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2020 AAP Annual Meeting
Poster Descriptions & Electronic Submissions
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GENERAL INFORMATION

The following poster abstracts were accepted for presentation at the 2020 AAP Annual Meeting. Due to the cancellation of the meeting, due to COVID-19, this information is being offered online. Submitted electronic posters are linked to corresponding descriptions.

* Denotes trainee authors

POSTER ABSTRACTS

Mentoring the Millennials: A Perspective from Faculty of Two Psychiatry Residency Programs

Abstract

Mentoring millennials is a challenge as traditional teaching arrangements can be inadequate. Mentorship strategies for faculty members, residents and medical students need to be re-evaluated. The objective of this paper is to discuss if traditional, prevailing mentoring methods, are applicable to millennials and to assess common challenges experienced by faculty when mentoring this generation. We will also suggest some mentoring styles that our faculty found very effective based on their experience with millennials mentees. We developed a set of 16 questions that were sent out to members of faculty of two psychiatry residency programs at Ocean Medical Center and Jersey Shore University Medical Center. Survey included questions pertaining to faculty teaching interaction and feedback with millennials mentees. Survey results showed significant percentage (48%) of the faculty find mentoring millennials challenging especially if traditional methods are used. High percentage (78%) agreed that mentors should adjust mentoring style based on race, culture and religion of mentee. Majority (82%)agreed that effective mentoring requires adapting to the unique interests and goals of individual mentees of millennial generation. We also gathered qualitative data on how to mentor millennials by experienced faculty that include various mentoring style including reverse mentoring as well as group mentoring among other mentoring styles. This abstract highlights the importance of adapting new and innovative mentoring styles for millennials mentees to avoid generational differences in mentoring relationships.

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Providing Education in Safe Settings: A Framework for Postgraduate Programs to Promote Resident Clinical Care Safety and Wellness

ELECTRONIC POSTER

Abstract

Background: Currently, a lack of formal guidance is available to postgraduate medical training programs for developing strategies to address resident safety risks and their corresponding management. Incorporation of residents into committees targeting their safety allows for interactive education of how to implement safety practices into clinical work, fosters and maintains a culture of safety in training across clinical sites, as well as promotes occupational and emotional wellness. **Purpose:** To describe the scope, responsibility and implementation of the Resident Safety Sub-Committee and Safety Training Framework implemented at [name redacted]. **Framework/Methods:** The policies of the Sub-Committee were developed through a collaborative and iterative process. Members include teaching staff, residents and invited guests as requested. Meetings are held regularly to provide a forum for reporting of any incident of violence toward trainees. Full investigations and site-reviews are conducted for the purpose of devising new safety policies, processes and systems. Sub-committee members also conduct site safety checks to ensure that the developed policies and procedures are implemented as intended. Residents reporting any threats or actual violence are personally supported at all levels, including temporary modification of training or training site as required, and referral for appropriate medical attention or counseling. **Discussion:** Our work describes the development of a novel and interactive educational framework for improving safety training. Furthermore, incorporation of residents into committees targeting their safety can provide a forum for trainees to address attitudinal and institutional barriers to reporting such incidents and, ultimately, promote social and emotional wellness.

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Implementing an Educational Intervention to Improve the Care for Sexual Assault Victims

Abstract

Acute sexual trauma screening and intervention at Banner University Medical Center (BUMC) Tucson and BUMC South Campus appear inconsistent due to a lack of education and awareness of the appropriate protocol. This inconsistency causes variability in reporting, medical treatment, and psychosocial support leading to discrepancies in patient care. Our aim is to enhance the quality of interventions for sexual assault survivors by improving the training and competency of care providers. We have developed an educational intervention that will be

presented to the Psychiatry, Emergency Medicine, and Internal Medicine residency programs in April and May 2020. This intervention includes materials on how to approach a sexual assault victim, the tests, treatments and community resources to offer, and point of contact for forensic examination. We will provide pre- and post-test surveys to assess for improvements in the provider's knowledge and proficiency in caring for sexual assault victims. Additionally, identification card attachments and pamphlets will be provided to the residency programs with pertinent, actionable information from the intervention to reference during practice. After piloting this study with the residents, we hope to expand the program to educate the nursing staff, attending physicians, and medical students. We also plan to continue the intervention as a long-term project, providing re-education and testing to the residency programs over several years. Through this quality improvement project, we hope to increase awareness and the quality of care for sexual assault victims at our training hospitals.

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Poster 4
Psychiatric Relevance to Other Medical Specialties: A Medical Student Teaching Guide
Abstract
Psychiatric illness affects patients across all fields of medicine, and a patient's first contact with a medical provider is usually with a non-psychiatrist. Whether it is a case of delusional parasitosis presenting to a Dermatologist, conversion disorder presenting to a Neurologist, or depressed mood presenting to a Family Medicine doctor, a keen awareness of psychiatric pathology is imperative in providing appropriate patient care. Additionally, psychiatric factors frequently affect the course or severity of non-psychiatric illnesses. As part of a standard medical school curriculum, all students will experience training in Psychiatry, but the majority will eventually pursue careers in other specialties. In addition to the standard Psychiatry curriculum, we seek to provide an individualized teaching manual which focuses on psychiatric topics that each student will likely see in their future career. The goals of this educational tool include providing educators with a user-friendly teaching guide, improving medical student engagement in the Psychiatry clerkship, and highlighting the pervasiveness of psychiatric pathology across all other specialties. Currently, there appears to be a paucity of teaching devices dedicated to this specific purpose. This teaching guide is an online slide set organized by medical specialty, with journal references provided to ensure information is evidence-based. This slide set will act as a "living document," with additional material to be incorporated over time. It is our strong belief that this educational device will positively impact the medical student experience and appreciation of our specialty.

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Educating Students at Community Clinical Sites in the "Hood": Reducing Inequity in Health Outcomes by Understanding the Communities We Serve

Abstract

Medical students often feel that treating patients with severe psychiatric disorders is uncomfortable and even frightening. This is in part due to a lack of understanding of psychiatric illnesses and difficulty considering the whole person including the sociocultural experience of the person and how this affects patient care. This is one of the factors that contributes to the inequity in medical care for people with severe psychiatric disorders and a 25 year reduced life expectancy. The educational opportunities and setting for most core rotations in psychiatry is often large university hospital inpatient units. However, small community hospitals often have providers who are dedicated to the communities they serve and faculty there can provide a unique perspective of the community our patients live in, deeper understanding of the specific social determinants of health, and a longitudinal understanding of the patients that the students encounter. Our program has capitalized on these benefits of a community hospital and provides unique sites for students that include community hospital inpatient, day program, and mobile Assertive Community Treatment as well as didactics that supplement the students understanding of person-centered care and the culture and challenges of living in Baltimore City. This unique broad experience and focus on understanding the whole person and their community has allowed our students to consistently do well in their shelf exams while increasing overall interest in psychiatry and psychiatric patients, thus diminishing the risk for cursory treatment of psychiatric patients in their future careers.

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Interprofessional Simulation of a Psychiatric Behavioral Emergency

Abstract

Background: During inpatient psychiatric behavioral emergencies, security personnel, nurses and physicians work together in high-stress, high-stakes settings. Yet, training for managing these emergencies is often exclusively didactic and interprofessionally siloed. We hypothesized a standardized, interprofessional training program, focused on experiential simulation-based

teaching, would improve resident confidence in management of agitation. **Methods:** A curriculum was developed at an academic medical center with a simulation center. The narrative was a patient with psychosis involuntarily hospitalized on an inpatient unit experiencing an escalating level of agitation. Each simulation included 1 patient actor who interacted with 1-2 nurses, 1 resident, and 1 security officer in a simulation setting. Each simulation was accompanied by a 1-hour didactic and was followed by a 45-minute debriefing by faculty. Self-report surveys were administered a week before and a week after simulations to assess outcome measures such as confidence and opinions towards simulation. **Results:** 26 psychiatry residents (PGYI-II) participated and 18 completed surveys. After simulation exercises, resident respondents reported significantly higher confidence in: ability to manage agitation, maintaining personal safety, knowing one's role on a team, verbal de-escalation techniques, and ability to hold a post-crisis debriefing. Most found simulation to be an effective learning tool promoting improved communication and better understanding of one's role on an interprofessional team, while only causing some or mild discomfort. **Discussion:** Psychiatry resident participation in an interprofessional simulation of a psychiatric emergency may increase residents' confidence in their ability to manage agitation and improve communication and awareness of roles on interprofessional teams.

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Poster 7

Multidisciplinary Autism Consultation Clinic: A Novel Approach to Access to Specialist Care
ELECTRONIC POSTER

Abstract

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that presents significant diagnostic and management challenges for families and providers in community settings. Most primary care providers have limited training and experience in diagnosing and treating autism which often requires comprehensive evaluation and services found in specialty clinics. To our knowledge, the multidisciplinary Autism Consultation Clinic (ACC) is the first of its kind within our state to provide an avenue for outpatient consultation specifically catered to the screening and treatment of ASD. This clinic is designed to be a time-limited, brief service which involves screening and triage of autism symptoms to determine if a comprehensive autism evaluation is needed, as well as targeted consultation regarding challenging behavior and brief medication consultation for most complex cases. At the conclusion of 4th visit, referral back to provider for ongoing treatment is made. In order to determine the effectiveness of this project, we will first ask patients and/or caregivers to complete several validated rating scales at the initial visit to establish baseline symptom burden. After determining the needs of each individual case, each

patient will be triaged into one of the three services provided in the ACC: autism screening, short term medication consultation or brief behavioral consultation. At the final visit, the validated rating scales will be completed and compared to the initial visit scores for our primary outcome data. Our goal is to provide families with access to high quality specialist care and to provide direction to their continued treatment in the community.

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Poster 8

Bridging the Access to Psychiatric Care Gap: Resident-Led Hispanic Clinic Model
ELECTRONIC POSTER
Abstract

There is a growing need for psychiatric services for all persons but also a need for psychiatrists that can treat the Hispanic Spanish-speaking patient. Unlike a typical medical evaluation, the psychiatric evaluation conducted by a psychiatric provider fluent in Spanish with a Hispanic background can make a psychiatric evaluation more effective due to knowledge of the culture. The purpose of this poster is to examine the development of a Spanish language psychiatric clinic within a community psychiatry program by a third-year General Psychiatry resident at a teaching hospital and to depict the lessons learned along the way of forming this clinic and treating its patients. A discussion and graphics will illustrate the development of the clinic, including challenges and common themes of clinical cases relevant to sustaining the clinic. It is evident there are numerous challenges in developing a Spanish language psychiatric clinic and that there is also a minimal understanding of the field of psychiatry among the Spanish-speaking Hispanic community, which creates challenges in interpreting psychiatric symptoms from unique patient presentations. At present, there are long-standing barriers that make treatment of psychiatric conditions in the Spanish-speaking Hispanic community difficult such as cost, access, and awareness of the field of psychiatry. It is apparent that many Spanish-speaking Hispanic patients are in need of evaluation and treatment for psychiatric illnesses, and the psychiatric providers' Hispanic background can aid in creating a productive patient-provider relationship to increase mental well-being within this population.

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Reducing Treatment Inequity of Substance Use Disorders through Education
ELECTRONIC POSTER + SUPPLEMENT

Abstract

Background: As of 2018, over 8 million Americans had substance use disorders. (1) In that same year, only 85 Addiction Psychiatry Fellows graduated. (2) Academic Psychiatrists have a unique opportunity to address the disparity in service provision by training the 5,907 general psychiatry residents graduated annually (2). **Purpose:** To enhance the general psychiatric resident training in addictions by intentionally implementing all nine of the 2018 recommendations from the AADPRT Addictions Task Force in a resource poor environment. **Methods:** We implemented a developmental curriculum in Addictions providing more than two times the ACGME requirement we are willing to share via QR code. We developed a low barrier Addictions clinic supervised by general Psychiatry faculty in our already existing residency outpatient clinic. **Results:** # of free naloxone kits of dispensed: 45; # of patients with OD Educations: 45; % of Psychiatry Faculty Buprenorphine waivered: 100%; % of graduating residents waivered with a year of experience with buprenorphine inductions: 100%; Qualitative remarks from patients: "It's the first time I've been able to tell the truth. I like it."; Qualitative remarks from Addictions rotation residents: "It feels like people actually get better." "Motivational Interviewing has revolutionized how I talk with patients." **Discussion:** The Addictions Rotation has brought joy to patients and staff alike in addition to training the workforce to address this underserved patient population. **Conclusion:** This rotation has inspired three faculty to pursue the practice pathway for Addiction Medicine Fellowship and a grant to start a Contingency Management Program.

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Improving the Quality of the Quality Improvement Curriculum for Third Year Residents

ELECTRONIC POSTER

Abstract

Over the last two years, we introduced and implemented a revised Quality Improvement (QI) curriculum for third year residents that would be more feasible to integrate into a broader curricular re-design focused on competency-based training. We developed a QI curriculum that, over four workshops, imbues psychiatry residents with the skills, knowledge, and attitudes to incorporate QI into their practice as physicians. To evaluate the curriculum, we adopted a QI approach. That is, we introduced on online learning tool, the Nearpod App, which facilitates the provision of real-time feedback to residents on their performance on quizzes during each session and the instructors collect anonymous data each session on the group's performance and qualitative feedback. The curriculum is continuously being evaluated and feedback from trainees is incorporated into each session, thereby modeling a parallel process of quality improvement of the curriculum. The quiz results demonstrate residents' improved ability to identify and apply common QI tools such as run charts and pareto charts on multiple choice and short answer questions after completing the course. Based on the outcome data of the first cohort, the second cohort of residents were required to complete individual QI projects in which they make a change and measure their performance within their own clinical practice in their training rotations. The individual projects completed by trainees demonstrate >90% of residents were able to write an aim statement, develop a measurement plan, collect, plot and interpret QI data to generate recommendations for individual practice improvement thereby meeting the curricular goals.

