're doing great. Just keep building base knowledge and practicing interviewing!" The resident gives a sigh of relief, grateful for lack of negative feedback but feeling a lack of direction for continued improvement.

Providing high quality, personalized feedback is challenging. Residents have difficulty asking for feedback, and attendings struggle to develop it. The Psychiatry Milestones developed by the Accreditation Council for Graduate Medical Education (ACGME) already exist as a tool for competency based assessment of residents, but they are frequently overlooked as a communication tool in clinical practice. How might feedback improve if standardized assessment was applied in the clinical setting instead of just biannually? This workshop aims to use Milestones as a teaching tool and roadmap to incorporate improved feedback into clinical practice.

In this workshop, we will discuss barriers to translating the Milestones into practical progress markers from both trainee and supervisor perspectives. A live scenario between a trainee and supervisor will demonstrate an example of efficient / effective trainee-led assessment on a chosen Milestone. We will break down feedback into specific, teachable skills and work in small groups to practice real life scenarios outside of official Milestone meetings. We will consider how these teaching points can be applied in various clinical settings (e.g. inpatient, outpatient, research).

Learning Objectives

Objective 1: Summarize the barriers to giving targeted feedback in clinical work from the trainee and supervisor perspective,

Objective 2: Observe perspectives of both trainee and supervisor in a role play, who will integrate strategies of norming and goal setting through the use of a particular chosen Milestone (or equivalent evaluation tool), and

Objective 3: Adapt pedagogical content knowledge to one's own particular clinical setting to leverage the educator and trainee's unique strengths and characteristics.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon F

From Bias to Best Practice: Using Evidence and Experience for Weight Inclusive Medical Training

Megan Riddle, MD, PhD, *Eating Recovery Center*

Elizabeth Wassenaar, MD, MS, DFAPA, CEDS-S,
Eating Recovery Center and Pathlight Behavioral Health

Description: While medicine has begun to take a hard look at impact of stigma based on race, gender, and sexuality, anti-fat bias remains engrained within the culture of medicine. Anti-fat bias negatively impacts us as physicians and as patients by perpetuating misdiagnosis and inadequate treatment of people in larger bodies, avoidance and distrust of providers, perpetuation of an incomplete understanding of the disease of obesity and leading to burnout, moral distress and negative work environment. Psychiatrists in practice and training have a unique role in this space as we care for patients with complex mental and medical illnesses that impact health and weight and strive to continue to practice in inclusive and holistic, biopsychosocially informed ways. The majority of trainings currently available focus on the treatment of weight and medical weight loss, rather than the negative impact of weight-bias on the healthcare experience and relationship or relationship to psychiatric disease. In this workshop, we will provide a brief introduction to size bias in medicine. Attendees will explore their own implicit bias using the Harvard Implicit Bias Test and use their Results: to examine learned biases in medicine and society. Presenters will foster opportunities for the attendees to challenge their own biases and discuss how to incorporate weight-inclusivity into training and didactics.

References:

<https://www.obesitycompetencies.gwu.edu/browse-articles>

<https://implicit.harvard.edu/implicit/Study?tid=-1>

LM Hart, KB Ferreira, S Ambwani, EB Gibson, SB Austin. A Roadmap for Addressing Weight Stigma in Public Health Research, Policy, and Practice. Boston, MA: The Strategic Training Initiative for the Prevention of Eating Disorders (STRIPED), 2020;

Learning Objectives

Objective 1: Examine personal unconscious fat bias,

Objective 2: Explore the impact of anti-fat bias in psychiatry, and

Objective 3: Discuss the role of psychiatrists in combatting weight stigma in psychiatry, promoting equity for our trainees, our patients, and ourselves.

Thematic Focus: Career Development, Competencies, Disparity, Diversity and Inclusion, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of San Francisco

AAP/AACDP Joint Workshop: In the Same Sandbox: How to Create High-Quality Educational Experiences when Teaching Learners from Multiple Behavioral Health Disciplines

Kari Wolf, MD, *Southern Illinois University School of Medicine*

Jed Magen, DO, MS, *Michigan State University*

Description: Institutions that train physicians are increasingly involved in training nurse practitioners, physician assistants (advanced practice providers - AAP's), psychologists, and learners from other health professions' schools. APP fellowship programs are starting to emerge as ways to bridge clinical training gaps for providers. Although medical students and psychiatry residents are required to learn how to function in multidisciplinary teams, no Best Practices currently exist to help educational leaders embed APP educational experiences into the current educational climate of the department.

In today's environment, psychiatrists can anticipate working alongside APP's in post residency roles. However, many of the existing psychiatry faculty never worked with learners from APP programs when they were completing their own training. And few faculty have actually been trained how to educate non-physician learners. This workshop will provide an overview of training differences between physicians, psychiatric nurse practitioners, and physician assistants. We will discuss the challenges involved, brainstorm in small groups and begin to develop best practices. We will explore supervision and training models. We will consider how to develop the role of the physician team leader in an environment where APP's are part of the workforce. We will look at how to create a thriving patient care and educational environment for medical students, psychiatry residents, and APP's. We will also examine resource allocation to these academic demands.

Learning Objectives

Objective 1: Outline the differences in education and training between physicians, advanced nurse practitioners, and physician assistants,

Objective 2: Discuss ways to maximize educational resources, including innovative delivery models, and

Objective 3: Monitor the effects of multiple training programs at the same institution and consider ways in which faculty and educational leaders can maintain training quality for all learners.

Thematic Focus: Leadership/Administrative Development

Intended Audience: Junior Faculty, Senior Faculty

4:45 pm - 7:15 pm

Room: Harbourfront Ballroom 1/2

MEDIA SESSION

4:45 pm - 5:15 pm

Media Session 1: The Power of Peer Testimonials: Medical Student Wellness Toolkit

Alana Iglewicz, MD, *University of California San Diego*

Format Desktop

Length Selected clips from the overall Wellness Toolkit will be shared, totaling 10 minutes of video sharing. This will allow for 10 minutes of discussion.

Year of Production 2023

Distributor Information None, this is a toolkit being created for implementation at a School of Medicine

Funding Sources The Majda Foundation contributed funds that helped make this Wellness Toolkit possible.

Description: Considering its profound impact, physician burnout, depression, and suicide have become important foci. Relatedly, especially in light of the layered impacts of the COVID pandemic on healthcare professionals, initiatives promoting the concept of wellness have been prioritized. When we prepare the next generation of our learners for the future, we should thus consider how we can mitigate against burnout, promote meaning and connection, and help engage physicians and physician trainees in mental health support when it is warranted. The medical student Wellness Toolkit was created with these goals in mind. Knowing how powerful it is for students to learn from peers who have “been in their shoes”, the accessible toolkit is comprised of both video testimonials from medical students and short, informative modules about topics that contribute to medical student distress. These topics include the adjustment to no longer being in the top 1% academically, imposter syndrome, mental health symptoms, stressful life events, work-life balance, test-taking anxiety, and the wellness needs of students who are under-represented in medicine (URiM). URiM students have unique contributors to burnout, depression and suicidality. In fact, many have a heightened experience of the imposter syndrome during their medical training, contributed to by a myriad of factors. The wellness toolkit includes video testimonials from students of diverse backgrounds, including but not limited to, African American, Latina/Latino, LGBTQ, and Native American students. In this workshop, select video clips from the Wellness Toolkit will be shared, setting the stage for discussion about medical student distress, wellness, and engagement.

Learning Objectives

Objective 1: Recognize the context of physician burnout, depression, and suicide,

Objective 2: Identify the main contributors to medical student distress, and

Objective 3: Discuss the role of medical student video-taped testimonials in promoting wellness.

5:15 pm - 5:45 pm

[Room: Harbourfront Ballroom 1/2](#)

Media Session 2: Teaching Tools for Addressing Faculty Unprofessionalism

Carmen Wiebe, FRCPC, *University of Toronto*

Heather Flett, FRCPC, *University of Toronto*

Format: Other

Length: 20-25 minutes

Year of Production: 2022-23

Distributor Information: N/A

Funding Sources Faculty of Medicine, University of Toronto

Description: Addressing unprofessional behaviour of faculty in the health professions is challenging for leaders. Many leaders feel inadequately prepared for such delicate conversations, and can often avoid addressing concerns directly, in the hopes that the problem will resolve itself. The authors were invited to develop materials to help train health professions leaders to have difficult conversations with faculty who have been identified as behaving unprofessionally. We were specifically asked to apply communication strategies from Dialectical Behaviour Therapy, an evidence-based psychotherapy. We have already found that strategies from DBT such as validation, dialectics and interpersonal effectiveness, can be helpfully translated into non-clinical settings, especially for situations that are likely to provoke intense emotions like hurt, shame or defensiveness. Although part of the training includes a workshop, we have also developed several video-based teaching materials, for use both within workshops and as a resource for asynchronous learning. We believe these are useful teaching tools worthy of broader dissemination. The teaching videos that will be screened and discussed provide a case-based role play of a conversation between a leader and a faculty member, and illustrate the application of DBT skills to address a faculty member who has exhibited alleged unprofessional behaviour. The utility and fidelity of these videos as teaching tools will be discussed with participants.

Learning Objectives

Objective 1: Discuss strengths and weaknesses of the screened role plays,

Objective 2: List pros and cons of providing asynchronous materials for complex skill sets, and

Objective 3: Use validation, both-and statements and interpersonal effectiveness skills in difficult conversations.

5:45 pm - 6:15 pm

Room: [Harbourfront Ballroom 1/2](#)

Media Session 3: Derailed: A Novel Online Game to Teach Psych Ethics

Ronja Roxane Bodola, PhD, *Louisiana State University HSC*

Sarah Stuart, DO, *Louisiana State University HSC (AUTHOR ONLY)*

Eric Wilde, MD, *LSU HSC, Louisiana State University HSC (AUTHOR ONLY)*

Format: Internet

Length: total of max 20 minutes (5 intro, 10-15 demo)

Year of Production: 2022-2023

Distributor Information: N/A

Funding Sources: N/A

Description: This presentation showcases an online game, "De-Railed", that was created to teach psychiatric ethics. Loosely based on the classic trolley dilemma, it randomizes 'tracks' (cases) and ethics questions related to various topics (e.g. safe discharge planning, treatment over refusal, physical and chemical restraints, or the use of long-acting medications). It can be used in a formal curricular setting, as part of a lecture and/or for team-based learning, as well as outside of the classroom for independent study. The game goes beyond traditional approaches. In addition to teaching ethics knowledge, e.g. state legislature and hospital policies, and know-how, e.g. capacity assessments, this game helps students to understand a team-based approach to ethics, the elements and processes of ethical reasoning and decision-making, as well as different ethics theories applied 'in action'. In contrast to discussions of vignettes, the game foregrounds the 'unsolvability' of the situation, encourages to switch viewpoints/reference frames (hence the titular pun), and simultaneously highlights aspects of provider bias, socio-cultural determinants, and therapeutic relationships. All cultures play games in order to learn and practice group norms and values. Beyond being more engaging than frontal instruction, games mimic real-world responses without the pragmatic consequences, and they encourage participants to 'try out' different roles and approaches; they stimulate active learning through interaction, and they further our understanding of complex contents and processes in contrast to factual knowledge or even know-how. Games can promote flexible, critical thinking; they make the formation and strategies of 'interpretive communities' (Stanley Fish) observable, and foster team-based learning.

Learning Objectives

Objective 1: Appreciate the added value of games and gamification to teaching psychiatric ethics,

Objective 2: Re-think approaches to teaching psychiatric ethics to include 'alternative' approaches such as "narrative ethics", and

Objective 3: Know how to implement interactive games into their lectures to increase engagement and broaden the scope of ethics knowledge taught.

6:15 pm - 6:45 pm

Room: [Harbourfront Ballroom 1/2](#)

Media Session 4: Supporting Doctors with Autism: Views from the "Good Doctor"

Ailyn Diaz, MD, *Pennsylvania Psychiatric Institute*

Meenal Pathak, MD, *Penn State Milton S. Hershey Medical Center*

Format: DVD

Length: 10 minutes

Year of Production: 2017

Distributor Information: Sony Pictures Entertainment,

Please email David_Jennings@spe.sony.com or ClipLicensing@spe.sony.com for more information.

Funding Sources: None

Description: Medical schools are graduating a high number of neurodiverse physicians and our workforce needs to be prepared to accept this influx, which may require specialized educational accommodations. Presently, psychiatry ranks as the second most common specialty in an international peer support organization for medical professionals with autism. In this media session, we will examine the role of physicians with neurodivergence within healthcare systems by analyzing

themes in "The Good Doctor," a television show that portrays Shaun Murphy, a person with Autism, from his rural upbringing, pursuit in academics to becoming a surgeon in an urban medical center. Through the portrayal, we will observe strength-based themes of resilience and building relationships with his mentor, mitigating his limitations. We will also show select scenes when Shaun is evaluated by the board of directors at the healthcare system to highlight the central conflict: the board's hesitancy to approve an intern with Autism Spectrum Disorder due to his inability to effectively communicate with patients. His mentor advocates for him to stay within the healthcare system to provide a chance for people with disabilities. Although the main character is a surgical resident, the scenes are realistic and can be applied to real-life situations in psychiatric programs. Participants will discuss neurodiversity and ways in which their department supports residents and provides mentorship opportunities. Understanding neurodiversity can be helpful for academic psychiatrists to acknowledge the challenges and support each other through the process.

Learning Objectives

Objective 1: Identify strength-based responses in support of trainees and physicians with autism and disabilities,

Objective 2: Advocate to support trainees and physicians with autism and disabilities, and

Objective 3: Evaluate current program practices in providing mentorship opportunities to physicians with autism and disabilities.

6:45 pm - 7:15 pm

[Room: Harbourfront Ballroom 1/2](#)

Media Session 5: "Failing the Hero's Journey: An Exploration of Human Frailty and Humility in Two Recent Films"

David Elkin, MD, *University of California San Francisco*

Format: Desktop

Length: 20 minutes (could expand to 30 if there's availability)

Year of Production: 2014 and 2021

Distributor Information: None

Funding Sources: None

Description: Most psychiatrists and trainees are familiar with the concept of the Hero's Journey. Joseph Campbell expanded on concepts elucidated by Carl Jung about the "Monomyth," a unifying template that has been remarkably durable throughout recorded human history. Heroes are reluctantly pushed or plucked from a comfortable existence into unknown territory in which their resolve is tested. With the aid or resistance from important figures, they face death, and emerge changed and wiser from their adventures. But what happens when the journey ends badly, and the hero is revealed as flawed and incapable of living up to their task? This presentation will feature clips from two recent movies. In *Force Majeure* (2014), a man vacations at a ski resort with his wife and children, only to flee to safety without them in a moment of danger. He spends the remainder of the film trying to deny and live down his moment of cowardice. Set 600 years earlier, *The Green Knight* (2021) features King Arthur's nephew Gawain, an impetuous young man who wants desperately to become a knight, but who proves less than honorable in his quest for valor. These two films explore often neglected aspects of the male psyche including denial, projection and shame in the face of failure. The presentation will conclude with a consideration of how these films are relevant to both the lives of our patients, as well as trainees and clinicians of all genders who see their craft as healers as heroic journeys of their own.

Learning Objectives

Objective 1: Name four key stages of the Hero's Journey,

Objective 2: Identify three relevant concepts that link the hero's journey to stages in human development and psychotherapy, and

Objective 3: Consider three possible applications of the hero's journey in film to use in educating trainees about adaptation to adversity in their own lives, or the lives of their patients.

Saturday, September 9, 2023

8:00 am - 8:30 am

Educators' Showcase: Session A

Room: [Port of New York](#)

Creating a Psychodynamic "Therapy" Group for Medical Students

Meghan Schott, DO, *Children's National*

Indicate the nature of the educational material to be presented: Curriculum

Description: Most medical student psychiatry clerkships are generally completed in acute care settings. Both the learner and the practice setting are not traditionally suited for psychodynamic psychotherapy. However, psychodynamic therapy can be modified to be taught to all learners, in all clinical settings, that reach beyond psychiatry. Through mentorship with AACAP's Psychodynamic Faculty Initiative, a 5-week lecture series was created to introduce basic psychodynamic principles to 3rd year medical students on their psychiatry clerkship rotation. The first 3-week sessions, students use their own cases from acute care settings to discuss basic psychodynamic principles. The last two weeks is focused on psychopharmacology for non-psychiatrists. Learning objects change depending on the needs of the cohort but in general have fallen into five discussion themes: transference/countertransference, attachment, rapport, stigma, and sociocultural concerns. In the year since implementing this curriculum, fifteen students have submitted abstracts to national psychiatry conferences with nine students having their presentations accepted. Students going into all disciplines have found this lecture series engaging and unlike any other experience that they have had throughout medical school. Since instituting the curriculum, the psychiatry rotation scores have increased by 0.75 on a 5-point Likert scale. Psychodynamic teaching models can be utilized for all learners in most clinical settings. Although most students do not end up doing psychiatry, the vast majority have found this lecture series invaluable for their career choices and have started to employ psychodynamic principles into their everyday interactions with patients that go beyond psychiatry.

Learning Objectives

Objective 1: Design a psychodynamic curriculum for medical students,

Objective 2: Critically review the need for psychodynamic principles to be taught to medical students, and

Objective 3: Apply psychodynamic principles in non-traditional settings.

Room: [Port of San Francisco](#)

Reflective Practice Groups in Psychiatry Residency Training

Georges Loba Gutierrez, FRCPC, MD, *Western University*

Description: Reflective practice is an essential skill for psychiatry residents and promotes multi-layer learning from complex clinical experiences. As a core component of Psychiatry training, on-call shifts can be quite demanding emotionally and represent a potential for burn-out. Although the CanMeds framework promotes professionalism and collaboration through reflective practice, opportunities to learn to reflect are not systematically available in Psychiatry residency programs across Canada. Since 2021, Western University Psychiatry residency program offers to second year trainees a reflective practice group with a focus on emergency room experiences and on-call shifts. The sessions are integral part of the yearly curriculum, take place monthly, last one hour and are facilitated by a staff psychiatrist. The facilitator promotes the structure of the group, encourages constructive discussion and shares observations. The participants take turn presenting situations they have encountered in their training. As a result of COVID-19 related limitations, the sessions are conducted using a videoconferencing platform with cameras on. The group is based on Balint ground rules, and the group principles refer to Yalom's therapeutic factors. A brief survey conducted at the term of the pilot year indicated that the reflective group promoted solidarity among the participants and helped them to cope with the stress inherent to their training. Participants also reported a change in attitudes towards difficult patients and systemic issues in care delivery. Finally, the reflective practice group helped residents to increase awareness of their feelings towards patients and to identify psychotherapeutic skills they should further develop.

Indicate the nature of the educational material to be presented: Group Learning Activity

Learning Objectives

Objective 1: Assess the need for reflective practice opportunities for Psychiatry residents,

Objective 2: Develop a reflective practice group for Psychiatry residents, and

Objective 3: Integrate reflective practice in Psychiatry residency training.

Room: Port of Singapore

Turning the Tide in Equity: Teaching Psychiatry Faculty about Identifying and Addressing Unconscious Bias

Shaheen Darani, MD, *University of Toronto*

Nikhita Singhal,* MD, *University of Toronto*

Certina Ho, PhD, RPh, *University of Toronto*

Indicate the nature of the educational material to be presented: Faculty Development Program

Description: Creating more equitable settings is an essential area of focus for medical education leaders. To support our Department's strategic priority in equity and to address our faculty's need for knowledge and skills for acknowledging and addressing bias in their academic roles, we adapted an unconscious bias education workshop developed by the Toronto Initiative for Diversity and Excellence (TIDE). Our goal was to not only provide unconscious bias training, but foster a departmental culture shift — an essential element of advancing equity in academic medicine. Workshop design was informed by the ADDIE (Analyze, Design, Develop, Implement, Evaluate) instructional design process following a literature and internal review to identify gaps and faculty needs. To foster culture change and department-wide uptake, roll-out was initiated at the leadership level. Our evaluation plan was informed by the Kirkpatrick model; participants completed a pre-workshop survey and a post-workshop survey upon session completion. To date, TIDE has reached a total of 554 faculty members through the delivery of 13 sessions held between April 2021 and October 2022. The workshops were extremely well-received; participants reported an increase in understanding of various DEI concepts [i.e., knowledge], comfort discussing DEI-related issues, and strategies of how to address DEI-related issues [i.e., skills]. Thematic analysis was applied to open-ended responses about what participants valued most, suggestions for improvement, as well as anticipated barriers, facilitators, and departmental support required to execute knowledge translation post-workshop attendance. These Results: will help guide future directions to build capacity and empower faculty to effect positive cultural change.

Learning Objectives

Objective 1: Summarize the educational design and implementation strategy for an unconscious bias faculty development program,

Objective 2: Consider how this educational program might be adapted and applied to address needs identified within their own institutions, and

Objective 3: Critically appraise our program evaluation approach and propose considerations for future growth.

Room: Salon C

Let's Talk about Race: Introducing a Brief Cultural Assessment to Psychiatry Trainees

Riva Shah, MD, *Portland VA/ OHSU*

Jaimee Lyne, DO* *Oregon Health and Sciences University*

Whitney Black, MD, *Oregon Health and Sciences University*

Elizabeth Sokolowski, MD, *Duke University Medical Center*

Indicate the nature of the educational material to be presented: Group Learning Activity

Description: We know that racism and discrimination contribute to the development of mental health conditions. Despite this, many clinicians do not inquire about their patients' cultural backgrounds or experiences of racism and discrimination due to lack of time and overall discomfort discussing these topics. To address this, we developed a generalizable 45-minute educational training for psychiatry residents. In this training, we reviewed the concepts of racism and intersectionality, discussed the health implications of racial trauma and chronic stress, and engaged participants in exploring barriers to inquiry around these topics. In addition, we introduced brief standardized screening questions about race and cultural background, documentation templates, and a culturally-specific resource guide for use during intake assessments. We completed a retrospective chart review between July

and October 2022 to evaluate residents' use of the documentation template and resource guide, as well as patients' responses to the assessment. The documentation template was used in 39 of 74 intake encounters. Of those screened, 19 of 40 patients reported experiencing racism or discrimination impacting their mental health. The resource guide was offered to 6 of these patients and accepted by 2. Qualitative resident feedback indicated that the presented framework improved confidence in inquiring about these topics, and was an effective tool to enhance diagnostic acuity and deepen therapeutic relationships. We continue to collect feedback and modify the training to best meet the needs of our residents and patients, and hope this generalizable work will chart a new path forward - improving both resident training and patient care.

