



## OFFICIAL PROGRAM



*In support of improving patient care, this activity has been planned and implemented by American Psychiatric Association (APA) and the Association of Academic Psychiatrist. APA is jointly accredited by the American Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.*

*The APA designates this live activity for a maximum of 17.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

**teaching skills - mentorship - research - faculty development**

Association for Academic Psychiatry  
**2024 Annual Meeting**

**Program Planning Committee**

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**Planning Committee and Faculty Disclosures**

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

*There are no financial disclosures.*

**General Information**

**About the Association for Academic Psychiatry**

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

For more information, go online to [www.academicpsychiatry.org](http://www.academicpsychiatry.org) or contact the AAP Executive Office at 770.222.2265.



## Association for Academic Psychiatry 2024 Annual Meeting

### Registration Information

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

<b>Tuesday, September 10</b>	2:00 pm – 5:00 pm
<i>Master Educator and Executive Board Only</i>	
<b>Wednesday, September 11</b>	8:00 am – 12:00 pm
<i>Master Educator Only</i>	
All Registrants	12:00 pm – 8:00 pm
<b>Thursday, September 12</b>	7:00 am – 4:00 pm
<b>Friday, September 13</b>	7:00 am – 5:00 pm
<b>Saturday, September 14</b>	7:00 am – 12:00 pm

### Guest Registration for Social Events

Guests of registered attendees are welcome to participate in our Welcome Reception, 7 – 8:30 pm on September 11<sup>th</sup> in the Palm Court Ballroom, Lobby Level 19<sup>th</sup>, The Mayflower Hotel and the Night Out event at Teddy & The Bully Bar, 6:00 pm – 9 pm on September 12<sup>th</sup>, as well as an after party at The Mayflower, Cabinet Room, Lobby Level, 9:00 pm – 11:00 pm, September 12<sup>th</sup>. **All guests (including children) must be pre-registered or register on-site to attend those events.** The cost for both social events is \$250 per person for adults and \$100 for children 5 years and older; Night Out only is \$150 per person for adults and \$100 for children 5 years and older. Please visit the AAP Annual Meeting Registration Desk to add a guest to your registration or if you have any questions.

### Night Out Event

Thursday, September 12, 6:00 pm – 9:00 pm

#### **Teddy & The Bully Bar**

1200 19th St NW

Washington, DC

The AAP Annual Meeting Night Out has become a welcomed tradition showcasing some of the best cuisine and atmosphere the host city has to offer. Your Washington Night Out will offer generous samplings of regional food, beer, and specialty drink, trivia and some unique event entertainment! Enjoy this time-honored AAP tradition, as the perfect opportunity to catch up with old friends and to get to know new ones! A MUST NOT MISS event!

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

This venue is just steps away from The Mayflower Hotel. Please check Whova for an easy walking map.

### Night Out After Party

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

These are ticketed events. All full-meeting pre-registrants will have a Night Out sticker on the back of their badge. **One-day annual meeting registrants, Master Educator only registrants and all guests of attendees, not already registered (including children) need to purchase tickets at the AAP Annual Meeting Registration Desk if planning to attend this event.**

## Association for Academic Psychiatry 2024 Annual Meeting

### Educational Program Accreditation

In support of improving patient care, this activity has been planned and implemented by American Psychiatric Association (APA) and the Association for Academic Psychiatry. APA is jointly accredited by the American Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

The APA designates this live activity for a maximum of 17.5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

### How To Claim Continuing Education Credit:

At the conclusion of the course, physician participants who have paid the required CME fee will be provided with a link to claim hours of participation and receive an official CME certificate by completing an online CME course evaluation.

Non-physician participants can also receive a certificate of participation. At the conclusion of the conference, participants should complete the online conference evaluation in order to print a certificate of attendance. Follow the instructions above but select "Certificate of Participation" as your certificate type.

*\*Please note that credits **must be claimed within 90 days of the activity**. Certificates **will not be issued** after **December 11, 2024**.*

### Presenter Evaluations

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

Wednesday: [https://www.surveymonkey.com/r/24\\_AAP\\_Wed\\_Evals](https://www.surveymonkey.com/r/24_AAP_Wed_Evals)

Thursday: [https://www.surveymonkey.com/r/24\\_AAP\\_Thurs\\_Evals](https://www.surveymonkey.com/r/24_AAP_Thurs_Evals)

Friday: [https://www.surveymonkey.com/r/24\\_AAP\\_Fri\\_Evals](https://www.surveymonkey.com/r/24_AAP_Fri_Evals)

Saturday: [https://www.surveymonkey.com/r/24\\_AAP\\_Sat\\_Evals](https://www.surveymonkey.com/r/24_AAP_Sat_Evals)

Evaluation links are also available through Whova!

### Evaluation Notes:

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

**Evaluations are essential for future planning and presenter feedback!**

## Learning Objectives

As a result of attending the 2024 AAP Annual Meeting, participants will be able to:

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

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



**2025 Annual Meeting  
September 10-13, 2025**

**Milwaukee, WI  
The Pfister Hotel**

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





# Educational Program

Notes: (AO) = Author Only  
\* Denotes Trainee

**Wednesday, September 11, 2024**

**12:00 pm - 7:00 pm**

**REGISTRATION**

**Room: Delaware Room and Foyer**

**1:00 pm - 2:00 pm**

**FEEDBACK CONSULTANT'S ORIENTATION MEETING (BY INVITATION ONLY)**

**Room: Room: Mezzanine**

**2:45 pm - 4:15 pm**

**WORKSHOPS**

**Room: Georgia**

**Searching for the Silver Lining in Ageing: Helping Trainees Work with Older Adults**

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

Rehan Aziz MD, *Hackensack Meridian - Jersey Shore Univ. Medical Center*

Shriti Patel, MD, *Eastern Virginia Medical School*

Esther O. Akinyemi, MD, *Ascension Eastwood Behavioral Health*

Olumuyiwa Fatade, MD, MPH\*, *Hackensack Meridian Health - Ocean Univ. Medical Center*

## **Description:**

Ageism refers to age-based stereotypes, prejudice, and discrimination. As the worldwide older adult population is expected to increase to 1.6 billion by 2050, addressing factors such as ageism is imperative. Ageism permeates our society at individual, societal, institutional, and cultural levels, and is a global threat to the healthy aging of older adults. Ageist attitudes include viewing older adults as non-productive to society, burdensome, and taxing the health care system. The stress from ageism can lead to poor cognitive and mental health outcomes, and due to negative ageist experiences, older adults can become reluctant to seek care.

In our workshop, we discuss ageism, its various types, and how it can impact the mental health care of older adults. We will highlight how ageism has yet to receive its due importance in diversity, equity, and inclusion efforts in psychiatric training. Using case vignettes and small group activities, we will illustrate how ageism against older adults can occur in psychiatric settings. Participants will synthesize various approaches in addressing ageism by psychiatric trainees and making their clinical encounters with older adults more meaningful. We will appraise the various factors related to ageism and the current evidence of interventions that address it including promoting intergenerational contact and increasing education and training. Using a case vignette and small group activity followed by a large group discussion, participants will formulate strategies to improve attitudes regarding ageing and to combat ageism against older adults.

## **Learning Objectives:**

**Objective 1:** Define ageism, and the importance of including it in diversity, equity, and inclusion efforts of psychiatry residency training programs,

**Objective 2:** identify instances of ageism by medical students and trainees in psychiatry, and

**Objective 3:** formulate methods to address ageism in psychiatry trainees and medical students by psychiatric educators.