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Training Trauma-Informed Peers: Efficacy of a Peer-to-Peer Model for Teaching Trauma-In formed Care

ELECTRONIC POSTER

Abstract

Background: Trauma is a pervasive and universal phenomenon. Growing evidence suggests that trauma informed care (TIC) can benefit patients and providers through its deliberate attention to diverse cultural, gender, and historical contexts and the common human need for safety. To achieve health equity, it is crucial that physicians in all specialties have a basic neurobiopsychosocial understanding of trauma and how to provide TIC. This study examines the efficacy of a TIC curriculum delivered via a peer-to-peer training model to surgical interns, by psychiatry residents. **Methods:** Ten psychiatry resident-educators at a large academic

hospital were trained in principles and applications of TIC via classroom lectures and supplementary textbook reading. Resident-educators then developed a TIC curriculum tailored toward surgical specialties, which included lecture and case-based learning. Resident-educators delivered the curriculum to 34 surgical interns. To gauge the efficacy of the curriculum and training model, surgical interns completed pre and post surveys assessing knowledge, comfort, and confidence levels with TIC. Paired t-tests were performed on individual survey items. **Findings:** Surgical interns reported significantly improved understanding of the physiology of trauma with a mean Likert scale increase of 0.93 (p<0.03), improved knowledge of TIC approaches with a mean Likert scale increase of 2.14 (p<.0001), and increased confidence and comfort with TIC practices with a mean Likert scale increase of 1.86 (p<.001). **Conclusions:** This TIC curriculum delivered via a peer-to-peer training model is an effective way to improve knowledge, comfort, and confidence surrounding TIC practices in non-psychiatric trainees.

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A National Survey of Psychiatry Program Directors and Trainees on Diversity and Inclusion

Abstract

Background: In March 2018, the American Association of Directors of Psychiatric Residency Training (AADPRT) formed the Diversity and Inclusion (D&I) Committee, who sought to understand the composition of its membership and perceptions regarding D&I. **Purpose:** Identify the demographics among membership and trainees, and whether factors predicted satisfaction with current institutional/program efforts to support their development and D&I. **Methods:** Surveys were completed by PDs/trainees. Multi-variable logistic regression and multi-variable ordinal logistic regression were used in the analysis. **Results:** 256 PDs (39%) and 573 trainees responded. Greater diversity was observed among trainees compared to PDs in: race/ethnicity, training background, sexual orientation, and gender. Latino/Hispanic PDs had 4.6 times higher odds of reporting a lack of mentorship, while Black trainees had 4 times higher odds of reporting dissatisfaction with D&I efforts. Female PDs (1.9 times) had higher odds of reporting dissatisfaction compared to male PDs. **Discussion:** While the findings could be viewed as encouraging of D&I efforts, it may alternatively reflect the academic "leaky pipeline". Limitations included: difficulty in measuring multidimensional constructs of diversity; "survey fatigue"; possible influence of non-response bias with limited qualitative data to contextualize responses. **Conclusions:** This is the first systematic investigation of the diversity among U.S. psychiatry PDs and trainees. Follow up qualitative research approaches would be ideal from different demographic groups, and the reasons for this initial quantitative study's findings. Continued efforts to recruit, retain, and mentor underrepresented minorities in academia are imperative.

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PRITE Review & Remediation – A Resident Driven Remedy
ELECTRONIC POSTER

Abstract

Background: The PRITE exam reflects knowledge progression during residency and shows modest correlation with Psychiatry written board outcome. Prior studies have reported that peer-teaching, accountability programs, and interactive response polling improve PRITE scores. **Objective:** To improve/remediate overall PRITE score performance to the program's goal of within 1 SD of the mean or higher. **Methods:** The top 3 scorers (PRITE Leaders) from the prior PRITE examination devised this program with input from the full resident group. The process involved 2 components: a) weekly all residents mandatorily attended a 90-minute session where 30 answer researched questions were reviewed by the Leaders via interactive polling. Questions were selected from prior PRITE exams and commercial PRITE question banks with proportional weighting to subject areas in the PRITE. b) optional weekly 1-hour small group sessions (strongly suggested for remediaters) and directed by the Leaders were held where attendees could source investigate 5 topic-based questions for answer clarification (incentivized with ½ point credit per 5 questions up to 5 points) on the 100 question post-review exam conducted 3 months later. **Assessment:** 1) Pre- and post-surveys regarding resident preference for this versus their own PRITE remediation process 2) 50 question pre-review exam 3) 100 question post review exam assessing improvement or passing at 70% level. 4) changes on next year's PRITE exam to measure robustness (and direction) of change. **Summary:** A preference for the interactive polling system of question review, changes on the post exam, and increased confidence for the next year's PRITE exam were notable.

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Teaching Clinical Suicide Prevention Skills to Pre-Clerkship Medical Students to Reduce Inequity

ELECTRONIC POSTER

Abstract

Background: PCP visits represent a critical opportunity to identify individuals at risk for suicide. A survey of primary care residency training directors identified insufficient training in suicide prevention with a call for a standardized curriculum. Unfortunately, this training gap disproportionately affects minority patients who are less likely to be referred to mental health specialists. The described study evaluated the effectiveness of a new educational module training pre-clerkship medical students to identify and manage patients at risk for suicide. **Methods:** The curriculum was implemented at a large, public medical school where nearly half of students pursue primary care specialties. It consisted of classroom learning and a clinical skills assessment. Efficacy was assessed via pre-post training surveys. **Results:** Of eligible participants, 37 completed matched pre-post surveys. Participants showed significant improvement in attitudes, confidence, and intentions towards use of suicide prevention strategies with the largest gain in familiarity with suicide risk assessment, lethal means counseling, and safety planning. **Conclusion:** This model effectively provided an active experience for pre-clerkship medical students learning suicide prevention skills. This study supports the findings that simulated patient encounters improve learner confidence in performing suicide assessments and suggests that building this competence over the course of training may increase comfort with broaching the subject of suicidality with future patients. This finding has the potential to positively impact the treatment of a large portion of the primary care population, ultimately reducing health disparities for minority populations.

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New ACGME Quality and Safety Requirements Require New Residency Curriculum and a Practice Project

Abstract

ACGME common program requirements of 2019 require an interdisciplinary quality improvement experience for residents, which not all psychiatry residency programs are ready to implement. Psychiatry's Maintenance of Certification requirements have a much less rigorous standard for self-assessment than other specialties that is partially responsible for the listless field of psychiatric patient safety initiatives in comparison to other specialities. Patient safety and quality improvement are an essential component to clinical practice. The purpose of this study is to create a new and engaging curriculum to be delivered to academic psychiatry

residents, many of whom will likely be medical directors in the future. These modules were designed to be delivered in a dynamic classroom by non-QI experts, by initially assessing the groups knowledge followed by a short period of teaching novel information and with most of the time spent devoted to applying the information in collaborative activities, which assist to generalize the content within current and future practice scenarios. The curriculum is assessed with questions rated on a five-point Likert scale with some free response for qualitative feedback for future improvement, assessing applicability to their current clinical practice, areas for improvement, and change in confidence in implementing quality improvement principles.

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Poster 16

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Supporting Trainees Following the Death of a Patient

Abstract

Background: Trainees often cite coping with death as one of the most stressful components of their work.[1] **Purpose:** To understand the support that trainees both desire and experience following a distressing patient death. **Method:** A survey of 279 resident physicians was conducted at Emory University's Graduate Medical Education orientation in June 2017. Descriptive statistics were used to assess what sources of support the trainees reported that they had either desired or experienced. **Results:** 97% of respondents reported experiencing a distressing patient death, and most respondents had experienced their most distressing patient death during medical school (62% [169/274]). Trainees desired support from family and friends (53% [147/279]), partners (49% [136/279]), residents (47% [131/279]) and attending physicians (37% [102/279]). Although female trainees desired a significantly greater number of supports (M=2.44, SD=1.24) than male trainees (M=2.04, SD=1.28; t(272)=2.61, p=0.01), there was no difference in the number of supports female trainees (M=2.22, SD=1.26) experienced in comparison to male trainees (M=2.04, SD=1.13; t(272)=1.23, p=0.221). More respondents reported that they had experienced support that they desired from family and friends (52% [145/279]), a partner (48% [134/279]), and other residents (45% [127/279]) but less likely to experience the support that they desired from an attending physicians (28% [79/279]). **Conclusions:** Most resident physicians reported experiencing a distressing patient death during medical school. While many trainees experience the support that they desired from their family, friends, partners and peers, resident physicians reported they were less likely to experience the support that they desired from their attending physician. **References:** *Firth-Cozens J. Stress in medical undergraduates and house officers. Br J Hosp Med. 1989;41(2).*

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Brief Addiction Psychiatry Curriculum for Postgraduate Year One (PGY-1) Residents
ELECTRONIC POSTER

Abstract

Background/Purpose: PGY1 psychiatry residents treat patients with substance use disorders in various settings including inpatient psychiatry and off service rotations. The PGY1 residents have varying knowledge levels related to addiction psychiatry topics upon entering residency. Additionally, they may be unfamiliar with AODA community resources due to completion of medical school in various parts of the country. The purpose of this curriculum is to present high-yield topics related to addiction psychiatry to increase knowledge and confidence of PGY1 residents in the treatment of substance use disorders. **Methods:** A survey was sent to PGY1 residents to identify gaps in knowledge relevant to treatment of substance use disorders. Following review of survey results, two lectures were developed with focus including identification and treatment of alcohol and opioid withdrawal, medication management of alcohol use disorder and listing of AODA resources in the community. A pre-intervention survey was sent to PGY1 residents prior to the lectures as was a post-intervention survey following the lectures. The curriculum materials were sent out to PGY1 residents to be used as a reference. **Results:** On review of post-intervention surveys, there was improvement in confidence and knowledge levels related to treatment of alcohol and opioid use disorders as well as improvement in knowledge related to community and health care systems resources. **Discussion/Conclusion:** Identifying a knowledge gap allowed for creation of a brief targeted curriculum in addiction psychiatry related topics. The design of the curriculum allowed for continued use of lecture materials as a reference throughout residency.

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Emergency Psychiatry Fellowship: Curriculum Organization and Standardization

Abstract

Background: Every year, over 5.5 million emergency department (ED) encounters are attributed to a primary behavioral health concern. Psychiatric patients experience longer lengths of stay, greater rates of hospitalization, and greater mortality including by suicide than other ED patients. Nearly half of persons who die by suicide have been treated in an ED or urgent care in the year prior to death. Subspecialty training in emergency psychiatry stands to enhance the care of behavioral emergencies through dissemination of best clinical practices, enhanced networking across institutions, and attraction of psychiatrists-in-training to this important field. **Purpose:** We describe 4 post-graduate fellowship programs in emergency psychiatry and their shared educational milestones. **Methods:** Characteristics of new fellowship programs are described. Educational milestones are presented that guide and assess educational progress of emergency psychiatry fellows. **Results:** Emergency psychiatry

fellowships have been launched in 4 states across the country. Milestones cover clinical skills specific to emergency psychiatry including related to diagnosis of undifferentiated pathology, collaboration with emergency services, application of quantitative quality improvement methods, and team leadership. We display feedback and adaptation of milestones by fellowship programs. Conclusion Currently, there is little guidance on emergency psychiatry education. Implementation of educational milestones will inform emergency psychiatry education as well as create a platform from which to launch accreditation efforts. The increasing demands for emergency and crisis psychiatry compel a strong investment in improving training for the subspecialty.

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Poster 19

Reaching the Underserved: The Development of Culturally Appropriate Mental Health Education and Engagement in an Underserved Community Setting

ELECTRONIC POSTER

Abstract

Background: Most medical school psychiatry clerkships are hospital based, exposing students to severely mental ill patients in inpatient settings for much of their rotation. **Purpose:** Our aim was to develop a psychiatric clinical curriculum that is consistent with the vision of our medical school where there is a strong focus on community and social determinants of health. **Methods:** A literature search was complete looking at various psychiatry clinical curriculums. An innovative curriculum was then developed that integrated community psychiatry and social determinants of mental health in addition to the components of more traditional rotations. **Results:** The psychiatry clinical curriculum developed was a 6-week rotation comprised of inpatient psychiatry, consultation/liaison psychiatry, emergency psychiatry, and outpatient psychiatry (including subspecialties). During the outpatient rotation students actively engage with patients, accomplishing ambulatory goals. These include writing a SOAP note, performing a mental status exam, completing AIMs and checking for medication interactions to name a few. Students experience ECT, dTMS and ketamine treatment. They rotate in community psychiatry programs, a 12-step program meeting and a clinical training day at a rehab center. In addition to grand rounds and journal club, the core curriculum features small group discussions on traditional topics and ethical debates regarding social determinants of mental health. **Discussion/Conclusions:** Our innovative psychiatry clerkship that is integrated into the community while still providing students with hospital-based experiences and a comprehensive core curriculum will better prepare medical students for their future as physicians than more traditional rotations. We also expect this curriculum to increase interest in psychiatry as a career.