Learning Objectives

Objective 1: Assess barriers to clinical inquiry about patient experiences of racism and discrimination,

Objective 2: Incorporate brief educational trainings on the health implications of racial trauma and chronic stress into training programs, and

Objective 3: Employ the cultural assessment training and tools presented within training programs.

Room: Salon D

Developing a Psychiatry Curriculum for Emergency Medicine Trainees

Paige Chardavoyne, MD, MEd,* *Medical College of Wisconsin*

Indicate the nature of the educational material to be presented: Curriculum

Description: Surveys of Emergency Medicine (EM) residency and fellowship directors have revealed that a minority of programs offer—but do not require—formal psychiatric training, instead relying on “on-the-job,” nonstructured education on this topic [1, 2]. Since a significant proportion of Emergency Department (ED) visits involve a psychiatric or substance-related concern [3], it is imperative that EM trainees receive adequate education and training in the management of psychiatric presentations. Purpose: We designed an Emergency Psychiatry curriculum, taught by Psychiatry Department faculty members, to provide EM resident physicians with tools and techniques to effectively identify, assess, and manage psychiatric emergencies. Methods:: Using limited literature on existing Emergency Psychiatry curricula as a guide, the following topics are included in a rolling, 3-year curriculum plan: delirium, agitation, suicide risk assessment, navigating difficult patient interactions, medicolegal issues, substance use and withdrawal syndromes, assessment of decision-making capacity, psychiatric care of special populations, and medical “clearance” for patients with psychiatric conditions. Various instructional materials and techniques are employed. Anonymous pre- and post-surveys are administered as part of these educational sessions. Results:: Preliminary data collected from pilot session surveys suggest an increase in participants' baseline knowledge and a belief that similar education will improve patient care. We expect to gather data from 1-2 additional pilot sessions prior to full implementation 07/01/2023. Discussion: Our curriculum covers emergency psychiatry topics relevant to the practice of EM physicians. Overall support of the curriculum from EM colleagues has been strong. Barriers to curriculum implementation and data collection include time constraints.

Learning Objectives

Objective 1: Understand foundational principles and best practices of emergency psychiatry and appreciate their importance as a means to improve patient care,

Objective 2: Explore various educational modalities that can be utilized to bolster the emergency psychiatry skills of emergency medicine resident physicians, and

Objective 3: Identify barriers to emergency psychiatry curriculum implementation in emergency medicine training programs and evaluate how to address them.

Room: Salon E

It Takes Two: Improving Psychopharm Education by Incorporating Pharmacy Teaching Models

Gemma Espejo, MD, *UCI Health*

Farah Khorassani, PharmD, *University of California Irvine*

Indicate the nature of the educational material to be presented: Educational Method

Description: “See one, do one, teach one” is a tenet of medical teaching, and naturally leads to a trickle-down approach to medical education. Residency training leaves little time to address the execution of formal teaching, and most academic psychiatrists lack formal educational training or experience outside of their clinical years. Pharmacy training takes a different approach, placing a higher emphasis on intra- and interdisciplinary teaching including staff education on pharmacology and evidence-based medication use. Pharmacy schools and residencies take a more structured approach to journal clubs and other educational activities, as well. Working together as faculty members in the school of medicine and school of pharmacy, we were able to redesign the existing educational experience for trainees on an inpatient unit. Formal standardization of journal clubs, introduction of debates, and medication education/training were enhanced and incorporated as part of the trainee experience. Additionally, we had a regular psychopharmacology conference in which residents presented a case focusing on medication-related issues with participation from the pharmacy team. We also utilized elements of the layered learning practice model which is a framework employed in pharmacy training offering a descriptive framework for comprehensive clinical care and training including formal orientation, pre-experience planning, implementation, and post-experience evaluation. Overall, the addition and integration of a board-certified psychiatric pharmacist and incorporation of concepts implemented in pharmacy training led to improvement in the quality of care for patients and trainee educational satisfaction.

Learning Objectives

Objective 1: Identify the components of an integrated psychiatric and pharmacy teaching model,

Objective 2: Recognize areas for improvement in current educational practices for medical students and psychiatric residents, and

Objective 3: Design an interdisciplinary teaching model for a psychiatric setting.

Room: Salon F

An Interactive Workshop on CQI: Is It an Effective Educational Model for PGY1 Residents

Kamini Vasudev, MD, *Western University*

Gemma Espejo, MD, *University of California Irvine Health*

Farah Khorassani, PharmD, *University of California Irvine*

Indicate the nature of the educational material to be presented: Educational Method

Description: Background: Launch of Competence by Design (CBD) in Canada and release of updated competencies in psychiatry by RCPSC in 2020, required residents to gain higher competency in continuous quality improvement (CQI). Therefore, the local teaching curriculum on CQI was updated for the psychiatry residents. Methods: A 3.5 hours training workshop on CQI was introduced in PGY1 year consisting of some didactic and mostly interactive group discussion using two QI problems. Educational material on CQI Methods: and tools was provided to the residents a week prior to the workshop and they were encouraged to study the material in preparation. The effectiveness of this CQI workshop was assessed using Self assessment program (SAP), a standardized, validated tool for assessing QI competencies. All PGY1 residents were sent the SAP with 10 standard questions, 3 weeks prior to the CQI workshop with a reminder sent a week later to complete the questionnaire. The post- SAP was completed within 2 weeks of the workshop. The pre and post SAP were completed for 3 cohorts of PGY1 residents for 3 consecutive academic years after the introduction of the updated CQI workshop. Results: A total of 23 residents were evaluated over 3 years. There was a significant improvement in Post-SAP vs Pre-SAP scores each year- Year 2020-21, 33.5 ± 4.74 Vs 24.87 ± 6.89 , $t(7)=2.36$, $P=0.00052$; Year 2021-22, 30.57 ± 4.99 Vs 21.43 ± 3.99 , $t(6)=2.45$, $P=0.00197$; Year 2022-23, 29.37 ± 3.25 Vs 20.5 ± 3.62 , $t(7)=2.36$, $p=0.00022$. Conclusion: The interactive training workshop on CQI for PGY1 is an effective model for imparting CQI education to psychiatry residents.

Learning Objectives

Objective 1: Identify the competencies required to conduct a CQI project,

Objective 2: Plan an interactive workshop for teaching CQI competencies, and

Objective 3: Assess residents' knowledge and skills on CQI using self-assessment program (SAP).

Educators' Showcase: Session B

8:30 am - 9:00 am

Room: Port of New York

Psych Story Lab – Narrative Ethics and Narrative Medicine for Psychiatry Clerks and Seniors Students

Ronja Roxane Bodola, PhD, *Louisiana State University Health Science Center*

Indicate the nature of the educational material to be presented: Educational Method

Description: This presentation looks back on two years of teaching the "Psych Story Lab" in our 6-week psychiatry clerkship and as part of two senior electives. The PSL combines psychiatric ethics with narrative ethics and clinical storytelling. In this presentation, I would like to share tools for curricular development, teaching Methods:, and specific exercises that I developed, implemented and taught. Students learn, among other things, the importance of stories, narratives and narrative ethics for psychiatric practice, the interrelation of narratives to concepts of self, how severe mental illness impacts narrativity and narrative abilities, socio-cultural determinants of storytelling, power differentials inherent in clinical storytelling, and the ethical implications of all of the above. I will share several types of educational interventions, modules that can be taught on their own or as part of a larger framework, in addition to outlines for lectures and electives. I would also like to share opportunities for educational research connected to these interventions.

Learning Objectives

Objective 1: Better describe the importance of clinical storytelling and narrative ethics in psychiatric education,

Objective 2: Use the tools and exercises in their own classroom/ clinical teaching, or utilize the outlines to develop and implement their own educational modules, and

Objective 3: Appreciate the educational research opportunities connected to these educational interventions.

Room: Port of San Francisco

A Progressive Approach to Longitudinal Research in Medical Student Education

Ashley Weiss, DO, MPH, *Tulane University School of Medicine*

Indicate the nature of the educational material to be presented: Educational Method

Description: Studies have shown that students largely perceive their research experiences during medical school to be positive, contributing to development of both interpersonal and research-specific skills. Many medical schools offer research opportunities through competitive scholarship programs. Alternatively, students often can contact faculty mentors directly to inquire about research opportunities. In several surveys, students have listed scarcity of faculty guidance and perceived lack of acknowledgement for their contributions as barriers. In this showcase, we describe a novel student-led scholarly program at an early psychosis clinic that gives medical students a longitudinal research experience while developing leadership and clinical skills. This program developed organically, based on aligning objectives for medical student education with longitudinal research goals of the clinic. When students become more senior and take on advanced responsibilities, they recruit junior students to take over their previous tasks. Students are then involved in every phase of research, while collectively writing and publishing with the clinical team. Along their 3-4 year path, students are collaborating with a multi-disciplinary treatment team, participating in clinical care with patients, are being mentored by faculty, and are becoming mentors themselves. Six students are currently engaged with three ongoing research projects, have published one original manuscript and one book chapter, have two manuscripts under review, and have multiple poster presentations. Upon survey, students reported additional outcomes such as development of leadership skills and increased feelings of confidence and empowerment. Given these findings, authors anticipate this student-guided model can be replicated to expand medical student research opportunities.

Learning Objectives

Objective 1: Describe a novel student-led research program for medical students,

Objective 2: Explore opportunities for integrating medical students into a clinical research program, and

Objective 3: Develop skills to enhance scholarly activity for your students.

Room: Port of Singapore

Innovations in Mentorship: Implementation of a Comprehensive Mentorship Program for Faculty in a Psychiatry Department

Shaheen Darani, MD, *University of Toronto*

John Teshima, MD, MEd, FRCPC, *University of Toronto*

Mary Jane Esplen, PhD, *University of Toronto*

Indicate the nature of the educational material to be presented: Faculty Development Program

Description: Mentorship supports professional and academic development and wellness. At a Department of Psychiatry in Canada, a recent survey showed 60% faculty were without mentors and would like to have one; 75% mentors received no training. Purpose: A comprehensive mentorship program was implemented department-wide to facilitate sharing of expertise, self-reflection, and career development. Methods: Program design was informed by literature review and a mentorship working group. Core to the program is a primary mentor-mentee relationship, further supported by mentorship groups focused on academic roles or social identity. An online matching tool, based on faculty academic interests, roles, and social identity preferences supports mentee/mentor pairing. A logic model informs a three-year evaluation plan throughout implementation, with participants completing evaluations at enrolment and annually. Focus groups explore perception and concepts, such as intersectionality, wellness, and DEI. Results: The program was launched in 2021 with virtual workshops offering best practices and reflection on challenges encountered during mentorship. Thirty-six faculty mentors and 84 faculty mentees attended the workshops. Trainings have been provided in DEI and mentorship, best practices, and content supporting academic roles. Feedback has been positive with 93% participants indicating the workshops met learning objectives; 80% rated the workshops as excellent. Eighty-seven percent of mentor participants reported increased awareness of best practices in mentorship. Discussion/Conclusion Accessibility of mentorship is a challenge, with many faculty having received limited education or access. Preliminary feedback demonstrates increased access to mentorship and found workshops to be an effective mode of enhancing knowledge and skills.

Learning Objectives

Objective 1: Describe the benefits of mentorship in academic medicine,

Objective 2: Summarize best practices in mentorship, and

Objective 3: Outline core features of a comprehensive mentorship program and evaluation plan at a Canadian Psychiatry Department.

Room: Salon C

Reconnecting Our Fractured Selves: Reimagining the Annual UCSF Cultural Psychiatry Workshop in a Virtual Learning Space to Incorporate Kintsugi, Community Building, and Diversity, Equity and Inclusion

Tianyi Zhang, MD, *University of California San Francisco*

Kristin Nguyen, MD, *University of California San Francisco*

Indicate the nature of the educational material to be presented: Group Learning Activity

Description: The University of California, San Francisco hosts an annual Cultural Psychiatry Workshop to provide protected space for psychiatry residents to explore their experiences with psychiatry in the context of race and culture. The 2021 Cultural Psychiatry Workshop was planned during a fraught time of rising anti-AAPI violence and heightened awareness of racial injustice. The residents in our program were experiencing low morale, virtual learning fatigue, and feelings of isolation and disconnection in the workplace. We envisioned an educational session that would provide a safe space to address the challenging issues of the moment in a manner that fostered hope and cohesion. Because it is harder for people to engage and be vulnerable over Zoom, we incorporated art, which is known to improve interpersonal skills, in this workshop. On an individual level, residents participating in the workshop were exposed to the therapeutic benefits of art, including decreased anxiety and improved emotional well-being and resilience. We chose the Japanese art of kintsugi, where broken objects are repaired with gold lacquer and considered beautiful, to reflect the inner journey of healing and post-traumatic growth. We also planned breakout sessions that incorporated group activities to engage learners in dialogue and reflection such as using mindfulness and meditation practices to address racial injustice. Finally, we invited Diversity, Equity, and Inclusion (DEI) leaders in academic medicine from across the country to participate in a virtual fireside chat,

which led to an engaging and candid discussion on how women of color navigated DEI leadership in academia.

Learning Objectives

Objective 1: Design educational sessions that address challenging issues of the moment in a manner that fosters community building and hope over despair,

Objective 2: Plan workshops to overcome the challenges of virtual learning environments while utilizing the strengths of Zoom, and

Objective 3: Develop group learning activities that incorporate novel approaches to engage trainees and bolster morale such as utilizing the art of kintsugi.

Room: Salon D

Psychiatry Boot Camp Podcast: Psychiatric Education for Busy Trainees

Mark Mullen, MD*, *Creighton University*

Indicate the nature of the educational material to be presented: Educational Method

Description: The ever-evolving landscape of content delivery in medical education has moved quickly in the last 10 years. Lectures have been converted to active learning models, and learners have embraced wacky but sticky mnemonic devices like “Sketchy medical.” Today’s residents are used to learning how they want, when they want. In the spirit of “meeting the learners where they are at” we took content delivered in “residency preparation courses,” “crash courses,” and “boot camps” across the country and translated it into a medium that residents can listen to on their drive to work, while exercising, or watching their children’s games. This was driven by our published research which showed learners rave about these courses and desire more of them at both the medical school and residency level. We sat down with global experts to understand foundational topics in psychiatry; we developed the curriculum based on the available literature. Sometimes learners are more attuned to the latest educational media than their instructors. Our goal for this presentation is to introduce academic faculty to the benefits of podcasting, discuss the drawbacks, and explain how it might be embraced as an augmentation strategy for existing didactic curricula.

Learning Objectives

Objective 1: Appreciate where podcasting fits into the current landscape of psychiatric education,

Objective 2: Understand the benefits and drawbacks of podcasting as a content delivery method in medical education, and

Objective 3: Discover how Psychiatry Boot Camp was developed and how it might be used by learners.

Room: Salon E

The Use of Video Conferencing Technology for Developing a Standardized Patient Encounter for Formative Assessment of Medical Students’ Clinical Skills

David Belmonte, MD *University of Michigan*

Megan Dawson, MD, *University of Michigan Medical School*

Scott Mariouw, MD, *University of Michigan Medical School (AUTHOR ONLY)*

Indicate the nature of the educational material to be presented: Educational Method

Description: The COVID-19 pandemic significantly disrupted medical student education as medical students were evacuated from the clinical space. At our institution, a 2-month pause ensued before students returned and all of the core clerkships were subsequently shortened by 25%. This activity was created to develop clinical competency during a truncated psychiatry clerkship. We utilized video conferencing technology to develop a virtual standardized patient encounter to assess and provide feedback of clinical skills. Students participated in a simulated 20-minute patient clinic encounter and had 5 minutes to prepare an oral case presentation. After the presentation, feedback was provided on general interviewing skills, psychiatry interviewing content, the mental status exam, suicide risk assessment, and overall assessment and plan. The total activity lasted 50-55 minutes and was recorded with the student’s permission. Students appreciated the opportunity to practice conducting a psychiatric evaluation in a safe environment. We are in the process of analyzing the impact on students’ performance on a clinical skills assessment given to all medical students following the clerkship year and we continue to utilize this tool in the full-length clerkship. During the session, the

presenters will discuss their experiences developing and operationalizing this activity. We will show video clips demonstrating the student interview, oral case presentation, and the feedback debriefing.

Learning Objectives

Objective 1: Incorporate video conferencing technology as a tool to formatively assess medical students' clinical skills,

Objective 2: Review core clinical skills pertinent to medical students completing the Psychiatry clerkship, and

Objective 3: Discuss other applications of video conferencing technology relevant to teaching and learning.

Room: Salon F

Growing Our Own Academic Faculty: An Integrated Academic Track within Residency Training

Jessica Coker, MD, *University of Arkansas for Medical Sciences*

Abigail Richison, MD, *University of Arkansas for Medical Sciences*

Erin Jefferson, MD*, *University of Arkansas for Medical Sciences*

Indicate the nature of the educational material to be presented: Faculty Development Program

Description: Smaller and medium-sized psychiatry departments often struggle to recruit and retain residents into academic faculty positions despite the demand. Here, we argue that formal resident research tracks often present in larger academic departments of psychiatry do not necessarily translate to smaller programs or those not housed in academic medical centers. To better meet the needs of our academic medical center in a medically and psychiatrically underserved, largely rural, Southern state we developed a Resident Academic Track to recruit and retain academically prepared faculty. This proposed educator showcase will describe our model that has successfully solved this problem. In the Resident Academic Track, during the PGY2 through PGY4 years, selected psychiatry residents have the opportunity to gain expertise in areas of interest through independent research and collaboration with a lead mentor, observe and work with various academic psychiatrists, further their career development including working with a mentor team of academic faculty, and hone their educational skills by giving presentations and/or writing. For those not interested in research focused careers, emphasis is placed on developing education and leadership skills. Over the past 10 years, this program has trained 27 resident participants with 19 (70%) completing a fellowship following residency, 23 (85%) going into academic faculty positions following graduation and 19 (70%) remaining in academic positions during this past academic year. The speakers will discuss the development of the program including opportunities, limitations, and lessons learned from both the faculty and resident perspectives.

Learning Objectives

Objective 1: Understand the Resident Academic Track model and how it is integrated in a psychiatry residency training program,

Objective 2: Identify potential facilitators and barriers with developing residents into academic faculty, and

Objective 3: Appreciate the faculty and resident perspectives in recruiting academic faculty.

9:15 am - 10:45 am

WORKSHOPS

Room: Port of New York

Cultivating the New Generation - Mentorship in Academic Medicine: Is it All About Chemistry and Compatibility?

John Teshima, MD, MEd, FRCPC, *University of Toronto*

Mary Jane Esplen, PhD, *University of Toronto*

Jesse Markman, MD, MBA, *University of Washington*

Shaheen Darani, MD, *University of Toronto*

Description: Effective mentorship is an important factor related to success in academic medicine (Zerzan, J et al. 2009). It has been shown to be instrumental in career development, advancement, and academic productivity (Sambunjak D et al. 2006). Mentoring is a process that involves a constellation of relationships which are mutually beneficial and collaborative, whose goal is to achieve success and satisfaction in one's career (Higgins M, Kran K, 2001). Mentoring relationships can

develop organically, based on compatibility and common interests, or be supported by academic programs (Ramanan RA et al. 2002). Regardless of how they form, successful relationships make use of structured strategies designed to support goal identification, assess relationship health and progress, and prepare for a successful termination. Participants in this workshop will have the opportunity to review the concept and benefits of mentorship in academic medicine and discuss strategies on how to cultivate a successful mentorship relationship from both the mentee and mentor perspective. They will then have the opportunity apply these strategies to overcome challenges in mentorship, through interactive case-based discussions anchored in high-fidelity mentorship cases. They will also explore the strengths and limits of formal and informal mentorship programs. The sharing of experiences and ideas from participants will assist all in considering how to develop a plan to support successful mentorship in their academic career upon return to their institutions.

Learning Objectives

Objective 1: Describe the benefits of mentorship in academic medicine,

Objective 2: List the strengths and limitations of formal and informal mentorship programs, and

Objective 3: Apply strategies to cultivate a successful mentorship relationship through interactive case-based discussion.

Thematic Focus: Career Development (early, mid, and late)

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

[Room: Port of San Francisco](#)

Bridging the Generations: Updates in Geriatric Psychiatry Residency Education

Erica Garcia-Pittman, MD, *University of Texas Austin Dell Medical School/Ascension Texas*

Badr Ratnakaran, MD, *Carilion Clinic - Virginia Tech Carilion School of Medicine*

Molly (Mary) Camp, MD, *University of Texas SW Medical Center*

Esther Akinyemi, MD, *Henry Ford Health System/ Wayne State University*

Description: The population of older adults is growing rapidly, and the US Census Bureau predicts that older adults will outnumber children by the year 2030. Many older adults face complex mental health challenges including mood disorders, psychosis, and neurocognitive disorders. Alzheimer's Disease alone is the 7th leading cause of the death in the United States, and it is one of the only leading causes of death that is increasing, rather than decreasing. In the midst of current and anticipated workforce shortages, many program directors also report a lack of resources to prepare general psychiatry residency graduates for the care of older adults.

In this workshop, we explore gaps in geriatric psychiatry education and provide readily available (and free) resources to help bridge these gaps.

