



## 2021-22 AAP Virtual Education Program Schedule November 9, 2021 - June 14, 2022

NOVEMBER 9

**Freedom from Powerpoint: A Blue Ribbon Recipe to Take the Pain Out of Planning a Highly Effective Learning Session**

[Lora Wichser, MD, University of Minnesota, Minneapolis, MN; Jonathan Homans, MD, University of Minnesota, Minneapolis, MN](#)

The consequences of “cognitive overload” in medical training are becoming more apparent. Passive learning strategies involving a traditional hour lecture consisting of 70 PowerPoint slides filled with facts and figures have been demonstrated to be ineffective and potentially contribute to stress and negative health. (1,2) While educators may embrace the theory underlying active learning, many educators struggle with the actual facilitation and structuring of active learning sessions. The “Minnesota Arc” is a conceptual framework, originally developed to rapidly teach early learners the skills of interacting with distressed or “difficult” patients. (3) This framework has also been applied in leadership to facilitate interactions with distressed stakeholders. (4) This workshop extends the basic “Minnesota Arc” concept even further to support and equip educators to effectively engage with distressed and potentially cognitively overloaded learners. The Minnesota Arc integrates the science of human cognition and educational theory which allows for quick translation of these concepts to educators of all levels. Application of this framework facilitates highly efficient and effective planning and implementation of learning sessions. References: (1) Brown, Peter C. *Make It Stick : The Science of Successful Learning*. Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 2014. (2) Young, JQ, J Van Merriënboer, S Durning, and O Ten Cate. “Cognitive Load Theory: Implications for Medical Education: AMEE Guide No. 86.” *Article. Medical Teacher* 36 (5): 371–84. <https://doi.org/10.1093/mt/36.5.371> (3) [Redacted]. *The Interview Arc 2.0: A Model for Engaging Learners in the Patient Interview Through Both Virtual Self-Directed Training and Direct Coaching*. Association for Academic Psychiatry Annual Meeting, Milwaukee, WI. September 7, 2018. (4) [Redacted]. *Teaching Teachers the Interview Arc: A Concise and Elegant Model for Engaging Learners in the Patient Interview*. Association for Academic Psychiatry. Denver, CO. September 7, 2017.

At the end of this session, participants will be able to:

1. Quickly identify your audience’s prior knowledge during an active learning session;
2. Apply the “Minnesota Arc” to efficiently engage your audience for any given educational activity; and
3. Efficiently create an effective education session which incorporates evidence-based learning theory.

DECEMBER 14

## **Teaching Psychiatry in a Low-Income Country During Times of COVID-19 Pandemic: A Hybrid Collaborative Psychiatry Course for Medical Students at Amoud University in Somaliland**

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Amoud University in Borama is located in the self-declared state of Somaliland, in the Horn of Africa. Poverty and past conflict have led to a lack of local academic psychiatry faculty and resources. Amoud has been for some years partnering with voluntary faculty in the UK to teach psychiatry to its medical students through in-person 'teaching missions'. This was recently led by a Borama-native psychiatry resident in Ethiopia. COVID-19 added further hardships due to restrictions to travel and in-person gatherings. These challenges also created the opportunity for the development of an innovative, international, hybrid (online-onsite) partnership model which has been successful in improving psychiatry teaching for undergraduate students in 2020-2021, and will continue in 2021-2022. An international, online-connected department of psychiatry with a family doctor in Somaliland, three postgraduate trainees in Ethiopia and the USA, and three senior psychiatrists in the UK developed a local faculty-led, hybrid-delivered, dynamic curriculum (bedside teaching, in person and online lecturing) adapted to the needs, resources, faith and culture of Somaliland. The experience has been enriching for students and faculty, leading to valuable cross-cultural conversations with impact on teaching and research. While learning about Somalilanders' poverty and trauma, we are exploring ways of harnessing their strong resilience and faith to foster mental health. This session will present a successful, ongoing international partnership for psychiatry education for medical students in a low-income setting where there are no qualified local psychiatrists. We seek to engage the audience in discussions about global mental health education and cultural humility.