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Innovative Psychiatry Clerkship Cirriculum: Incorporating Community & Social Determinants of Health

ELECTRONIC POSTER

Abstract

Background: Most medical school psychiatry clerkships are hospital based, exposing students to severely mental ill patients in inpatient settings for much of their rotation. **Purpose**: Our aim was to develop a psychiatric clinical curriculum that is consistent with the vision of our medical school where there is a strong focus on community and social determinants of health.

Methods: A literature search was complete looking at various psychiatry clinical curriculums. An innovative curriculum was then developed that integrated community psychiatry and social determinants of mental health in addition to the components of more traditional rotations.

Results: The psychiatry clinical curriculum developed was a 6-week rotation comprised of inpatient psychiatry, consultation/liaison psychiatry, emergency psychiatry, and outpatient psychiatry (including subspecialties). During the outpatient rotation students actively engage with patients, accomplishing ambulatory goals. These include writing a SOAP note, performing a mental status exam, completing AIMs and checking for medication interactions to name a few. Students experience ECT, dTMS and ketamine treatment. They rotate in community psychiatry programs, a 12-step program meeting and a clinical training day at a rehab center. In addition to grand rounds and journal club, the core curriculum features small group discussions on traditional topics and ethical debates regarding social determinants of mental health.

Discussion/Conclusions: Our innovative psychiatry clerkship that is integrated into the community while still providing students with hospital-based experiences and a comprehensive core curriculum will better prepare medical students for their future as physicians than more traditional rotations. We also expect this curriculum to increase interest in psychiatry as a career.

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Building Resilient Residents and Fellows: Joining Perspectives and Building Competencies through Interprofessional Case Collaboration and Peer-Supervision with Psychiatry and Psychology Trainees

Abstract

Background: Integrating evidence-based psychotherapy has become a priority in psychiatry residency and fellowship. Increasing efforts early in training promote interprofessional

collaboration between psychology and psychiatry. Given the parallel expertise yet differing perspectives in psychotherapy, such collaboration broadens a psychiatry trainee's experience and confidence in utilizing evidence-based psychotherapy. **Purpose:** Our proposed curriculum is designed to 1) encourage interprofessional collaboration, 2) facilitate development of supervisory skills, and 3) build competency and confidence in evidence-based psychotherapy in a new generation of psychiatry trainees. **Methods:** Our proposed curriculum contains two modules, one targeting group collaboration and the other one-on-one peer consultation. Module One increases collaboration between child psychiatry and psychology fellows within an interdisciplinary department, under guidance from consultants, in a monthly case conference forum. Module Two encourages use of monthly peer-to-peer supervision to enhance the supervisory skills of a senior psychology fellow and to support provision of psychotherapy for a senior psychiatry fellow through discussion of cases and therapeutic modalities. Both modules are guided by licensed psychiatry and psychology consultants. Pre- and post-module surveys were sent out to assess attitude towards interdisciplinary collaboration. A pre-determined response rate was set to at least 70%. **Results:** Final data collection and analysis is currently underway. **Conclusion:** This comprehensive, multi-faceted curriculum is predicted to meet the needs of fellows, training programs, and educators through its innovative initiative, facilitation of fellow-led content, and faculty mentorship. It is predicted that this effort will improve both interdisciplinary collaboration between psychiatry and psychology, as well as fellows' sense of satisfaction and support within the department.

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Poster 22

Choose Your Own Adventure: Interactive Didactics
ELECTRONIC POSTER
Abstract

Background: Although PowerPoint is ubiquitous with the resident and medical student didactic experience, educators agree that traditional PowerPoint lectures can be dull and unengaging, leading to a suboptimal learning environment. Another challenge is introducing and attracting novice educators into teaching. Novice teachers, including residents, are often hesitant to volunteer time to teach co-residents and medical students. Common solutions to engage both the educator and learner include augmenting lectures with movie clips and interactive questions. An alternate strategy to facilitate active learning is allowing the audience to "Choose Their Own Adventure". **Methods/Results:** Residents were involved in creating and filming patient scenarios that were included in an interactive didactic, demonstrating a fun way to incorporate residents into teaching. Creating a storyboard and creating and incorporating short videos has resulted in enthusiastic resident participation as both teachers and learners. Pre and posttests were given to PGY-I residents, and not only did they find this interactive approach to teaching to enhance their education, knowledge retention, and attention to lecture

content, but they were also much more likely to volunteer their time to teach a lecture using this modality rather than a traditional PowerPoint approach. **Conclusion:** This highlights how interactive videos can be utilized to foster participant engagement without sacrificing education, so that salient diagnostic and clinical pearls are driven home for both the educator and learner. Our "Choose Your Own Adventure" lecture has also resulted in an increase in residents volunteering to teach their co-residents and medical students.

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Poster 23

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Education for Substance Use Disorders on the Consultation-Liaison Psychiatry Service

ELECTRONIC POSTER

Abstract

Background and Purpose: Patients with substance use disorders (SUD) are frequently encountered on the Consultation-Liaison (CL) Psychiatry Service yet remain among trainees' most challenging encounters. A learning initiative was instituted to augment SUD education on the service. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a validated approach to effectively and efficiently address these patients' substance use. Extremely relevant to a busy clinical service, SBIRT emphasizes screening for substance use without stigma, utilizing motivational interviewing to build towards behavior change, and connecting patients with appropriate aftercare. **Methods:** Participants were five blocks of second-year residents (n=15) on their CL Psychiatry rotation, from September 2018 through September 2019. Using online modules, in-person didactics, and peer role-playing exercises, trainees on the CL Psychiatry Service were trained to promote recovery from substance use while on a busy inpatient service. Virtual training included skill development modules with standardized patients interwoven throughout lectures. Residents then role-played clinical vignettes specifically adjusted to simulate inpatient consultation-liaison and integrated care patient encounters. **Results:** Pre-test and post-test data compiled from the residents were compared via Likert Scales assessing knowledge, competence, and attitude. All four core knowledge domains demonstrated significant improvement by a mean of 27%. Attitudes and perceptions on working with patients using substances improved in 11 of 13 areas. Perceived competence with these patients increased in all measured areas. The vast majority (93%) of residents found the training to be relevant to their careers. **Conclusions:** SBIRT is a multimodal and time-effective method of incorporating SUD training into a CL Psychiatry curriculum.

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Poster 24

How Do I Teach Quality Improvement to Psychiatry Resident Physicians? A Realist Review Sub-Analysis of Peer-Reviewed and Grey Literature

ELECTRONIC POSTER

Abstract

Quality Improvement (QI) is a valuable approach for healthcare providers to improve the quality and safety of patient care, and to optimize the healthcare system. Prior reviews on QI curricula in medical training have emphasized that the uptake and impact of an educational intervention is highly dependent on the contexts of an educational program. As a sub-analysis of a recent review currently undergoing peer-review on QI curricula in medical education by Brown et al., the purpose of this study is to clarify the specific contexts and mechanisms influencing QI curricula outcomes for postgraduate trainees in Psychiatry residency programs. This realist synthesis was conducted using the Realist And Meta-narrative Evidence Syntheses: Evolving Standards (RAMESES) guidelines to search, select, appraise, and extract data from both peer-reviewed and grey literature. Two reviewers independently re-extracted data from the included records, incorporating this information into one final dataset. Outcomes were classified using the Kirkpatrick Four-Level Training Model. This data was examined to identify contexts, mechanisms, and outcomes, and synthesized into a refined program theory specific to Psychiatry residency training. 15 studies were included in the final analysis. Findings included the importance of longitudinal curricula, the nuanced role of senior mentorship, and that educational and clinical outcome measures (e.g. QIKAT) may require adaptations for Psychiatry resident physicians. Consideration of these contextual factors and mechanisms in the design of curricula may be beneficial in order to promote optimal educational and clinical outcomes of QI curricula for Psychiatry resident physicians.

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A Medical Spanish Educational Module Targeting Mental Health
ELECTRONIC POSTER
Abstract

Background: Within mental healthcare, language discordance has been linked to lower quality of care affecting diagnosis, process of care, patient education, and treatment. A standardized medical Spanish curriculum targeting medical student mental health communication has not previously been implemented or evaluated. **Methods:** An educational module was created to teach communication skills regarding mental health symptoms, psychiatric and substance history, and relevant sociocultural attitudes of Spanish speaking patients. Participants included 47 fourth-year medical students enrolled in a medical Spanish course at an urban medical school with a starting minimum Spanish proficiency at the intermediate level. Learners completed a written pre- and post- assessment evaluating vocabulary, grammar, and comprehension as well as self-confidence measures in performing mental health-related communication skills. **Results:** Students demonstrated significant improvement in all domains regardless of ethnicity, proficiency level, heritage Spanish background, and prior Spanish exposure. Hispanic ethnicity and heritage Spanish background were associated with increased confidence with obtaining a psychiatric history. Hispanic ethnicity was associated with increased confidence with the social and substance use history compared to non-Hispanic students. **Discussion:** Students with intermediate level Spanish skills or above can benefit from a focused mental health module despite variability in starting proficiency and regardless of personal ethnic background. Increased confidence levels among students with Hispanic ethnicity and heritage Spanish background may reflect the complex cultural nuances of mental health conversations. Efforts to teach medical Spanish related to mental health should emphasize both language and sociocultural elements to maximize the ability to communicate with patients regarding these sensitive topics.

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Cyber-Stalking of a Resident Physician—A Case Study: Enduring Effects, the Process for Protection & Recovery
Abstract

Background: There are multiple definitions of stalking and harassment, but they often emphasize repeated, unwanted intrusions over time where the recipient fears for their safety. Numbers vary, but Pucell (2004) found a lifetime prevalence of 10-29% and 12-month prevalence of 2-5% for psychiatrists and doctoral-level psychologists. **Purpose:** To raise

awareness on risks and complications of patient stalking on psychiatrists. **Method:** Reviewed literature in PubMed, Google-Scholar in December 2019. **Case:** A patient with history of ADHD, Bipolar II presented for a PGY3's first clinic. Just prior to follow up, he sent 37+ emails in a 2-day period. Within these emails, he disclosed that he was using geotagging to monitor GPS location of recipients, frequency email was opened, and with whom it was shared. Escalating threats led to hospitalization and transfer of patient, but emails continued in bursts over a 5-month period. Altogether, patient sent over 113 emails, created a website targeting the resident and program, and posted repeatedly to the hospital's social media page. **Results:** Threat escalation led to hospital successfully filing a workplace restraining order, which to date has stopped harassment. **Discussion:** Patient harassment of psychiatrists often lead to psychological, professional, and interpersonal complications-- including many who question their specialty choice (Whyte 2001). This was mirrored in this case study. **Conclusions:** While there is some data on stalking for attendings, stalking during residency is understudied. Residency is a critical period for development of professional identity, and the enduring effects of patient harassment can heavily impact trainees' career paths.

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Engaging Medical Students in Curriculum Development: A Learners' Perspective

Abstract
Background: In order to maintain an updated/current curricula, medical educators encounter challenges involving time, limited resources, and a disparity between how educators view course materials and how students learn. **Purpose:** We propose directly involving medical students in a collaborative curriculum development process to bridge the learner experience, benefiting all parties involved. **Methods:** In our Medical School, we debuted an integrated Psychiatry module, utilizing a mixed medium of blended online courses and in-person case discussion sessions. Second year MD/MPH students collaborated with Psychiatry faculty and other educational professionals to create outlines, drawings, handouts, and video designs. We "flipped" nine lectures in total. Students taking the flipped-courses studied educational material prior to attending mandatory small group, case-based discussion sessions. **Results:** Our results indicate that a significantly higher percentage of MD/MPH students answered questions correctly when using the enhanced flipped curriculum lectures versus traditional lectures. Faculty have been open and receptive to engaging medical students in this curriculum development project. Future collaborations will continue to enhance the medical school curriculum, as well as promote the development of physician educators. By directly involving students in the creation of portions of these new courses, we highlight a collaborative student-faculty approach to developing medical education. **Discussion/Conclusions:** This format enhances interests to pursue academic medicine in the future, providing concrete experiences to build an intellectual career in medical education. We encourage institutions to recruit

medical students interested in course development to enhance medical curricula, increase student investment in education, and further inspire learners to be educators.

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Poster 28

Efficacy of Multimedia Asynchronous Learning in Medical Students

Abstract

Background: Competency in some psychiatric skills holds relevance to students pursuing a range of medical specialties. Many students feel underprepared for the responsibilities of intern year, leading to stress and burnout. This highlights the importance of a transitional curriculum prior to graduation. Studies have demonstrated that using computer-based multimedia learning packages increases knowledge and skill acquisition in students. We created four educational videos covering overlapping concepts between psychiatry and common clinical encounters: medication interactions, substance abuse, management of violent patients, and the verbal/non-verbal communication components of difficult patient interactions. **Method:** Over the course of one academic year (2019-2020), students completed a pre- and post-survey for each of four educational videos. These surveys used a Likert scale to measure their level of confidence in managing each clinical situation. **Results:** Data collection is ongoing, currently with over 60 respondents. Preliminary data show that students report higher levels of confidence with managing these clinical scenarios after completion of the video series. **Discussion:** Students are looking for high-yield practical information that can translate to useful skills during their intern year. As learning styles differ, it is important to use a variety of contexts and teaching styles. When provided a self-guided, asynchronous education platform, students learn at their own pace and convenience, and have more buy-in for topics they choose to explore further. **Conclusion:** Medical schools should continue to diversify types of educational materials offered to include more multimedia and self-driven learning to better suit students' learning styles and better prepare them for internship.