We briefly describe training requirements and suggested competencies related to geriatric psychiatry education, drawing on recent educational literature. We then explore specific gaps at participants' own institutions through small group discussion. We then practice using resources including a neurocognitive education simulation exercise, the American Association for Geriatric Psychiatry online trainee curriculum, and other online materials. Lastly, we will work through cases that present educational challenges and potential solutions. We conclude with question and answer and sharing in the large group.

Learning Objectives

Objective 1: Describe competency-based geriatric psychiatry learning objectives for residents in general psychiatry programs,

Objective 2: Create a map of learning resources and gaps for geriatric psychiatry education at their home institution, and

Objective 3: Implement at least one curricular enhancement related to geriatric psychiatry at their home institution.

Thematic Focus: Competencies, Curriculum Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of Singapore

Hey Artificial Intelligence: Can You Do Psychiatric Education Yet?

Albert Tsai, MD, *Pathlight Mood and Anxiety Program*

Amin Azzam, MD, MA, *University of California San Francisco*

Description: Virtual reality (VR) and Artificial Intelligence (AI) have penetrated several domains of society, but not significantly in the psychiatric educator space. Simultaneously, health education systems have faced limitations due to financial cuts, which were superimposed on a global crisis after the COVID pandemic. Despite— and perhaps because of these barriers— the time is right for novel asynchronous forms of mental health education, such as Artificial Intelligence Virtual Standardized Patients (AI-VSP). Early adopting health education universities have already introduced these technologies, usually through their simulation centers. AI-VSP encounters may help in developing communication and diagnostic skills, while simultaneously preparing students for real-world patient interactions.

This Workshop will share Results: of pilot studies at one university between 2019 - 2022. Students across 4 health professional programs interacted with AI-VSP's with a chief concern of 1) headache, or 2) insomnia (but an actual diagnosis of major depression). After completing simulations, students optionally completed research questionnaires assessing their experiences. Cohort size ranged from 24 - 64 students, and response rates between 58 - 92%. When asked whether AI-VSP's helped increase history taking and differential diagnosis skills, favorable responses ranged between 57 - 93%. Despite this variability, 81 - 91% of students would like additional AI-VSP scenario experiences.

The workshop will include 1) opportunities to interact with AI-VSP avatars to assess simulation fidelity, and 2) interactive discussions around local educational barriers and opportunities for the use of AI and/or VR. We will conclude by planning next steps for exploring AI-VSP in one's psychiatric educational toolkit.

Learning Objectives

Objective 1: Understand the nature of VR and AI and its efficacy in teaching healthcare providers about history taking, assessment, and differential diagnosis of mental health cases,

Objective 2: Analyze the experience of an early adopting health professional school in using a particular VR and AI product to develop skills related to clinical practice with psychiatric cases, and

Objective 3: Explore opportunities to use VR and AI for teaching future mental health providers.

Thematic Focus: Curriculum Development, Teaching/Education, Technology

Intended Audience: Junior Faculty, Senior Faculty

Room: Salon C

If You Want to Go Far, Go Together: Optimizing Developmental Networks

Philip Cawkwell, MD, *PBC Psychiatry*

Zach Silber, MD*, *Massachusetts General Hospital / Harvard Medical School*

Diana Stern, MD*, *Massachusetts General Hospital*

Steven Taylor, MD, MPH*, *Massachusetts General Hospital / McLean Hospital*

David Frederick, MD, *Massachusetts General Hospital / McLean Hospital*

Description: Advancing your career isn't just about what you do, but who you do it with. Growth takes many shapes, and can feel amorphous to learners who navigate complex career trajectories without structure from mentors and sponsors. Having mentors who can instruct and collaborate is just as important as having sponsors who will create opportunities to further growth. Each of us have trailblazers in our institutions who can help us progress, and by harnessing generational knowledge we can create better webs of community where discovery is valued. We all have benefited from these networks of peers and colleagues who teach us, support us, and create opportunities for us. This workshop will take those networks to the next level: we will augment existing developmental networks by evaluating their current strengths and vulnerabilities and then determining how to fill in the gaps. As important as mentorship and sponsorship are, we are rarely taught how to establish connections with those who can fulfill these pivotal roles. In this workshop, we will first highlight the importance of and distinctions between mentors and sponsors in teaching and clinical practice. We will introduce the developmental network as a tool for career advancement. Next, participants will map out their current developmental networks and analyze them. Participants will learn and discuss how to strengthen existing mentor/sponsor relationships or forge new ones with people outside of their network.

Participants will leave inspired to tackle their career goals with a new enthusiasm to collaborate with other generations of educators and clinicians.

Learning Objectives

Objective 1: Understand the importance and distinct characteristics of mentorship and sponsorship,

Objective 2: Develop a framework to assess their current mentors and sponsors to identify strengths and gaps in their networks, and

Objective 3: Cultivate new or existing professional relationships to increase their access to professional mentorship and sponsorship.

Thematic Focus: Career Development, Competencies, Leadership/Administrative Development

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon D

Connection Before Correction: Exploring the Utility of the Connection Index in Postgraduate Psychiatry Training

Lauren Hishon, MD*, MBA, *University of Ottawa*

Marijana Jovanovic, MD, FRCPC, *Child and Adolescent Psychiatrist, Children's Hospital of Eastern Ontario, University of Ottawa*

Katherine Matheson, MD, FRCPC, *Children's Hospital of Eastern Ontario*

Liisa Johnston, MD, MEd, FRCPC, *Children's Hospital of Eastern Ontario*

Erinna Brown, MD, M.Sc., FRCPC, *University of Ottawa*

David Puder, MD, *Loma Linda University School of Medicine (AUTHOR ONLY)*

Lara Postl, MD, FRCPC, *Children's Hospital of Eastern Ontario (AUTHOR ONLY)*

Description: Since 2020, estimates of burnout rates in psychiatry programs have ranged from 27% to 83.3%. Burnout is associated with environmental (weekly hours, number of on-call shifts, and difficulties with their supervisors), personality, and non-modifiable factors (first 2 years of training and younger age). Several studies found associations between higher levels of support and cohesion with supervisors and increased resilience and decreased burnout. Compared with support received from nurses, peers, and patients, dissatisfaction with support received from supervisors was the greatest predictor of resident burnout. The Connection Index is a new tool created by Dr. David Puder et al. (published in *Academic Psychiatry*, 2022) to measure interpersonal connection quantitatively between resident and supervisor in the academic setting. High Connection Index scores between resident and supervisor have been shown to be associated with less resident burnout, and may be a valuable tool for programs to evaluate resident's experiences within the clinical environment. This workshop aims to describe the Connection Index, apply it to sample cases and engage participants in brainstorming about how implementation of this tool could allow for specific and personalised feedback to supervisors in order to improve resident-supervisor connection. Since the supervisor-resident relationship is difficult to describe objectively, we will first outline the Connection Index as a tool for this purpose. Afterwards, participants will be divided into groups to practice using it on sample cases. The groups will then reconvene to discuss benefits and challenges of using this tool and formulate system-level interventions aimed at implementing it at their institution.

Learning Objectives

Objective 1: Describe the Connection Index tool and its application in postgraduate psychiatry training,

Objective 2: Apply the Connection Index tool to a sample case of a preceptor-resident relationship, and

Objective 3: Develop a list of action items aimed at implementing the Connection Index tool at their institution.

Thematic Focus: Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon E

From Powerful Storytelling to Empowering Storytelling: The Role of Culture in Storytelling

Rick Wolthusen, MD, MPP*, *Duke University Medical Center*

Paul Riordan, MD, *Duke University School of Medicine*

Andres Diocares, MD*, *Duke University Hospital*

Jonathan Nahmias, MD*, *Duke University*

Mountasir El-Tohami, MD*, *Duke University Medical Center and Durham VA Medical Center*

Andres Fuenmayor Mago, MD*, *Duke University (AUTHOR ONLY)*

Description: Storytelling as a means of instruction has been around for at least 36,000 years, with cave paintings being one of the oldest forms of it. Since then, humans have created many stories, sometimes without words in dances and images, and sometimes with many words in songs and novels. Stories make the abstract more concrete and convey in metaphors and analogies emotionally powerful beliefs or morals. Storytelling has been used for all purposes in the psychiatric field, even forming the basis of narrative therapy, a type of psychotherapy. Stories can boost listening skills, foster imagination, increase empathy and positive emotions, and help us learn from success and failure. Stories can also be used as a catalysator for social change and as an effective (psycho) education tool. In this workshop, we hope to demonstrate how stories are universal and can bridge divides (such as age or linguistics). We start by exploring a common format to storytelling, called the "5 Cs:" context (backstory), catalyst (event), complication (obstacle), change (transformation), and consequence (resolution). We will focus on this model and evaluate examples relating to psychiatry residency education and the psychoeducation of patients. After that, we will propose the addition of a 6th "C:" culture. Every culture has its own stories and ways of telling them: for the stories to be culturally empowering and relevant to our residents and patients, we differentiate some of the DOs and DON'Ts of storytelling across cultures to learn experientially best practices and examples.

Learning Objectives

Objective 1: Illustrate the importance of storytelling in psychiatry residency education and psychoeducation,

Objective 2: Appraise the "5 Cs" in stories and illustrate how they provide a structure to stories that resonates with listeners, and

Objective 3: Propose using a 6th C (culture) in storytelling to move from powerful stories to empowering stories that help bolster cultural competence (in the context of psychiatry residency education and psychoeducation).

Thematic Focus: Competencies, Curriculum Development, Disparity, Diversity and Inclusion, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon F

Mentorship Across the Lifespan of a Academic Career

Wayles Haynes, MD*, *University of New Mexico*

Pamela Arenella, MD, *Dalhousie University, Department of Psychiatry*

Dominique Price, MD, PhD*, *University of New Mexico, Department of Psychiatry*

Malgorzata Rajda, MD, FRCPC, *Dalhousie University*

Gabriela Prieto, MD, *Olive View – University of California Los Angeles*

Kristina Sowar, MD, *University of New Mexico Health Science Center (AUTHOR ONLY)*

Description: Mentorship is a popular topic in educational and professional realms; evidence demonstrates both immediate and enduring benefits for mentees and mentors. Unfortunately, many people receive limited guidance in how to identify, develop, and sustain mentorship relationships, and may face a lack of cultural or institutional support for such connections. This trend is especially profound for URIM professionals. How can we break the cycle of inadequate mentorship? By inviting YOU to become an advocate for mentorship! Join us to create individual mentorship goals, practice asking for mentorship and identify a potential mentor. In small groups, participants will explore case studies to consider challenges in mentorship relationships and identify barriers/gaps in mentorship structures at home institutions. This workshop is designed for both early and late career professionals and will encourage participants to address challenges and make plans to improve mentorship in their lives and communities. An international team of female voices, spanning an academic medicine career from trainee to senior leadership, will share personal experiences and

current research on the highs and lows in mentorship. Together participants and facilitators will brainstorm solutions to inspire involvement (or re-involved) in mentorship.

Learning Objectives

Objective 1: Identify core elements of meaningful mentorship,

Objective 2: Examine trends in URIM (under represented in medicine) trainee and faculty utilization of mentorship in academic medicine, and

Objective 3: Create a mentorship action plan, for self and/or community, targeted to the individual's stage of career.

Thematic Focus: Career Development, Disparity, Diversity and Inclusion, Leadership/Administrative Development

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

11:00 am - 12:30 pm

WORKSHOPS

Room: [Port of New York](#)

Bungling Your Bio: Back to the Basics of First Impressions

Jeana Benton, MD, *University of Nebraska Medical Center*

Riley Machal, B.S.,MD, *University of Nebraska Medical Center*

Dana Raml, MD, *University of Nebraska Medical Center*

Linda Love, PhD, *University of Nebraska Medical Center*

Chloe Olson, MD, *CHI Lasting Hope Recovery Center/Creighton University School of Medicine*
(AUTHOR ONLY)

Description: In an age of information overload and digital clutter, it is easier than ever to find information but harder to establish meaningful connections. Your biography is the conventional mode of introducing your professional identity, interests, and skills to the world. As new ways to interact with the world emerge, we must adapt to the ever-changing priorities of today's professional environment. How others view and interact with your bio is evolving. Even the most interesting person's biography can read like a laundry list of accomplishments without providing any understanding about who the person is or why they are passionate about what they do. Your bio is the place to showcase your unique skills and talents and to allow others to discover authentic information about the true you. Careful construction of a great bio can attract patients, colleagues, mentors, sponsors, and opportunities. However, in the hustle and bustle of everyday life in academic medicine, writing and updating our biographies can get lost in the shuffle--until we need one, quick!! This session expands the practices clinician-educators use to connect with patients and learners to better represent themselves to the world. Participants will leave this workshop with new unique biographies specifically designed for conferences, speaking engagements, and patient facing resources. These targeted biographies will better show the world who participants are and highlight the important work they do.

Learning Objectives

Objective 1: Communicate key elements of their professional identity, interests, and skills,

Objective 2: Critique their current biographies' ability to convey these interests and skills to the intended audience, and

Objective 3: Create targeted biographies that engage a reader and showcase their authentic self.

Thematic Focus: Career Development, Leadership/Administrative Development, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of San Francisco

Optimizing the Online Learning Experience in Psychiatry: Strategies for Asynchronous Delivery

Nancy McCallum, FRCPC, MD, MSc, *Women's College Hospital*

Tina Behdinan, MD, MSc*, *Women's College Hospital*

Dana Ross, FRCPC, MD, MSc, *Women's College Hospital, University of Toronto*

Description: This workshop will explore the use of asynchronous online learning in psychiatry. Participants will first receive a brief introduction to the use of asynchronous online learning, the emerging literature and its relevance to psychiatry. Followed by an exploration of the advantages and disadvantages of asynchronous online learning compared to synchronous online or in-person instruction. This workshop will provide an overview of the benefits of asynchronous online learning, such as increased flexibility, access to additional resources, and the ability to work on material at one's own pace. It will also provide an overview of the challenges associated with asynchronous learning, such as managing time and completing material on a schedule. The workshop will provide resources and strategies for educators to use when developing an asynchronous online learning or blended program. It will also discuss the different types of online learning technologies available that support asynchronous learning and how to integrate them effectively into psychiatric practice. The workshop will provide an overview of emerging best practices for designing and delivering asynchronous online learning programs. Finally, the workshop will allow attendees to discuss their experiences with asynchronous learning, and the presenters' will review case studies from their own asynchronous course development experiences to illustrate design, evaluation and implementation strategies. By the end of the workshop, attendees will gain a better understanding of asynchronous virtual learning Methods:, related benefits and challenges, and evidence-informed implementation strategies.

Learning Objectives

Objective 1: Identify the benefits and drawbacks of asynchronous online learning compared to synchronous instruction,

Objective 2: Analyze different types of virtual asynchronous learning strategies and their applications in psychiatry, and

Objective 3: Develop an outline for designing and delivering asynchronous virtual learning programs for workshop participants to implement within their own education initiatives.

Thematic Focus: Curriculum Development, Teaching/Education, Technology

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of Singapore

Intentional or Unintentional Harm? Addressing Discriminatory Trauma in Clinical Psychiatry Settings.

James Lee, MD*, *University of Washington*

Tom Soeprono, Med, *University of Washington*

Elizabeth Richards, MD, *University of Washington (AUTHOR ONLY)*

Nazim Sedehi*, *University of Washington (AUTHOR ONLY)*

Description: The growing diversity of medical staff coupled with the commonness of racist ideology have placed many trainees at risk for experiencing discrimination in clinical settings. Though the field of psychiatry has begun to explore how systemic racism affects patient care, less attention has been directed towards protecting trainees and fostering professional growth when experiencing discrimination. By redesigning and relaunching established techniques (i.e. bystander intervention, boundary-setting) through the lens of diversity, equity, and inclusion, this workshop serves to equip educators with skills to address discriminatory (racist, sexist, homophobic, fatphobic) behavior both in real-time and in the aftermath of an incident. Bystander intervention is a collection of strategies for addressing discrimination/violence as a third-party, a valuable skill for educators who precept over trainees. This training goes a step further by layering in the more sensitive topic of psychopathology and its implications in these different scenarios. Thoughtful boundary-setting with regard to discrimination is also a valuable skill to maintain patient rapport while advocating for trainees from minority backgrounds. This workshop aims to execute these skills through case-based learning, nuancing them appropriately by placing them in the context of the patient-provider relationship. The remainder of the workshop prepares participants for the weighty discussions after witnessing discrimination, which have both elevated emotions and immense educational value. From generating relevant teaching topics to checking affective appropriateness, the latter half of the workshop uses

role play to cultivate teachable moments in the aftermath of discrimination, guiding the conversation towards non-offensive and productive avenues.

Learning Objectives

Objective 1: Implement frameworks of boundary-setting and bystander intervention in situations of discrimination from patients against trainees, colleagues, and other patients in real-time,

Objective 2: Generate discussion with trainees about the nuances of working with discriminatory patients, with topics including patient-physician relationships, countertransference, and biopsychosocial formulation, and

Objective 3: Check the educational value and appropriateness of the patient encounter for discussion, adjusting the discussion based on trainee comfort and timeframe.

Thematic Focus: Career Development, Competencies, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon C

Intersectional Storytelling: Implementing Dei Measures into the Psychiatry Curriculum (UME/GME)

Mark Townsend, MD, MS, *The University of Texas At Austin*

Description: This workshop combines three approaches to psychiatric education: a critical approach that addresses health inequities; a philosophical approach that discusses diagnoses, interviewing and concepts; and a narrative approach to mental health that utilizes narrative medicine for psychiatrists. Based on the assumption that intersectionality offers a productive conceptual framework for educational interventions that brings together all of the above to foster critical thinking and improve DEI metrics, we will share one set of tools we developed that focuses on reflective writing and storytelling techniques. The workshop addresses participants as both learners and educators interested in integrating the tools into their own teaching (the tools can be taught separately or in a workshop format). The goal of this workshop is threefold: Firstly, teach other educators the critical core concepts and discuss their relevance to psych education and clinical practice. Secondly, complete the exercises in small groups and discuss how health outcomes relate to certain intersectional identities. Thirdly, demonstrate how narratives in general and storytelling in particular may impact psychiatric ethics and practice. Overall, the interventions aim to help providers' rethink, revise and reconsider their listening and interviewing skills.

Learning Objectives:

Objective 1: Appreciate the impact of narratives, narrative ethics and storytelling on psychiatric practice,

Objective 2: Implement storytelling exercises into their formal and clinical teaching, and

Objective 3: Rethink, revise and reconsider their listening and interviewing skills to further health equity.

Thematic Focus: Disparity, Diversity and Inclusion, Teaching/Education

Intended Audience: Junior Faculty, Senior Faculty

Room: Salon D

Moving Beyond Resilience into Anti-Fragility: Lessons from Military Psychiatry on Post-Traumatic Growth

Hannah Russin, MD*, *Walter Reed Army Medical Center*

Jane Ma, MD*, *Walter Reed National Military Medical Center*

Shannon Ford, MD, *Consultation Liaison Psychiatry Fellowship at Walter Reed*

Description: In both the United States Armed Forces and Graduate Medical Education, there has been increased interest in bolstering resilience among their members—to enhance performance, preserve whole-person wellness, and prevent the development of mental health conditions and burnout. Particularly in recent years, unprecedented systemic challenges (a global pandemic, political and civil unrest, an increasing awareness of systemic inequity, and both present and potential military conflict) have brought the need for increased resiliency into keen and urgent focus. Resiliency has many definitions, but is generally conceptualized as an ability to adapt to internal/external stressors -

navigating through both little ‘t’ and big ‘T’ traumas and ultimately returning to one’s baseline state of functioning. Importantly, this state of resiliency is seen as a trait that is present prior to experiencing distress. By contrast, anti-fragility is defined as the ability of a system (or an individual) to improve functionality following exposure to distress, volatility, and chaos - exceeding the previous baseline. We believe that an emphasis on cultivating antifragility in addition to resiliency would be valuable in inspiring and empowering future generations of psychiatrists. We draw from a psychological framework employed by military behavioral health providers (“Combat Operational Stress Control” and “Traumatic Event Management”) to provide practical strategies to promote Post-Traumatic Growth on both an organizational and individual level. We draw lessons also from the fields of Zen philosophy, positive psychology, and disaster psychiatry for use within this framework. This content will be addressed through small group discussion as well as case presentations.

Learning Objectives

Objective 1: Compare and contrast resiliency and antifragility through the lens of post-traumatic growth,

Objective 2: Incorporate military psychological first aid principles in leadership and mentoring roles, and

Objective 3: Utilize practical strategies to increase antifragility in one’s personal and professional life.

Thematic Focus: Competencies, Leadership/Administrative Development

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Salon F

Structured Peer Support: Using Positive Psychology to Foster Well-Being

Kathy Snyder, MD, MS*, *University of Washington*

Eshiemomoh Osilama*, *Geisinger Commonwealth School of Medicine*

Description: Medical trainees are vulnerable to the development of psychological and emotional distress contributing to clinical psychiatric conditions including depression and anxiety as well as burnout. Medical accreditation committees require training programs to be intentional and thoughtful about monitoring trainee well-being. However, there is an ongoing need for preventative well-being programs at both the undergraduate and graduate medical education levels.

During this workshop, participants will be introduced to the concept of structured peer support through a brief introductory lecture. We will review how peer navigators can support individuals’ well-being during sessions through guided discussions of material rooted in positive psychology and resilience. Participants will be exposed to peer navigator training and learn the basics of small group facilitation through an interactive activity aimed at strengthening various skills including supportive listening, identification of skillful versus unskillful coping mechanisms, and recognizing signs of emotional distress. Participants will then review a sample peer support session guide and listen to a brief podcast both of which enrich the peer navigators’ understanding of the chosen topic and provide sample exploration questions for the group. We will engage in a sample peer support session during which time participants will be able to practice how to introduce and explore a positive psychology topic with peers while maintaining a supportive and safe environment.