## Wednesday, September 11, 2024 continued...

**Thematic Focus:** Diversity, Equity and Inclusion (DEI), Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Massachusetts

#### Going It Together Where You Work: Creating Positive Organizational Culture

David Beckmann, MD, MPH, *Thomas Jefferson Univ. Hospital*

Andie Belkoff, MD\*, *Thomas Jefferson Univ.*

Zahid Syed, MD, *Thomas Jefferson Univ. Hospital*

Adrienne Gerken, MD, *Thomas Jefferson Univ. Hospital*

#### Description:

In psychiatric education, we support one another; for education, we empower our learners to grow past their comfort zones; through education, we embrace innovation and improvement. But none of these is easy, and all require a psychologically safe space. Psychiatry trainees are taught the essential skills of creating safe spaces in clinical encounters, so that patients and providers can each bring their perspectives to an encounter. This workshop will demonstrate how these ideas apply to education, as well: a positive and cohesive culture allows groups to leverage individual differences in background and ideas and work together effectively. Good organizational culture fosters psychological safety, bridges differences between educators and learners, and allows groups to function effectively. An effective educational culture brings together people from different backgrounds to work and learn as a team, the importance of which is increasingly recognized in psychiatric education. Yet creating—let alone changing—culture can appear daunting.

In this workshop, participants will engage in a group exercise (the “Marshmallow Challenge”), then use this as a jumping-off point to discuss effective (and ineffective) group culture. A brief, interactive mini-didactic will provide a framework for creating effective culture in educational settings, based on principles from Daniel Coyle’s “The Culture Code: The Secrets of Highly Successful Groups” (Bantam, 2018), adapted to the psychiatric educational setting. Finally, participants will engage in an exercise to apply these principles to a current or upcoming educational project. Emphasis will be placed on strategies for bringing people together and establishing a common purpose.

#### Learning Objectives:

**Objective 1:** Reflect on the benefits and challenges of creating positive organizational culture,

**Objective 2:** discuss three strategies for consciously building a positive and effective culture in educational settings, and

**Objective 3:** apply strategies for creating culture to a current or upcoming educational endeavor (e.g., didactic session, clinical teaching opportunity, or program).

**Thematic Focus:** Competencies (including Cultural Competency and Lifelong Learning), Leadership/Administrative Development, Mentorship

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty



## Wednesday, September 11, 2024 continued...

### Room: New York

#### **Brains and Bytes: Navigating Psychiatry Education with AI**

Helena Winston, MD, MPhil, *Denver Health*

Chadrick Lane, MD, *Univ. of Texas Southwestern Medical Center*

Darlene King, MD, *Univ. of Texas Southwestern Medical Center*

Sarah Baker, MD, MA, *Univ. of Texas Southwestern Medical Center (AO)*

#### **Description:**

Artificial intelligence (AI) is a hot topic in medicine, with excitement (and angst) over its potential to transform the practice of medicine [1]. In psychiatry, AI technologies are being harnessed to enhance the assessment, diagnosis, and treatment of mental health disorders, offering the promise of more efficient and accurate interventions [2, 3]. The release of Open AI's Chat GPT was pivotal because it made AI, specifically Generative AI (GAI), more user friendly and accessible than ever before. This increased accessibility is highly relevant in the field of education, as the extraordinary abilities of GAI are now available to all. Moreover, in the realm of psychiatry education, AI has the potential to augment and personalize the learning experience but may also require educators to think more creatively about learning activities since students may use AI to complete assignments [4, 5]. Educators must also think about their ethical responsibilities to prepare learners for a future in medicine that includes AI [6, 7]. This ethical responsibility is further complicated by concerns about bias and discrimination with the use of AI [8].

This workshop will cover key concepts in artificial intelligence, as well as brief information about current and potential applications of AI in psychiatry education. We will offer recommendations for how to leverage AI to maximize teaching and learning while also balancing limitations. Participants will have the opportunity to plan their own educational activities to bring back to their institutions.

#### **Learning Objectives:**

**Objective 1:** Define key concepts in artificial intelligence, including generative AI, large language models (LLMs), neural networks, machine learning, deep learning, and natural language processing,

**Objective 2:** explore strategies for integrating AI concepts and tools into psychiatry education curricula to enhance trainees' knowledge and learning experiences, and

**Objective 3:** discuss potential biases in AI-driven educational tools and understand the ethical implications of utilizing AI in education to help ensure equitable learning experiences for all students.

**Thematic Focus:** Curriculum Development, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Pennsylvania

#### **Mentoring Across Differences: Identity and the Mentor-Mentee Relationship**

Kewchang Lee, MD, *Univ. of California San Francisco*

Amin Azzam, MD, MA, *Univ. of California San Francisco*

Andrew Halls, MD, *Univ. of California San Francisco*

Stephanie Rennke, MD, *Univ. of California San Francisco (AO)*

## Wednesday, September 11, 2024 continued...

### Description:

The importance of mentorship in medicine is well-recognized. Mentorship promotes increased engagement in one's field and personal and professional growth. Mentors can also help trainees learn about the "hidden curriculum" of ethics, values, and the art of medicine that cannot be learned from texts. Successful mentor-mentee relationships require self-awareness, respect, and good communication. Since success in academics does not guarantee skilled mentoring, faculty development in this realm is critical.

While mentorship is valuable, there are many barriers to successful mentorship, including lack of time and mismatches between mentor and mentee. In a faculty survey at one academic institution, almost 70% of respondents had a mentor, but 21% rated their mentor as being low quality. Furthermore, faculty who reported high-quality mentorship had an increased likelihood of high job satisfaction.

Like any relationship, one between a mentor and a mentee can be compromised by interpersonal dynamics. The risk of such compromise may be compounded by structural disadvantage; given the underrepresentation of minoritized practitioners in psychiatry, faculty must have mentoring skills to mentor across differences. In this workshop, learners will 1) explore how identity can impact the mentoring relationship, 2) employ strategies to address mentoring across differences, and 3) reflect on these issues via hypothetical and real-world case scenarios.

### References:

- Osman NY, Gottlieb B. Mentoring across differences. *MedEdPORTAL*. 2018;14:10743.  
Walensky RP, et al. The impact of active mentorship: results from a survey of faculty in the Department of Medicine at Massachusetts General Hospital. *BMC Medical Education*. 2018;18(1):108.z

### Learning Objectives

**Objective 1:** Describe how identity and intersectionality can impact mentorship.

**Objective 2:** Review how equity shows up in mentoring relationships, and

**Objective 3:** practice skills for mentoring across differences.

**Thematic Focus:** Diversity, Equity and Inclusion (DEI), Mentorship

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Rhode Island

#### Fully Tapping Our Collective Creative Potential: Super-Charging Everyday Educational Scholarship

Barbara Stuart, PhD, *Univ. of California San Francisco*

Andreea Seritan, MD, *Univ. of California San Francisco*

### Description:

Our professional interests maintain vitality. While the culture of academia stresses singular competence and reified expertise, ability alone is insufficient to fuel careers; without a social mission or sense of community, we're aimless, and risk feeling isolated or demoralized.

Many academics are drawn to the profession because of their love for teaching, mentorship, and integrative and collaborative work- as clinician-educators. Unfortunately, it's these interests that are sometimes sidelined in the pursuit of traditional forms of research careers with first-author publications as the measure of productivity and value. Alternatively,

## Wednesday, September 11, 2024 continued...

scholarship feels elusive or grueling to clinician-educators in academic environments with limited resources and time to engage in scholarly projects independently (Yaeger, et al., 2018). However, scholarship can be defined and supported in ways that recognize the integrative and collaborative work of clinician-educators (Boyer, 1990; O'Sullivan, et al., 2010; Sullivan et al., 2020). In theme with "Going it Together: Building and Sustaining Community In/For/Through Education" this workshop helps participants tap into their scholarship potential to identify areas of creative activity and partnerships. We'll use didactics, pair shares, and reflective/interactive activities to identify the diversity of education scholarship, the kind of scholarly activity participants want to engage in with others and take proactive steps to disseminate the work. Participants will engage in self-assessments to identify areas of interest and barriers. Participants will evaluate creative activities using Boyer's definitions of scholarship and standards for assessing education scholarship excellence (Boyer, 1990; Glassick, 2000) and leave with an initial action-plan for their next collaborative project.

### Learning Objectives:

**Objective 1:** Describe collaborative and integrative educational scholarship and educational leadership activities in which academics routinely participate.