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Making Wellness a (Virtual) Reality: Multimodal Mindfulness Training in Healthcare
<u>ELECTRONIC POSTER</u>

<u>Abstract</u>

Background: Research shows mindfulness training can alleviate healthcare provider stress and burnout. However, in-person, didactic curriculum may not be accessible to all and limit opportunities afforded by self-guided training. Multimodal mindfulness training meets this need through individualized learning and flexibility of access. **Purpose:** To compare effects of different modalities for mindfulness-based training on healthcare student wellness. **Methods:** school of medicine students were recruited to undergo 3 wellness interventions: 1) An instructor-led "Mindful Medicine" program (MM) featuring didactic and experiential learning; 2) A virtual mindfulness program (Virtual) where students selected free or paid, Web or mobile applications for self-guided use; 3) combination of both (Combo). After 4 weeks, self-report surveys assessed the Perceived Stress Scale (PSS), Applied Mindfulness Process Scale (AMPS), Oldenburg Burnout Inventory (OLBI), and Brief Resilience Scale (BRS). Between-group differences were evaluated using analysis of variance. **Results:** Of 113 completed surveys, there were 16 MM, 77 Virtual, and 20 Combo users. Groups differed in stress (PSS) (p=.006) and applied mindfulness (AMPS) (p=.001), but not in burnout (BRS) and resilience (OBLI). Combo users (M=15.00, SD=5.00) were less stressed than MM (M=19.68, SD=6.88) (p=.021), or Virtual (M=22.00, SD=7.63) (p=.008). MM users (M=38.88, SD=7.01) displayed more applied mindfulness than Virtual (M=33.09, SD=7.31) (p=.013), as did Combo (M=38.90, SD=7.15) compared to Virtual (p=.005). **Discussion:** Wellness curricula decreases stress and empowers students to apply mindfulness to their daily lives. Didactic instruction combined with self-guided virtual practice appears optimally effective. **Conclusion:** This study supports multimodal approaches to enhance wellness curricula and overcome accessibility barriers.

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Assessing and Increasing Knowledge Base and Comfort Level in Treatment of Perinatal Mental Illness: An Educational Intervention for Obstetric/Gynecology Residents

<u>Abstract</u>

Background: It was common to advise pregnant patients with psychiatric diagnoses to stop medications due to perceived negative effects on the fetus and pregnancy. There is minimal literature assessing knowledge, attitude towards, or comfort levels of obstetrics and gynecology (OB/GYN) residents in managing psychiatric conditions, which if untreated can presents adverse

risks to both mother and fetus. A gap remains between the evidence advocating active pharmacological treatment of perinatal psychiatric conditions and the knowledge base, attitudes, and comfort level of OB/GYN physicians. **Objective:** To assess the knowledge base, attitude towards, and comfort that OB/GYN residents have towards assessing and managing active psychiatric conditions in pregnant/postpartum women and to develop an educational, case-based intervention targeting these conditions in pregnancy/postpartum. **Methods:** A needs assessment was created to assess levels of current knowledge, attitudes, and comfort of OB/GYN residents in mental health, which was used to create educational case-based learning exercises. The assessment was administered again after the intervention to assess the effectiveness of the intervention. **Results:** Pre- (N=19) and post-intervention (N=15) surveys of residents were analyzed. Most residents (94%) felt it was both important and their responsibility to discuss and manage the mental health of their pregnant patients. Comfort levels with counseling psychiatric patients on a variety of psychiatric conditions significantly increased after educational intervention was implemented (p<0.05). **Conclusions:** OB/GYN residents feel responsible for caring for their pregnant patients with mental illness and case-based interventions offer an interactive, helpful tool for increasing residents' knowledge and comfort level in treating this patient population.

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Poster 31

Creating and Evaluating a Psychiatry Observership Program for International Medical Graduates

ELECTRONIC POSTER

Abstract

Background: As part of our educational outreach mission, our department has established an Observership Program aimed at medical students or recent graduates from abroad, who are seeking an opportunity to learn and gain experiences in psychiatry. Some have the intent to give back to their institution and community in their home country, while others are using this as a stepping stone in the US residency applications process. Previous investigations into IMG's coming to the US for residency speak to the importance of helping them gain comfort and knowledge of the US system in order to make their residency period successful. **Purpose:** The goal of this study is to summarize the observership program operations since its inception in 2018 and to assess the demand for our program by IMGs. **Methods:** Information about the program and its participants was reviewed and centralized. Application data was reviewed. **Results:** We determined that 11 psychiatric departments at NYSP/Columbia Medical center have participated in the program as host sites. 210 individuals have requested information

about the program. 35 applications to the program were completed and 28 participants accepted representing 14 different countries. As of March 2020, 18 observerships have been completed. **Discussion/Conclusion:** Based on the amount of interest in the program and the number of applications, this program remains relevant for IMGs seeking to gain experience in the U.S. healthcare system. Future directions should include surveying all past participants to determine their opinions on the efficacy of the program and their satisfaction with the experience.

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A Systematic Approach to Unveiling the Hidden Curriculum in Medical Education: Using Computer Science to Detect and Reduce Bias

ELECTRONIC POSTER

Abstract

Purpose: To develop a systematic, computer-based, Bias Reduction in Curricula Content (BRICC) process and software to identify and decrease bias in medical curricula content. **Background:** Identifying and reducing bias in medical curricula is critical in the education of future physicians. Physicians continue to be biased.[1–3] The impact of these numerous blind-spots within education may impact the care that students provide as well as their learning environment and wellbeing alike.[4] **Methods:** We will develop a computer-based program that will identify bias in medical curricula using information extraction and natural language processing. The results will undergo an analysis by trained evaluators to assess whether bias is being detected by BRICC software. **Outcomes:** Software that analyzes bias in medical curricula content to reduce implicit bias, establish equitable inclusive education, and improve outcomes for patients and future physicians. Preliminary data show that our BRICC process has identified numerous instances of ongoing bias in curricula content, including racism, gender bias, and the absence of pertinent social and structural determinants of health. **Discussion:** Our BRICC software program allows for a systematic way to identify bias in medical curricula across many institutions. One limitation is that language and social identifiers are changing; BRICC will therefore require ongoing updates. Content creators will also need to be open to revising and altering their content. **Conclusions:** The BRICC computer software, once finalized, can be adopted by institutions looking to de-bias their curriculum and improve medical education. The computer program will also be web-based to promote a user-friendly interface.

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Bring Your "A" Game - A Pilot Trainee Clinic for Psychiatric Asylum Evaluations

ELECTRONIC POSTER

Abstract

Youth fleeing political and social unrest experience diagnosable mental health conditions at a much higher rate than the general population. These individuals may choose to apply for political asylum, a convoluted and complicated process. Although not required by law, evaluation by a medical professional has a substantial impact on the outcome of the asylum process, approximately doubling the likelihood of a successful application [2]. Although there has been recent growth in medical evaluations for asylum seekers, especially among medical student run clinics, there remains a critical shortage of psychiatric and psychological evaluation of asylum seekers. Here we describe the creation of a training clinic for Child and Adolescent Psychiatry Fellows that specializes in in-person and remote psychiatric evaluation of children and young-adults seeking asylum. Evaluations were carried out in partnership with a local law organization that provides legal representation to asylum seekers. A faculty member with experience in conducting asylum evaluations provided supervision, while one trainee led the interview and a second trainee took notes during the encounter. Learners then drafted a written report that was reviewed with faculty. Due to geographical constraints, evaluations were conducted in person, and also via telemedicine platform or telephone. We collected feedback from learners on the experience and educational value of the clinic. This clinic provided a unique educational experience for learners and meets a critically important need.

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Psychiatry Residents' Perceptions on Discussing Social Media Use with Adolescents and Young Adults

ELECTRONIC POSTER

Abstract

Background: The exponential growth of social media has impacted adolescent and young adult psychiatric health, including depression, anxiety, and inattentiveness. Social media has given rise to new phenomena such as "fear of missing out" and "vaguebooking" which are associated with significant emotional distress, risky behaviors, and suicide. Online bullying and exposure to

traumatizing material are also potential risks of social media use. Screening for social media's effects on mental health in psychiatric encounters is not widespread. **Purpose:** We aim to identify psychiatry residents' perceptions of discussing social media use during patient encounters with adolescents and young adults (13-35 years old). **Methods:** Residents from a general psychiatry residency program completed an anonymous 12-item questionnaire regarding perceptions of discussing social media use in patient encounters. **Results:** Of the eligible 22 psychiatry residents, 16 (72.7%) residents completed surveys. Thirteen residents believed that social media has a negative effect on mental health. Although 12 (75%) residents responded that it is important to discuss social media use with patients, 13 (81.3%) rarely or never ask patients about their social media use and its effects on mental health. Twelve residents believe that medical education provides insufficient training on social media habits' effects on mental health. **Conclusions:** Given the influence of social media on mental health, psychiatry residents should be equipped to discuss social media habits with adolescent and young adult psychiatric patients. Training psychiatry residents to screen for patients' social media use allows new opportunities to identify potential mental health risks.

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Poster 35

Effects of Residents Teaching Psychiatry Clerkship Didactics on Osteopathic Medical Students' COMAT Scores

ELECTRONIC POSTER

Abstract
Background: The Psychiatry Milestones Project evaluates general psychiatry residents' competency across multiple domains, including teaching. Resident teaching during medical student clerkships has been associated with greater student satisfaction and students' career choices. However, there is limited data on how residents teaching lectures influences nationally standardized clerkship exam scores. **Purpose:** We investigate if resident-led psychiatry clerkship lectures influences COMAT scores among third-year osteopathic medical students. **Methods:** We review first-attempt COMAT score data across two student cohorts (Cohorts 1 and 2). Residents were invited to regularly teach student lectures for Cohort 2. An independent samples t-test compares each cohort's COMAT scores in the first 6 months. **Results:** Cohort 1 had 99 total students (≈17 students monthly) while Cohort 2 had 108 total students (≈18 students monthly). Cohort 1 received an average of 1 (5.78%) resident lecture monthly while Cohort 2 students received an average of 8 (47.77%) resident lectures monthly. No significant difference was found between the COMAT scores for Cohort 1 (M=105.90,SD=2.11) and Cohort 2 (M=104.95,SD=2.75); t(10)=0.67, p=0.52. Data collection continues through the academic year

and further analysis will investigate associations between lecture topics and relevant COMAT subscores as well as student comments regarding lecture quality. **Conclusions:** Teaching student lectures can help residents achieve their competency milestones without negatively affecting medical students' clerkship exam scores. Residency programs can help residents build this competency milestone by regularly scheduling residents to teach student lectures.

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Creating an Evidence-Based Algorithm for Neuroleptic Initiation for PGY-1 Residents to Increase Resident Confidence in Making Treatment Recommendations

ELECTRONIC POSTER

Abstract

The use of psychotropic medications is one of the highest priorities for psychiatry training, representing 2 of 5 of the Patient Care ACGME psychiatry milestones, and 2 of 5 Medical Knowledge Milestones. ABPN Psychiatry board certification examination is 20% focused on psychiatric treatments. However, junior psychiatry residents often report difficulty finding a resource for learning best practices in the use of psychotropic medications. We here present an evidence-based treatment algorithm for residents to reference, for patients with acute psychosis, without a mood component. The tool was developed through an active dialogue between the current PGY-2 residents and three faculty members. It was designed to address concerns raised by residents regarding psychopharmacology knowledge, and application in clinical practice. Before use, a survey was sent to PGY-1 residents to assess the level of stress and confidence about initiating psychotropic medications. 20% of residents felt that they were very prepared to initiate psychotropic medication for this patient population, 20% felt that they are not prepared at all and 60% felt somewhat prepared. 40% of the residents did not feel at all prepared to recommend a starting dose of the medication of their choice. 80% of residents identified the lack of knowledge as the main reason for their discomfort with making treatment decisions. A follow-up survey after a 3-month period was completed and showed that 62% of the residents used the algorithm in inpatient settings. 70% of the residents reported that the algorithm improved their medical knowledge about the topic.

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GSPEAK - The Impact of Geriatric Standardized Psychiatric Experiences on Attitudes and Knowledge

Abstract

Background: With the world's aging population, the need continually grows for geriatric psychiatrists. The ACGME has a requirement for one month of a geriatric psychiatry experience, which is vague. This variability leads to limited exposure and decreased comfort in working with the geriatric population. Inpatient geriatric units pose a unique benefit to residents since the aging population often have additional needs. This includes an increase in teamwork, teaching, accountability, and fulfillment of other milestones. Standardization of experiences on an inpatient geriatric unit, including the use of a manual, assists in creating a positive learning experience. This has not been formally explored in the literature. **Purpose:** This quality improvement project examined the changes in knowledge and attitudes in the members of the multidisciplinary care team learners on an inpatient geriatric unit. **Methods:** All learners were followed during a one-month rotation on an inpatient geriatric unit. A manual and standardized expectations were provided. Pre- and post- surveys were given to assess the participants' attitudes and knowledge base of geriatric psychiatry, including career choices. **Results:** Psychiatry residents, medical students, physician's assistant students, and nurse practitioner students participated. **Discussion:** Participants had a change in attitudes and knowledge about the field and an increased likelihood of working with the aging population. **Conclusion:** This project demonstrated that standardization of a geriatric experience could have a potential positive impact for medical learners while helping fulfill several and core competencies, thus may improve chances of having more medical professionals care for our aging population.