This peer support model has been implemented at a medical school in Northeastern Pennsylvania with over 40 participants. Student participants described several benefits including improved connection to peers and increased personal growth through meaningful conversations.

Learning Objectives

Objective 1: Define the elements of structured peer support,

Objective 2: Facilitate or participate in peer support sessions using supportive listening, implementation of skillful coping mechanisms, recognizing signs of emotional distress, and

Objective 3: Integrate tools from a topic rooted in positive psychology and/or resilience into a peer support discussion.

Thematic Focus: Career Development, Competencies, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

Room: Port of Singapore

Bringing about Change by Redesigning Anti-Racism Medical Education Resources for All

Ashley Walker, MD, *University of Oklahoma School of Community Medicine*

J. Corey Williams, MD, MA, *Georgetown University*

Kaosoluchi Enendu, MD*, MBA, *Yale Medical School (AUTHOR ONLY)*

Raziya Wang, *San Mateo County BHRS (AUTHOR ONLY)*

Description: Since the 2020 murders of George Floyd and Breonna Taylor, society has been hungry for instruction and change related to social justice. Medical education at all levels is no exception. Undergraduate, graduate, and faculty/continuing education instructors are seeking to incorporate more anti-racism related content into their curriculum. However, many programs are siloed and stymied by a lack of resources (both personnel and content familiarity) to implement these desired reforms. In order to alleviate the resource burden on educational programs, we have developed a set of courses focused on various anti-racism topics. These modules, built around principles of adult learning, can either supply or complement a program's social justice curriculum, and can be accessed and used freely for either self-directed or instructor-led learning. Additionally, programs may now request trainers to virtually facilitate synchronized learning sessions, obviating the need for local experts to supply all instruction. In this workshop, participants will be provided the opportunity to directly experience a sample session called "Responding to Racism from Patients, Families, and Guests." The participants will be given an online interactive self-study module to complete before breaking-out into small groups for guided discussion. In addition to receiving information on the development and implementation of these anti-racism resources, participants will also have space to reflect on various uses of this pedagogical framework, and how it may be adapted to their own settings and content.

Learning Objectives

Objective 1: Describe the benefits of content created and delivered by extra-institutional educators to enhance local instruction,

Objective 2: Integrate interactive self-study with live small group discussion for multimodal learning, and

Objective 3: Adapt a novel teaching methodology for use in their own settings.

Thematic Focus: Disparity, Diversity and Inclusion, Teaching/Education

Intended Audience: Medical Students, Residents, and/or Fellows, Junior Faculty, Senior Faculty

2023 AAP POSTER SESSION

11:30 am - 12:10 pm

Room: Harbourfront Ballroom 3

E-POSTER PRESENTATIONS: Session A

101. THE 2023 TURKEY-SYRIA EARTHQUAKES: A QUALITATIVE ASSESSMENT OF FACTORS INFLUENCING POST-DISASTER MENTAL HEALTH TRAINING SUCCESS

Dania Albaba, MD*, *Baylor College of Medicine*

Nora Abdullah, MD, *University of Texas Southwestern (Author Only)*

Zuhair Al Karrat, MD, *Idlib Health Directorate (Author Only)*

Sophia Banu, MD, *Baylor College of Medicine (Author Only)*

Mollie Gordon, MD, *Baylor College of Medicine (Author Only)*

Nasim Khalfe, MD, *Baylor College of Medicine (Author Only)*

Nidal Moukaddam, MD, PhD, *Baylor College of Medicine (Author Only)*

Zaher Sahloul, MD, *Menninger Department of Psychiatry and Behavioral Science (Author Only)*

Asim Shah, MD, *Baylor College of Medicine (Author Only)*

Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: The decade-long Syrian conflict has resulted in significant psychological impacts on its civilians. The recent 2023 earthquakes further worsened the mental health issues already prevalent in the region. There is limited research examining the factors affecting success and viability of post-disaster interventions in Syria. Given the increase in man-made and natural disasters in the region, an understanding of the elements needed for successful, scalable, reproducible and culturally-sensitive mental health training is necessary.

Methods: In February 2023, following the earthquakes in Turkey and Syria, the authors reviewed the available literature on curricula presented in Syria. Four different trainings used in prior disaster areas were conducted over two weeks in Northwest Syria and Turkey: 1- Skills for Psychological Recovery, 2- A Public Health Approach to Human Trafficking, 3- Child Development and Trauma Through the Ages, and 4- Vicarious Trauma, Re-traumatization and Self-compassion.

Results: A total of 116 participants in both Turkey and Syria attended. Attendees included NGO workers, psychosocial support staff and healthcare workers. Our team was successfully able to conduct the planned trainings and managed to cover categories 1 to 3 covered below. Interfacing with attendees face-to-face was helpful to understand the needs of the target groups and was instrumental in building future partnerships and trainings.

Discussion/Conclusions: The success of global mental health missions relies on factors in the following categories:

- 1- Logistics and safety
- 2- Collaboration and interaction with non-healthcare staff
- 3- Progression from non-specific psycho-education to disease-specific curricula
- 4- Triage and stratification of available services potentially complementing training
- 5- Planning future support

102. PRACTICE CHANGES AND HOW TO FIND THEM: WHAT WE ASSESSED and LEARNED FOLLOWING A CONTINUING MEDICAL EDUCATION EVENT

Certina Ho, PhD, R.Ph., *University of Toronto*

Eulaine Ma, *University of Toronto (Author Only)*

Paula Paunic, *University of Toronto (Author Only)*

Laura Rivera, *University of Toronto (Author Only)*

Rajeevan Rasasingham, *University of Toronto (Author Only)*

Sanjeev Sockalingam, *University of Toronto (Author Only)*

Wei Wei, B.Sc., PharmD*, *University of Toronto (Author Only)*

Poster Category: Original Series = General/NOS

Background/Purpose: The ability of learning events to facilitate knowledge translation into practice is of utmost importance to continuing medical education (CME) programs, including in psychiatry. Retrospective surveys have been used as assessment tools for practice changes in CME attendees. Our project aims to identify the practice changes, and characterize barriers and facilitators to change, in the participants after attending a psychiatry CME conference.

Methods: We surveyed the attendees after the conference on their intention to change practice. We surveyed them again four months after the conference for retrospectively perceived changes and clinical experiences, collecting self-rated knowledge and confidence changes, actual practice changes, and barriers and facilitators to change. Quantitative data were analyzed using descriptive statistics, and qualitative responses using thematic analysis.

Results: Of the 314 participants, we received 129 (41%) responses to our post-conference survey, and 31 (10%) responses to the four-month post-conference survey. 82% of respondents indicated after the conference that they would consider changes to their practice such as expanding their prescribing practices. At four months post-conference, respondents reported practice changes such as different diagnostic or prescribing patterns and increased knowledge sharing. Relevance to practice was a facilitator to practice change, while barriers included lack of market availability, affordability, and/or evidence of novel treatment options discussed, and patient non-adherence.

Discussion/Conclusions: We identified post-CME practice changes and their facilitators and barriers at individual, educational, and system levels. We anticipate these insights will be informative towards optimizing and delivering pragmatic and clinically relevant CME events that facilitate knowledge translation.

103. INNOVATIVE STRATEGIES TO DEVELOP THE NEXT GENERATION OF GENERAL PSYCHIATRISTS READY TO TREAT SUBSTANCE USE DISORDERS

Alena Balasanova, MD, *University of Nebraska Medical Center*

Alexis Ritvo, MD, MPH, *University of Colorado School of Medicine (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background: The social disruption of the COVID-19 pandemic has led to an unprecedented increase in alcohol and drug use and a record number of opioid overdoses. The pandemic has brought greater urgency to ensure that all psychiatrists are competent and prepared to treat substance use disorders (SUD) in their patients.

Purpose: To fill a needed gap in disseminating practical ways of approaching addiction psychiatry training within the limits of general psychiatry clinical settings.

Methods: We describe two innovative examples from distinct academic medical centers on how to incorporate addiction psychiatry education into both inpatient and outpatient general psychiatry training sites. We describe the composition of the rotations, necessary personnel, teaching Methods:, time commitment, and highlight feedback from trainee evaluations.

Results: In the clinic, residents establish longitudinal relationships with patients with co-occurring SUD and other psychiatric disorders. On the consult service, trainees work with patients experiencing substance withdrawal and utilize motivational interviewing skills to assess readiness to change.

Discussion: We discuss how to creatively overcome challenges to addiction psychiatry clinical training such as staffing limitations, institutional and departmental buy-in, and the ever-present stigma of SUD.

Conclusions: Patients with addiction are everywhere. What is lacking are staff with the knowledge, enthusiasm, and available time to invest in teaching and supervision. When faced with limited resources, there are still valuable ways to expose residents to clinical experiences with patients with SUD. The experiences may look different from one institution to another but can equally train residents to successfully work with this patient population.

104. THE EXPERIENCE OF AN ACADEMIC PSYCHIATRY ROTATION: A MANGER FOR NEW ACADEMIC PSYCHIATRISTS?

Eduardo Humes, MD, Med, PhD, *Faculdade de Medicina, Universidade de Sao Paulo*

Jose Bastos, MD, *Faculdade de Medicina, Universidade de Sao Paulo (Author Only)*

Renério Júnior, *Faculdade de Medicina, Universidade de Sao Paulo (Author Only)*

Marcio Vieira, *Hospital Universitario, Faculdade de Medicina, Universidade de Sao Paulo (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: One of the expected competencies in the psychiatry residency program regards educational skills. Residents should be able to transmit their knowledge and be able to engage in medical students teaching, junior residents and other health professionals and students. Albeit this need, few residency programs have a structured rotation in academic psychiatry.

Methods: Report the experience of a structured clerkship in academic psychiatry.

Results: During one month period, the resident was first hand involved in teaching activities with fifth-year and sixth-year medical students and first-year psychiatry residents. Activities with students consisted of supervising students in a outpatient clinic, including observing their clinical interview and examination of the patients, discussing the cases and patient orientation. Each patient was seen by a group of two to three fifth-year medical students or one sixth-year medical student. The supervising resident should also develop teaching activities on themes chosen by the students and practical sessions regarding clinical skills that should develop during their psychiatric clerkship. Residents received summative and formative feedbacks on their teaching from supervisors.

Discussion/Conclusions: This initiative is a space to allocate professionals dedicated to the teaching of new generations. A rotation in academic psychiatry may contribute to improve the already existing training Methods: and foster similar rotations in other psychiatry residence programs.

105. INTEGRATED VIDEO SIMULATION AND ROLE PLAY: EXPLORING A NOVEL FACULTY DEVELOPMENT APPROACH TO TEACH ASSESSMENT AND FEEDBACK SKILLS

Mark Bosma, *Dalhousie University*

Mandy Eslinger, *Dalhousie University (Author Only)*

Cheryl Murphy, *Dalhousie University (Author Only)*

Qendresa Sahiti, *Dalhousie University (Author Only)*

Poster Category: Strange New Worlds = Innovation

Background/Purpose: Delivery of effective feedback is an essential teaching skill, often described by faculty and students as an area of weakness. When faculty development is offered turnout is frequently poor. To address this, novel workshops were designed incorporating video simulation and role play specific to a specialty's Entrustable Professional Activities (the Canadian version of ACGME Milestones). This study explored participant experience of the workshops.

Methods: In this qualitative single-case study design, workshops were delivered to postgraduate teaching faculty at a Canadian medical school. Attendees completed a post-workshop evaluation and were invited to participate in semi-structured group interviews (grouped by specialty). Interview transcripts were analysed using reflexive thematic analysis, and themes were identified by consensus.

Results: Workshops were held with faculty from psychiatry, critical care, emergency medicine, and radiation oncology. Of eighty attendees (66 faculty, 14 residents), 33 completed an evaluation, and eight faculty attendees (representing each specialty) participated in interviews. Overall, feedback was positive, and four themes were identified: Feedback is hard, but necessary; Customization promotes authenticity; Learning from and with each other is valuable; and Experiential learning is vital.

Discussion/Conclusions: Workshops were inexpensive and easily implemented using in-house resources, and customization of content appealed to attendees and fostered engagement. Additionally, our findings suggest that well known facilitators of adult learning, specifically peer and experiential learning and relevancy of content, enhance participant experience. Integration of these concepts should be considered when designing and implementing faculty development.

106. BURNOUT AMONG PSYCHIATRY RESIDENTS AND ONE PROGRAM'S APPROACH TO CREATING A CULTURE OF WELLNESS

Kathryn Brown, MD*, MBA, *Kaiser Permanente, Division of Research*

Dawn Sung, MD, *Kaiser Permanente, Division of Research (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Psychiatry residency training includes unique characteristics that can predispose trainees to burnout, including vicarious traumatization, prevalence of patient suicide and violence in the workplace, and social stigma towards mental health. For the purposes of this article, we will be examining these contributing factors, and addressing how psychiatry residency training programs, and specifically the Kaiser Permanente (KP) Oakland program, are responding to these unique challenges with wellness initiatives.

Methods: We performed a structured literature search utilizing the PRISMA framework in the following databases: PubMed, and Google Scholar. The most relevant inclusion criteria were quantitative and peer-reviewed articles published in English.

Results: Within psychiatry residencies specifically, several studies demonstrate time-limited programming around mindfulness-based interventions or wellness curriculums that report a positive reception, at least for the short term. Long-term impact on wellness of these interventions has not typically been measured, and likely relies on significant ongoing individual commitment. Other strategies including focus groups for residents on improving connectivity have demonstrated some longitudinal positive effect on burnout. Initiatives at KP Oakland promoting wellness include a resident and faculty led Wellness Committee, work hour limits, reasonable call schedules, a robust mentorship program, funded social and networking events programs, and comprehensive mental health services.

Discussion/Conclusions: Evidence-based, comprehensive strategies and specific interventions to improve wellness factors are critically needed at a time of increasing burnout among all physicians working on the frontlines. To succeed, this process requires collaboration between program directors, faculty, residents, GME, and wellness leaders, to work together to systematically assess community well-being.

107. USE OF AN ICE-BREAKER ACTIVITY TO IDENTIFY AT RISK RESIDENTS EARLY A RETROSPECTIVE REVIEW?

Theadia Carey, MD, MS, *Authority Health-GME*

Kehinde Ayeni, MD, *Authority Health Psychiatry Residency Training Program (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: One of the responsibilities of program directors is identifying and help residents with problems in professionalism and well-being.

Physicians are master test takers, and as such, can glean the "correct" or acceptable response in tasks that uses intellectual responses. Therefore, many problems are not identified until late in residency training, which poses multiple challenges for the program director and training institution.

What if there was a regular way to gain insight into resident functioning in the professionalism and wellbeing areas on a regular basis?

Methods: Our program has done yearly icebreakers to "get to know you" exercises with residents. We have found activities that use a creative process such as vision board or "human billboard" or design your dream life are successful in identifying residents with potential problems. We have done a retrospective review of a vision boards to determine residents with potential difficulties.

Results: We will discuss specific examples of an ice breaker activity as an indication of resident wellness or potential issues. Samples of the activity and issues identified are provided. One example, vision board a resident cut out a large beer and put in the middle of the board other activities surrounded the beer.

Discussion/Conclusions: Use of art-based creative ice breaker activities such as vision board, could provide useful insight into resident wellbeing, or professionalism potential issues. Activities that use a creative process instead of an intellectual process are more successful at bypassing defense mechanisms and get to the core issues for the resident in a spontaneous manner.

108. BEYOND THE CLASSROOM: USING BEHAVIORAL HEALTH PODCASTS TO AUGMENT SLEEP MEDICINE EDUCATION FOR PSYCHIATRIC LEARNERS

Candace Chan*, *Oregon Health and Science University*

Devon Holler*, *Oregon Health and Science University*

Nakai Corral, MD, *Oregon Health and Science University (Author Only)*

Sean Stanley, MD, *Oregon Health and Science University (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Podcasts have recently become a dominant medium for both educational and entertainment purposes. However, there is limited research on the effectiveness of podcasts for medical trainees, especially in behavioral health and psychiatry. This study sought to determine if different podcast formats, on comparable sleep medicine topics, would yield different educational outcomes in medical learners.

Methods: A randomized control trial was conducted with 24 medical students randomly assigned to listen to either a case-based podcast led by psychiatric experts, or a Q and A podcast hosted by medical students, both covering comparable sleep medicine topics. Participants completed a survey before and after listening to the podcast to assess their comfort level in diagnosing and treating sleep disorders and answered multiple-choice questions.

Results: Listening to either the expert interview or Q and A podcast increased participants' comfort level in diagnosing and treating sleep disorders from 2.6 and 2.5 out of 10 to 5.3 and 6.7, respectively. Learners scored an average of 49% on the pre-podcast survey compared to 65% on the post-podcast survey. The expert interview group showed a higher improvement rate (64.5%) compared to the Q and A group (53.8%), with a chi-squared test p-value of 0.58.

Discussion/Conclusions: This study showed that podcasts can increase medical learners' comfort level and knowledge of sleep medicine content, and further supports past work showing podcasts as an effective modality for psychiatric education. However, podcast format was not an effective predictor of the change in medical learners' knowledge or comfort in managing sleep disorders. Larger studies testing more format types are still warranted.

109. A CULTURAL PSYCHIATRY CURRICULUM OVERHAUL: AN APPROACH TO REIMAGINING CULTURAL PSYCHIATRY IN PSYCHIATRY RESIDENT DIDACTICS

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: The ACGME established focused cultural competency requirements for psychiatry residency programs, and best practices and model curricula are still developing (1). The field of cultural psychiatry remains focused on providing mental health care to ethnically diverse populations and is of great interest to educators (2). Evolving cultural psychiatry objectives conceptualize new Methods: for addressing disparities and inequities by focusing on the social determinants of health, implicit bias, global mental health, community partnerships, and structural discrimination (2,3,4). Creating a curriculum that explores the relationship between culture and psychiatric practice is challenging. We addressed this through a comprehensive and inclusive cultural psychiatry residency curriculum overhaul. Our approach included themes of identity exploration that intersect with structure (5), power, racism/antiracism, health equity (5) within didactics and immersive experiences that build on each other through residency.

Methods: We created a mission for cultural psychiatry that considered antiracism, cultural competence, social determinants of health, implicit bias, community partnerships, structural discrimination, and global mental health through personal reflection, group discussion, and immersive experiences. Residents participated in sessions that build across training years. Embedded in the curriculum are activities to build a portfolio of application strategies to use during and after residency. The curriculum culminates in an annual immersive community experience with the underserved Dallas populations.

Results: Data collection is underway and includes quantitative and qualitative survey questions.

Discussion/Conclusions: We hypothesize that learners will increase their knowledge of the impact of culture, structure/power, and health inequities on psychiatric care and will indicate increased comfort level with discussion of these topics.

110. CULTIVATING CONFIDENCE IN THE PRACTICE OF SECURE RECOVERY THROUGH EDUCATION OF FORENSIC INTERPROFESSIONAL STAFF

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Recovery is the process of personal change leading to a satisfying, hopeful, contributing life, even within the limits of mental illness. Recovery-oriented care has become a dominant paradigm in mental health service provision and increasingly applied to forensic settings. There is limited evidence on forensic providers' knowledge, skills, and education needs in this practice, and the challenges implementing recovery-oriented care in secure settings with consistency and fidelity. Kennedy (2022) calls for the development of a secure recovery curriculum to address this gap.

Methods: A survey was administered to forensic staff at CAMH (n=300) to identify gaps in staff knowledge and skills and their further education needs in secure recovery. Descriptive statistical techniques were used to analyze data and open-ended questions were analyzed thematically.

Results: Of 108 responses, 45% were nursing staff. Staff forensic experience ranged from 0 to 43 years with median of 5 years. Results: showed 79% reported good or excellent knowledge in recovery-oriented principles, however, 44% were not, somewhat, or only moderately confident in their skills in implementing recovery-oriented care; 59% did not believe they received adequate education and 93% were interested in secure recovery education.

Discussion/Conclusions: Results: will inform the development of a secure recovery curriculum to boost the confidence of forensic interprofessional staff. Further implications will be discussed.

111. TITLE: DEVELOPING AND PILOTING AN INNOVATIVE LONGITUDINAL ELECTIVE CARING FOR JUSTICE-INVOLVED INDIVIDUALS WITH SEVERE MENTAL ILLNESS

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Poster Category: Strange New Worlds = Innovation

Background/Purpose: Los Angeles County's jail system is the largest mental health institution in the United States, and the Office of Diversion and Reentry (ODR) was created in 2015 with a mission "to develop and implement county-wide criminal justice diversion for persons with mental and/or substance use disorders" and "to provide reentry support services based on individual's needs". The county's ODR inpatient psychiatric unit, the only unit of its kind nationally and located in our program's core training hospital, is a pathway to divert individuals with severe mental illness (SMI) out of jails and into treatment. An essential element of our training program is a strong commitment to teaching the next generation of psychiatrists to effectively care for the underserved/vulnerable. Our goal was to develop and implement a longitudinal elective in which trainees gain mastery in navigating the intricacies of the carceral mental health system for patients with SMI and a deeper understanding of the system itself.

Methods: We interviewed ODR-based faculty in addition to program graduates who informally rotated within components of ODR in past years, identifying impactful training experiences and high-yield opportunities to inform the structure and guide the implementation of the elective.

Results: Interview data were collated and incorporated into the elective's implementation. Residents care for justice-involved individuals through multiple stages of diversion, including jail, mental health court, and inpatient and outpatient ODR settings.

Discussion/Conclusions: Implementation of this innovative elective required successful navigation of systems/logistical barriers. Our pilot is promising, spurring plans to expand into a longitudinal multi-year experience.

112. TEACHING THE COMMITMENT PROCESS AND LEGAL STATUS TO MEDICAL STUDENTS AND JUNIOR RESIDENTS

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Molly Gannon, MD*, *University of Minnesota (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: The civil commitment process, which merges the clinical and state legal systems, can be confusing for patients and providers alike. This is particularly true for medical trainees with brief exposure to the mental health system on their psychiatric clinical rotations. Laws surrounding this process vary from state to state even in the same geographical region. At our training institution, there was no comprehensive tool for teaching this complex process.