At the end of this session, participants will be able to:

1. Identify the challenges and opportunities faced by an international partnership delivering hybrid psychiatry education for medical students in a low-income country;
2. Discuss the role of cultural humility, transcultural psychiatry, and global mental health ethics in psychiatry education, curriculum development and implementation by an international faculty; and
3. Reflect in group and personally on how the presented model could inform the improvement of psychiatry education in high-income settings.

JANUARY 11

## **Managing Fatigue in Virtual Education**

*Lauren M. Pengrin, DO, St. Elizabeths Hospital, Washington, DC*

Many things have changed in a post-covid world, including the way we educate psychiatric residents. As the public health crisis raged, many residency programs moved to a virtual or hybrid mode of didactic and clinical instruction. However, we now face a new challenge - virtual fatigue. Virtual fatigue is a specific type of fatigue that is similar to burnout and is experienced as a result of spending more time in front of a screen and less time face to face with learners, faculty, and patients. Though virtual platforms may seem like a good substitute, it is harder to decipher emotional content via video and so it takes more effort to engage in virtual didactics or in telehealth sessions. There is also the concern of overlap of home and work life - do our residents and faculty have a private or appropriate space in their home to work? This fatigue may appear as avoidance of video calls,

decreased engagement in virtual learning sessions, difficulty multitasking or staying focused, or as irritability and tension. We have encountered many reports of increased fatigue, decreased satisfaction with work, and feelings of isolation in our residents and faculty as a result of virtual learning, signaling that it is time to make some changes. In this workshop, we will discuss the impacts of remote learning on our trainees and faculty and discuss ways to improve their experience by mitigating fatigue through one on one intervention and through thoughtful curriculum design.

At the end of this session, participants will be able to:

1. Identify the signs of virtual fatigue in residents and faculty;
2. Learn how to address and mitigate the fatigue of virtual learning in our trainees and faculty; and
3. Learn strategies for building a curriculum with prevention of virtual fatigue in mind.

FEBRUARY 8

### **Modernizing Journal Club for the 21st Century Learner**

[Elizabeth Ryznar, MD MSc, Johns Hopkins School of Medicine, Baltimore, MD;](#) [Adriane dela Cruz, MD PhD; UT Southwestern Medical Center, Dallas, TX;](#) [Lindsey Sundbeck Pershern, MD, Baylor College of Medicine, Houston, TX;](#) [Durga Roy, MD, Johns Hopkins School of Medicine, Baltimore, MD](#)

Journal clubs are a staple of residency programs, but their implementation is often haphazard. Done well, journal clubs can instill scientific excitement and critical thinking. Done poorly, they can induce boredom and apathy, thus representing a missed opportunity for effective teaching and learning. This session will focus on maximizing the educational potential of journal clubs, particularly in light of recent changes in psychiatry education. It will start by presenting the results of a nationwide survey of psychiatry program directors on the purpose, prevalence, and implementation of journal club and provide a framework for the systematic implementation of effective journal clubs. It will also discuss an example of a model journal club curriculum (“Journal Club Superstar”). The bulk of the session will then be devoted to small group break out sessions with large group debriefing, offering a forum for participants to discuss implementation strategies (objectives, format, article selection, and preguide/appraisal tools), share successes and pitfalls from their own journal club experiences, and brainstorm solutions for new or existing journal clubs. Alternatives for journal clubs, based on various technologies (e.g., podcasts, social media), will also be discussed.

At the end of this session, participants will be able to:

1. Delineate a systematic approach to journal club implementation, including methods for article selection and structuring session time;
2. Employ effective ways of increasing engagement and ensuring mastery during journal club in both in-person and virtual formats; and
3. Compare alternate approaches and delivery methods for developing habits of life-long learning and evidence-based psychiatry for residents.