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To Retreat or Not to Retreat: Strategic Use of Resident Retreats as a Wellness Tool with Cues from the Corporate World

Abstract

Background: Chief residents are often sent to "Leadership" trainings, where the most valued skills learned are giving feedback, delegating duties, building teamwork, managing time, making presentations, being on rounds, coping with stress, teaching at the bedside, writing memos, and managing meetings. However, there is a lack of formal training in leadership skills att the program level. Most notably, no literature was found providing guidance to programs on planning retreats or psychiatry-specific data on residency retreats. A resident retreat is a useful tool for program leadership (director, coordinator, chief resident) to delevop or reinforce leadership skills and address the specific and unique needs of the individual program. Having a strategic plan for resident retreats allows for

demonstration of managerial skills, fosters interpersonal and professional growth, and addresses burnout all within a bonding experience. **Purpose:** This quality improvement project examined the changes in perceived psychological safety, well-being, and overall attitudes in psychiatry program residents after a resident retreat. **Methods:** The chief residents were instructed with strategic planning directives and agenda planning sessions for each of 2 retreats (fall, spring). The entire resident complement then attended each retreat and participated in teambuilding activities and were then surveyed. **Results:** Residents responded favorably to retreat activities with a decrease in factors related to burnout. **Discussion:** Participants had an improvement in wellness factors and group cohesiveness. **Conclusion:** The project demonstrated that purposeful and strategic implementation of a residency retreat can have a positive impact for all residents while helping fulfill several and core competencies.

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Poster 39

Longitudinal Matters: Qualitative Perspectives on the Longitudinal Clinical Experience in a Psychiatry Residency Training Program

ELECTRONIC POSTER

Abstract

Background: Longitudinal models of clinical care and education can positively impact the patient and provider experience in terms of health outcomes, satisfaction, and motivation. While residency programs have seen an increase in longitudinal clinical experiences (LCEs) in primary care, less is known about such opportunities in psychiatry residency programs. **Purpose:** This qualitative study explored the impact of a longitudinal training model on clinical skills development, relationships in the learning environment, and professional identity development. **Methods:** The authors examined the impact of a well-established LCE clinic model in a single, large, academic psychiatry residency program. The authors conducted 22 semi-structured interviews of residents, graduates, and faculty in a sample of LCE clinics. Interviews were analyzed using exploratory inductive thematic analysis. **Results:** Preliminary themes established can be categorized into benefits and challenges. Benefits include near peer learning and feedback, providing care through an extensive course of illness, longitudinal relationships with faculty, and increased comfort with a specific patient population. Challenges include different electronic health records, travel to sites, and intermittent presence of more junior trainees. **Discussion:** Results suggest that overall, residents and faculty find the LCE a positive learning opportunity that has contributed to their professional development. LCEs do appear to have logistical challenges which can interfere with favorability of resident experience. **Conclusion:** The LCE enhances psychiatry resident training. Strategies to minimize logistical challenges around managing patient care responsibility and transitions across systems of care within the course of day will support the success of a longitudinal program.

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Poster 40

Math Club: Enhancing Psychiatry Residents' Confidence and Ability in Interpreting Quantitative Statistics

ELECTRONIC POSTER

Abstract

Math Club is an educational series created to increase Psychiatry residents' confidence and ability in interpreting quantitative statistics. It was created to address a curricular gap to support residents in working with quantitative data presented in primary literature. Through participation in Math Club, residents learned to: identify and contrast various types of data; advance their understanding and ability to critique statistical methods; and use quantitative findings to inform their clinical communication and decision making. Math Club was delivered in four forty-five-minute enquiry-based workshops, in Fall 2019. Program evaluation data was collected before and after each workshop, by asking students to: (1) rate their confidence calculating and interpreting quantitative data and (2) answer short-answer questions around topics presented. Standardized feedback forms were completed where students commented on perceived strengths and weaknesses of the workshop and instructor. Participants rated their confidence significantly increased in both ability to calculate and interpret medical statistics (p <0.01). Short answer questions are being analyzed and will be finished April 2020. Standardized course feedback indicated the workshops met or exceeded expectations. Perceived strengths of the program included applicability, contextualization within Psychiatry and teaching format. Our findings suggest Math Club is an innovative way to improve residents' confidence and ability to work with statistics. By longitudinally integrating the workshops into the curriculum, residents are offered a low-stress, low-stakes learning environment with repeated opportunity to develop and practice their skills in interpreting quantitative data and facilitating the incorporation of these skills into their everyday practice.

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The Great Debate: Teaching Medical Students Ethical Decision Making

Abstract

Background: The Liaison Committee on Medical Education requires each medical school "ensure that the medical curriculum includes instruction for medical students in medical ethics and human values." **Purpose:** Drs. Kai-Hong Mao and Susie Morris created a debate-style ethics seminar for third year medical students wherein ethically-complicated psychiatric cases were presented, and students were asked to design argument strategies supporting opposing clinical decisions for each case. **Method:** The 90-minute debate-style session was crafted based on objectives that had been approved by the Humanities, Ethics/Economics, Arts and the Law Program at USC and held once during each psychiatry clerkship. Beginning with a review of 2 ethically fraught real-life cases, students are randomly assigned a "side" regardless of their own personal beliefs. Students are given time to prepare their arguments and then asked to engage in a debate that includes an introduction, cross-examination, and closing statement. Drs. Mao and Morris close the seminar by discussing how these cases were resolved, allowing students to process the experience and ask questions. **Results:** Since implementation on July 16, 2019, students have rated the Ethics Seminar highly, with an average rating of 4.46 (4.32-4.57) out of 5. Students endorsed that being exposed to "multiple perspectives" is beneficial, especially with "real cases." Students also commented that the session is "entertaining" and "case-based instead of lecture." **Discussion:** The feedback we received demonstrates that students respond well to more active learning modalities. This represents an innovative method to teach students ethical reasoning that other clerkships may also wish to adopt. **Conclusion:** This ethics seminar will contribute to the participating medical students' ability to critically assess all ethical and legal considerations of future ethical dilemmas.

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Leveraging Technology to Improve Residents as Teachers with Just In Time Teaching Tip Emails

ELECTRONIC POSTER

Abstract

The Just In Time Teaching (JiTT) tips were implemented as an adjunct to an existing Resident as Teacher curriculum in order to provide residents with strategies and teaching scripts to teach in a time-limited setting. The JiTT tips served as a novel intervention to encourage the use of evidenced based instructional strategies and motivate residents to teach. The tips were delivered in a 6-week campaign of once-weekly emails and included both evidence-based pedagogical skills and psychiatry-specific content. The JiTT tips were designed using Canva, an online graphic design program, and uploaded into OpenMoves to allow automated sending and

tracking. Evaluation of the intervention included pre- and post-surveys, utilization data from the OpenMoves platform, medical student end-of-clerkship program evaluations, and focus group feedback. Results showed that 78% of residents reported reading "some" or "most" of the teaching tip emails, while utilization data showed that 39-54% of all users read the emails when including faculty recipients as well. 31% of residents reported giving feedback differently, 79% used the evidence-based teaching strategy of directed observation, and 93% provided an orientation to their learners. This resident self-report was corroborated by student evaluations of residents. Furthermore, 44% of residents described themselves as frequently confident about their teaching ability, compared to only 22% of residents 6 weeks prior. The JiTT tips enabled residents to teach more effectively and confidently by reducing the cognitive load required. Further information is necessary to examine the barriers to using the JiTT tips in the clinical setting.

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Poster 43

Improv and Talk: A Novel Pilot Wellness Activity for Medical Students
ELECTRONIC POSTER
Abstract

Background: Medical students are at increased risk for the development of anxiety and depression compared to age- and education-matched peers. One factor that may contribute to this pattern is the high-pressure environment of medical education. Recently, medical improvisation, or "improv" has been effectively used to provide a lower-pressure opportunity to develop communication skills, leading to increases in confidence and responsiveness among participants. Improv workshops have also shown utility in clinical populations: participation has been associated with decreased symptoms of anxiety and depression, and increased self-esteem. We created a novel improv workshop for medical trainees, providing an accepting environment for developing communication skills while supporting resilience and wellness. **Methods:** We developed novel 60-minute sessions (40 minutes improv, 20 minutes discussion). Medical and doctoral student participants were recruited through email. A single-session pilot was followed by a three-session workshop. Participants completed surveys with both likert scale and narrative response questions to evaluate the experience. **Results:** 14 individuals participated. Participants were highly satisfied with the experience: 100% agreed the experience was "helpful and worth my time;" 83% reported they were "very likely" to recommend participation to a colleague. All respondents felt the program should be

incorporated into our regular wellness offerings. **Discussion:** Our pilot program offering improv sessions for medical students was enthusiastically received by participants, who found the sessions helpful and entertaining. While our small sample size and self-selected participant group are limitations, these initial results are promising. We hope to expand to a large trainee pool for future offerings.

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Mentorship Effectiveness Scale: A Important Tool for a Productive Mentor-Mentee Partnership

ELECTRONIC POSTER

Abstract

Mentoring can be a life altering relationship that inspires mutual growth, learning, and development. Its effects can be remarkable, profound and enduring with the capacity to transform individuals' groups, organizations and communities. The published literature identifies various important traits that contribute to a successful mentoring relationship but very few studies if any comment on the impact of incorporating participants perspective into the mentorship model. We conducted an electronic survey which was emailed to mentees (residents) and mentors (faculty) of two psychiatry residency programs to help gain insight into the difference in perspectives among participants about the value of an individualized mentorship model approach for residents. Both mentees and mentors were asked to share their experiences and reasons for supporting such an individualized approach.85% (17/20 total) of mentees and 73% (11/15 total) of mentors completed the survey. 71% of the mentees and 91% of the mentors surveyed, provided supportive feedback for adopting a mentorship model that accounts for the mentee's individual needs for favorable outcomes. It is only human to maintain the status quo; deliberate and proactive behaviors are required to counteract factors that contribute to the observed disparities in academic and career outcomes. This study highlights the importance of utilizing participant voices to tailor interventions for maximum impact. It also calls attention to the need for developing standardized tools for mentorship effectiveness and better generalizability.

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The Utility of a Psychiatry Faculty-Resident Clinical Skills Co-Tutoring Model for Enhancing Resident Teaching Skills

ELECTRONIC POSTER

Abstract

Background: A core feature of residents' training is the development of their role as teachers. As such there are many training experiences in place to help residents develop teaching skills. However, many of these experiences have not been evaluated. The goal of the current study was to evaluate residents' and faculty members' perceptions of the utility of a teaching experience which requires each resident to co-tutor the second-year medical students' clinical skills sessions with a faculty member. **Methods:** Three residents and four faculty took part in separate semi-structured group interviews after the co-tutoring experience. The interview transcripts were analysed for content to identify emerging themes. Residents also completed questionnaires pre- and post- teaching experience regarding their perception of their teaching skills. **Results:** Qualitative analysis identified a number of themes regarding the co-tutoring model including teacher identity, role modelling, feedback, structure and competency. Quantitative analysis of pre- and post- questionnaires showed improved perception of teaching skills following the co-tutoring experience, although this increase was non-significant, (t(2)= -0.8542, p= 0.4830). **Conclusions:** Results indicated residents and faculty perceive the co-tutoring model a positive and valuable experience that provided opportunity for role modelling and mentoring. Additionally, the experience fostered development of teacher identity, skill and a perceived sense of confidence. Faculty development around provision of effective feedback and orientation to, and standardization of the program may prove beneficial. Future studies should examine the utility of the co-tutoring experience in a larger sample and the feasibility of application of the co-tutoring model more broadly.

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Bridging the Education Gap For Medical Students By Psychiatric Residents: A Quality Improvement Project to Educate, Enhance, and Energize

ELECTRONIC POSTER

Abstract

Medicine has a time-honored tradition of teaching, distinctly felt and realized by residents who are both active learners and also educators who serve a vital role for medical students and peers. This teaching role not only serves to expand funds of clinical knowledge, but also fosters passion about the subject, and reinforces empathy, curiosity, and conscientiousness. For systems reasons beyond the control of our program, the rates of patient turnover on our main inpatient service plummeted this year, resulting in fewer novel opportunities for traditional clinical experiences. Informal and formal feedback demonstrated that medical students were

eager to learn, and residents were eager to teach, but opportunities for quality and relevant teaching was found to be variable. We therefore initiated a quality improvement project to bridge the educational gap with standardized dynamic teaching that would be clinically relevant, expand knowledge base, and energize interest in psychiatric concepts that are widely applicable across specialties. The two primary goals of the project were to improve medical student education and to standardize and enhance the resident-as-teacher. We developed four teaching modules for medical student learners designed to cover key topics in psychiatry; each included an intern-led didactic, a senior resident-led clinical patient interview, and a follow-up discussion. Pre-surveys and post-surveys were created to gauge baseline and post-cycle assessments of students' knowledge base and of residents' teaching experience. Using the Plan-Do-Study-Act model, we will have completed three cycles this spring. Results, conclusions and future directions from this work will be highlighted in our poster.

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Poster 47

Does Inter-Rater Reliability Improve through the Completion of a Self-Directed Online Training Curriculum for Evaluators Conducting American Board of Psychiatry and Neurology Clinical Skills Evaluations?