Methods: Reviewed literature on emergency holds across the United States. Consulted the National Alliance for Mental Illness guide for civil commitment in the authors' state. Discussed possible outcomes to include with interprofessional psychiatric inpatient experts in the commitment process.

Results: The authors created a flowchart diagram for the various stages and possible outcomes of legal processes in their state's mental health civil commitment process. The flowchart includes the emergency hold process, petitioning for commitment, various types of commitments, and additional court-ordered treatments. The authors' intent for this presentation is to receive feedback on the diagram as well as to share the resource. A QR code will be included on the poster to electronically distribute the resource as a template.

Discussion/Conclusions: Each state and province has its own mental health commitment laws; therefore, these pathways can be used as a basic outline and model. Clearer understanding of the commitment process will improve patient care and reduce unnecessary infringement of patient autonomy.

113. RETHINKING DIDACTICS: A NOVEL CURRICULUM IN OUTPATIENT PSYCHIATRY – PART 3

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Poster Category: Strange New Worlds = Innovation

Background/Purpose: U.S. psychiatry residency training programs typically begin outpatient training in post-graduate year three. Only a small minority initiate outpatient training in the post-graduate year two. This confers several benefits, but it does pose the extra challenge of the residents being less knowledgeable about treatment planning including prescribing practices. To address this challenge, outpatient psychiatry faculty designed and implemented a new outpatient didactic curriculum to assist PGY2 residents with diagnostic formulation and treatment planning. This poster presentation highlights the creation, implementation and expansion of a novel integrated outpatient curriculum involving PGY2, PGY3, PGY4 psychiatry residents and faculty. This poster will review the novel didactic structure as well as recent changes to the didactic experience.

Methods: Curriculum has been designed for trainees that consists of specific topics in outpatient care. This integrated curriculum, which supplements formal didactics, has been refined over 10 years. Lectures include a combination of didactic teaching, case discussion, gamification and group discussions led by advancing residents and faculty.

Results: Survey data Results: from 2020 - 2021 and 2021 - 2022 training years will be shared with a focus on resident experience and lessons learned and survey data from 2022 - 2023 will include review of new Resident As Teacher (RAT) teaching week incorporated into this novel integrated outpatient curriculum.

Discussion/Conclusions: This approach should be used as a starting point to discuss potential future directions and goals for didactic education – specifically empowering rotation sites to tailor their educational experiences. We hope to encourage institutions to consider other unique integrated training experiences.

114. OBJECTIVE STRUCTURED CLINICAL EXAMINATIONS (OSCE) WITH INDIVIDUALS WITH IDD AS SIMULATED PATIENTS EARLY IN MEDICAL EDUCATION

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Individuals with Intellectual and Developmental Disabilities (IDD) face unique physical and mental health needs. Yet, they are medically underserved and face numerous barriers. Furthermore, medical professionals often do not receive adequate training early in their careers serving individuals with IDD. This study aimed to address this gap by developing and implementing an Objective Structured Clinical Examinations (OSCE) with individuals with IDD as patient educators (PEs) for first and second-year medical students.

Methods: This was a pilot observational study, with first and second-year medical students (n=25), participating in a virtual OSCE with individuals with IDD as PEs. The OSCE was conducted over Zoom and consisted of five virtual stations featuring cases developed by the PEs. Pre- and post-OSCE, the students completed a self-report scale and a Prediger scale. Then, students participated in a semi-structured interview to collect qualitative data. The assessment scale scores were analyzed using descriptive statistics and effect size using Cohen D (d) analysis. The qualitative data was analyzed using NVivo with two independent reviewers.

Results: Students reported a significant large effect size ($d > 0.8$), comparing their post- to their pre-OSCE scores (Self-report: $d = 1.96$, $p < 0.0001$; Prediger: $d = 1.34$, $p < 0.0001$). Qualitative analysis yielded the following common themes: positive experience, development of personal awareness and changes in perspective.

Discussion/Conclusions: This OSCE promoted the development of confidence, important self-realizations, and changes in perspective about caring for individuals with IDD. Hence, these Results: should encourage the inclusion of individuals with IDD early in medical education.

115. LESSONS LEARNED FROM THE DESIGN AND IMPLEMENTATION OF A LEARNER AND LOCATION FOCUSED JDEI CURRICULUM FOR A PSYCHIATRIC RESIDENCY PROGRAM

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: The 2022 ACGME survey found that learners perceived a residency-wide lack of JDEI (Justice, Diversity, Equity and Inclusion) education reflecting the program's historic de-prioritization for JDEI education. This gap in conjunction with increasing concern about the effects of JDEI issues on clinical care and the learning environment inspired a new curriculum. An interprofessional and inter-hierarchical team created a learner and location focused resident JDEI curriculum.

Methods: A year-long investigation of learner specific needs was conducted through a series of zoom meetings discussing content, organization, and teaching Methods:. Learners reviewed asynchronous material (podcasts, videos, and articles) then provided feedback through in-class discussion and anonymous surveys. The resulting curriculum emphasized active learning and personal reflection through in-class discussions and asynchronous learning. We utilized a Hyflex teaching model, integrated a learning management system (LMS), and encouraged near-peer participation/facilitation.

Results: After curriculum delivery, learner feedback from a focus group showed positive response to near-peer with attending facilitation, JDEI topics covered, and applicability of JDEI topics to personal/clinical life. The learning management system, asynchronous class design, and emphasis on small group discussion received negative feedback. Overall mixed feedback to Hyflex model and amount of time allocated for JDEI curriculum.

Discussion/Conclusions: The design and implementation of the JDEI curriculum revealed both challenges and successes. Future iterations will minimize use of LMS, eliminate asynchronous content/time and the Hyflex model, and increase location specific content. Classes will maximize in-person time together, near-peer inclusion in discussion, and focus on more structured discussions in large groups and systems focused JDEI content.

116. UTILIZING REMOTE LEARNING TO ADDRESS GAPS IN GERIATRIC PSYCHIATRY EDUCATION: A NOVEL INTER-INSTITUTIONAL APPROACH

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Psychiatry residency programs nationwide must comply with Accreditation Council for Graduate Medical Education (ACGME) standards including education in geriatric psychiatry. Many psychiatry residency programs do not have geriatric psychiatrists available to teach this specialized domain. To address this gap, we piloted a remote case conference series facilitated by geriatric psychiatry fellows.

Methods: Medical students and residents at one institution chose a case for discussion with relevant questions and learning points. Cases were de-identified, removing all protected health information. Case conferences were conducted remotely led by geriatric psychiatry fellows from another institution via videoconference using a HIPAA compliant Zoom platform. Feedback from each monthly conference was utilized to enhance the following conference.

Results: The initial iterations began informally and evolved to include more formal preparations between a medical student or resident and geriatric psychiatry fellow who were identified to co-lead the session. Interactive components were added (including polls, question and answers, breakout rooms) to engage the participants and encourage greater dialogue. Trainees benefited from outside geriatric psychiatry expertise not locally available. Fellows obtained unique teaching and leadership experience.

Discussion/Conclusions: The paucity of geriatric psychiatrists means that many training programs do not have access to specialists to teach trainees. Given demographic trends, it is imperative that all psychiatrists receive sufficient education in treating the growing geriatric population. Our novel didactic series helps address this gap in psychiatric training. Remote teaching across institutions is a mutually beneficial opportunity, enabling fellows to grow as clinician-educators while providing training opportunities in underserved areas.

117. PSYCHIATRISTS: YOU ARE THE FUTURE OF PRIMARY CARE

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Patients with psychiatric disorders have a greater burden of chronic medical conditions, multiple co-morbidities, and poorer health outcomes than the general population. To significantly improve patient wellness, it is important to holistically address the physical, mental and social aspects of patient care.

Methods: An integrative rotation was developed to expose PGY 1 Psychiatry residents to primary care training. Beginning July 2022, each of the four PGY 1 Psychiatry residents were precepted by Primary Care faculty in three different psychiatric environments: an acute inpatient psychiatric facility, a psychiatric outpatient clinic and the behavioral health emergency department. In a novel, integrated approach between Primary Care and Psychiatry, using evidence-based instructional Methods: and role modeling, residents observed and demonstrated the application of higher-ordered thinking skills with practical skills necessary to develop clinical competence. Residents were exposed to and equipped to manage acute and chronic disease entities routinely encountered in the primary care setting. This level of experiential learning, combined with relationship building, reflective processing and accountability contributed to the resident's personal and professional development.

Results: Preliminary participant feedback indicated that the experience was valued, contributed to the fund of knowledge and broadened the perspective of the relationship between mental health and primary care.

Discussion/Conclusions: This effort is highly generalizable, with broad applications to other rotations. If endorsed more broadly, it will result in increasing collaborative, multidisciplinary education whereby the next generation of physicians will be better able to provide improved patient care and ultimately, improved health outcomes.

118. SUPPORTING THE NEXT GENERATION OF HEALTHCARE TRAINEES: SHEDDING LIGHT ON DISORDERED EATING BEHAVIORS

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Supporting medical trainee mental health is of critical importance. Eating disorders are common and life-threatening but largely overlooked in this population. This study addresses this gap by assessing disordered eating behaviors among medical and pharmacy students. We hypothesize that disordered eating is a meaningful contributor to overall emotional distress.

Methods: Student responses to a voluntary anonymous online stress and depression screening questionnaire were collected from May 2009 to June 2022. Trainees were stratified into emotional distress tiers from most severe Tier 1 to least severe Tier 3 based on their responses to questions about depression, substance use, eating behaviors, suicidal ideation/attempts, and daily functioning. Using descriptive SPSS, we assessed the frequency of disordered eating behaviors and evaluated its relationship to overall emotional distress and utilization of mental health care.

Results: Of 849 respondents, 26.1% reported disordered eating. 58.7% fit moderate distress (Tier 2) and 40.4% high distress (Tier 1). More students in Tier 1 (144/343, 42%) indicated at least 1 disordered eating behavior than did students in Tier 2 and 3 combined (8/506, 15.4%). Disordered eating was significantly associated with emotional distress (N=849, $\chi^2=74.719$, df 1, p

Discussion/Conclusions: Students reported high levels of disordered eating behaviors. This study highlights the significant contribution of disordered eating to emotional distress. To support the next generation of medical trainees, more attention should be focused on addressing eating concerns and promoting healthy eating behaviors.

119. A COMPARISON OF PSYCHIATRY RESIDENTS' EXPERIENCE IN RURAL AND URBAN ROTATIONS

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Workforce shortages remain a barrier to psychiatric care. The number of adult psychiatrists will decrease by 20% in 2030 while demand will increase by 3%. Shortages are worse in rural America as there are 3.28 psychiatrists per 100,000 compared to 10.62 per 100,000 in urban areas. Nebraska faces worse shortages as 88 out of 93 counties report being federal behavioral health professional shortage areas. The percentage of psychiatrists in Nebraskan urban communities remained unchanged from 2010-2020 while in rural counties decreased by 39%. Residency programs have implemented rural rotations to address rural shortages. There has been limited research on the impact of rural rotations on psychiatric residency training.

Methods: Evaluations of rural and urban rotations from psychiatry residents in Nebraska were collected and analyzed from 2009-2021. Evaluations contained the overall rating of the rotation, quality of support staff, quality of facilities, quality of education, and workload based on a Likert scale.

Results: Scores were statistically similar in both rural and urban rotations. 71% of residents cited their home state and familial ties as the main driver of practice location. Other factors cited include an obligation to serve rural areas, established professional/social networks in an existing city, and quality of life associated with a city, including being family-friendly, safe, and affordable.

Discussion/Conclusions: Psychiatry residents from Nebraska have found rural rotations to be beneficial to their training. Exposure to rural rotations during residency and supporting residents from rural communities are critical in addressing the shortage of psychiatrists in rural areas.

120. A PSYCHIATRY CURRICULUM FOR NON-PSYCHIATRY TRAINEES

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Managing patient's emotional responses during a hospital admission can be challenging for Medicine/Pediatrics/Surgery residents who are increasingly removed from their medical school training in Psychiatry

Purpose: To develop a Psychiatry curriculum for non-Psychiatry trainees in a medical inpatient setting

Methods: Pediatric residents joined 5 lectures on different topics in Psychiatry and Psychosomatic Medicine. Lectures were presented either in person and by Zoom and were intentionally limited to 30 minutes each to allow ample time for questions and discussion of specific, active cases. Residents were asked for feedback on each lecture, and topics were kept or replaced based on this.

Results: Lectures included in curriculum:

1. Common Psychiatric Diagnoses in the Medical Setting: Fear v Anxiety and Sadness v Depression
2. Psychopharmacology for Non-Psychiatrists: What Psych Meds CAN and CANNOT Do

3. Personality Disorders in the Medical Setting: @!*\$ Get Sick, Too
4. Less Common Psychiatric Diagnoses in the Medical Setting: Factitious DO, Factitious DO Imposed on Another, Conversion Disorder and Malingering
5. Medical Diagnoses with Psychiatric Presentations: Delirium, Medical Catatonia, and Substance- or Medication-Induced Disorders

Discussion/Conclusions: By engaging the trainees in the development of a curriculum, the information taught in these lectures was ultimately clinically relevant to the specialty-specific work they were doing. The opportunity to immediately integrate new information into the trainees' current clinical experience during the significant time allotted for discussion after the presentation of information proved the most effective teaching tool.

121. IMAGINING TRAUMA-INFORMED CARE IN PRACTICE: A DISCUSSION-BASED WORKSHOP FOR MEDICAL STUDENTS

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Katharine Nelson, MD, *University of Minnesota*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: A significant proportion of people have experienced some form of trauma. Trauma survivors are more likely to report negative interactions with healthcare providers, and many wish providers were better trained in trauma-informed care. While numerous training experiences have been created to address this gap, many involve significant time and investment. Our goal was to develop one brief session for medical students that would guide them in learning and discussing techniques to help patients feel safer during standard clinical encounters.

Methods: We developed a one-hour class, which was delivered twice online. We asked students to reflect on experiences with patients they knew or suspected to have experienced trauma. We then introduced them to a handout listing suggestions to increase patient empowerment and improve communication during a clinical encounter. Using an active learning framework, students applied ideas from the handout and our discussions to their patient care experiences.

Results: Based on pre- and post-class surveys from the two sessions (n=20), students most notably demonstrated an increase in their awareness of and confidence in applying trauma-informed care principles (with mean Likert scale increases of 1.00 and 0.95, respectively, p

Discussion/Conclusions: The class was well-received, and many students requested it to become part of the standard medical school curriculum. Future directions could include developing more concrete patient care scenarios to talk through with students.

122. EXAMINING THE EXPERIENCES OF BLACK WOMEN IN MEDICAL SCHOOL

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Many studies have highlighted the unique challenges that Black women face in higher educational settings attributed to both race and gender, however little remains known about Black women's experiences throughout medical training as medical students. This study sought to characterize how racial and gender identity impacts Black female medical students' experiences in and interactions with the medical environment.

Methods: Individual, semi-structured interviews were conducted with Black women medical students across nine medical schools along the U.S. east coast between October 2019- January 2020. Qualitative data analysis techniques, including grounded theory, were used to identify key themes in the participants' experiences throughout medical school influenced by their racial and gender identity.

Results: Twenty medical students participated with varied distribution across all four graduate years. Three major conceptual categories characterizing students' experiences emerged: Identity, Relationship with Medical Community, and Relationship with Educational System. Specific challenges included: stereotype threat, microaggressions, lack of a critical mass, navigating a majority white culture in medicine, facing an uneven playing field (often as first-generation MDs with financial limitations), and discrimination and bias in both the core curriculum and hidden curriculum. Despite these challenges, Black women described several positive aspects including their own inherent motivation to serve URM communities, the opportunity to work with Black patients, and the ability to feel connected with URM peers.

Discussion/Conclusions: Black women's experiences as medical students highlight the need for tailored medical institutional efforts towards addressing challenges and enhancing support as they navigate the medical community and educational system.

123. QUEER EYE FOR THE STRAIGHT RESIDENT: TRANSGENDER AND GENDER DIVERSE YOUTH CARE, IMPROVING PSYCHIATRIC RESIDENTS TRAINING

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Psychiatry residency programs encourage the improvement of empathy with patients from diverse diagnosis and backgrounds. Patients' gender identity and sexual orientation are central characteristics and may affect clinical presentation. There is increasing awareness of transgender and gender diverse health care distancing from a pathologic view, like what happened with non-heterosexual orientations. However, there is still limited objective training on the subject during medical education and residency training. Thus, a small proportion of psychiatrists push themselves as advocates of these patients. Residency rotations are a locus for residents to experience different settings and to get to know different populations.

Methods: Presentation of two rotations at a transdisciplinary outpatient unit for transgender and gender diverse children and teenagers in a public health system.

Results: The team includes different professional categories (psychiatrists, ObGyn, pediatricians; psychologists; nurses; speech therapists; social workers; physical educators) and provides health care (focusing on psychological and psychiatric care) for both patients and their families. Residents are encouraged to form patients' and families' psychosocial comprehensions.

Most residents rotate focusing in the psychiatric care, performing supervised consultations, 6 hours a week during 6 or 12 months in their third year. Another possibility offered was a one month rotation including participation in most interventions: patient triage, group psychotherapy, family support groups and transdisciplinary discussions.

Discussion/Conclusions: Rotations are positively evaluated and are sought by an increasing number of residents. Residents feedback highlight the satisfaction derived of knowing how to take care of this population, and the perceived patient care improvement regardless of gender identity.

124. THE MENOPAUSE AND MINORITY HEALTH PROJECT: ADDRESSING HEALTH DISPARITIES THROUGH INNOVATIVE VIRTUAL LEARNING

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Advances in the understanding of menopause, including increased recognition of the strong influence of race and ethnicity, have occurred in the past three decades. Unfortunately, the education of clinicians has lagged behind, resulting in women's health physicians who may not feel confident in menopause care and evidence of bias in how treatment options are discussed and utilized.

Methods: The Departments of Psychiatry, Ob/Gyn, and the School of Pharmacy partnered with the Extension of Community Health Outcomes (ECHO) Colorado, a virtual learning model for the management of complex medical conditions in underserved populations. The ECHO approach was enhanced with Extended Reality simulations using diverse avatar 'patients' developed to engage a deeper understanding of menopause experiences in minority women. Seven evidence-based modules included: 1) intersectionality, 2) vasomotor symptoms, 3) mood and anxiety, 4) sleep, 5) bleeding and hysterectomy, 6) body image and sexual health, and 7) menopause-related treatment. Most participants were primary care or ob-gyn clinicians.

Results: To date, 74 participants have participated in the series. Participant's self-reported skill level after completing the series was increased (p

Discussion/Conclusions: The ECHO Colorado learning approach combined with the innovative XR simulations resulted in positive improvements in provider knowledge, confidence and treatment of racial and ethnic differences in menopause care.

125. TRANSFORMING LEARNING ABOUT MARGINALIZED AND UNDERSERVED POPULATIONS: A QUALITATIVE STUDY OF POSTGRADUATE PSYCHIATRY SELECTIVE EXPERIENCES

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Title: Transforming Learning about Marginalized and Underserved Populations: A Qualitative Study of Postgraduate Psychiatry Selective Experiences

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Underserved/marginalized groups experience barriers to effective mental health care. Training future psychiatrists to work with these populations and advocate for systemic change is critical. To address a lack of exposure to working with these populations among psychiatry residents, a new PGY3 selective was implemented in 2019. Research on postgraduate psychiatric education related to underserved/marginalized populations is limited, making it difficult to determine how to teach residents about advocacy. To address this gap, we evaluated the new PGY3 selective. We aimed to not only understand acceptability but to examine the mechanisms by which transformative learning in working with underserved/marginalized populations can occur.

Methods: This mixed Methods: study informed by Mezirow's transformative learning theory and a constructivist paradigm, examined psychiatry residents' experience of their PGY3 selective using questionnaires and semi-structured interviews. Interviews were audio-recorded and transcribed, with coding and thematic analysis occurring iteratively.

Results: All eight participants reported changes in knowledge, while 87.5% reported changes in skills as well as awareness of barriers and interventions, for improving the health of underserved/marginalized populations. 75% reported their experience helped develop advocacy skills. Thematic analysis of the semi-structured interviews revealed deep engagement with the selective, resulting in attitudinal shifts through emotional realizations facilitated by effective supervision. A mechanism for transformative learning in clinical rotations was also identified.

Discussion/Conclusions: This novel selective facilitated changes in knowledge, skill, and attitudes towards working with underserved/marginalized groups. Factors identified as facilitating these changes filled an important gap in postgraduate medical education, informing future initiatives in psychiatry residency training.

126. PILOTING EQUITABLE SCREENING FOR SUBSTANCE USE THROUGH PCP EDUCATION AND ENGAGEMENT

Lorin Scher, MD, *University of California Davis Health*

Annabelle Ostrander, MHA, *University California Davis Health*

Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Unhealthy substance use and substance use disorders (SUDs) are highly prevalent in the United States and contribute to significant disease burden. However, effective screening and treatment for these conditions remains challenging to implement. Though the USPSTF recommends screening for alcohol and drug use, the organization does not have a systematic approach to universal screening and treatment of SUDs.

Methods: The pilot was launched in December of 2022 with the goal was to equitably reach 30% annual screening rates for unhealthy substance by May 2023 and to embed payor agnostic substance use navigation and support into primary care. We collaborated across disciplines and professions to implement efficient workflows with automated electronic best practice advisories alongside brief trainings for all clinic healthcare associates.

Results: Screening rates are currently 29.6% and 22.8% at each pilot clinic, respectively, and we are on track to meet the screening goal by May. 11% patients screened have been flagged for alcohol misuse and 1% for drug misuse. 5.8% of flagged patients were referred to the substance use navigator.