**Objective 2:** Learn to apply the standards of scholarship excellence to their everyday activities.

**Objective 3:** Learn strategies to develop scholarly projects based on their everyday educational activities.

**Thematic Focus:** Career Development

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: South Carolina

#### **Bias in Letters of Recommendation: Are Standardized Letters the Solution?**

Dana Raml, MD, *Univ. of Nebraska Medical Center*

Ashley Walker, MD, *Univ. of Oklahoma School of Community Medicine*

Anna Kerlek, MD, *Ohio State Univ.*

Lindsey Pershern, MD, *Baylor College of Medicine*

Kimberly Benavente, MD, *Univ. of Texas Health Science Center at San Antonio (AO)*

Kristin Escamilla, MD, *Dell Medical School at The Univ. of Texas at Austin (AO)*

Jeffrey Rakofsky, MD, *Emory Univ. School of Medicine (AO)*

### Description:

Each year, medical students request that psychiatry faculty attest to their clinical skills, work ethic, and character in the form of a residency application letter of recommendation (LOR).

Humans are prone to exhibit bias, and this remains true for faculty writing LOR. While there is limited data regarding bias in LORs written by psychiatry faculty, there is ample evidence from other specialties that biased language in LORs is a significant area of concern. Gender and racial biases in written LORs have been demonstrated repeatedly.

The Association of Directors of Medical Student Education in Psychiatry (ADMSEP), with input from the American Association of Directors of Psychiatric Residency Training (AADPRT), created a psychiatry-specific SLOR template to be a more informative, uniform, equitable, and unbiased tool program directors can use to assess applicants. Since solid letters of recommendation are essential to residency applications, psychiatry educators must

## Wednesday, September 11, 2024 continued...

take steps to become aware of our own biases and attempt to eliminate them. Using the psychiatry SLOR may be a way to accomplish this goal.

This workshop aims to engage participants interactively in learning about the biased language frequently found in recommendation letters. Participants will then be provided with an introduction to the ADMSEP- and APPRT-approved psychiatry SLOR and how to use it to minimize biased language so that we may better advocate for our medical students. Through this process, we will build and sustain our psychiatric education community together.

### Learning Objectives:

**Objective 1:** Identify potential types of bias in traditional letters of recommendation,

**Objective 2:** Critique traditional letters of recommendation for signs of bias, and

**Objective 3:** Utilize the newly created standardized letter of recommendation (SLOR) to mitigate bias and begin to formulate strong SLORs.

**Thematic Focus:** Assessment, Diversity, Equity and Inclusion (DEI), Mentorship, Teaching/Education: Undergraduate Medical Education

**Intended Audience:** Junior Faculty, Senior Faculty

### Room: Virginia

#### Integrating Academic Gaming for Enhanced Learning in Psychiatry Residency

Frances Fuster, MD\*, *Univ. of Puerto Rico*

Paulina Rullán-Farinacci, MD\*, *Univ. of Puerto Rico Medical Sciences Campus*

Joaquin Collazo, MD\*, *Univ. of Puerto Rico Medical Sciences Campus*

Liana Lladó\*, MD, *Univ. of Puerto Rico*

Saidy Salem-Hernandez, MD\*, *Univ. of Puerto Rico (AO)*

Alisha Subervi-Vázquez, MD, MPH, MSc\*, *Univ. of Puerto Rico (AO)*

Camila Fernández-Lockwood, MD\*, *Univ. of Puerto Rico Medical Sciences Campus (AO)*

Gloria Suau, MD, *Univ. of Puerto Rico (AO)*

Karen Martinez Gonzalez, MD, MSc, *Univ. of Puerto Rico Medical Sciences Campus (AO)*

### Description:

Generally, learning can be active or passive. In passive learning, teachers have the 'burden of educating,' whereas students are also responsible for active learning (AL). Learning styles encompass individuals' preferences for absorbing, processing, and retaining information. Some AL methods include journal clubs, book clubs, social media, and technology. One emergent teaching approach is game-based learning (GBL), which applies typical elements of game-playing to other non-game areas of activity to encourage engagement. GBL has been proven to complement the didactic process of medical specialties, particularly when preparing for in-training exams. In 2001, our program developed a GBL activity for the psychiatry residency in-training examination (PRITE) (i.e., PRITE Olympics). Despite mixed literature results on GBL's effectiveness for in-training exams, our program identified a before-after implementation percentile increase. Annually, our program incorporates different platforms (e.g., Monopoly, Jeopardy, Kahoot) to maintain motivation, knowledge retention, and practical skills essential for psychiatric practice. As education continues evolving, GBL could contribute valuable insights into the broader transformation of psychiatric residency training methodologies, ensuring adaptability to diverse learning styles and sustained effectiveness over time. This workshop aims to improve psychiatric education by incorporating academic gaming to promote AL environments. We will guide participants in developing and employing GBL aligned with the goals of their psychiatric curriculum through small-group exercises and discussions.

## Wednesday, September 11, 2024 continued...

### Learning Objectives:

**Objective 1:** Assess their program's current psychiatric teaching strategies, and how they align with their curriculum's objectives.

**Objective 2:** Design a game-based learning (GBL) activity for their training program, and

**Objective 3:** utilize the designed GBL to encourage more diverse and effective learning styles.

**Thematic Focus:** Curriculum Development, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

**4:15 PM - 4:30 PM**

**REFRESHMENT BREAK**

**Room: Foyer**

**4:30 PM - 6:00 PM**

**WORKSHOPS**

**Room: Georgia**

**Nature's Rx: Bridging Wilderness Medicine and Psychiatry in the Management of Trauma Experienced by Trainees**

Laura Kenyon, MD\*, Baylor College of Medicine

Vivian Wang\*, MD, *Baylor College of Medicine*

Shelley Rote\*, MD, *Baylor College of Medicine*

Joshua Coleman, DO\*, *Baylor College of Medicine*

Jeffrey Khan, MD, *Baylor College of Medicine*

Elizabeth David, *Baylor College of Medicine (AO)*

### Description:

The prevalence of violence within healthcare settings appears to be on the rise. The psychological aftermath of a physical attack by a patient often manifests in emotions such as anger, symptoms of depression, and posttraumatic stress disorder. Additionally, affected residents may experience a diminished enthusiasm for their work, burnout and even contemplate dropping out. The detrimental effects extend beyond the individual, as threats, intimidation, and physical assaults undermine the overall morale of residents (and the entire hospital environment in a snowballing feedback process), disrupt the learning process, and contribute to dissatisfaction with the training environment. The intense emotional reactions triggered by patient aggression, which may include feelings of powerlessness among residents, present a considerable challenge for educators and program directors to address effectively.

Wilderness medicine as a field includes expedition and disaster medicine, dive medicine, search and rescue, altitude illness, cold- and heat-related illness, wilderness trauma, survival, and wild animal attacks. One of the core tenants of wilderness medicine is psychological first aid, which is a crucial approach to providing immediate support and comfort to individuals facing acute psychological distress in the aftermath of a crisis or traumatic event. This brief and compassionate intervention aims to mitigate the initial impact of trauma, fostering resilience and preventing the onset of more severe mental health issues.

## Wednesday, September 11, 2024 continued...

This workshop aims to bridge the lessons learned from Wilderness Medicine, specifically psychological first aid, and its potential for implementation as an approach to addressing trainee needs in the aftermath of patient violence.

### **Learning Objectives:**

**Objective 1:** Review core tenants of Wilderness Medicine and understand basic concepts within Psychological First Aid.

**Objective 2:** Discern situations where trainees would benefit from the implementation of Psychological First Aid, and

**Objective 3:** implement principles of Psychological First Aid to trainees in their home institutions in the aftermath of patient violence.