ELECTRONIC POSTER

Abstract

The American Association of Directors of Psychiatry Residency Training (AADPRT) assembled a task force shortly after the American Board of Psychiatry and Neurology (ABPN) Clinical Skills Evaluation (CSE) requirement was instated with the goal of creating CSE rater training curricula. Each session provided three video vignettes featuring real physician-patient interviews in which the evaluators were trained to apply standardized criteria to each vignette. In 2009, psychiatric educators gathered at the AADPRT annual meeting and established consensus ratings for each of the video vignettes utilizing an ABPN approved CSE rubric. This established an opportunity to create training curriculum that is available online and would not necessitate in-person training. We have designed a self-directed, online module intended for psychiatry residency program directors and/or evaluators of psychiatry graduate medical trainees poised to conduct ABPN Psychiatry CSEs. The goal of this curriculum is to teach the standardized criteria for assessment of CSE candidates and improve inter-rater reliability. This curriculum was designed to be interactive, easily disseminated, with the objective to align the application of evaluation criteria with consensus ratings. Analyses of the data from the initial pilot of this online training curriculum (N=15) demonstrated improved inter-rater reliability in two subsequent vignettes

(Mean difference for video 1 = 2.31 vs. video 2 = 0.12). The aim is to improve the integrity and standardization of the ABPN Clinical Skills Evaluation process through further expansion and analysis of this resource. Additional data will be available to present at the September Association for Academic Psychiatry meeting.

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Poster 48

A Medical Student Mental Health Survey: Effects of Delays in Care on Burnout and Depression
ELECTRONIC POSTER

Abstract

Background/Purpose: Despite high prevalence of mental illness and burnout among medical students, the majority of students who have depression symptoms or suicidal ideation are not treated. Burnout has been strongly associated with alcohol dependence and increased suicidal ideation; delays in care could have serious consequences. Our study seeks to identify key themes in medical student mental health care delays. **Methods:** We designed and administered a mental health survey to medical students in the 2019-2020 year that collected information on demographics, depression/anxiety levels, burnout scores, barriers to mental health care, and treatment-seeking behaviors. Data was analyzed for differences among students who delayed seeking treatment versus those who did not. Qualitative data was also analyzed for reasons students delayed care. **Results:** Medical students who delayed care had a significantly higher rate of burnout/depersonalization (37% vs. 13%, $p = 0.00854$) and depression scale scores (mean 7.52 vs. 4.95 respectively, $p = 0.00654$) compared to those who did not delay care. They also tended to be younger (21-25 years old) (80%, $p = 0.00164$). Reasons for delaying care included lack of knowledge of mental health symptoms, stigma, denial, and fear of professional impact. **Discussion/Conclusion:** Given the high prevalence of mental illness and burnout among medical students, it is imperative to help students receive care when needed. Delaying care is correlated with higher burnout and depression scores. Many cited obstacles could be invalidated with mental health education and awareness, increasing help-seeking behaviors and the well-being of our medical students.

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The Development of a Post-Graduate Physician Assistant Training Program in Psychiatry
ELECTRONIC POSTER

Abstract

Background: With increasing rates of depression and opioid use disorder, the United States continues to experience a significant shortage in psychiatric providers. It is estimated that while approximately 1 in 5 adults in the United States experiences mental illness in a given one year period, only 41% of those adults will receive mental health care in a given year. **Purpose:** In an effort to address this shortage, our academic institution created a fellowship for Physician Assistants (PAs) that will allow them to develop expertise in the clinical care of patients with psychiatric and substance use disorders. **Methods:** The fellowship is comprised of clinical blocks that include: outpatient behavioral health services, psychiatric emergency services, correctional care service, inpatient psychiatry (adult and child/adolescent) and consultation-liaison psychiatry services. We accept 4 fellows per year with one fellow in each clinical setting at a time. Fellows also participate in weekly didactics and are responsible for completion of an academic project by years end. **Results:** Thus far we have received positive feedback from all current and graduated fellows. Fellows have made presentations at national and state conferences. All graduated fellows have successfully found employment in the field of psychiatry. **Discussion:** Our fellows received specialized training in psychiatric interview, creation of differential diagnosis and treatment plans, psychiatric pharmacology, treatment implementation, and crisis intervention. They are knowledgeable in the basic aspects of multiple psychiatric disorders. **Conclusion:** Through the creation of our Behavioral Health PA Fellowship, we are successfully helping address the national shortage in psychiatric providers.

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Storytelling for Communication and Community
Abstract

Since the advent of the DSM, resident training in interviewing and presentation often focuses on "checklist completion" of symptoms, rather than establishment of meaningful narrative leading to formulation. In an effort to focus residents on narrative, interns were given an assignment to produce a five-minute story from their own experience that related a life-altering experience. Examples were given from selected Moth Radio Hour episodes. Residents presented their stories to one another and faculty, and received specific feedback regarding the construction of their narrative, quality of presentation, and emotions elicited in the listeners. Residents reported a greater sense of community with their peers with greater insight into each other's life stories. Communication skills were enhanced with the opportunity to deliver emotionally salient content in a public setting. Time for reflection and attention to personal narrative was seen as an enhancement of personal wellbeing, meaning, and work-life balance through reflection on their own life journey. Residents are also encouraged to seek to develop

individual narratives for their patients out of interview data and attention to the biological, psychological, and social events which influence their current presentation. Beyond the individual program, the local consortium of Graduate Medical Education programs has hosted public "story slams" following a similar model, with similar outcomes of encouraging the sharing of individual narrative for building meaning and community among faculty and learners across disciplines.

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Use of Role-Play Based Learning Modules for Beginning Psychiatry Residents on Inpatient Psychiatry Units

ELECTRONIC POSTER

Abstract

Background: Psychiatry residents are customarily assigned to inpatient duty for the first year of training, but in reviewing the relevant literature, there is a gap in standardized teaching for learners related to the psychiatric interview. The use of simulations for clinical teaching is effective and is underutilized. **Purpose:** We developed a series of case-based learning modules to be implemented as PGY1 residents rotate through the inpatient unit, to increase their competence and comfort with psychiatric interviewing in this setting. **Methods:** Role-play based learning modules covering depression, mania, psychosis, borderline personality disorder, substance use disorders and motivational interviewing were developed. Each module has a fully scripted interview for the PGY1s to role-play. This is then followed by a discussion facilitated by an attending psychiatrist. Residents will be directed to prepare in advance by watching a brief introductory video related to each topic. Pre- and post- course evaluation surveys will be collected from July to September as the curriculum is implemented and each resident completes each module. **Results:** Results will be analyzed prior to presentation at AAP in September. Primary outcome measures will be self-reported comfort and confidence, and we expect residents to self-report greater comfort and confidence with psychiatric interviewing after participating in this curriculum. **Discussion/Conclusions:** This curriculum will help demonstrate that scripted role-play can be a useful adjunct to clinical experience for the early transition into psychiatric residency training. It might also improve competence and comfort level in early residency training.

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Design and Impact of a Research Rotation for Psychiatry Residents

Abstract

Background: The ACGME requires residency programs to provide adequate research curriculum and provide resources to support scholarly activity but provides no guidance on methods or desired outcomes. This has led to significant heterogeneity of scholarly activity curriculum, experiences and outcomes across training programs. **Purpose:** Prior to this project, our residents' experience with scholarship was limited, unliked and produced few publications or national presentations. Our goal was to go beyond the requirements to educate and inspire residents to integrate scholarship into their future careers. **Methods:** We developed a required research rotation for PGY2 residents, rotating serially for a month at a time, working on a group research project. The overall goal was the development of a research project that would result in a published research article and poster. Structural components of the rotation included: 1) protected time for residents, 2) dedicated research mentors and 3) research design using existing data. **Results:** Scholarly productivity increased significantly after the implementation of the required research rotation. In its first year, the 2 research rotation groups successfully published 5 peer-reviewed papers. Residents liked the rotation, felt more confident in skills with research design, data analysis and academic writing and valued the experiential learning in understanding research principles. **Discussion:** The required research rotation has been successful in engaging residents in every aspect of research from start to finish. Residents work together with peers and mentors to complete and publish research projects. **Conclusions:** This project demonstrates the positive impact of a structured research rotation for residents.

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Improving Health for Transgender and Gender Diverse Youth through a Proposed Integrated Care Curriculum

Abstract

Background: (rationale for educational project/ educational program description) Transgender and gender diverse (TGD) youth are vulnerable to mental health disparities, including distress, suicidality, and risky behavior. Psychiatrists promote the health of TGD youth through culturally responsive psychiatric treatment. Evidently, across the country, there is a shortage of TGD trained child and adolescent psychiatrists. To address this need, the Hershey Children's Hospital recently established an integrated, multidisciplinary Pediatric and Adolescent Gender Health Clinic (PAGHC). Our institution has designed a curriculum for Child and Adolescent Psychiatry (CAP) fellows to promote the health of TGD youth. **Methods:** Fellows who see patients referred by the PAGHC, following a gender evaluation and mental health screening, receive training on a

clinical rotation. They have on-site supervision from CAP faculty and specialty supervision from a gender therapist and adult faculty with TGD mental health expertise. Fellows collaborate with medical providers involved in their patients' care. Didactics lectures supplement clinical supervision. These interventions address key learning objectives: assessment of gender dysphoria, the spectrum of gender affirmation options, and strategies for supporting TGD youth. **Results:** The immediate results of the program are the availability of new clinical services and education. Additional data to be gathered include patient and fellow satisfaction and trends in outcome measures. **Discussion:** Comprehensive multidisciplinary clinical care programs for TGD youth must include a combination of mental health services and medical services. CAP fellows must be trained to work with this vulnerable population to increase the number of TGD competent psychiatrists.

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Poster 54

Women Physicians LEAD (Leadership, Empowerment, Alliance, Development)
ELECTRONIC POSTER

Abstract
Background: Female physicians face unique challenges. This may come in the form of navigation of career goals and negotiations, microaggressions by men and women and identification of supportive sponsors. This group was formed to help identify the needs of our female colleagues in Psychiatry and to help support them via the cultivation of both relationships and skills. **Purpose:** To place female psychiatrists on a path to self-actualization, as defined by the individual, and to build executive skills applicable to physician leaders. **Methods:** A small cohort initiated this group after one psychiatrist was approached by female trainees and junior faculty members about specific issues related to women in leadership. An initial meeting invited all female faculty psychiatrists in the Department, as well as all female trainees, PGY 3 and above. Several topics were identified by the planning committee and vetted by the group. Monthly meetings were scheduled, typically outside of work hours in a faculty member's home. **Results:** Eight faculty and six trainees attended the inaugural meeting on 3/6/3020. We expect to have five additional meetings prior to the AAP Annual Meeting. A survey of demographics, career paths and goals, as well as identified topics to discuss will be completed. Curriculum, participant feedback, and future planning will also be reported. **Discussion:** Female physicians have unique needs within and outside of academic medicine. We anticipate that despite varying career goals, a group focused on fortifying relationships with female colleagues and developing skills applicable to physicians-as-leaders will prove beneficial.

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Poster 55

Mental Health Service Utilization Among Medical Students in Ohio
ELECTRONIC POSTER

Abstract

Background: Medical students experience a high burden of mental health concerns, yet little is known about their use of mental health services. We investigated perceived need and service utilization patterns to address this research gap. **Methods:** A cross-sectional online survey was emailed to 2,840 medical students at three medical schools in Ohio during January to March 2020. The instruments included demographics, a well-being score (MSWBI) identifying students at risk for low mental quality of life, a self-stigma scale of seeking help, and service use questions. **Results:** There were 813 respondents, representing a 28.6% response rate. 46.9% of students screened positive on the MSWBI, and 49.3% of those students reported service use. 23.7% of students reported medication visits in the last 12 months, 29.4% reported therapy visits, and 36.0% used either. Using multinomial logistic regression, odds for perceived need were lower among those with higher self-stigma (OR=0.93, 95%CI 0.90-0.96), third-years (OR=0.45, 95%CI 0.23-0.87), and higher for students who were older (OR=1.15, 95%CI 1.04-1.28), female (OR=2.69, 95%CI 1.73-4.17), sexual minorities (OR=3.17, 95%CI 1.54-6.50), and told by others to seek help (OR=24.0, 95%CI 11.13-51.74). Odds for reporting service use were lower among those with higher self-stigma (OR=0.90, 95%CI 0.88-0.93), Asians (OR=0.50, 95%CI 0.30-0.85), and higher for students who were older (OR=1.14, 95%CI 1.04-1.25), female (OR=1.97, 95%CI 1.30-3.00), sexual minorities (OR=2.01, 95%CI 1.12-3.60), and told by others to seek help (OR=5.87, 95%CI 3.74-9.23). **Conclusion:** Medical schools can encourage students to use mental health services by facilitating help-seeking and creating an environment that decreases stigma.

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Can We Teach Medical Students to Work Better in Teams? Following Trends in Assessment of Medical Student Interprofessionalism with Iterative Changes in Interprofessional Education Curriculum

ELECTRONIC POSTER

Abstract

Background: An increasing complexity of medicine requires an interprofessional team approach. As such, Interprofessional Education (IPE) during medical school is an important part of developing effective young physicians. Medical student interprofessionalism is currently evaluated primarily using student self-assessments, with a noticeable rarity of direct assessment by non-physician professionals. **Methods:** Medical students on their psychiatry clerkship asked a non-physician mental health professional to complete an assessment of four observable interprofessional behaviors, based on the Individual Teamwork Observation and Feedback Tool (iTOFT) . 3 years of data were collected, during which time the students were exposed to an evolving pre-clinical IPE curriculum. **Results:** Trends to be analyzed include increase/decrease in average scores following implementation of a IPE curriculum change, a difference in perception of woman vs men vs. non-binary students, difference in perception of medical students of different ages, differences in scoring by different professionals (nurse, social worker/case manager, frontline person, administrator, pharmacist, nutritionist, therapist, or other), and if there are commonly reported areas for improvement. **Discussion:** Perhaps the most compelling part of this study is its ability to examine how medical students' interprofessionalism is perceived by other healthcare professionals, beyond how students self-report. Any significant correlation between student scores and IPE curriculum may inform changes in IPE curriculum moving forward. In addition, correlations between interprofessional scores and measures such as student age/gender is a starting point for future research. Studies like these are critical in working towards better healthcare environments for patients and teams of professionals.