Discussion/Conclusions: SUDs have historically been underrecognized and undertreated. Embedding universal substance use screening and support to navigate treatment in the primary care setting is feasible and vital to improving health equity. Effective engagement and education with primary care physicians is critical to implementing mental health equity initiatives within primary care.

127. REGRESSION ANALYSIS OF DEMOGRAPHIC VARIABLES ON HISTORY OF MDD IN A COUNTY JAIL

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Christopher Kung, *University of Texas Medical Center Medical School (Author Only)*

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Jayme Palka, *University of Texas Medical Center Medical School (Author Only)*

Hien Piotrowski, *University of Texas Medical Center Medical School (Author Only)*

Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: The United States has the highest incarceration rate in the world, and Black Americans are disproportionately represented in the legal system. Since the 1950's, inpatient psychiatric care has been characterized by a population shift out of mental hospitals and into correctional facilities. Not only do inmates receive suboptimal mental health care, but they are also exposed to independent risk factors for poor mental health and overall mortality.

Methods: Demographic variables and subjective and objective mental histories were collected from a sample of 507 inmates at a large metropolitan county jail. A binary logistic regression was conducted to determine the effect of age, sex, race, geriatric status, and homeless status on the likelihood of having an objective history of MDD.

Results: Omnibus Results: were statistically significant ($p = .006$) and together, the predictors explained approximately 5% of the likelihood (Nagelkerke $R^2 = .052$). Females were 86% more likely to have a history of MDD ($p = .007$, $OR = 1.863$). Also significant was the main effect of race ($p = .037$, $OR = 0.397$), such that black patients were 38% less likely to have a history of MDD compared to white patients. Age, geriatric status, and homeless status were non-significant.

Discussion/Conclusions: Our Results: contradict previous findings that increasing age is correlated to depression in the incarcerated population. The finding that Black inmates were less likely to have an objective history of MDD holds implications on differential access to care and adds valuable data to the growing research on racial mental health disparities.

128. CASE-BASED LEARNING FOR DEVELOPMENT OF ADAPTIVE EXPERTISE IN CLINICAL CLERKS

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Autumn Chen, PharmD, *University of Toronto (Author Only)*

Kien Dang, MD, FRCPC, *University of Toronto (Author Only)*

Carla Garcia, MD, FRCPC, *University of Toronto (Author Only)*

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Poster Category: Strange New Worlds = Innovation

Background/Purpose: In consultation with education scientists, the decision was made to replace the didactic lecture series with 10 hours of case-based learning seminars. The cases were created to span the majority of the blueprinted topics in psychiatry, while also integrating themes related to equity, diversity and inclusion (EDI), in line with the University's educational mandate. We also created faculty development sessions and also worked with evaluation scientists to ensure we were assessing the impact of the curriculum on learning as well.

Methods: Five cases that incorporated important areas from the psychiatry blueprint, integrated with topics related to equity, diversity and social justice, were created. Each case has associated clinical-decision-making questions probing for more problem solving and thinking through complexity, which is related to the goal of the curriculum to help clerks become "adaptive experts" (Mylopoulos, 2018).

Results: Our current evaluation approach of the new case-based curriculum is a series of weekly online questionnaires. Student participation is voluntary, anonymous, with no impact on their evaluations or grades. During Week 1 of the six-week clinical clerkship, students are administered a "pre-clerkship" questionnaire with knowledge-based, clinical-decision-making questions on topics that will be covered. At the end of each subsequent week, students are asked to complete another questionnaire with questions related to knowledge as well as self-perceived confidence in addressing mental health conditions.

Discussion/Conclusions: This new curriculum not only supports the development of adaptive expertise, but also allows for integration of intersecting psychosocial issues that impact our patients. This was successful launched for 250 medical students in 2022-2023.

129. NEEDS ASSESSMENT FOR A VIRTUAL, ASYNCHRONOUS COURSE ON TRAUMA-INFORMED CARE FOR MULTIDISCIPLINARY HEALTHCARE PROVIDERS

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Kaniz Farhat, BSc, RA, *Women's College Hospital, University of Toronto (Author Only)*

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Nancy McCallum, MD, MSc, FRCPC, *Women's College Hospital, University of Toronto (Author Only)*

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Annie K. Truvert, MA, RC, MS, *Women's College Hospital, University of Toronto (Author Only)*

Poster Category: Original Series = General/NOS

Background/Purpose: Psychological trauma is a highly prevalent phenomenon among patients, yet healthcare providers (HCPs) often report a lack of training in delivering trauma-informed care (TIC). This study aims to conduct a needs assessment to determine the learning needs of multidisciplinary HCPs, including gaps in knowledge and skills related to TIC. This information and input from patients and key stakeholders will inform the development of a curriculum map for a virtual asynchronous course on TIC.

Methods: This mixed-Methods: cross-sectional study employed a user-centred design approach by including relevant users in the earliest stages of design and development. Anonymous online questionnaires were sent to HCPs, and semi-structured interviews with patients, HCPs, and key stakeholders from two healthcare organizations assessed perceived and unperceived needs.

Results: The Results: suggest that although 77% of HCPs understand the concept of TIC, 60% are dissatisfied with the amount of training they have received on the subject. Across multiple disciplines, there is an expressed interest in taking part in a virtual, asynchronous TIC course. Topics that participants identified as priority areas in the curriculum include learning how to ask about trauma, understanding the relationship between trauma and comorbid conditions, and incorporating equity, diversity, and inclusion principles into TIC practices.

Discussion/Conclusions: An asynchronous, virtual course is an acceptable format for delivery and could significantly increase access to training for HCPs on applying TIC principles and strategies to patient-facing care. A curriculum for HCPs based on the universal application of TIC could increase knowledge and skills and improve patient care.

130. PSYCHSNAPS: AN ELECTRONIC CURRICULUM TO IMPROVE OUTPATIENT MENTAL HEALTH CARE

Emma Samelson-Jones, MD, *University of California San Francisco*

Zoe Kopp, MD, *Division of General Internal Medicine, University of California San Francisco*

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Irina Kryzhanovskaya, MD, *Division of General Internal Medicine, University of California San Francisco* (Author Only)

Poster Category: Strange New Worlds = Innovation

Background/Purpose: As the need for psychiatric services outstrips the number of psychiatrists available, PCPs are the default providers for patients with complicated mental health needs, despite limited training. PCPs agree on the importance of providing mental health care in primary care, but substantial barriers exist (insufficient time, resources, confidence). We describe the creation of PsychSnaps, a curriculum of brief, clinically focused lessons sent via e-newsletter to improve frontline clinician management of behavioral health problems.

Methods: PsychSnaps supports busy primary care physicians with brief (5 minutes or less), case-based lessons that integrate mental health and addiction medicine topics. The lessons are delivered for free twice monthly by email newsletter to subscribers and available on the website psychsnaps.com for future reference. In following Kern's steps for curriculum development, psychiatry e-consult questions (answered by our psychiatry team member) from a large academic primary care practice served as an informal needs assessment. E-consult topics that came up often were considered foundational, high yield, and used as a springboard for early curricular content.

Results: Since our launch in December 2022, PsychSnaps has recruited 70 subscribers. Five PsychSnaps lessons were delivered via 366 email newsletters, with an open rate of 69%. In July 2023, we will survey all UCSF users about their level of engagement, perceived clinical utility of PsychSnaps, and satisfaction with content delivery. We will repeat a similar survey in December 2023.

Discussion/Conclusions: PsychSnaps is an innovative way to engage outpatient clinicians in behavioral health education. Continued assessment and increased promotion will improve program content and reach.

131. SCOPE OF PERINATAL MENTAL HEALTH TRAINING IN PSYCHIATRY RESIDENCIES

Joseph Gerlach*, *School of Medicine and Biomedical Sciences University At Buffalo State University*

Paige Guy, *School of Medicine and Biomedical Sciences University At Buffalo State University*

Afreen Siddiqui*, *School of Medicine and Biomedical Sciences University At Buffalo State University*

Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: The leading cause of maternal death in the one-year postpartum period is suicide and substance abuse, with 1 in 5 postpartum women suffering from maternal mental health problems. Our goal is to analyze US psychiatry residency program websites and identify programs that provide perinatal training.

Methods: A list of ACGME certified American psychiatry residency programs psychiatry residency programs was established using Doximity. A systematic, website-based protocol was used to identify perinatal and peripartum-related training at these programs, including clinical and didactic activities. Explicit mention of any of the following terms met criteria: "natal" "partum" "reproductive" "maternal" "OB/obstetric". Those websites only referring to general women's health were placed under "maybe".

Results: A total of 294 programs were identified. Of these programs, 33% (n=96) are in the northeast and south (n=98), while 19% (n=56) are in the midwest and 15% (n=44) are on the west coast. 20.4% (n=60) met our criteria for covering perinatal training, while 18.0% (n=53) met our "maybe" criteria. The remaining 60.5% (n=178) had no mention of such training. Geographically, 20.0% (n=19) of the northeast programs met our criteria for "yes", as well as 19.0% (n=19) of the south programs, 23.0% (n=13) of the midwest programs and 20.5% (n=9) of the west coast programs. 43% of the programs that met criteria were larger programs (with greater than/equal to 8 residents per year).

Discussion/Conclusions: Only a fifth of residency programs cover a variation of perinatal training in their curriculums. This is an essential topic that needs to be incorporated into early training.

132. COMPETENCE BY DESIGN FACULTY DEVELOPMENT UPDATE: SUPPORTING THE TRANSITION TO A COMPETENCY-BASED CURRICULUM

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Certina Ho, PhD, RPh, *University of Toronto*

Nikhita Singhal, MD*, *University of Toronto (Author Only)*

Inbal Gafni, *University of Toronto (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Competence by Design (CBD) is a model of competency-based medical education (CBME) being implemented across Canadian residency training programs that focuses on outcomes and emphasizes demonstration of competence in key areas deemed essential for future practice, with residents being directly observed, assessed, and provided with feedback in a more timely, frequent, and constructive manner. This has necessitated adjustments by both faculty and residents within our department, with many finding it challenging to adapt and stay apprised of best practices. In light of this shift and given the limited research on faculty development in CBME, we designed and evaluated a series of interactive sessions to support faculty and residents in navigating a CBD-based curriculum.

Methods: A preliminary needs assessment was administered to determine experiences with previous CBD training and solicit specific topics of interest. The initial "CBD Faculty Development Update" series comprised three virtual workshops held in 2021. Based on feedback from these sessions and a subsequent needs assessment, an "Advanced Coaching Skills" workshop was developed and delivered in 2022.

Results: The 2021 series was well-attended; all three sessions received highly positive feedback, with the majority of those who completed evaluations describing the workshops as relevant to their needs and encouraging changes to current practices. The 2022 "Advanced Coaching Skills" workshop was similarly positively evaluated.

Discussion/Conclusions: Our findings suggest faculty and residents found the series useful and may thus represent an effective method of facilitating the transition to CBME. We anticipate these sessions could be adapted and made broadly applicable for various other programs/specialties.

133. CHILD AND ADOLESCENT PSYCHIATRISTS SHOULD LEARN HOW TO BE AN ADVOCATE: ADVOCACY CURRICULUM IN A CAP FELLOWSHIP

Mohsin Khan, MD, *University of Texas Southwestern Medical Center*

J. Kathlene Trello-Rishel, MD, *University of Texas Southwestern Medical Center*

Karen Duong, DO, *University of Texas Southwestern Medical Center (Author Only)*

Trisha Modi, MD, *University of Texas Southwestern Medical Center (Author Only)*

Sravan Narapureddy, MD, *University of Texas Southwestern Medical Center (Author Only)*

Michael Preston, MD, *University of Texas Southwestern Medical Center (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: In the field of child psychiatry, refining fellows' skill sets to include being strong advocates for children may be as important as refining their clinical skills. To help address this, we introduced an advocacy curriculum into a child and adolescent psychiatry (CAP) fellowship.

Methods: An advocacy curriculum was developed for 1st year CAP fellows and administered over 5 Friday mornings. Fellows were provided weekly education materials to review. They then developed an action plan on a specific topic, recorded an "elevator pitch," and created a handout. Anonymous pre- and post-surveys assessing knowledge, comfort, enjoyment, desire, and importance of advocacy participation were completed.

Results: Nine first year fellows completed the course. Preliminary pre to post course survey Results:: show overall group scores for knowledge, comfort level, enjoyment, and desire to be involved in advocacy work all increased in percentages reflecting positive outcomes from the course. Free responses on why advocacy is important also showed change in pre and post course surveys. Some post survey quotes: from fellows " As experts in the field, it's important for us to utilize our experience to inform policy that affects patients at a large scale. The field will not get better and evolve without advocates."

Discussion/Conclusions: Fellows with and without prior exposure to advocacy work both found the course helpful in enhancing their knowledge and appreciated the dedicated exposure to advocacy.. Advocacy training should be introduced into CAP fellowships to increase knowledge and comfort of future CAP Psychiatrists to advocate for their patients and make more meaningful impact.

134. MAKE YOUR OWN ADVENTURE: THE DISCUSSION BOARD AS AN EFFECTIVE TOOL FOR ASYNCHRONOUS, VIRTUAL, LEARNER-DRIVEN, CASE-BASED TEACHING IN A PRECLINICAL COURSE

Marika Wrzosek, MD, *Medical College of Wisconsin*

Amy Beierle, MA, *Medical College of Wisconsin*

Jonathon Neist, MLIS, *Medical College of Wisconsin*

Poster Category: Strange New Worlds = Innovation

Background/Purpose: After COVID-19 restricted small group work that enabled live case discussions, the Spring 2021 and 2022 M1 normal development course utilized the discussion board (DB) functionality in the course learning management system as a way to engage learners virtually while highlighting clinical relevance of foundational concepts. Allowing students to see their peers' thought process in fields that they are exploring or passionate about is an important part of the educational growth process.

Methods: Presenting 43 cases, the DB prompts allowed students exhibit early clinical thinking in a specialty of their choice, while allowing asynchronous material delivery that emphasized content from core synchronous Zoom didactics. Each case was tagged with a specialty and ended with a prompt that necessitated the student applying a developmental concept to articulate the "next step" in the case. Images were used in cases to help students grasp details, and case content was based on actual clinical encounters from faculty.

Results: 100% of the approx 250 students each year participated, with end of course evaluations indicating positive student reception. Student comments were thoughtful.

Discussion/Conclusions: Educators should be empowered to utilize DB/fora in learning management systems to foster asynchronous, virtual peer interaction. The DB is a highly flexible and adaptable tool that allows for learners to share information rapidly with their peers, as well as work through complex clinical cases at a time of their choosing.

12:15 pm - 12:55 pm

[Room: Harbourfront Ballroom 3](#)

E-POSTER PRESENTATIONS: Session B

201. COME PADAWANS! COME MEET YOUR NEW MASTER: IMPLEMENTING A GROUP MENTORING PROGRAM FOR PSYCHIATRY RESIDENTS

Emilio Abelama Neto, MD, *Faculdade de Medicina, Universidade de Sao Paulo*

Rodolfo Damiano, *Psychiatry Institute, Hospital das Clinicas, Faculdade de Medicina, Universidade de Sao Paulo (Author Only)*

Eduardo Humes, MD, MEd, PhD, *Faculdade de Medicina, Universidade de Sao Paulo (Author Only)*

Maria Odila Lima, *Psychiatry Institute, Hospital das Clinicas, Faculdade de Medicina, Universidade de Sao Paulo (Author Only)*

Luara Otoch, *Psychiatry Institute, Hospital das Clinicas, Faculdade de Medicina, Universidade de Sao Paulo (Author Only)*

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Mentoring is a process or experience involving a mentor who serves as a guide or model to another individual (or group), the mentee. Usually, it focuses on the mentee's personal, professional, or academic development during meetings involving the exchange of ideas and experiences, and it is based on a relationship of trust. The exchanges usually benefit both, favoring more satisfied, productive, and socially responsible people. Mentoring programs in medical schools are associated with mentees' greater engagement and bonding with their academic institution, greater productivity, receipt of resources for research, and a greater sense of self-efficacy.

Methods: To describe the group mentorship program for psychiatry residents at the Instituto de Psiquiatria, Faculdade de Medicina, Universidade de Sao Paulo, in place since 2017.

Results: The program was implemented with the help of the medical students' mentoring program supervision (in place since 2001). It integrates psychiatry residents at different years and supervisors or professors, sharing personal and professional experiences. Initially, mentors were paired with up to three mentees, with the flexibility to decide on meetings. They should meet at least once bimonthly, depending on the preferences of mentors and mentees. Candidates for mentors from diverse backgrounds and areas of expertise were invited. The project continuously evolves and changes, encompassing new mentors and supporting residents in their journeys. Current mentors (8) oversee two or three residents from each of the three years of residency in psychiatry (60).

Discussion/Conclusions: This experience involved many participants since its implementation, with positive feedback.

202. DEVELOPMENT AND ASSESSMENT OF BRIEF ONLINE APPROACHES FOR TEACHING NEUROSCIENCE IN PSYCHIATRY

Melissa Arbuckle, MD, PhD, *New York State Psych Institute, Columbia Department of Psychiatry*

Jennifer Battis, *C4 Innovations (Author Only)*

Kathleen Ferreira, PhD, *Abt Associates (Author Only)*

Adrienne Kasmally, *C4 Innovations (Author Only)*

David Ross, MD, PhD, *Yale University, University of Alberta (Author Only)*

Maja Skikic, MD, *Vanderbilt University School of Medicine (Author Only)*

Michael Travis, MD, *University of Pittsburg Medical Center / Western Psychiatric Hospital (Author Only)*

Catrina Wilkey, *C4 Innovations (Author Only)*

Poster Category: Original Series = General/NOS

Background/Purpose: The goal of this study was to develop and assess an online collection of brief educational resources (videos, case studies, articles) covering a broad range of psychiatric diagnoses and neuroscience concepts.

Methods: Forty psychiatrists were recruited using a convenience sampling method. All participants completed an online assessment before and after having access to the educational resources for four weeks. Pre-and post-assessments were compared using paired t-tests. Fifteen participants were randomly selected to participate in a semi-structured interview.

Results: The mean knowledge score increased on a multiple-choice quiz from 46.9% to 86.4% (p

Discussion/Conclusions: Brief online teaching resources may be an effective approach for enhancing neuroscience education among psychiatrists and may help facilitate the integration of neuroscience into clinical practice.

203. A LONGITUDINAL CURRICULUM TO IMPROVE PSYCHIATRY TRAINEE ATTITUDES TOWARD PROVIDING PATIENTS WITH ANTICIPATORY GUIDANCE ON FIREARM SAFETY.

Ruby Barghini, *Lewis Katz School of Medicine at Temple University*

Meghan Musselman, *Lewis Katz School of Medicine at Temple University*

Seetha Chandrasekhara, *Lewis Katz School of Medicine at Temple University (Author Only)*

Christopher Combs, PhD, *Lewis Katz School of Medicine at Temple University (Author Only)*

Jaclyn Dietzold, MD, *Lewis Katz School of Medicine at Temple University (Author Only)*

Sydney Ehrman, *Lewis Katz School of Medicine at Temple University (Author Only)*

Isabel Stillman, *Temple University Hospital (Author Only)*

Poster Category: Strange New Worlds = Innovation

Background/Purpose: Firearm use in violent acts and suicides has become an increasingly salient issue. Yet, there is limited guidance on curriculum development from national organizations and no known published firearm safety curriculum specific to psychiatric training. The authors' objectives were to develop a longitudinal curriculum for general psychiatry trainees at an urban academic center that encompasses essential knowledge related to firearm safety and risk assessments. We anticipated this curriculum would positively affect resident interest and confidence in providing firearm safety guidance to their patients.

Methods: The authors developed a six-lecture series with topics designed for each post graduate level of training consistent with their primary clinical settings and a departmental Grand Rounds on basic firearm safety. The curriculum's impact on residents' attitudes to firearm safety guidance was measured using a pre- and post-lecture series questionnaire administered to all resident levels. The

questionnaire was developed and administered through New Innovations to collect qualitative and quantitative data. The quantitative analysis was completed using paired t-test.

Results: Forty-seven residents participated. Twenty-seven respondents met inclusion criteria: attended at least one lecture or the grand rounds, completed pre- and post-lecture surveys, and submitted their pre-lecture survey before their first lecture. After the educational intervention, there was a statistically significant increase (p

Discussion/Conclusions: Resident interest and confidence in providing firearm safety guidance increased following the curriculum. Areas of development include assessing the curriculum's impact on clinical practice.

204. TWO SIDES OF THE SAME COIN: CULTURAL HUMILITY AND ADDRESSING MICROAGGRESSIONS AND DISCRIMINATORY REQUESTS

Ali Asghar-Ali, MD, *Baylor College of Medicine*

Abdualla Ben Ammer, MD*, *Baylor College of Medicine (Author Only)*

Joshua Hammer, PhD, *Baylor College of Medicine (Author Only)*

Jennifer Bryan, PhD, *Baylor College of Medicine (Author Only)*

Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Clinicians' understanding of how culture influences health outcomes impact the patient-clinician relationship and patient outcomes. Patients may exhibit derogatory behaviors (microaggressions and discriminatory requests) that negatively impact clinical encounters and clinician well being/Develop a training workshop to enhance clinician knowledge of cultural humility while empowering them to respond ethically to derogatory patient behaviors.

Methods: 1. Backwards design was used to develop the workshop materials; 2. Moore's Expanded Outcomes Framework was used to evaluate learning outcomes; Pre-/post-assessments measured primary outcomes, and a three-month follow-up survey will evaluate competence in the training domains

Results: The training was piloted with PA students (N= 28); The workshop improved aspects of the students' knowledge and attitudes about cultural humility and responding to microaggressions and discriminatory requests; Overall, learners endorsed high satisfaction ($\mu = 4.04$) on a 5-point Likert scale

Discussion/Conclusions: Results: suggest high satisfaction, knowledge, self-efficacy, and confidence among learners/This 4-hour workshop increases learners' competence and confidence in practicing cultural humility and responding to microaggressions and derogatory patient behaviors.