**Thematic Focus:** Leadership/Administrative Development, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: Massachusetts**

#### **Learning Experiential Live Supervision: Cognitive Apprenticeship Model (CAM)**

Robert Feinstein, MD, *Donald and Barbara Hofstra / Northwell Zucker School of Medicine*

### **Description:**

As a follow-up to my APP Educator Award talk last year on “Experiential Psychotherapy Learning, Training and Supervision: Cognitive Apprenticeship Model (CAM)” I would like to present an interactive workshop to further discussion and teach specific skills related to doing CAM supervision. I will begin with a group discussion on uses, benefits, and limitations of doing supervision using four forms of supervision which include: case-based supervision, video/audio recordings of patient sessions, process notes supervision, and live supervision. Next, I will introduce in a min-lecture format the key components of CAM-supervision and the four of six experiential tools that can be used to teach all forms of psychotherapy. The four tools discussed tools include: 1) Modeling 2 ) Coaching 3) Socratic Questioning and 4) Reflection. Some of these teaching/supervisory tools are used during live supervision while others can be used during private learner or supervisory time. The majority and remainder of this workshop will be designed to have the participants interactively practice and discuss how to use 4 of these experiential supervisory tools. Participants will also be provided with a handout to guide the workshop and relevant articles about the Apprenticeship Model of Supervision and Training.

### **Learning Objectives**

**Objective 1:** Discuss the relevant benefits, uses, and limitation of case-based supervision, video/audio recordings of patient sessions, process notes supervision, and live supervision,

**Objective 2:** understand and know how to implement CAM-supervision including understanding the format of what to do, and how to conduct the opening, middle, and termination phases of a 6 to 20 session live experiential supervision, and

**Objective 3:** develop some of the basics competencies by practicing and utilizing 4 tools of CAM-supervision including: 1) Modeling with and without role plays 3) Coaching 4) Socratic Questioning and 4) Reflection.

**Thematic Focus:** Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty



**Wednesday, September 11, 2024 continued...**

**Room: New York**

**Safety First! Strategies to Create a Culture of Safety in Residency Training to Promote Community-Building and Inclusion**

Carmen Kilpatrick, MD, *Univ. of California San Francisco*

Martha Vargas, MD, *Univ. of California San Francisco*

Rubi Luna, MD\*, *David Geffen School of Medicine at Univ. of California Los Angeles*

**Description:**

Physical, sexual and verbal assaults are an unfortunate part of the psychiatry resident experience. The estimated prevalence of assaults by patients against US psychiatry residents ranges from 36% to 64% [Dvir, et. al., 2012]. Residents often feel unprepared to respond to these acute safety concerns in clinical settings. In this interactive session, the three facilitators will (1) engage the audience in a discussion around common safety concerns within psychiatry training programs, (2) present educational tools and strategies to promote safety through small group exercises, and (3) guide participants through designing their own safety workshop to fit the needs of their residency programs. By the end of this session, participants will better appreciate how promoting a culture of safety in residency training is fundamental in community-building and inclusion.

Dvir, Y., Moniwa, E., Crisp-Han, H. et al. Survey of Threats and Assaults by Patients on Psychiatry Residents. *Acad Psychiatry* 36, 39–42 (2012).

<https://doi.org/10.1176/appi.ap.10060090>

**Learning Objectives:**

**Objective 1:** Discuss common safety concerns within psychiatry training programs and reflect on the areas of growth within their training programs for improving or employing safety protocols,

**Objective 2:** better understand how creating and reinforcing safety protocols helps foster community and trust among residents and faculty, and

**Objective 3:** design a safety workshop for a residency training program.

**Thematic Focus:** Curriculum Development, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

**Room: Pennsylvania**

**It Takes a Village: Building a Successful Educational Workshop**

Sean Blitzstein, MD, *Univ. of Illinois at Chicago*

John Luo, MD, *Univ. of California Irvine*

Marcy Verduin, MD, *Univ. of Central Florida College of Medicine*

**Description:**

“Congratulations, your workshop has been accepted!”

After you have painstakingly settled on a topic, expanded it via a well-written abstract (complete with theme-linked wordplay), and submitted it, those six words eventually flash on your email...now what?!

## Wednesday, September 11, 2024 continued...

More questions arise: How do you generate appropriate learning objectives? How should the workshop be structured? How do you connect the objectives to learner-centered activities? How do you create a lesson plan? Will anyone show up? A successful workshop is dynamic, engaging, and well-structured, and it provides the opportunity for learners to explore concepts, practice competencies, and collaborate with peers.

This informative, interactive, and fun workshop will introduce attendees to various practical capabilities involved in developing a workshop, including writing suitable learning objectives, choosing interactive teaching techniques, utilizing a lesson plan, and more. The focus will be on applying the knowledge and skills and allowing a significant amount of time for robust discussion. The workshop will challenge participants to build an educational workshop from concept to delivery and will be useful for trainees and junior faculty with less experience, as well as more senior faculty who wish to educate and mentor others.

### Learning Objectives:

**Objective 1:** List the five components of effective learning objectives.

**Objective 2:** Match appropriate learner-centered interactive teaching techniques to the content and audience, and

**Objective 3:** draft a sample lesson plan for a successful workshop.

**Thematic Focus:** Career Development, Curriculum Development, Leadership/Administrative Development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching Skills/Techniques

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

### Room: Rhode Island

#### Peer Observation of Teaching: An Innovative Approach to Improving Teaching Skills

Rick Peter Fritz Wolthusen, MD, MPP, *Duke Univ. Medical Center*

Adriana Kavoussi, MD\*, *Duke Univ.*

Noorin Damji, MD\*, *Duke Univ. Medical Center*

Layne Walker, MD\*, *Duke Univ.*

Hania Ibrahim, MD\*, *Duke Univ. Medical Center*

### Description:

Clinician educators rarely receive timely and specific feedback regarding their teaching practices. When they do receive feedback, it is often via delayed anonymous surveys completed by trainees. This occurs despite our knowledge that one of the most powerful ways to teach a skill is through individual coaching with immediate and practical feedback. One tool educators have found helpful to help bridge the gap is Peer Observation (PO) of Teaching – a structured approach to soliciting feedback on one's teaching from a trusted peer. PO benefits both the teacher and the observer, including increased confidence, reinforcement of successful teaching methods, self-reflection, improved problem-solving, and establishment of teaching partnerships. In addition, PO has the potential to build community and connection, contributes to a culture of shared learning, and embraces a lifelong learning mindset. However, there are potential challenges as well, including a lack of knowledge about conducting a PO, anxiety about being observed, and logistical difficulties in coordinating schedules.

## Wednesday, September 11, 2024 continued...

In this workshop, we will teach participants how to conduct PO of Teaching and discuss strategies for successfully introducing PO at participants' home institutions. Participants will learn the steps involved in PO. Participants will practice conducting a PO by watching a live presentation of a sample teaching session and providing real-time feedback to the teacher based on their observations. We will discuss the pros and cons of different models of PO and strategies for overcoming barriers to implementing a PO of Teaching program, including critical issues regarding creating a safe "feedback culture."

### Learning Objectives:

**Objective 1:** Describe the steps involved in Peer Observation of Teaching.

**Objective 2:** Perform Peer Observation of Teaching, and

**Objective 3:** anticipate and address potential barriers to implementing Peer Observation of Teaching at their own institution.

**Thematic Focus:** Assessment, Competencies (including Cultural Competency and Lifelong Learning), Curriculum Development, Mentorship, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Virginia

#### Enhancing the Medical Student Psychiatry Curriculum: Using Standardized Patient Encounters to Teach Psychiatry Topics

Paige Chardavoyne, MD, Med\*, *Medical College of Wisconsin*

Amanda Liewen, MD, *Medical College of Wisconsin (AO)*

Marika Wrzosek, MD, *Medical College of Wisconsin*

### Description:

Research suggests that standardized patient (SP) experiences are effective in medical student education and can lead to improved confidence with clinical encounters and enhanced assessment skills. One psychiatric topic relevant to physicians in all specialties is suicide assessment. Given the importance of suicide assessment in patient care, the presenters developed a SP session involving patients presenting with suicidal ideation and incorporated it into the third-year medical student psychiatry clerkship at their institution.

Using their developed SP learning session as an example, presenters will guide participants in exploring how SP encounters can be added to the third-year medical student psychiatry curriculum to improve student knowledge, skill, and comfort in managing psychiatric presentations. Presenters will incorporate a mini-didactic, reflection, polling, and peer discussion in both small and large groups to encourage participant engagement.