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Strategies for Improving Metabolic Monitoring in Outpatient Psychiatry Patients on Second Generation Antipsychotics

ELECTRONIC POSTER

Abstract

Background: Increased risk for weight gain, hypercholesterolemia, and development of diabetes are well documented side effects with the use of Second Generation Antipsychotics (SGAs). Additionally, these side effects can lead to serious cardiovascular complications later in life. As a result, the American Psychiatric Association and American Diabetes Association developed clear guidelines for responsible metabolic monitoring when treating a patient with a SGA which includes annual measurements of Lipid panel and Ha1c. **Purpose:** This project aimed at developing strategies for quality improvement, with the goal of increasing the percentage of

Psychiatry Residency patients at the Spokane Teaching Health Clinic who met these requirements for annual lab monitoring. **Methods:** Utilizing the tool Slicer/Dicer through Epic electronic medical records, all Spokane Psychiatry Residency patients treated with a SGA could be identified, and the percentage of those with Ha1c and lipid panel results within the previous year could be determined. To promote adherence, strategies were employed including cycles of verbal announcements to residents, providing education regarding guidelines, embedding reminders into note templates, and providing personal and group patient metrics as feedback. **Results:** In the five month period since employing strategies, compliance improved from 52.7% to 61.3%. This demonstrates that simple methods of education, reminders, and patient metric feedback to providers can promote improvement in standard of care practices. **Discussion/Conclusions:** By catching individuals demonstrating metabolic side effects early on, and taking appropriate measures, serious complications later in life can hopefully be avoided.

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Poster 58

We Can Work It Out: Maintaining Therapeutic Alliance in Times of Disagreement
ELECTRONIC POSTER

Abstract

Background: Medical decision making is a complex process of integrating evidence, experience, and patient perspective. Sometimes, there can be differences of opinion between patient and provider, which can precipitate conflict and potentially disrupt the therapeutic alliance. Research has shown that maintenance of the therapeutic alliance is one of the most important predictors of positive outcomes. As such, we believe that having the skills to effectively prevent or repair any threat or rupture to the therapeutic alliance should be fostered and salient in postgraduate medical education. **Purpose:** As psychiatrists, we set out to share our expertise in establishing rapport and maintaining alliance with primary care providers, who care for the majority of patients' mental health needs. **Methods:** We developed educational material to teach three specific and tangible skills to primary care providers in a lecture-based format, including video demonstration, small group exercises, and large group discussion. We plan to have delivered these lectures to primary care providers by the time of this poster presentation, and we will self-evaluate our efforts with pre- and post-lecture surveys that assess relevancy, understanding, and sense of competency. **Results and Conclusions:** Will be completed by the time of this poster presentation.

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Improving the Psychiatry Clerkship Experience: A Survey Study of Graduating Medical Students

ELECTRONIC POSTER

Abstract
Objective: One factor associated with choosing psychiatry as a career is students rating their psychiatry clerkship as excellent. Although this suggests that an excellent clerkship may improve recruitment into psychiatry, to our knowledge there has never been a multi-site survey study of graduating medical students that identify what factors lead to an excellent clerkship rating. The purpose of this study was to determine factors that medical student find important for an excellent psychiatry clerkship experience. **Methods:** A total of 1457 graduating medical students at eight institutions were sent a 22-item Likert-type survey about what clinical and administrative factors they considered when rating their psychiatry clerkship via email in the fall of their last year. 357 (24.5%) responded and Z-test, t-tests, and multiple regression analyses were carried out. **Results:** The factors which students rated higher than the mean included planned application to psychiatry residency, clear expectations, a transparent grading process, feeling part of a team, timely feedback by faculty, and a competent clerkship coordinator and director. Lectures, active learning, and self-study were rated as less pertinent, and the overall clerkship rating did differ between students going into psychiatry versus other specialties. **Conclusions:** By improving the administration of the clerkship with clear expectations, grading, feedback, and by encouraging clinical teams to fully integrate students' clerkship ratings might improve which could potentially improve recruitment. Future research could further quantify and qualify these parameters and compare psychiatric clerkships to other clerkships.

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Development and Implementation of a Standardized Patient Curricula to Train Medical Students on Obtaining a Patient Trauma History

Abstract

History of trauma can lead to long-term health effects including cancer, stroke, and diabetes. With increasing evidence of the high rates of trauma in current society, it is important for medical students to recognize and assess patients' trauma exposure. A particularly at risk subpopulation are refugees and asylees. Mishandling such patient encounters can lead trauma survivors to avoid contact with health care providers in the future. The delicate nature of these discussions can impede inquiring of a history of trauma and the teaching of this skill. Simulation provides an ideal environment to train students in high stakes/high risk situations, we developed a standardized patient (SP) curricula for third year psychiatry clerkship students. This exercises teaches trauma-focused interviewing of a refugee patient in an environment that provides safety for the student. Prior to the simulation, an on-line didactic session provides students with a basic foundation in the impact of trauma , its assessment, and how to deliver trauma-informed care. The simulation consists of thirty minutes of SP interviewing followed by thirty minutes of debriefing. The debriefing sessions are supervised by Psychiatry Faculty and include an opportunity for students to process and reflect on the content of the exercise. As this is a novel use of simulation for teaching medical students about trauma, we evaluated its effectiveness by using questionnaires. Evaluation data from our initial exercises demonstrate that students entered this activity with limited expertise with trauma interviewing, and they agreed that SP simulation is an effective way to teach trauma interviewing.

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Mindfully Evolving, Thriving, and Advocating (META) – A Novel Introductory Course for Medical Students

ELECTRONIC POSTER

Abstract

Purpose: In July 2019, we introduced a novel six-week course preceding other courses in the medical school curriculum. **Background:** META had four interwoven pillars of content: Wellness, Learning, Cultural Humility, and Clinical Skills. As medical students are focusing on STEP 1 performance earlier in training, and burnout rates are high among students and physicians, META was one approach to focus on the human connection and self-care to instill those values in developing professional identities of our students. **Design:** The content was designed to equip students to thrive in medical school by reinforcing learning and wellness

skills, teaching about biopsychosocial person-centered care, and introducing physical exam and interview skills. **Outcomes:** All students completed an Objective Structured Clinical Exam (OSCE) at the end of the course. Overall, they reported this was a great way to build a support network before starting the more rigorous curriculum of medical school. More students utilized therapy services in the first three months of medical school than in previous years. Strengths and **Limitations:** Given that this was the initial offering of this course, we have areas to improve for future years. **Feasibility & transferability:** Although it is unlikely most schools could dedicate six-weeks to preparing students for learning in school, faculty who are concerned about wellness or study skills in their own students may want to adopt parts of this curriculum.

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Hiding in Plain Sight: Teaching Residents How to Respond to a Patient with a Concealed Firearm

ELECTRONIC POSTER

Abstract

Residents working in the emergency room – including those training in emergency medicine, psychiatry and pediatrics – are more likely than others to encounter patients with concealed firearms. However, firearm response training tends to focus on active shooter scenarios at the expense of more common ones, leaving residents dangerously exposed. We describe a simulated encounter for psychiatry residents with a short-tempered, potentially homicidal corrections officer whom police found in his car with unsecured guns and open cans of beer. While experiencing a panic attack, the patient lifts his shirt, exposing a firearm tucked in his waistband. Following the reveal, about a quarter of the residents fled the room. Of those who stayed, about 15% remained mute, 50% commented on the gun but did not suggest disarmament and about 35% persuaded the patient to disarm himself. A team of eight raters used a standardized 5-point scale to assess various clinical competencies as well as the interviewer's degree of success in convincing the patient to give up his gun. Analysis of the encounters revealed a positive correlation between elicitation of the patient's reasons for carrying the gun and a willingness to de-escalate the situation. There was no significant correlation between the latter and numerous clinical competencies, including warmth, affect and history-taking. The most reliable predictor of an interviewer's response to the gun reveal was his or her belief regarding the appropriate response. The exercise revealed the hindrance of counter-transferential anxiety and the need for specific guidelines and training for this type of situation.

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Poster 63

Psychiatric Advance Directives: Development of a Workshop to Educate and Equip Trainees in Implementation of Advance Care Planning Among Persons with Severe Mental Illness

Abstract

Background: Psychiatric advance directives (PADs) are legal means for a patient with decision-making capacity to appoint a healthcare power of attorney and refuse or consent to future treatments during periods of decisional incapacity. Although laws authorizing PADs have proliferated, clinical use and implementation is persistently low. Two-thirds of healthcare providers are unaware of such documents and few are able to articulate the role of such in clinical practice. **Methods:** We designed a 4-hour interactive PAD workshop to educate on state specific PAD laws, clarify role in clinical practice and collaborate on implementing new practice guidelines for the PAD utilization. An expert clinical psychiatrist that allies with legal clinic will educate on role of PAD within the current established legal framework of commitments and involuntary hold. Standardized patient encounters will train residents on the skills necessary to act as facilitator for PAD completion sessions. Group discussion will identify a set of practice guidelines that would allow for implementation and utilization of PAD in hospital system. **Results/Discussion:** This workshop provides the necessary knowledge and clinical-based training on PADs to equip trainees to lead in combating stigma, and providing more equitable, ethically robust care to patients. Assessment of competency and readiness to act as facilitators will be measured with pre and post workshop surveys. Underway is a large endeavor to alter the practice guidelines to incorporate PADs. Long-term follow up will include assessment of coercive crisis interventions as a proxy to measure clinical benefit of PAD implementation.

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Poster 64

Enhancing Psychiatry Education through Podcasting: Learning from the Listener Experience
ELECTRONIC POSTER

Abstract

Background: Podcasts are becoming an increasingly popular form of information exchange in the general public and medical education. Yet despite a strong academic culture, psychiatry has lagged behind other fields in adopting and evaluating this medium. The PsychEd podcast is a resident-led initiative attempting to fill this gap. **Purpose:** To evaluate the podcast for its quality and effectiveness as an educational resource for learners. **Methods:** We sought to characterize

listener demographics, motivations, and experiences through a two-step approach: (1) a mixed qualitative and quantitative online survey, and (2) semi-structured phone interviews with a random selection of survey respondents. Interviews were transcribed and coded for emergent themes using a grounded-theory model. **Results:** We obtained a total of 97 survey responses. While medical learners (40%) comprise the majority of listeners, our audience also includes practicing physicians (4%) as well as a high proportion of allied health professionals and learners in addition to service users. Listeners identified relevant content, opportunity for effective review, enjoyable delivery, and Canadian content as key reasons for listening to PsychEd. **Discussion:** Our findings support existing literature on the benefits of podcasts in medical education and begin to answer fundamental questions about the educational goals and types of content drawing psychiatry learners to podcasts. **Conclusions:** PsychEd is an open-source educational tool with broad appeal for both undergraduate and postgraduate trainees, as well as allied mental health professionals.

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Poster 65

Passing on the Message: Improving Patient Handoffs Among Psychiatric Residents
ELECTRONIC POSTER

Abstract

Background/Purpose: Transitions of care are prone to miscommunication, which can lead to inefficiencies or adverse events. An initial survey regarding assessment of needs at our institution identified weaknesses in the handoff process, particularly issues with efficiency and accuracy that prompted momentum for change. Survey responses suggested a visual handoff modality would be most helpful, thus we specifically focused on implementing an intervention based on a handoff whiteboard. **Methods:** A pre-survey was distributed to all psychiatric trainees and nurse practitioners to measure likert scales for general impression, satisfaction, simplicity, efficiency, accuracy, and consistency of the current system; an estimated number of negative outcomes per month; and the most helpful information to include in a standardized handoff. Free responses were grouped into schemata reflecting certain themes. A whiteboard was configured using preferences from the pre-survey. A mid-term survey was distributed at 3 months for options to add modifications before the final 6 month post-intervention survey. **Results:** Mid-term surveys showed an increase in all areas of focus including general impression, satisfaction, simplicity, consistency, efficiency, and accuracy compared to pre-intervention surveys. The most significant quantitative increase was found with efficiency and accuracy, which were the greatest areas of weakness initially identified. The whiteboard was updated based on mid-term responses, reflecting new preferences regarding configuration of

the whiteboard. Post-survey will take place 6 months after the initial intervention.
Discussion/Conclusions: This study is currently in process with final data and conclusions to come.