MARCH 8

### **Crafting Your Own Educational Elixir: Learning How to Design Measurement Based Care and Quality Improvement Programs in Psychiatry**

[Karen Wang, BEd, MEd, MD, FRCPC, MSc, University of Toronto, Toronto, Ontario;](#) [Andrea Waddell MD, MEd, FRCPC, University of Toronto, Toronto, Ontario;](#) [Tara Burra MA, MD, FRCPC, University of Toronto, Toronto, Ontario](#)

At Hogwarts School of Witchcraft and Wizardry, Potions was a core class and students learnt the correct way of brewing potions, starting first with modest ones and then evolving to more advanced creations as they progressed in knowledge. Much like designing an extraordinary potion, creating educational programs focused on teaching Measurement-Based Care and Quality Improvement, is a multi-step process and requires careful thought and preparation. Even for the most experienced educational masters, programmatic design and implementation requires not only a solid understanding of learning theory and teaching techniques, but also a dash of magic in terms of timing! In this interactive and fantastical virtual seminar, participants will have the opportunity to conjure educational elixirs by engaging with Kern's framework of curriculum design. Using the framework's six-steps, participants will first engage in the dark arts of identifying a problem and elucidating learners' needs. Then, the choiceful selection of educational ingredients (goals/objectives and strategies) and resources begins. Finally, a detailed implementation plan is concocted and educational outcomes are assessed. Participants will leave the witching hour with their own unique programmatic potions (e.g. personalized workplan for an educational program) to both entice and educate psychiatric learners towards Measurement Based Care and Quality Improvement. Come join us on this creative adventure, engage your senses, bewitch your mind and put a stopper in boredom! See what new educational elixirs arise! Anti-dotes will be provided for educational mishaps as well!

At the end of this session, participants will be able to:

1. Summarize Kern's six step educational framework for curriculum design;
2. Apply the stages of curriculum design to develop a Measurement Based Care or Quality Improvement curriculum for psychiatry residents and faculty; and
3. Create a personalized workplan for ongoing development of a Measurement Based Care or Quality Improvement curriculum within the participant's academic institution.

APRIL 12

### **So You Want to Teach About Anti-Racism? How to Avoid Pitfalls During Implementation**

[Kristin Escamilla, MD, Dell Medical School at The University of Texas, Austin, TX;](#) [Pierre Banks, EdD, University of Texas Medical Branch, Galveston, Texas;](#) [Sarah Baker, MD, UT Southwestern Medical Center, Dallas, TX;](#) [Danielle Morelli, MD\\*, UT Southwestern Medical Center, Dallas, TX;](#) [Premal Patel, MD, University of Texas Medical Branch, Galveston, Texas \(Author Only\);](#) [Ayisha Mahama\\*, Dell Medical School at The University of Texas, Austin, TX;](#) [Ashley Trust, MD, Dell Medical School at The University of Texas, Austin, TX;](#) [Rachel Russo, MD, UT Southwestern Medical Center, Dallas, TX;](#) [Kathlene Trello-Rishel, MD, UT Southwestern Medical Center, Dallas, TX;](#) [Michael Miller, MD, University of Texas Medical Branch, Galveston, TX](#)

Recent national events have served as a catalyst for the necessary and urgent integration of Antiracist teaching within medical education. However, many faculty are not knowledgeable about this topic and have no experience teaching or discussing it. Despite this lack of expertise, it is crucial that faculty begin and continue this important work for trainees, patients, and colleagues, without causing harm to anyone in the process. This workshop will provide an introduction to AntiRacism, including pitfalls to avoid, for the implementation of this vital topic into medical education. The workshop will begin with an overview of AntiRacism, including examples of implementation undertaken at the presenters' home institutions and in the literature. Then, small groups will be asked to brainstorm and explore implementation ideas that will be shared with the large group. Presenters will then discuss strategies for responding to challenging scenarios, including skepticism, fragility, and microaggressions, that may arise during implementation of these activities. Case scenarios will then be discussed in small groups so that participants can explore how they might respond to various participant reactions. The large group will then have time to debrief, with further discussion of implementation strategies and possible challenges.