In a large group, participants will share aspects of their experiences teaching third-year medical students psychiatry topics before a mini-didactic on developing SP scripts. In small groups, participants will practice writing a SP script while considering desired student learning objectives and case aspects which could serve as distractors. Participants will be encouraged to consider incorporating a SP session into the third-year medical student psychiatry curriculum at their institution.

### Learning Objectives:

**Objective 1:** Identify a psychiatry topic that could be used for a SP session as part of a third-year medical student psychiatry curriculum.

## Wednesday, September 11, 2024 continued...

**Objective 2:** Indicate at least two resources (such as funding, SP scripts, faculty, etc.)

needed to implement a successful SP session into the curriculum at their institution, and

**Objective 3:** consider barriers to implementing a SP session, including distractors from the main learning points.

**Thematic Focus:** Curriculum Development, Teaching/Education: Undergraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

**4:30 PM - 6:00 PM**

EDUCATORS' SHOWCASE

**Room:** South Carolina

### **Educators' Showcase Learning Objectives:**

**Objective 1:** Describe various innovative educational techniques or projects presented, and their application and benefits in medical student education, residency training, or faculty development.

**Objective 2:** Consider the applicability of presented projects to their own educational settings and identify how they can integrate these innovations and ideas into their teaching practices.

**Objective 3:** Engage in collaborative discussions to share practices and insights gained from the Educators' Showcase presentations, fostering a community of practice among educators.

### EDUCATORS' SHOWCASE SESSION I-A

#### **Transitioning to Residency: Preparing for Great Expectations**

Kien T Dang, MD, FRCPC, *Univ. of Toronto*

Samantha Inwood, MSc, *Univ. of Toronto (AO)*

Seetha Radhakrishnan, MD, FRCPC, *Univ. of Toronto (AO)*

David Rojas Gualdron, PhD, *Univ. of Toronto (AO)*

### **Description:**

Medical trainees experience challenging transitions across the medical education continuum. Literature suggests that better supporting students through their transition to residency can increase the quality of their postgraduate training. Our Univ. supports graduating clerks with a 10-week 'Transition to Residency' (TTR) course that provides knowledge, perspectives, and resources to prepare them for entering residency. To inform an update to the TTR curriculum we conducted interviews with 8 Program Directors (PDs) from the Univ.'s largest residency programs. We asked about common strengths and challenges for incoming residents, and how a course like TTR could best prepare clerks for residency. We conducted an inductive rapid qualitative analysis of the data. Junior residents were described by all PDs as keen, passionate, and hardworking. Many PDs also expressed a recurring tension around expectations and the role of the resident as a working learner. Themes emphasized the importance of learning through the work, including perceived "low-yield" educational opportunities, and the ability to balance individual needs with the needs of the team. Other themes highlighted a desire for improved communication with patients and colleagues and better use of residents' knowledge in ambiguous real-life settings. The significance of the resident as a working professional was a dominating theme across interviews. Findings showed a clear need to introduce medical students to the expectations and responsibilities of residency early on in clerkship to help prepare them for the steep increase in clinical responsibility, and to be mentally ready for being both a working professional and a learner in residency.

## Wednesday, September 11, 2024 continued...

### EDUCATORS' SHOWCASE I-B

#### **Developing a Cultural Case Conference Series - Creating Safe Spaces to Discuss the Structural and Cultural Aspects of the Care We Provide**

Jennifer Grant, MD, PhD, *Emory Univ.*

Justin Palanci, MD, *Emory Univ. School of Medicine*

#### **Description:**

Our presentation will outline a 'new kind' of case conference series designed to create a safe space for exploring cultural and structural factors that influence care. The series was designed for those well-versed in SDoH, diversity, and cultural competency and for those searching for this knowledge but who may also feel intimidated in these spaces. The goal was to create an accessible space that emphasizes self-reflection and exploration. The conference is intentionally \*interdisciplinary\* and designed for providers across different clinical sites in order to collaboratively deepen understanding. The goal is to engage in \*multidirectional learning\* in which participants and presenters learn from each other and explore how we might change our approach to addressing structural barriers to care. \*Theoretical frameworks\* are offered for participants to use with future cases. The structure of the case presentation is designed to \*model humility and a process of engagement\* that encourages self-reflection. Founding the experience in the practice of cultural humility acknowledges that we don't know the unique intersection of identities and experiences for each patient. In response, we can practice reflective, curious inquiry with the patient to develop shared understanding. Three conference topics will be summarized with frameworks, learning objectives, and discussion questions:

Abolitionist Practice and Antiracist Mental Health Care

Spirituality, Psychosis, and Avoiding Colonization in Treatment

Intake vs. Access: Structural Interventions to Increase Cultural and Contextual

Responsiveness. We will provide a summary of evaluation feedback from prior presentations. Participants will have access to presentations, summaries with references and an annotated bibliography.

### EDUCATORS' SHOWCASE I-C

#### **Deciphering the Hidden Curriculum: Orienting Students to Psychiatric Clinical Skills**

Nissah Vilceus, DO, MA, *Univ. of Minnesota*

Tolulope Odeunmi, MD, MPH, *Univ. of Minnesota (AO)*

#### **Description:**

Developing clinical skills in medical student clerkships is an essential learning objective especially daunting for students. These skills are part of the hidden curriculum taught informally through preceptor observation during clinical interactions. A gap exists in deconstructing clinical skills to trainees. Subsequently, a third-year psychiatry clerkship lecture with the purpose of formally teaching psychiatric clinical skills through case-based learning was developed. The clinical scenario utilized was first-episode psychosis. Learning objectives included building an interview template for a comprehensive history and physical, generating a mental status exam, prioritizing differential diagnosis by identifying signs and symptoms of disorders, psychiatric presentations, formulating an assessment and indications and limitations of common labs for evaluating psychiatric symptoms. Each learning objective was coupled to a question prompt and through small group discussion, each student contributed commentary and generated final answers as a group. Based on informal preliminary surveys, students found this lecture beneficial in introducing clinical skills. As a result of this feedback, formal data will be obtained via pre, and post surveys measuring utility and impact and will be presented at the Annual Meeting. Based on feedback, students emphasized the benefit of a lecture highlighting essential clinical skills as well as the novelty of a skill-based lecture not taught in other clerkships. Additionally, A

## Wednesday, September 11, 2024 continued...

lecture of this kind provides opportunities for residents to achieve the resident-as-teachers milestones outlined by Accreditation Council for Graduate Medical Education. Medical student clerkships should consider standardizing the introduction of psychiatric clinical skills.

**6:00 PM - 6:45 PM**  
**AAP BOOK CLUB**  
**Room: Cabinet**

**6:30 PM - 7:00 PM**  
**TRAINEE MEET AND GREET**  
**Room: Lounge Mezzanine**

**7:00 PM - 8:30 PM**  
**WELCOME RECEPTION**  
**Room: Palm Court Ballroom**

## Thursday, September 12, 2024

**7:00 AM - 8:00 AM**  
**COMMUNITY BREAKFAST**  
**Room: State/East Ballroom**

**7:00 AM - 4:00 PM**  
**REGISTRATION**  
**Room: Foyer**

**8:00 AM - 9:00 AM**  
**AAP OFFICIAL KICK-OFF AND COFFEE SERVICE**  
**Room: State/East Ballroom**

**9:00 AM - 10:15 AM**  
**KEYNOTE PANEL SESSION**  
**Room: State/East Ballroom**

**9:00 AM - 10:15 AM**  
**KEYNOTE**  
**Room: State/East Ballroom**  
**Connecting, Innovating, and Growing Together across the Continuum of Academic Medicine**

**Moderator:** Iljie Fitzgerald, MD, MS, *UCLA-Olive View Psychiatry Residency Training Program / David Geffen School of Medicine at UCLA, Santa Monica, California*

**Panelist:** Obidiugwu K. Duru, MD, MS, *David Geffen School of Medicine at UCLA*

**Panelist:** Shashank Joshi, MD, *Stanford Univ.*

**Panelist:** Marcy Verduin, MD, *Univ. of Central Florida College of Medicine*



## Thursday, September 12, 2024 continued...

### **Description:**

Education in the realm of academic medicine is impossible without meaningful relationships, from rewarding individual supervisory dyads, to multidisciplinary partnerships that foster marvelous advances, to larger-scale collaborations that address systemic challenges with future generations in mind. There are so many educational seeds from which fantastic ideas and innovations can bloom, and the whole is so often much more than the sum of its parts. This session will focus on the importance of building and sustaining community in the service of greater educational missions, and through that lens, the diversity of approaches that has been applied by three very accomplished leaders to do so in their own journeys.