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Poster 66

Educational Module on ADHD: Neuroscience Simplified
ELECTRONIC POSTER
Abstract
Background: While the ADHD neuroscience literature has substantially increased in recent years, the information remains disjointed, fragmented, and difficult to digest. Understanding the neurocircuitry behind ADHD provides the foundation for a new platform to work with patients, families, and health care providers, encourage earlier intervention, and promote treatment compliance. **Purpose:** We aim to share a novel conceptualization of ADHD through an evidence-based educational video module that distills the neuroscience and pathophysiology of ADHD to basic networks and nuclei. **Methods:** 34 medical students completed pre-tests, viewed the 19-minute long learning module, and filled out post-tests to assess the value of a neuroscience platform in the understanding of ADHD and the comfort in utilizing this information in patient care. **Results:** Of the 34 participants, 42.7% correctly answered the clinical knowledge questions before watching the video, compared to 77.8% after. The self-reported understanding of the neurocircuitry behind ADHD also improved after viewing the video educational module. Lastly, 64.7% of the participants ranked utilizing neuroscience to explain the clinical condition of ADHD as "definitely useful." **Discussion:** Medical students reported the educational module as a useful learning tool leading to enhanced absorption of the neurobiological basis of ADHD and increased comfort in using this approach for educational purposes in clinical settings. Conclusions The results suggest that the "Educational Module on ADHD: Neuroscience Simplified" represents a valuable learning alternative for medical trainees to demystify DSM-5 criteria of ADHD, correlate diagnostic symptoms with neuroscientific findings, enhance patient compliance with treatment, and reduce the stigma surrounding ADHD.

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We Are Family (Therapists): A Novel Inpatient Multifamily Group Therapy Training Experience for Psychiatric Residents

ELECTRONIC POSTER

Abstract

Background: Family therapy is a key evidence-based treatment for psychiatric disorders in children and adults. However, based on current ACGME training requirements, one could complete psychiatry residency without any exposure to family therapy. In our program, only residents in a psychotherapy training track were offered family therapy cases and supervision. **Purpose:** In this poster, we describe the creation, implementation, and iterative improvement of a family therapy based elective for third-year residents. **Methods:** Residents co-led a one-session, 90-minute multifamily group with a family therapy trained psychiatrist once a week. In the Fishbowl style, the adolescents in the inner circle had a facilitated discussion about experiences with mental illness and hospitalization while parents observed. Family members then switched into the inner circle, reflected on teen discussion, and discussed their family experiences. As a large group, adolescents and families reflected together, followed by a facilitated conversation about balancing autonomy and supervision in the context of discharge and safety planning. Afterward, residents engaged in supervision with the attending to review key educational points. **Results:** Feedback was collected from the 23 participating patients and their 42 family members. Residents' comfort level increased as they honed skills in managing a group with family conflict. Patients and families found this group to be a helpful intervention that improved their inpatient experience. **Discussion/Conclusion:** This novel elective provided valuable education and experience in family and group psychotherapy in a system with limited opportunities for both. Residents who chose to participate reported this experience significantly added to their training.

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Beyond the Duty of Call: Examining Psychiatry Residents' Experiences of On-Call Supervision

ELECTRONIC POSTER

Abstract

Competency-based medical education (CBME) in psychiatry training emphasizes the importance of close supervision. On-call supervision, however, has been an understudied area in educational scholarship. There is often a mindset in which call duty is seen as mandatory clinical service rather than a unique learning opportunity that enhances clinical acumen, managerial/leadership development and interprofessional care. In our exploratory study, we

sought to examine psychiatry residents' attitudes and perspectives of on-call supervision. The study was conducted in 2 phases. The first phase consisted of a cross-sectional online survey inquiring about residents' call experiences and the extent of supervision received on-call. The second phase consisted of focus group interviews revisiting survey topics in detail. Results: 62/108 psychiatry residents responded to the online survey. 65% reported never receiving direct observation or feedback on clinical assessments. Majority of residents indicated desire for more supervision. Qualitative analysis of the focus group interviews revealed 4 key themes: 1. Psychological effect of supervisors' availability; 2. Desirability of meaningful feedback; 3. Contextual factors; and 4. Residents' need for autonomy Supervision on-call has significant challenges in terms of managing residents' need for psychological safety, staff availability, need for resident autonomy while ensuring efficiency and maintaining patient safety. These diverse goals create a complex learning environment and indicate the need for more evidence-based recommendations for supervision on-call.

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Poster 69

Teaching Trauma Online: Adapting Knowledge-to-Action Methodology for the Creation and Evaluation of Online CPD

ELECTRONIC POSTER

Abstract

Background: Childhood psychological traumas known as adverse childhood experiences ("ACEs") increase the risk of serious lifelong illness and shorten life, but they currently go undetected in most childhood healthcare. Professional associations have therefore called for clinicians to address ACEs in their practices, but clinicians report high levels of uncertainty about how to do so. Healthcare training programs do not routinely include ACEs curricula, so continuing professional development (CPD) initiatives are necessary. However, most CPD emphasizes in-person learning, which is not consistent with current training and social needs. **Purpose:** This poster describes the design and evaluation methods for an online interprofessional CPD curriculum to increase clinician knowledge, skill and self-efficacy addressing ACEs trauma. The methods emphasize the adaptations necessary to design, implement and evaluate CPD for effective online delivery. **Methods:** The study is an unblinded randomized controlled study of an online CPD course. The study methods adapt the "Knowledge to Action Cycle" methodology from the Canadian Institutes of Health Research, a seven-phase evidence-based schema for the creation, implementation and evaluation of knowledge translation initiatives. The study is ongoing, so final outcome data are not yet available. This poster therefore details how the traditional knowledge translation framework methodology was adapted for use in an online initiative. **Discussion:** Given the increasing environmental and health costs of convening large conferences and in-person courses, widely scalable online CPD is needed to address important public health concerns. This adapted Knowledge-to-Action Cycle framework provides an example of how traditional CPD methodology can be adapted for online initiatives.

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The Minnesota Arc: An Online Module for Teaching the Clinical Interview
ELECTRONIC POSTER
Abstract
The clinical interview is an essential component of patient care. Learning to interview patients is incredibly complicated process and in many educational settings students are taught using long lists of questions and appropriate responses. The focus becomes not forgetting the checklists, which causes further disconnect between the future provider and patient. A new concept of framing the interview was created and termed The Minnesota Arc. The aim of this study was to use online curriculum to teach The Minnesota Arc, and assess understanding and interest for integration of this concept in medical education to simplify teaching the clinical interview. An online module to teach The Minnesota Arc was developed that included video clips and written material. The module was designed using a medical student classroom-based curriculum. Questions at the end of the module were used to assess participant understanding, further interest, perceived usefulness, and comfort level in using or teaching this novel interview scaffold. Questions were rated on a scale from 0-100, 0 indicating not at all helpful/interested, 50 as somewhat helpful/interested, and 100 very helpful/interested. IRB exemption was received and the module was then disseminated to several institutions via email. Our study indicated high comprehension of The Minnesota Arc presented through an online teaching module. This concept reportedly was helpful for participants in organizing the clinical interview and most would recommend this training to their peers. Our results highlight the usefulness of this proposed interview framework as a way to simplify teaching the clinical interview.

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Trauma-Informed Care is for Everyone, Especially Medical Students

Abstract

There needs to be a prominent role for Trauma-Informed Care in medical education, given the importance of the ACEs study (Felitti et al. 1998) and the high penetration of trauma-related disorders in the population. Medical students describe a knowledge gap and desire further education in Trauma-Informed Care (Goldstein et al 2018). Currently, the practice of Trauma-Informed Care in medicine is relegated to psychiatrists and behavioral pediatricians and is not AAMC required curriculum in medical schools. The purpose of this study is to show that a single educational session on Trauma-Informed Care can improve medical students comfort addressing trauma-related comorbidities in their patients. Medical students at the University of Minnesota on their core psychiatry rotation attended a single 50-minute Trauma-Informed Care session. An optional post-didactic survey with retrospective focus was distributed and all responses were anonymous. Questions assessed respondents' familiarity with the ACEs study and a change in comfort level addressing trauma with patients on their psychiatry clerkship. IRB exemption was received. Our study showed a preponderance of medical student were unfamiliar with the ACEs study prior to this session. Students reported a change in the way they perceive patients with traumatic experiences in addition to their comfort level providing care to these patients. Trauma-Informed Care curriculum can be integrated into any clinical or classroom-based experience, and can have positive benefits towards their role in caring for these patients.

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Implementation of the Advanced Psychiatry Pathways Longitudinal Experiences (APPLE) Taskforce: Curriculum Redesign and Track-Based Experiences

ELECTRONIC POSTER

Abstract

Background: Changes to curriculum within residency training programs are both inevitable and necessary, but evidence to guide and support these changes remains limited in available literature. Curricular changes can, understandably, be a source of increased stress for residents, a population already subject to a myriad of stressors, from taking on a new physician role to high personal expectations for performance. **Purpose:** To demonstrate the implementation of a novel taskforce system that can guide curriculum change and decrease change-related stress amongst residents. **Methods:** APPLE was designed as a collaborative taskforce co-led by residents and faculty members. This shared responsibility fostered a culture of efficient relaying of taskforce plans to all trainees. A pyramidal hierarchy of program needs was created to guide

taskforce decisions. Each step in the process was added to a growing concept map allowing for increased transparency and clarity. The taskforce needs addressed included: development of mission, vision, and values, rotation and didactic curriculum redesign, and establishment of three longitudinal learning tracks. **Results and Conclusions:** Implementation of this taskforce demonstrated decreased change-related stress amongst residents and increased clarity amongst faculty members. Future goals of APPLE include continuing to tailor facets of psychiatry training to resident interests through implementation of track specific elective rotations, expansion of the Resident Social Committee to promote resident wellness, and implementation of multidirectional milestone feedback through Entrustable Professional Activities (EPAs).

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Poster 73

Designing and Implementing a Novel PGY-1 National Neuroscience Curriculum Initiative (NNCI) Resource-Based Neuroscience Didactic Curriculum

ELECTRONIC POSTER

Abstract
Background: With recent advances in the field of neuroscience, psychiatry residents have a desire for increased neuroscience education and training. The neurobiological formulation of mental illness is a relatively new phenomenon with the National Institute of Mental Health (NIMH) launching Research Domain Criteria (RDoC) for classification of mental illness in 2009. There is need for development of curriculum to help psychiatry trainees implement neuroscience principles into their clinical practice. **Purpose:** Describe the process of design, implementation, and resident feedback of PGY1 NNCI based neuroscience didactic curriculum. **Methods:** Course consisted of six two-hour sessions taking place during PGY1 didactic time. The first hour consisted of residents working through NNCI resource based activities. The second hour consisted of continued discussion with faculty guest experts in the field of neuroscience. Topics covered included basic brain, cognition in schizophrenia, precision psychiatry, fear brain circuitry, autism spectrum disorder, and neurobiology of chronic pain. **Results/Conclusions:** Upon completion of final didactic session, residents completed a survey providing feedback regarding the course. All residents indicated they would recommend the course to other residents and that confidence in incorporation neuroscience into clinical practice increased. NNCI resources are readily available, easily implemented, and effective in helping residents incorporate neuroscience concepts into clinical practice. This data will be sued to further enhance development of this neuroscience didactic course for future PGY1 resident classes.

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Implementation of a Novel Multi-Class Longitudinal Learning Track-Based Psychiatry Journal Club Curriculum

ELECTRONIC POSTER

Abstract

Background: Journal clubs within residency programs can benefit residents by increasing critical evaluation skills and enhancing knowledge of evidence based practice. However, there is limited literature on how to implement effective journal club curriculum. Furthermore, guidance on implementing track-based journal clubs is even more scarce. **Purpose:** Describe the design and implementation of a novel longitudinal learning track based psychiatry journal club curriculum. **Methods:** Residents from all PGY years break into three groups based on longitudinal track interest: clinical neuroscience, global communities, and development across the lifespan. For the first 40 minutes residents and a faculty mentor within each track discuss a preselected article. For the last 20 minutes all three track groups join together and each group gives a brief overview of important aspects of the journal discussed. Journal clubs meet every other month. **Results/Conclusion:** Midway through the year and at the end of the year residents completed a survey indicating their opinions on the journal club. All residents indicated journal club increased knowledge of evidence based practice, increased critical evaluation skills, and enhanced sense of community amongst residents with similar professional interests. This track based journal club system demonstrated that near-peer learning amongst varying PGY years was beneficial in establishing mentorship and community. Future plans are to expand journal club to meet more frequently throughout the year and establish a formal article bank for residents to choose from.

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The Advocacy Mentoring Initiative: An Evaluation of Attitudinal and Skill-Based Changes in Medical Students Who Are Mentors to Youth Raised in "At-Risk" Environments.

Abstract

Background: Currently there is limited literature on teaching the advocacy role in undergraduate medical education. The authors offer an innovative program, Advocacy Mentoring Initiative (AMI) for medical students to learn advocacy through a peer-based community mentorship experience. **Methods:** Pre- and Post-exposure surveys, as well as a

focus group are used to evaluate their skills and attitudinal changes. Student t-test was used to analyze the quantitative statistics, while methods adapted from Grounded theory were used to analyze the qualitative data. **Results:** 23/30 (77%) participants completed both the pre and post-exposure surveys. AMI mentors demonstrated significant improvements (P<0.01) in their understanding of social determinants of health and issues related to children's mental health. They also gained confidence in advocacy-related skills (P<0.05) such as communicating with youths, healthcare providers, and advocating for medical needs of patients. Students greatly valued the relationships they were able to build with their mentees and the support received from residents. They noted that the AMI program will influence their future career trajectory in terms of choosing a specialization and advocating for patients. **Conclusion:** The AMI program is an effective method to teach and evaluate advocacy skills in medical students. There is room for the program to expand into clerkship years so students can directly apply their knowledge into clinical practice. As well, the program can be integrated into the medical curriculum so students can have more time and resources to support them in the program.

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