At the end of this session, participants will be able to:

1. Identify specific examples of anti-racism curricular interventions to implement;
2. Describe how to avoid common pitfalls during implementation; and
3. Develop practical approaches to responding to an array of participant reactions, including fragility, insensitivity, and anger.

MAY 10

**‘Fair Play’: Multi-Institutional Strategies to Enhance Diversity, Equity & Inclusion**

*Shirley Alleyne, MBBS, University of Florida, College of Medicine, Jacksonville, FL; Dorothy Stubbe, MD, Yale University, New Haven, CT; Madeline Joseph, MD University of Florida, College of Medicine, Jacksonville, FL; Lillie Reed, Medical Student, Stanford University, Stanford, CA*

Diversity, equity, and inclusion (DEI) are associated with superior medical training and improved patient outcomes. Yet, the physician workforce does not adequately represent the diversity of patients served. The ACGME Common Program Requirements mandate that programs “must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows, faculty members, and other members of its academic community.” An intentional, coordinated process is required to create an institutional culture that values inclusion of individuals with a wide range of backgrounds, identities, and life experiences, to address health disparities, advance science, and serve the needs of the public. This workshop exposes participants to strategies used to address aspects of DEI at three academic centers, highlighting efforts to improve recruitment and wellbeing of physicians under-represented in medicine (URM). At the first institution, a campus-wide database of gender and ethnicity of all residency applicants, was established to develop plans, set goals, and monitor progress in the recruitment of URMs. At the second, a concerted effort to enhance diversity was facilitated by: a diversity curriculum, inclusion and wellbeing activities, leadership opportunities, patient care equity training, and career mentorship. The third center’s Commission on Justice and Equity was established to dismantle systemic racism and discrimination. Goals include: (1) strengthening its DEI practices; and (2) bolstering efforts to confront racism as an urgent public health crisis. Participants will be guided to identify their academic center’s DEI needs and to develop an implementation plan to address the need.

At the end of this session, participants will be able to:

1. Participants will be able to describe strategies to address DEI in academic institutions;
2. Participants will be able to list pros, cons, and requirements for implementing different DEI strategies in academic institutions; and
3. Participants will be able to discuss their plan for implementing a DEI program in their institution.

JUNE 14

**Meeting Catastrophe with Compassion: Cultivating Compassionate in Our Current and Future Mental Health Leaders**

*Desiree Shapiro, MD, University of California San Diego, San Diego, CA; Alicia Barnes, DO, MPH, St. Louis University School of Medicine, St. Louis, MO*

Compassion towards self and others has a growing body of research supporting its benefits in promoting resilience, productivity, stress reduction, and well-being. Surviving and thriving in medicine requires significant

persistence, hard work ethic, and sacrifice. In addition, emotional strength is required to buffer against the inevitable personal and professional stressors that present, especially considering ongoing social and structural inequities and societal tragedies. During times of adversity and high pressure, we often expect perfection and use criticism as motivation. Cultures of competition and hierarchy may lead to repeatedly questioning performance, self-criticism, and striving to out-perform rather than collaboratively learn. Self-criticism leads to greater emotionality, despair with failure, and isolation. Promoting compassion, connection, and collaboration rather than loneliness and isolation may be transformative to individual and community mental health and well-being. This workshop aims to provide education about and practical strategies to encourage compassion in our clinics and classrooms and for our teachers, learners, and patients. Dedication to lifelong learning with a self-compassionate spirit may decrease defensiveness as we transform and evolve, especially in order to eliminate racism and the social injustices engrained in our institutions. Creating spaces for connection paired with compassion building tools will serve as a model to treat others with dignity and kindness and allow supervisors to feedback better. The session will provide an overview of self-compassion in clinical learning environments, offer strategies and examples to practice self-compassion, and dialogue about its relevance, especially as it relates to anti-racist learning environments.

At the end of this session, participants will be able to:

1. Define self-compassion and its components;
2. Identify ways that self-compassion and compassion can improve and promote equitable clinical learning environments for learners and teachers alike; and
3. Identify ways to overcome barriers to practicing self-compassion in clinical learning environments.