The panelists, who hail from different institutions and specialties, have each developed and implemented fantastic initiatives that are far-reaching and span the educational continuum from community colleges to universities to medical schools to residency and fellowship training and beyond. Some highlights of their work: Dr. Duru built an NIH-funded program to train community college students underrepresented in medicine in hands-on scientific research, Dr. Joshi created a triple-board (pediatrics, general psychiatry, and child and adolescent psychiatry) residency program while serving as the inaugural Senior Associate Vice Provost for Academic Well-being for a major Univ., and Dr. Verduin helped to establish a new medical school as its first psychiatry faculty member before becoming the Associate Dean for Students there and is currently serving in a national leadership role for the Association of American Medical Colleges. We anticipate a rich discussion concluding with a very interactive Q and A.

### **Learning Objectives:**

**Objective 1:** Understand how community-building can effectively support and advance the educational initiatives of faculty in academic medicine,

**Objective 2:** consider multiple strategies in developing collaborative relationships beyond the borders of their department, specialty, or institution, and

**Objective 3:** implement novel and effective approaches to building their own communities in medical education.

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

**10:15 AM - 10:30 AM**  
**REFRESHMENT BREAK**  
**Room: Foyer**

**10:30 AM - 12:00 PM**  
**WORKSHOPS**

**Room: Georgia**

**Of Marshmallows, Paxil, and Epistemology: Instilling Healthy Skepticism in Our Learners**

Hal Kronsberg, MD, *Johns Hopkins Univ. School of Medicine, Johns Hopkins Bayview Medical Center*

David Beckmann, MD, MPH, *Thomas Jefferson Univ. Hospital*

Jonathan Muniz, MD\*, *Johns Hopkins Hospital*

Simon McCarthy, MD\*, *Thomas Jefferson Univ.*

## Thursday, September 12, 2024 continued...

### **Description:**

Understanding and practicing evidence-based medicine is an essential skill for any psychiatrist; generating and following data revolutionized the practice of psychiatry.

At the same time, there are substantial limitations to the evidence base in many areas of psychiatric practice. Many training programs use Journal Club to teach critical reading of the literature, but learners may benefit from a deeper understanding of the cultivation of knowledge in psychiatry and how it may mislead.

This workshop will serve as a guide for building frameworks for healthy skepticism into didactics, supervision, or other avenues for learning. This includes the concept of epistemology and how to be critical of our knowledge base. We will provide examples used in our child psychiatry training programs, including an assessment of a landmark study that has since come under scrutiny (“Study 329”) and a prominent social psychology experiment whose conclusions greatly influenced popular understanding of how children succeed (“the marshmallow test”).

Through interactive and discussion-based activities, participants will consider what beliefs are held by their learners, how those beliefs may benefit from being challenged, and how educators might challenge them. Participants will propose ways their own training programs can promote critical thinking into existing structures (journal club, supervision) or new avenues (didactics, group activities). Potential barriers and “push-back,” as well as how to address these, will be discussed.

Knowledge and accepted practice in psychiatry is always evolving. Help trainees develop a healthy sense of skepticism to be more discerning lifelong learners.

### **Learning Objectives:**

**Objective 1:** Identify knowledge and skill areas where learners may hold inaccurate beliefs and be vulnerable to influence by misleading information,

**Objective 2:** create an action plan to identify areas that would benefit from further critical assessment, and how to incorporate it into a training program, and

**Objective 3:** review benefits of and barriers to implementing a didactic, curriculum, or other manner of addressing how learners critically assess new and existing knowledge.

**Thematic Focus:** Curriculum Development, Teaching/Education: Post Graduate Medical Education, Teaching Skills/ Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: Massachusetts**

### **Art and Science: Using Effective Feedback Strategies to Mitigate (or avoid!) Feedback Fiascos**

John Teshima, MD, MEd, FRCPC, *Univ. of Toronto*

Karen Broquet, MD, *Southern Illinois Univ. School of Medicine*

Marcy Verduin, MD, *Univ. of Central Florida College of Medicine*

### **Description:**

Providing effective feedback is a foundational skill for all teachers. There is both a science to this process – there are evidence-based models – and an art to delivering it in a way that best fits a specific learner. All teachers should have the opportunity for training in how to provide feedback. However, residents and faculty often have to start providing feedback to learners before having received any formal training in challenging feedback situations,

## Thursday, September 12, 2024 continued...

allowing for the possibility of anything from ineffective to disastrous experiences. Even with formal training, feedback fiascos are still possible, especially in situations with complex contexts and variables. While painful, these experiences can also be very instructive and can help refine one's teaching practice.

In this workshop, participants will be exposed to evidence-based models for providing feedback, including R2C2 and PEARLS. Core concepts that are common to most models will be highlighted so that participants can focus on key strategies for effective feedback. Participants will have opportunities to practice providing feedback using these techniques, focusing on more challenging scenarios. Presenters will share some of their own feedback failures, illustrating both the importance of core concepts of feedback and the trickiness of providing feedback that is delivered in the right way for a given learner. Participants will have the opportunity to explore which approaches and techniques might limit similar problems in their own feedback futures.

### **Learning Objectives:**

**Objective 1:** Identify key concepts and strategies for providing effective feedback.

**Objective 2:** Describe factors that can contribute to feedback disasters, and

**Objective 3:** consider at least one change they can make in providing feedback to learners.

**Thematic Focus:** Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Continuing Medical Education, Teaching/Education: Other Education (non-physician, non- psychiatry, patient-family), Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: New York**

#### **Bringing Balint Back: Introducing Mentalization Based, Culturally Informed Balint Groups - A 21st Century Update to Increase Resilience, Compassion and Socioemotional Growth.**

Paul Riordan, MD, Duke Univ. School of Medicine

Ran Li, MD, *Univ. of Pittsburgh School of Medicine*

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

Rick Peter Fritz Wolthusen, MD, MPH, *McLean Hospital*

Jim Lefler, MD, *Duke Univ. Medical Center / John Umstead Hospital*

Andres Diocares, MD, *Duke Univ. Hospital (AO)*

### **Description:**

Since the 1950s Balint groups have been an important means of addressing emotional distress related to patient care. Rooted in psychoanalytic theory, the original Balint group helped participants increase their empathy for patients and become aware of how their internal biases, emotional reactions, and prior experiences can influence challenging patient encounters/relationships.

In the 21st century, Balint groups require an update both to acknowledge the influence of culture and identity on the patient-doctor relationship and to incorporate attachment theory via mentalization. Mentalization is the process of identifying internal states like thoughts, feelings, and motivations in order to reflect on how these internal states affect behavior in ourselves and others. Effective mentalizing is critical for healthy relationships. Additionally, intentional mentalization on the impact of culture on the patient-doctor relationship will improve cultural competence. Participants of Mentalization based Culturally informed Balint

## Thursday, September 12, 2024 continued...

groups (MCB) will be better equipped at addressing the diverse needs of the group and at navigating the difficult topics of cross-cultural interactions and health care disparities.

In this workshop, we will practice how to incorporate mentalization and culture into Balint groups by modeling a large MCB group. Participants will then engage in their own small MCB groups. We will debrief and discuss throughout the workshop so participants can learn best practices and increase their comfort level with mentalizing and culturally informed interventions. By the end of the session, participants will be able lead a MCB at their home institutions.