205. ARE CRITICAL READING AND WRITING SKILLS LOST ARTS IN MEDICINE? AN EXPLORATORY STUDY

Dustin Brinker, MD*, *Zucker Hillside Hospital, Northwell Health*

Adina Kalet, MD, MPH, *Medical College of Wisconsin (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Assumptions about critical writing and reading skills pervade medical education. Rather than explicitly integrating writing and reading in medical curricula, educators assume that students bring these skills with them to medical school. Existing literature regarding this matter lacks foundational description or clarification of these skills' context. As a result, the rationale for the exclusion of these skillsets remains unclear. This study sought to elucidate this tension.

Methods: Following a qualitative descriptive approach, it employed 9 semi-structured interviews with United States licensed MD medical educators from one academic medical institution. Hybrid inductive and deductive analysis of the resultant transcripts allowed for further contextualization of critical reading and writing within medical education.

Results: The Results: of this study revealed that medical educators read and write daily despite receiving little formal education and experience cognitive dissonance as to whether formal curricula should be implemented ubiquitously given technological limitations, cultural inertia, and operational misconceptions.

Discussion/Conclusions: Educators fail to conceptualize reading and writing as inherent to medicine and struggle to unify reading and writing as aspects of the same skillset. The consequence is variability in learner competency. These Results: emphasize the need for deliberate reading and writing curricula in medical education. Ultimately, this study serves as the descriptive foundation for a program of research investigating the perceptions of reading and writing throughout United States medical education.

206. A CASE OF CATATONIA INDUCED BY THC EDIBLES IN A YOUNG ADULT MALE WITH INTELLECTUAL DISABILITY

Hadley Cameron-Carter, DO*, *Henry Ford Hospital*
Tiffany Prout, MD, *Henry Ford Hospital (Author Only)*
Benjamin Wright, *Henry Ford Hospital (Author Only)*

Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Cannabis is one of the most commonly used substances worldwide. The legalization of cannabis in North America has resulted in a diversification of cannabis and other tetrahydrocannabinol (THC) products, which have become more available to the general public, including to vulnerable populations. It is well known that cannabis use is associated with psychiatric symptoms. However, there are few cases of cannabis induced catatonia in the literature.

Methods: We present a case of a 22 year old male with intellectual disability and no previous psychiatric history who developed catatonia symptoms 1 day after ingesting THC edibles for the first time.

Results: He was hospitalized, managed by an interdisciplinary team, stabilized on lorazepam, and ultimately discharged home with outpatient follow up. Follow up was complicated by impaired understanding of catatonia by the patient and his family, socioeconomic barriers and general noncompliance.

Discussion/Conclusions: This case highlights the importance of screening for catatonia and substance use in patients presenting with behavioral disturbances, potential considerations of use in peoples with disabilities, interdisciplinary management of patients with catatonia, and patient education.

207. UNDERSTANDING THE SIGNIFICANCE OF NARRATIVE MEDICINE IN MEDICAL EDUCATION: INSIGHTS FROM MEDICAL STUDENTS

Candace Chan*, *Oregon Health and Science University*
Aniqa Azim, MD, *Oregon Health and Science University (Author Only)*
Elizabeth Lahti, *Oregon Health and Science University (Author Only)*
Matthew Rempes, *Oregon Health and Science University (Author Only)*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Narrative Medicine (NM) integrates literature, storytelling, and art with clinical practice and patient care, offering medical trainees and healthcare providers numerous benefits, including improvements in empathy, emotional intelligence, communication skills, and professionalism. NM has been gradually incorporated into select medical schools' curricula, promoting student well-being, academic achievement, and addressing burnout. This study investigates students' perspectives on narrative medicine curriculum during their training.

Methods: A prospective study was conducted where medical students participated in five NM sessions throughout their four years at one institution. The students completed surveys at the end of their didactics and before graduation. They rated their attitudes towards reflective practice and its contributions to a culture of safety and improvement, physician and patient care, respect, dignity, integrity among peers, and identifying areas of improvement.

Results: Fifty students completed both surveys and expressed positive attitudes towards NM at both time points (median rating of 90%). They most agreed with the statement that reflective practice cultivated a culture of safety and improvement (89.3%) and least agreed, though still agreed, with the statement that they currently use reflective practice to identify skills and knowledge gaps (82.3%). NM helped students feel connected to others, built camaraderie, provided new perspectives, and tools for clinical practice. Constructive feedback noted group dynamics and questioned the utility of group sharing.

Discussion/Conclusions: This study highlights the successful implementation of one NM model into medical school curricula. Students consistently had a positive perspective towards NM throughout their training. Further studies could investigate how NM affects students' clinical performance.

208. SUICIDE SYMPOSIUM: ADDRESSING THE ROLE OF CLINICAL INTERVENTION AND THE EXPERIENCE OF PATIENT LOSS TO SUICIDE

Paige Chardavoyne, MD, MEd, MD*, Med, *Medical College of Wisconsin*

Mara Pheister, MD, *Medical College of Wisconsin*

Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: In 2021, just under 50,000 individuals in the U.S. died by suicide. Given the impact that patient suicide can have on clinicians, including promoting feelings of failure, shame, and guilt, anticipating and responding to patient suicide is paramount. Faculty and trainees are invited to a 4-hour suicide symposium to prepare attendees to better address and manage aspects of suicidality with colleagues and patients. This research is aimed at assessing participant exposure, experience, and attitudes regarding suicidality, including the ability to seek support after losing a patient to suicide.

Methods: The symposium contains a variety of educational Methods:, including lecture, small group discussions, and role-play. Attendees are invited to complete pre- and post-symposium surveys covering topics including exposure, experience, and attitudes regarding suicidality as well as the effectiveness of symposium elements.

Results: This work builds on findings from a previous suicide symposium held at the institution through increased participant number, increased participant variation in training/background, and expansion of questions on pre- and post-symposium surveys. We hypothesize that this symposium will increase attendee comfort seeking support after losing a patient to suicide, developing suicide safety plans, and mitigating suicide risk.

Discussion/Conclusions: Our symposium represents an educational program addressing suicide and the data collected adds to the limited research regarding the effectiveness of individual strategies in teaching and creating dialogue about this challenging topic. Suicide is pervasive in the medical field regardless of specialty; thus, it is imperative that clinicians can address and manage suicide to improve outcomes for their patients and themselves.

209. SUPERVISOR EXPERIENCES OF USING AN R2C2 MODEL OF FEEDBACK THAT ENCOURAGES REFLECTION ON POWER AND INTERSECTIONALITY

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Feedback is teachable skill that is increasingly important in medical education with transition to Competency Based Medical Education (CBME). The R2C2 model is a theory-informed, evidence-based approach to providing feedback. This study explores supervisors' experiences using an R2C2 model, that encourages reflection on intersectionality. It starts a conversation on whether a structured feedback model that incorporates power and privilege could mitigate bias in feedback and increase faculty comfort in engaging with these concepts.

Methods: An exploratory research design using qualitative Methods: was used. Psychiatry resident supervisors received faculty development on the R2C2 model, racial and gender bias, and intersectionality, and were encouraged to use this in feedback discussions. Ten supervisors participated in semi-structured interviews. Interviews were audio-recorded, transcribed, and analyzed using a thematic approach.

Results: Qualitative data analysis revealed four key themes: When we are similar, it's business as usual; Power is implicit so we need to think about it; "Just because I'm a woman, don't expect me to be"; and Power is assumed so we don't need to talk about it.

Discussion/Conclusions: Supervisors had mixed views about the value of reflection on intersectionality in feedback. Possible explanations for this finding relate to the influence of individual experiences, assumptions, and biases; varied responses to change; and differing levels of supervisor comfort. Further exploration of the impact of intersectionality and power dynamics on feedback processes is needed. Findings suggest a need for faculty development to establish skills in navigating these complex conversations in the supervisor-trainee relationship.

210. PHYSICIAN SOCIAL IDENTITIES, MORAL INJURY, AND SUBJECTIVE MENTAL HEALTH OUTCOMES DURING THE COVID-19 PANDEMIC

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: During the pandemic, physicians caring for COVID patients were at increased risk of mental health challenges and moral injury. Existing studies have demonstrated that socially marginalized communities were disproportionately affected by COVID-19; however, little is known about the role of physician social identities (e.g. race, gender, immigration status) in susceptibility to moral injury and mental health and functional outcomes. Objectives: 1) To preliminarily describe the association between physician social identities, experiences of moral injury, and mental health and functional outcomes; and 2) to gain physician perspectives on potential interventions.

Methods: Participants: N = 7 physicians who cared for COVID patients at the SFVA/UCSF during the COVID-19 pandemic (March 2020-present). Procedures: Physicians were asked about social identities, how identities influenced care of COVID patients, experiences of moral injury, and ideas about interventions. Thematic qualitative analysis was used to evaluate interviews. Demographics and screening measures for depression, anxiety, PTSD, alcohol use, moral injury, and psychosocial functioning were also collected.

Results: Initial key themes included:

1. Physician self-identified social identities played a critical role in experiences of patient care and moral injury during the pandemic.
2. Physicians would find therapy and mental health support helpful for symptoms of moral injury and distress, but face barriers including concern for professional repercussions, scheduling accessibility, and expense, especially for trainees.

Discussion/Conclusions: It is important to consider the role of social identities when examining the impact of the pandemic on physician experiences, and to consider both general and identity-specific barriers to mental health support for physicians.

211. MIND MAPPING IN PSYCHIATRY: A TOOL FOR LEARNING, TEACHING AND CLINICAL PRACTICE

Khalid Elzamzamy, MA, MD*, *Johns Hopkins University School of Medicine*

Poster Category: Strange New Worlds = Innovation

Background/Purpose: Visual aids are increasingly becoming essential features in all educational and training activities. 'Mind mapping' is a visual representation of a group of related concepts and ideas. Some mind mapping experts believe that mind maps follow a process similar to the one used by the human brain in thinking and generating ideas and, therefore, are believed to be effective learning tools. There is evidence from various educational fields to support the latter.

This poster will examine the concept of mind mapping and the previous studies that looked at utilizing mind maps in medical education. In addition, the poster will present various formats in which mind maps could be used in learning, teaching and practice of psychiatry.

Methods: The poster will display different forms of psychiatric mind maps which are designed to explain conceptual and applied aspects.

Results: N/A

Discussion/Conclusions: Recent publications have explored the use of mind maps in health education; however, this is the first attempt to display the utility and applications of mind mapping to the field of psychiatry. Mind mapping is an emerging visual concept which carries an educational potential especially for psychiatry trainees and practitioners who prefer visual over textual material.

212. ASSESSING THE IMPACT AND VALUE OF A MENTAL HEALTH EDUCATION PODCAST

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Podcasts have become an important educational resource in the modern media space. To our knowledge, there is no published literature that analyzes the impact of a psychiatrist-led psychoeducational podcast in regards to educating the public about psychiatry-related topics. Our project assessed whether this type of podcast serves as an effective medium through which to disseminate mental illness education to a public audience.

Methods: 22 participants were assigned to listen to three episodes of “The Mind Deconstructed” podcast. A mixed-Methods: approach was implemented by collecting qualitative data through three video-conference focus groups that were professionally-moderated and analyzed to identify important themes and illustrative quotes. Follow-up quantitative data was also collected through an online likert scale survey.

Results: Qualitative outcomes demonstrated that podcast listeners valued the objectivity and credibility of information presented by a medical professional. Key themes included how the podcast normalized discussion of mental health issues. In particular, it changed misconceptions around suicide and made listeners feel more comfortable discussing this topic along with depression. The post-focus group likert scale survey showed that 95.5% of listeners agreed that the podcast is educational and addressed mental health in a non-discriminatory way. 90.9% of listeners also agreed they would recommend the podcast to the public.

Discussion/Conclusions: With its unique narrative, question-and-answer format, the podcast is inherently poised to convey psychiatric information to a non-medical audience. “The Mind Deconstructed” podcast demonstrates that physician-led podcasts are an effective way to provide valuable psychoeducation to the general public.

213. A FUNDAMENTAL SKILL FOR OUR NEXT GENERATION: UNDERSTANDING ORGANIZATIONAL CHARTS TO NAVIGATE SYSTEMS IN MEDICINE

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Organizational charts aka “org charts” are universally-recognized tools for visualizing structures of programs or institutions and the relative ranks of various positions within them. Familiarity with these diagrams, including reporting structures and internal/external influences, is critical to an understanding of systems, and is commonly taught in introductory business classes. Unfortunately, there seems to be little, if any, standardized teaching regarding organizational charts within undergraduate or graduate medical education, despite the grasp of complicated healthcare and regulatory systems required to be effective in practice. The ACGME specifies the importance of this in its core competency of Systems-Based Practice. Recognizing this, we created and implemented an interactive exercise to build out real-life org charts in real-time. Our goal was to assess the effectiveness and utility of teaching residents the fundamentals of constructing and navigating an organization chart to prepare them for current and future practice.

Methods: PGY-3 residents interactively constructed the organizational chart in which they operate, including academic, financial, and regulatory elements such as the university medical school, local county, Medicare, and ACGME. All were surveyed pre- and post-session to assess understanding of org charts and the utility of the exercise.

Results: Of seven PGY-3s, only one had even heard of organizational charts pre-session. All found the session helpful, appreciating the gaining of a deeper understanding of how systems function and application of this to their individual careers.

Discussion/Conclusions: This interactive educational exercise is a practical, high-yield, low-resource method to teach trainees about how to approach and navigate systems during and beyond training.

214. TRAINING THE NEXT GENERATION OF CLINICIAN SCHOLARS: UNDERSTANDING RESIDENTS’ INTERESTS, EXPERIENCES, AND NEEDS

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Little is known about how to best engage, train, and support residents wishing to pursue academic careers as clinician scholars in education scholarship, quality improvement, medical humanities, social sciences, and creative professional activities. The Clinician Scholar Program (CScholP), developed by the Department of Psychiatry, is a novel approach to enhance residents' professional development in these domains.

Methods: Informed by Kern's six-step guide to curriculum design, we conducted an explanatory sequential mixed-Methods: needs assessment of residents and fellows in the 2021/22 academic year to understand their interests, experiences, and needs regarding the CScholP. An online questionnaire was disseminated to all residents and fellows (n = 229) in the Department of Psychiatry in 2022. Virtual, semi-structured interviews were conducted to expand on topics explored in the questionnaire. Descriptive statistics and thematic analysis were applied to quantitative and qualitative data, respectively.

Results: Of the 49 questionnaire respondents (21.4% response rate) and 17 interviewees, the majority were in PGY1-3. From the questionnaire, 73.5% were interested in pursuing research/scholarship in one or more CScholP domains during residency and 67.3% wished to incorporate this into future independent practice. Respondents identified time constraints as the primary barrier to participation in research/scholarship during residency. Interviewees described protected time and flexibility in schedules as Methods: to overcome this barrier. Key perceived enablers to participation included financial and social network support.

Discussion/Conclusions: Our needs assessment highlighted important considerations in curriculum development to support developing clinician scholars in psychiatry residency. Going forward, our findings may be applied to similar CScholPs in other institutions.

215. AN INTERRUPTED TIME SERIES ANALYSIS OF HOSPITAL LENGTH OF STAY DUE TO PSYCHIATRIC CONDITIONS IN THE BRAZILIAN AMAZON DURING COVID-19

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: The COVID-19 pandemic has had substantial negative mental health implications worldwide, including Brazil. Studies have shown a significant decrease in access to mental health services early in the pandemic. Still, much is unknown about how the pandemic impacted mental health services in the intermediate term, especially in the most vulnerable regions in Brazil. This study aimed to investigate the impact of the pandemic on the Brazilian Amazon population's mental health.

Methods: An interrupted time series analysis was conducted using retrospective psychiatric hospital admission data from the Brazilian Amazon from the Brazilian Department of Informatics of the Unified Health System (DATASUS) from March 2018 to February 2022. We examined and characterized the data, especially interested in the hospital length of stay (LOS) changes post- pandemic. We used an ordinary least squares model with heteroskedasticity-autocorrelation robust covariance. This study utilized Python 3 in the analysis.

Results: This investigation comprised 55819 hospital psychiatric admissions in the Brazilian Amazon region, 27926 before COVID-19, and 27893 after the outbreak. The search found 376 different ICD-10 diagnosis codes; the most common diagnosis at admission was paranoid schizophrenia. The cohort had a mean age of 36.75, and 40.41% were female. We discovered a statistically significant increase in mean LOS level after COVID-19 (6.7617; p

Discussion/Conclusions: Our Results: suggest that average LOS for psychiatric admissions in the Brazilian Amazon increased significantly after the outbreak. That could be due to changes, including delays in discharges, more complex psychiatric presentations and increased accompanying COVID-related presentations.

216. REDUCING THE BURDEN AND BURNOUT OF CLINICAL DOCUMENTATION WITH EMR MECHANICS

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Excessive time spent documenting in electronic medical records (EMR) is well-known to contribute to physician burnout, of which poor usability, workflow interference, and decreased face-to-face patient care are primary drivers. DocuQUIPs, a quality improvement project on easing documentation burden, was developed to increase direct face-to-face patient care and decrease burnout. One intervention implemented was having a senior resident teach interns how to use underutilized EMR mechanics based upon clinical experiences.

Methods: A step-by-step guide on performing little-known EMR mechanics was created along with an accompanying video tutorial that also exhibited common potential errors. These were provided to incoming PGY-1s during orientation with an hour-long session reiterating instruction, answering questions, and providing personal tips. Easily incorporated "smart phrases" developed from direct patient experiences were shared to further facilitate streamlining documentation. Brief surveys with 5-point Likert scale questions focused on utilization, confidence, and face-to-face time with patients were sent following the orientation session and after six weeks of clinical responsibilities.

Results: Out of 14 PGY-1s, 8 completed the initial survey and 8 completed the follow-up survey. 100% of responses to the initial survey indicated the intervention was relevant to daily practice and improved skills and confidence. 100% of responses to the follow-up survey indicated immediate application of mechanics with subsequent increased face-to-face time with patients. 87.5% of respondents reported using the skills in other clinical scenarios.

Discussion/Conclusions: This intervention led to increased skills, improved confidence, and decreased perception of documentation burden. We aim to make this a standard intervention of DocuQUIPs to mitigate physician burnout.

217. UTILIZING RESIDENT FEEDBACK TO OPTIMIZE RESIDENCY ROTATION SCHEDULING

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: A goal of academic institutions and residency programs is to grow to meet the growing demand and needs of the community. Literature shows that reducing characteristics that are associated with burnout and fatigue in schedules can be helpful. In this psychiatric residency program, difficulties and discrepancies developed utilizing the existing residency rotation schedule.

Methods: Upper-level residents proposed a schedule for all cohorts as a quality improvement project. The schedule emphasized a "follow the leader" approach in which each resident followed the same resident to subsequent services throughout the year. The schedule proposal was brought to both academic and individual service line leadership for approval and to ensure all required clinical areas are covered. A brief survey was developed to determine levels of wellness/burnout between academic years to compare before and after the implantation of the new scheduling.

Results: With previous scheduling, feedback suggested that some residents had higher levels of burnout depending on which rotations they had back-to-back. The survey will be given to the next cohort later in the year to assess how these changes may have created improvement and to evaluate residents sense of value to the program

Discussion/Conclusions: Based on initial feedback, it has been determined that allowing resident input/proposal in rotation scheduling as a method of quality improvement may improve equity and remove disparities between colleagues/classes and provide simplification for scheduling on a departmental level. This study demonstrates the importance of considering resident feedback when developing residency schedules and highlights the potential for improvement in resident well-being and performance.

218. . PREPARING PSYCHIATRISTS FOR INNOVATIVE VENUES OF CARE IN THE 21ST CENTURY: SCHOOLS EDITION

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: The youth mental health crisis and child psychiatrist shortage, demonstrate how psychiatrists should engage youth in alternative care contexts, such as schools, to improve current outcomes. We aimed to identify barriers in school psychiatry training and present new strategies to promote psychiatrists' engagement in school-based collaborative and integrated models of care.

Methods: Psychiatric training directors attended a workshop to create trainee opportunities to engage in school-based mental health care. Models of mental health training in school psychiatry from five academic child psychiatry programs were reviewed. Small group discussions identified specific benefits and common barriers to developing school psychiatry rotations. 38 participants were surveyed regarding the quality and challenges of their current school rotation in their training programs.

Results: Of the 38 surveyed participants, nearly 62% identified funding as a major challenge in meeting rotation requirements. Creating a toolbox on how to initiate a school rotation and curriculum was identified as the next step for advancing overall educational experience of working with schools during residency training programs

Discussion/Conclusions: Preparing psychiatry residents to work in schools is essential for positively impacting greater numbers of youth and reducing mental health disparities. Current challenges include initiating and maintaining relationships with schools, finding adequate funding streams, and navigating school cultures. More formal needs assessments are necessary to further elucidate trainees' educational experiences in school-based mental health. A national school psychiatry training program would equip psychiatry residents with standard skills to conduct school psychiatric consultations where all youth exist

219. A SYSTEMATIC APPROACH TO IMPROVE MEDICAL STUDENT EDUCATION BY RESIDENT PHYSICIANS

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Background: Hennepin Healthcare is one of four major clinical sites hosting the required psychiatry clerkship for a large university medical school. Since the pandemic, there has not been a standardized didactic series for learners across these clinical sites. To provide a more structured educational experience for medical trainees, psychiatry resident physicians created a didactic series for rotating medical students.

Methods: In collaboration with the associate program director, we created a four-week curriculum of foundational psychiatry topics. We recruited resident volunteers to create lectures, which were peer-reviewed by fellow residents and a staff psychiatrist. Residents presented daily lectures at the Hennepin Healthcare site during the four-week clerkship and repeated the curriculum with each new cohort. We systematically gathered feedback after each lecture throughout the year, which we used to improve lecture content and delivery.