### **Learning Objectives:**

**Objective 1:** Apply mentalization and culturally informed concepts to traditional Balint group principle.

**Objective 2:** Assess and evaluate socioemotional and cultural dynamics in groups, and

**Objective 3:** employ skills and interventions to increase mentalizing, cultural competence and empathy/compassion in group settings.

**Thematic Focus:** Competencies (including Cultural Competency and Lifelong Learning), Diversity, Equity and Inclusion, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other Education (non-physician, non-psychiatry, patient/family), Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: Pennsylvania**

#### **Facilitate the Shift: Crafting Inclusive Spaces through Facilitation Excellence**

J. Corey Williams, MD, MA, *Georgetown Univ., Medstar-Georgetown Univ. Hospital*

Ashley Walker, MD, *Univ. of Oklahoma School of Community Medicine*

Kaosoluchi Enendu, MD, MBA\*, *Yale Medical School (AO)*

### **Description:**

Recent curriculum reform efforts in undergraduate and graduate medical education have led training programs to incorporate more anti-racism-related content into curricular programming. However, medical trainees (and faculty), even within the same cohort, exhibit significantly different levels of competency – ranging from beginner to advanced – when it comes to anti-racism and social justice-related learning. These learning gaps often lead to difficult conversations around these topics, resulting in learners and colleagues exhibiting a range of responses (e.g., defensiveness, anger, disengagement, etc.), especially among multi-racial teams. Psychiatric educators are not immune to these problems themselves and would benefit from additional, specific skills to successfully facilitate difficult conversations around emotionally laden topics – such as racism, sexism, homophobia, etc. These improved facilitation skills can lead to more inclusive learning sessions, stronger relationships with trainees, and higher-performing clinical teams. The National Anti-Racism in Medicine Curriculum Coalition (NAMCC) – a multi-institutional consortium of anti-racist educators – has developed a facilitators' course for program directors and other faculty educators who are interested in enhancing their discussion facilitation skills around anti-racism topics. In this workshop, we will deliver a condensed version of the course, focusing on the most critical components, emphasizing strategies that involve practicing solidarity with learners from marginalized backgrounds. The workshop format will integrate direct instruction of best practices for navigating difficult conversations surrounding race and other social identities. The format will include modeling or direct instruction, practice and discussion in small groups, and whole-group Socratic reflection.

## Thursday, September 12, 2024 continued...

### Learning Objectives:

**Objective 1:** Recognize the unique training needs of educators leading discussions focused on anti-racism and social justice topics.

**Objective 2:** Describe strategies to practice solidarity with marginalized and historically oppressed identities within group discussions, and

**Objective 3:** establish community agreements that guide group discussions and respond to direct violations of the community agreements.

**Thematic Focus:** Diversity, Equity and Inclusion, Teaching Skills/Techniques

**Intended Audience:** Junior Faculty, Senior Faculty

### Room: Rhode Island

#### Rising Together: The Art of “Managing Up”

Wayles Haynes, MD, *Univ. of New Mexico Psychiatry Residency Program*

Nikhita Singhal, MD\*, *Univ. of Toronto*

Michael Donath, MD, *Univ. of California Davis*

James Lee, MD\*, *Univ. of Washington*

Vivian Tran, DO\*, *Creighton Univ.*

### Description:

The term “middle management” reeks of doldrum, associated with thankless conflict management in an inflexible hierarchical system. Yet this connotation belies the immense sophistication required for middle managers, causing these critical skills to not be taught in courses designed for professional development and leadership. In academic psychiatry, trainees and early-career faculty are often thrust into roles requiring middle management skills, usually without prior guidance or training.

This workshop aims to rectify this by equipping participants with core competencies in middle management, specifically focusing on “managing up.” Managing up is a concept well-documented in industry leadership, defined as behaviors focused on building a positive relationship with superiors by helping them overcome obstacles and achieve their goals. Core tenets include setting unselfish goals, understanding superiors’ communication styles, sharing credit for accomplishments, taking responsibility for mistakes, and bringing solutions to problems with a matching communication style. Through cases and discussions, this workshop focuses on how managing up translates into academic psychiatry, giving concrete guidelines for what these skills can look like in medical education. We will dedicate discussion to the experience of individuals from underrepresented backgrounds, providing tips for participants on how to self-advocate and presenting tenets for mentors to coach these skills.

Through creating academic settings that actively teach and champion the skills of middle management while being conscious of those from diverse backgrounds, psychiatry departments can cultivate environments that demystify this nebulous component of leadership, working towards a community with unified goals and the ability to support one another wholeheartedly.

### Learning Objectives:

**Objective 1:** Explain the concept of “managing up” with specific consideration of the unique challenges faced by individuals who are underrepresented in medicine (URiM),

**Objective 2:** discuss one process for managing up, and

**Objective 3:** apply techniques of “managing up” to various scenarios in the practice of academic psychiatry.

## Thursday, September 12, 2024 continued...

**Thematic Focus:** Career Development, Diversity, Equity and Inclusion, Leadership/Administrative Development, Mentorship

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

### Room: South Carolina

#### **Mapping Vulnerability and Privilege: Teaching Structural Competency in Psychiatry Residency and Fellowship Training - IDEA**

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

Shaheen Darani, MD, *Temerty Faculty of Medicine, Univ. of Toronto*

Tolulope Odebunmi, MD, MPH, *Univ. of Minnesota*

Peter Ureste, MD, MACM, *Univ. of California Riverside*

Ana Ozdoba, MD, *Montefiore Psychiatry Residency Training*

Ailyn Diaz, MD, *Pennsylvania Psychiatric Institute (AO)*

Francis Lu, MD, *Univ. of California Davis (AO)*

#### **Description:**

Over the years, there has been a much-needed shift in considering factors that impact patient care and the physician-patient relationship. Previously, medical training focused mainly on cultural competence, which compelled trainees to look inward as they considered inherent biases and how they manifested in clinical practice, perpetuating health inequities. Now, there's a realization that social, economic, and political factors –social determinants of mental health as recognized in DSM-5-TR– also drive patient outcomes, including mental health outcomes. This realization calls for a more comprehensive framework to patient care called structural competency. Structural competency is defined as the ability to discern how upstream systems have a downstream clinical effect on physical and mental health. There's been a movement in psychiatry residency programs to incorporate a structural competency lens into their training curricula. At the same time, more work must be done to develop creative teaching strategies and wider integration of this training. One innovative intervention for teaching structural competency to psychiatry residents is called the Mapping Vulnerability and Privilege (MVP) community tool, developed at a presenter's home institution. The workshop will define structural competency and discuss the challenges of teaching structural competency in an academic psychiatry residency training program. Participants will then engage in the MVP community mapping tool with the goal of modeling how to teach structural competency to psychiatry learners. The workshop will include small and large group discussions of the structural competency learning experience and an exploration of how to bring these teaching techniques to the participants' training programs.

#### **Learning Objectives:**

**Objective 1:** Define structural competency.

**Objective 2:** Summarize the importance and common challenges of incorporating structural competency curricula into psychiatry training programs, and

**Objective 3:** utilize the Mapping Vulnerability and Privilege (MVP) community mapping tool to teach structural competency in their residency programs.