Results: The overall assessment of the educational intervention was positive, and medical students expressed a preference for case-based learning. While there is no longer an end-of-rotation shelf examination in psychiatry and objective outcomes based on test scores cannot be examined, subjective reports from medical students show they feel more confident on the wards and more prepared for the psychiatry component of their board exams.

Conclusions: Outcomes for this novel approach were two-fold: 1) improved medical student education and 2) an opportunity for resident physicians to hone their teaching and presentation skills. Future goals include extending these lectures virtually to the other local clinical sites, improving the standardized curriculum in psychiatry for medical trainees, and further developing the next generation of resident-teachers.

220. PEP UP THE PREP: NEEDS ASSESSMENT TO IMPROVE A PSYCHIATRY CLERKSHIP SHELF EXAM REVIEW

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Per the limited literature on this topic, medical students largely use third-party books and question banks to prepare for the psychiatry clerkship shelf examination. However, faculty or resident-led review sessions are associated with higher exam scores. Our institution's virtual faculty-led review session, featuring 26 clinical vignette-based questions interspersed with didactic material, has not been updated or evaluated during the COVID pandemic. As such, we implemented a needs assessment REDCap survey for 137 students recently completing the psychiatry shelf exam to determine how to improve the review session's exam preparation and general educational value.

Methods: The survey assessed exam preparation resources used by students, review session attendance, the review's perceived utility, and free-text suggestions for improvements. Free responses were analyzed for common themes.

Results: Of 20 students completing the survey, 16 attended the review session. On a Likert scale of 0 (not helpful) to 4 (very helpful), the review scored 2.2 (between "somewhat helpful" and "helpful"). Thirteen students offered suggestions for improvement. Primary themes included increasing the review's interactivity, efficiency, and focus on difficult and high-yield topics. All respondents used at least one third-party review resource (mean = 4.5 resources), most frequently the UWorld question bank (20 respondents), Anki (14 respondents), and NBME psychiatry practice subject exams (14 respondents).

Discussion/Conclusions: Students generally found the review a somewhat helpful supplement to third-party resources, though many desired a more challenging and engaging session. Their feedback will guide improvements, e.g., more challenging questions and active learning exercises, and the session will be iteratively improved through ongoing feedback.

221. PRESERVED INTERPERSONAL SKILLS IN MEDICAL STUDENTS DURING A PANDEMIC : AN ACTIVE LEARNING MODEL

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Case-based learning is an approach to learning medicine through the exploration of simulated patient cases in a collaborative small group setting. Due to the COVID-19 pandemic, medical schools had to convert their preclinical curriculum to a virtual format. Currently, there is little research exploring the effect this change had on the relationships and skills case-based learning cultivates. Our study aimed to explore the impact of the virtual curriculum on future physicians' interpersonal development.

Methods: An anonymous Qualtrics survey consisting of multiple choice questions (MCQs) and an optional open ended commentary was distributed to second through fourth year medical students (MS2-4) enrolled at our institution. Only the MCQs were quantitatively analyzed.

Results: 158 responses were collected. MS2 students served as a control as they enrolled after in-person learning was reinstated, while MS3 and MS4 students experienced one year of virtual learning. There was no significant difference between virtual or in-person learning regarding personal or academic challenges ($p=0.7, 0.3$), teamwork ($p=0.1$), faculty relationships ($p=0.5$), or work-life balance ($p=0.4$). When compared to MS2 students, there was a significant difference in responses to all MCQs (p

Discussion/Conclusions: Contrary to existing literature, our study has found students do not prefer a completely in-person or virtual format. Our data provides a valuable post pandemic evaluation of preclinical students' engagement and well being that suggests the skills and relationships fostered through case-based learning is preserved.

223. EASING THE TRANSITION TO CLERKSHIP – PERCEPTIONS OF CLINICAL CLERKS AND FACULTY OF HIGH PRIORITY TOPIC AREAS IN A TRANSITION TO CLERKSHIP COURSE

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Students starting their clinical clerkship experience often feel unprepared. There are studies outlining student perceptions on preparedness for clerkship, and the effectiveness of curricular content of Transition to Clerkship (TTC) courses to help with the transition. However, to date, no studies have explored student and faculty perceptions on what curricular content should be prioritized in a short TTC course occurring immediately before clerkship.

Methods: We conducted a needs assessment surveying clinical clerks and clerkship faculty leads. They were asked if topics regarding workplace skills and professional development should be included in a TTC Course in the 2 weeks preceding clerkship, with the goal of easing the transition.

Results: 147 students and 47 faculty leads responded. Oral and written communication (S-86%; F-100%), mentorship from senior clerks (S-95%; F-86%), professional responsibilities (S-85; F-91%), and studying strategies in clerkship (S-80%; F-87%) were high priority for both students and faculty. Students also suggested that panel discussion with residents (81%), career planning (88%), clinical reasoning (81%) and procedural skills (88%) should be included. Faculty leads considered wellness topics (82%) to be a high priority.

Discussion/Conclusions: There were several areas of alignment among students and faculty including "studying strategies in clerkship" which is not included in most TTC courses. Students value learning from senior clerks and residents, which will likely also help inform career planning in preparation for residency matching. Preclinical years delivered virtually might have influenced student's prioritization of procedural skills. Overall, these identified priorities inform the curricular review of our TTC course.

224. FREE AND ONLINE FOR ALL! THE NEW CLINICAL SKILLS EVALUATION (CSE) FACULTY TRAINING MODULE.

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Poster Category: Strange New Worlds = Innovation

Background/Purpose: The Clinical Skills Evaluation (CSE) is a requirement from the American Board of Psychiatry and Neurology (ABPN) for psychiatry trainees to achieve board eligibility. To standardize the process of evaluation, educational materials were developed to train faculty members by the American Association of Directors of Psychiatric Training (AADPRT). These materials weren't widely accessible due to logistical and privacy limitations. This necessitated the creation of updated materials (without privacy limitations) and newly established consensus ratings.

Methods: Using support from an ABPN educational grant, we created a new online training module. The module consists of three simulated video vignettes. Using videos of simulated care mitigates the privacy limitations present in the previous set of videos. Using an ABPN rubric, we established consensus ratings for each vignette by recruiting the participation of board certified psychiatrists. As participants utilize the module, we will carry out a comparison of participants' ratings with the consensus ratings.

Results: An analysis of variance test will be conducted to detect differences for each video, in the order the videos were completed. We expect to see a higher degree of inter-rater reliability with the consensus scores with each subsequent video vignette.

Discussion/Conclusions: We hypothesize that the Results: will provide insight into the effectiveness of the online training module and its ability to improve the standardization of CSEs. This updated online module is now completed and ready for implementation in your program at no cost.

225. MY DOCTOR SAYS THE DARNDDEST THINGS! TEACHING TRAINEES PATIENT-CENTERED DOCUMENTATION STRATEGIES

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Poster Category: Original Series = General/NOS

Background/Purpose: Two residents and two faculty members presented a seminar on the impact of the implementation of the 21st Century CURES act on psychiatry electronic medical records and documentation as part of a Faculty Development Series for the Department of Psychiatry. The seminar aimed to present information on how the CURES act affects psychiatry documentation as well as tips on how to accurately convey clinical information in a patient-and litigation-friendly manner. Case examples discussed in small groups were used to help highlight these points. This study aimed to evaluate attendees' comfort level with challenging patient documentation issues since the implementation of the 21st Century Cures Act. We also wanted to measure changes in perception of one's own note writing practices before and after the seminar.

Methods: Presenters sent a six-question survey using the institutional SurveyMonkey to seminar participants via a QR code at the beginning and the end of the seminar. Survey questions included asking participants to rate their comfort level with patient care documentation practices since implementation of the CURES Act, including patients reading their notes and documenting challenging patient encounters. Participants completed the survey individually. The evaluators plan to analyze the survey responses in a collated fashion and look for changes in survey responses from the pre-seminar and post-seminar surveys.

Results: Data analysis underway.

Discussion/Conclusions: We hypothesize that seminar attendees will report improved comfort with documentation practices, including documentation of challenging patient encounters, after participating in the seminar.

226. ENHANCING RESIDENT EDUCATION AND EXPANDING CARE WITH GROUP MEDICAL VISITS

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Effective medical education features careful attention to providing both modelling of clinical care encounters as well as opportunities for observation and feedback. One newer forum for offering such training to residents involves Group Medical Visits (GMVs). This model of care usually involves two clinicians providing individual patient care within a group consisting of patients with a similar disorder, together with group education and discussion of illness self-management skills.

Methods: The Bipolar Group Medical Visits(GMV) program includes over 60 patients who obtain psychiatric medical care exclusively within this model. Residents participated in GMVs in PGY-3 or PGY-4 year. Residents completed a questionnaire with 34 quantitative items and 2 qualitative items covering learner satisfaction, educational value of GMVs model, challenges/benefits for both provider and patient, practical tips, and interest in further training.

Results: 8/21 (38.1%) residents responded, reporting high satisfaction. Respondents reported high value in teaching: (1) interview skills(87.5%) , (2) diagnostic skills(50%), and (3) treatment skills(62.5%). Additionally, residents perceived the GMVs as having high clinical value for the patients, with none finding it inferior to individual visits. Residents noted the unique nature of the clinical encounter in their training and supported additional GMVs programs. Potential benefits of GMVs included convenience for providers and patients, decrease in no show rates, and increase in patient compliance. Most (62.5%) wish to provide GMVs for clinical care in the future.

Discussion/Conclusions: Residents rated Group Medical Visits as an excellent skill-building exercise and unique overall educational experience with high interest in future adoption of GMVs to provide clinical care.

227. SUPPORTING PRIMARY CARE PROVIDERS IN TREATING CHILDREN AND ADOLESCENTS WITH MENTAL HEALTH DISORDERS: FREE ONLINE EDUCATIONAL RESOURCES

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Poster Category: Original Series = General/NOS

Background/Purpose: The prevalence of mental health disorders in children and adolescents presenting to primary care providers increased during the COVID-19 pandemic. More support is needed in identifying and treating these conditions.

Methods: We developed a no-cost, online education evidence-based web series at our academic institution. The talks were recorded by six board-certified child and adolescent psychiatrists and include topics on Depression and Suicide prevention, Autism Spectrum Disorders, Anxiety Disorders in Youth, Disruptive Behaviors in Children and Adolescents, Mental Health Services in Schools: An Overview for PCPs, and Treatment of ADHD in the Primary Care Setting. All talks are available to primary care providers (PCPs) at our Telephonic Psychiatric Services program website and accessible to all at the Child Advocate Network website.

Results: The complete web series received a total of 52,842 views between 2018 and 2022. These views came from a diverse group of viewers, including physicians, nurses, nurse practitioners, teachers, school counselors, occupational therapists, and physical therapists. The web series continues to attract interest and viewership daily.

Discussion/Conclusions: This resource is valuable for clinicians and families in areas with limited access to behavioral health specialists. The educational content is for informational purposes only and directs viewers to consult with their healthcare provider.

Our online educational web series provides critical mental health support for distressed children and families during and post the COVID-19 outbreak. Psychiatrists can utilize and recommend this free resource to primary care providers and the public to improve mental health outcomes for children and adolescents.

228. ENHANCING PSYCHIATRIC MEDICAL SCHOOL CURRICULUM WITH REAL-WORLD MENTAL HEALTH CLINICAL EXPERIENCE IN AUSTIN

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: With the mounting mental health burden, medical students must be competent at identifying and addressing mental health crises. While inpatient psychiatric sites are excellent learning opportunities, they cannot show the breadth of community work that psychiatry is involved with. With this in mind, medical student Public Mental Health elective was created at Dell Medical School.

Methods: In this elective, students work with mental health professionals at the local community center for mental health crises to observe and participate in psychiatry work over four weeks. Patients seen at this center have various mental health needs that are further complicated by socioeconomic factors, which students have the opportunity to learn from. Students spend two days a week working with psychiatrists at the center, helping assess patients and develop treatment plans. They spend another two days per week working at community mental health clinics, including a center for bipolar disorder treatment and intensive outpatient clinics.

Results: Feedback on this elective includes students feeling like they come out better equipped to understand their patients and the system within which they are receiving treatment. They report having greater knowledge of barriers to care and health disparities in the community and a greater degree of empathy toward their patients.

Discussion/Conclusions: This course on public mental health is essential to the formative education of future physicians, and other institutions would benefit from incorporating a similar course in their curriculum. Future iterations of this course will evaluate quantitative data that assesses health equity knowledge/experience and empathy through pre and post-course surveys.

229. PERCEPTION OF BIAS IN CLERKSHIP EVALUATIONS: A MULTI-INSTITUTIONAL SURVEY OF PRECEPTORS

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Clerkship grades are typically viewed as objective, however there is variation in grading nationally and within institutions and much of the grade is typically based on subjective attending assessment. Correlations have been found between underrepresented minority status and lower clerkship grades, and a multi-institutional study of U.S. students' perceptions showed that the majority did not feel grading was fair or accurate. Given there are not similar quantitative multi-institutional studies looking at whether attendings think their clinical grading is fair or accurate the authors surveyed faculty who grade in clerkships to determine faculty perception.

Methods: A group of psychiatric medical student educators developed an eighteen-question survey and sent it out to clerkship teaching faculty at their four geographically diverse public and private institutions.

Results: Out of a total of 1598 faculty, 399 responded, and analyses were carried out. Faculty were split about the fairness and accuracy of grading. The majority of faculty felt that clinical performance, medical knowledge, professionalism, and interpersonal skills were consistently graded. Faculty were close to evenly split on whether discrimination based on race impacted grading outcomes, but the majority felt there was not discrimination in grading based on gender, sexual orientation, or age.

Discussion/Conclusions: Overall, it appears that clerkship faculty have some awareness of potential bias and lack of accuracy in grading, but there needs to be ongoing education and consideration of using more objective measures to determine clerkship grades because while individual assessors may have small differences in rating, these amplify over time and consistently favor non-UIM students.

230. EDUCATING MEDICAL STUDENTS ON THE SOCIAL DETERMINANTS OF MENTAL HEALTH THROUGH VOTER REGISTRATION AT A PSYCHIATRIC CLINIC

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: Medical residents and fellows underrecognize and under-address social determinants of health (SDH) in their clinical practice. [1] Novel medical education strategies are needed to engage medical students in addressing SDH, including voter participation. [2] Unfortunately, patients with psychiatric illness are less likely to vote than the general population. [3] Medical students' desire to address SDH is a motivator for participating in voter engagement efforts within healthcare settings. [4] Previous efforts to engage inpatients in voter activities at Pennsylvania Psychiatric Institute (PPI) have been effective. [5] A student-run voter registration drive was conducted in September 2022 at PPI to expand efforts to outpatients and increase awareness of SDH among medical students.

Methods: Student volunteers were recruited online. They attended a training to learn about Pennsylvania voting laws, voter registration, and the intersection of mental health and voting. Student volunteers staffed three tables at PPI with a variety of voter registration and education materials. After the drive, a debriefing session was held for volunteers to share their experiences. Responses shared by students during the session were analyzed qualitatively.

Results: Fourteen volunteers were recruited. Each volunteer attended the training and volunteered for shifts lasting between 2-3 hours. Five student volunteers attended the debriefing session. Volunteers agreed that the activity contextualized voting and SDH. Camaraderie was built during the training and debriefing sessions. Students reported positive experiences and challenges in engaging patients.

Discussion/Conclusions: This initiative gave students the opportunity to engage with SDH and expanded access to voter support for patients beyond the inpatient psychiatric setting.

231. CAUSE AND EFFECT: GAUGING MEDICAL STUDENT WELL-BEING AFTER NATURAL DISASTER

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Poster Category: Original Series = General/NOS

Background/Purpose: Background: Because natural disasters are unpredictable, prospectively assessing their effect on medical student well-being is difficult. Purpose: To assess the effect of disaster-related school closure on student well-being by using routine end-of-clerkship surveys.

Methods: Methods: We compared clerkship evaluations from four student cohorts over three years: the first COVID-affected block in 2020 (T1, N=26); two blocks experiencing hurricane closures, in 2020 (T2, N=30) and in 2021 (T3, N=20); and a fall, 2022 cohort (T4, N=30), with no interruption or virtual education. Surveys contained ten Likert-like and 11 open-ended questions. Quantitative data was examined with one-way ANOVA, and the qualitative, with psycholinguistics software LIWC-22.

Results: Results: The T4 2022 students were significantly more positive about their education than other cohorts; for most questions, the T3 2021 hurricane and the T1 2020, all-virtual COVID cohorts were least. For example, both 2021 and COVID cohorts felt less respected by faculty (P

Discussion/Conclusions: COVID and both hurricanes caused sudden disruption of education, and student feedback reflected this. Interestingly, qualitative data suggest students were angered by COVID, but the hurricanes caused grief, especially the more severe 2021 storm.

Conclusions: After disaster, students, and the faculties that teach them, are under significant emotional distress. Reliable, reproducible instruments are needed to assess both impact and recovery.

232. CAN VISUAL THINKING STRATEGIES (VTS) TEACH CULTURAL COMPETENCE? EXPLORING THE USE OF VTS IN MEDICAL EDUCATION

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Visual Thinking Strategies (VTS) is a discussion facilitation technique that uses open-ended questions for participants to share their perspectives. Integration of VTS in educational settings has shown to teach empathy and comfort with ambiguity. This literature review supports the potential use of VTS to build cultural competence in trainees and healthcare providers.

Methods: VTS interventions in medical students, as well as conventional interventions used in competency trainings were identified in the PubMed database. The data was organized using the AAMC's 'Tool for Assessing Cultural Competence Training', a qualitative checklist spanning five domains of competence. A domain was deemed 'satisfied' if at least one of its criteria was met. Two searches were used to compile articles on conventional competence interventions and VTS interventions in medical students. Once the articles were filtered according to the inclusion/exclusion criteria, 16 VTS and 25 conventional interventions were identified for a total of 41.

Results: All 16 VTS interventions identified satisfied at least 4 domains, 9 of which satisfied all 5 domains. Similarly, all 25 cultural competence interventions satisfied at least 4 domains, 17 of which satisfied all domains.

Discussion/Conclusions: The VTS interventions' ability to consistently meet knowledge, skill, and attitudinal criteria in a broad range of competence domains is commendable and prompts further inquiry. With modifications that ensure specific learning objectives are met, VTS could potentially serve as a tool for teaching competence. Future considerations include studies to modify and integrate VTS into medical curricula to teach competence.

233. INTEGRATING EQUITY, DIVERSITY, AND INCLUSION INTO CHILD AND ADOLESCENT PSYCHIATRY TRAINING: CO-CREATION OF A NOVEL EDUCATIONAL INTERVENTION

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Poster Category: Discovery = Diversity/Inclusion/Equity/Addressing Disparities

Background/Purpose: The current social climate has brought attention to historic and systemic inequities impacting child and youth mental health. Despite this, equity, diversity, and inclusion (EDI) principles have not been a major component of Canadian child and adolescent psychiatry (CAP) training. We aim to address this gap by developing and evaluating a series of co-created, evidence-informed virtual educational modules focused on EDI themes relevant to CAP.

Methods: Grounded in Kern's six-step framework for curriculum development, our project comprises the following stages: (1) an environmental scan to better understand the current state of CAP EDI training (sampling program directors, current trainees, and recent graduates); (2) co-design and development of case-based online modules alongside youth advisors with lived experience; and (3) evaluation of the modules based on Kirkpatrick's four-level model.

Results: Results: from our initial needs assessment surveys and follow-up interviews indicated a significant gap in EDI training across programs; barriers identified included soliciting local expertise and finding time within curricula. Information collected was reviewed and thematically analyzed for identification of module topics and potential design elements. Specific topics of interest included cultural formulation, LBGTQ+ considerations, Indigenous issues, anti-Black racism, and refugee mental health.

Discussion/Conclusions: The first two modules developed focus on cultural formulation and anti-Black racism. Evaluation outcomes from our initial pilot test among local CAP trainees will inform iterative refinement of these modules and development of the remaining modules in the series. We anticipate that these may be adapted for broad applicability to enhance EDI education for various interdisciplinary healthcare professionals.

234. BEHAVIORAL HEALTH TEAM: IMPROVING CARE THROUGH STUDENT-RUN CLINICS

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Poster Category: Next Generation = Teaching Next Generation/Mentoring

Background/Purpose: Unhoused individuals experience higher rates of mental health disorders yet face many barriers to care. In a recent meta-analysis, the prevalence of depressive symptoms in people experiencing homelessness was 46.72%, double the general population. At two medical school-affiliated student-run clinics located in a shelter and harm-reduction center, clients noted difficulty accessing local mental health care due to cost, stigma, waitlists, insurance barriers, and transportation needs.

Methods: In a trainee-led initiative utilizing a needs assessment, the Behavioral Health Team (BHT) was formed as an interprofessional team, consisting of undergraduates, medical students, physician assistant (PA) students, nurse practitioner (NP) students, resident physicians, and faculty psychiatrists, to provide universal depression screening, psychiatric education, care coordination, and medication management. Using iterative quality improvement measures implemented by the students, depression screenings utilizing the PHQ-2 and PHQ-9 were offered. The team also led trauma-informed care trainings for their peers, created educational pamphlets to reduce stigma, linked people to local resources, and assisted with transitions to continuity care.

Results: Rates of depression screening increased from 0% in 2020, to 19% in 2021, to 98.7% in 2022. In total, 43% of patients had PHQ-9 scores greater or equal to 10, of whom 45% requested BHT services.

Discussion/Conclusions: In this model, utilizing team-based care in embedded psychiatric clinics in a shelter and a harm reduction center, the number of patients connected to care greatly increased and the trainees noted a significant positive impact in interest in psychiatry and health equity work through this innovative project.