**Thematic Focus:** Competencies (including Cultural Competency and Lifelong Learning), Diversity, Equity and Inclusion, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty



**Thursday, September 12, 2024 continued...**

**Room: Virginia**

**Gardening Tips for Orchids and Dandelions – Effective Feedback Strategies for Different Types of Learners**

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

Bronwyn Thomson, MD\*, *University of Ottawa*

Marijana Jovanovic, MD, FRCPC, *University of Ottawa*

Liisa Johnston, MD, FRCPC, *University of Ottawa*

Philippe Hwang, MD\*, *University of Ottawa*

Erinna Brown, MD, FRCPC, *University of Ottawa (AO)*

Katherine Matheson, MD, FRCPC, *University of Ottawa (AO)*

Joshua Smalley, MD, FRCPC, *University of Ottawa (AO)*

**Description:**

Feedback is an essential aspect of residency education for fostering learning and skill development. Despite its importance, feedback is often reported as infrequent and inadequate in medical training, leaving learners feeling isolated and uncertain about their performance. The tendency to avoid feedback to prevent learner distress can result in a reliance on often inaccurate self-assessment. Supervisors have recognized the need for improvement in providing feedback. Rapport between supervisor and trainee is the foundation on which growth and feedback occur. Poor feedback can lead to performance decline, embarrassment, and defensiveness. Conversely, good feedback practices are linked to lower depression and burnout rates in residents, emphasizing its role in academic psychiatry. Literature supports the use of structured feedback models to best assist learners in self-reflection and the development of clear educational goals. Effective feedback, ideally within a trusting and supportive supervisor-learner relationship, should be timely, appropriate to the learner's level, specific, and based on direct observation. The workshop will review structured feedback models and their practical applications, underscoring the importance of interpersonal connection between learner and supervisor. Participants will then engage in group exercises applying feedback theory to cases, followed by discussions on challenges and considerations for learners at different proficiency levels. We will then formulate a list of concrete steps that supervisors can use to enhance the effectiveness of their feedback. By 1 AAP Annual Meeting 2024 emphasizing the role of effective feedback, this workshop seeks to demonstrate how it can positively influence program culture and contribute to a more connected and collaborative educational environment.

**Learning Objectives:**

**Objective 1:** Describe effective techniques for providing feedback in the clinical context.

**Objective 2:** Appraise the relationship between feedback and connection in supervision.

**Objective 3:** Identify strategies that incorporate relationship building and feedback, in order to improve the educational culture at academic institutions.

**Thematic Focus:** Assessment, Leadership/Administrative Development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

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

**12:00 PM - 1:30 PM**

**CAREER DEVELOPMENT LUNCHEON**

**Room: State/East Ballroom**

## Thursday, September 12, 2024 continued...

1:30 PM - 3:00 PM

### WORKSHOPS

#### Room: Georgia

#### **Equity for All: Bringing an Interactive Course on Equity Mindsets to a Diverse Group of Learners and Educators**

Ashley Walker, MD, *Univ. of Oklahoma School of Community Medicine*

David Ross, MD, PhD, *Univ. of Alberta*

Ayame Takahashi, MD, *Southern Illinois Univ.*

Sandra Batsel-Thomas, MD, *Univ. of Kentucky*

Laurel Pellegrino, MD, *Univ. of Washington (AO)*

#### **Description:**

Each day medical professionals must make numerous decisions: whom to recruit, how to handle clinical situations, and how to engage colleagues and learners with different strengths and needs across a range of settings and platforms. These day-to-day choices take place amidst a variable milieu of identities -- those of faculty, staff, trainees, as well as patients -- and a contextual backdrop of seemingly never-ending societal crises. Building awareness of the presence and potential impact of these moments (and skills to navigate them!) takes courage and practice. Although equity training exists for businesspeople and educators at large, less programming is designed specifically for the needs of medical practitioners, and there is even less that is geared to the specific situations faced by resident trainees. In this workshop we share experiences from different institutions in implementing practices from the online course "Becoming a More Equitable Educator: Mindsets and Practices," designed by the MIT Teaching Systems Lab to help educators develop equity mindsets. The course content has been adapted for a variety of clinicians and learners, to meaningfully bring this material to an array of audiences with unique needs. Workshop attendees will experience some of this new content and discuss challenges and potential solutions to the process of adapting it to new audiences, including trainees, faculty, and non-physician clinicians. Participants will then begin envisioning how they can make their own adaptations to bring equity mindsets back to their own settings and facilitate discussions in pursuit of equity for all.

#### **Learning Objectives:**

**Objective 1:** Recognize the value of teaching and taking a course on equity mindsets.

**Objective 2:** Utilize freely available tools to facilitate a course on equity mindsets, and

**Objective 3:** adapt a course on equity mindsets to the specific learning needs and potential challenges of their department, division, or program.

**Thematic Focus:** Diversity, Equity and Inclusion (DEI), Teaching/Education: Continuing Medical Education, Teaching/Education: Other Education (non-physician, non-psychiatry, patient/family)

**Intended Audience:** Junior Faculty, Senior Faculty

#### Room: Massachusetts

#### **FULL DISCLOSURE: Self-Disclosure as a Tool in Medical Education**

Debra Hamer, MD, FRCPC, *Queen's Univ.*

Lauren Wierenga, MD, MSc\*, *Queen's Univ. Faculty of Medicine*

#### **Description:**

In striving to build community and connection in medical education, the question arises of how best to share our own personal experiences in this landscape. For learners, concerns

## Thursday, September 12, 2024 continued...

about sharing 'too much' with preceptors may lead to blurred boundaries and fear of awkward future interactions. For teachers, concerns about how much is appropriate to share in the professional context lead many to question if self-disclosure can truly facilitate learning? In addition, with increasing emphasis on the role of EDII (Equity, Diversity, Inclusion and Indigeneity) in education, new opportunities for self-disclosure are arising and play a pivotal role in creating diverse and inclusive learning environments. But what aspects of our experience and personhood do we feel comfortable sharing and why?

Using interactive methods and facilitated discussion, this workshop will create a safe space to begin the work of reflection to better understand our comfort or perhaps discomfort with self-disclosures, as well as explore opportunities to create learning environments that are safe and inclusive.

### Learning Objectives:

**Objective 1:** Distinguish different forms of self-disclosure and identify the impact they may have on the participant's sense of comfort and psychological safety.

**Objective 2:** Examine hierarchies of self-disclosure and be able to reflect on how they shape the relationship between learner and teacher, and

**Objective 3:** incorporate reflection into the development of an approach to assessing future opportunities to share personal experiences and positionality in learning environments.

**Thematic Focus:** Diversity, Equity and Inclusion (DEI), Mentorship, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: New York

#### Purple Monkey Dishwasher!? Learning to Listen Together as Educators, Psychiatrists, and Humans

Matthew Kearney, MD, PhD, *McLean Hospital*

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

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

Daniel Harris, MD\*, *Massachusetts General Hospital / McLean Hospital*

Stephanie London, MD, *Zucker Hillside Hospital, Donald and Barbara Zucker School of Medicine at Hofstra / Northwell*

David Beckmann, MD, MPH, *Thomas Jefferson Univ. Hospital (AO)*

### Description:

Listening is at the core of the practice of psychiatry, whether teaching, mentoring, or providing clinical care. Few opportunities exist in psychiatry training to explicitly cultivate these skills. Failing to listen is at the core of residents feeling unheard and subsequent resident burnout, dissatisfaction, and moral injury. As psychiatrists and educators, there is a need to identify, implement, and practice deeper ways to listen to not only our patients, but also our trainees and colleagues.

In this workshop, we will first take the abstract concept of listening and present three concrete frameworks: showing you are listening, listening on the outside through "modes of listening," and listening on the inside through the lens of our inner identities. We will show how this is relevant for clinical care, mentorship, and teaching. We will then discuss as a group the common roadblocks to effective listening. Small groups will practice these skills for listening in distinct modes using video clips. Next, we will learn how to recognize and prioritize our inner voices that make us who we are by responding to an educational case

## Thursday, September 12, 2024 continued...

vignette. We will then come together in small groups to share and reflect on the impact of attending to these internal voices in our ability to listen to patients and trainees.

After concluding with a large group reflection, participants will leave with a toolkit of new skills and teaching practices for more effective listening to the most essential words, affects, and narratives our patients, colleagues, and trainees seek to communicate.

### **Learning Objectives:**

**Objective 1:** List at least two different ways to demonstrate and teach active listening.

**Objective 2:** Practice three essential modes of listening in clinical, mentorship, and teaching encounters, and

**Objective 3:** attend to and employ their own inner identities in listening as clinicians.

**Thematic Focus:** Competencies (including Cultural Competency and Lifelong Learning), Leadership/Administrative Development, Medical Humanities, Mentorship, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: Pennsylvania**

#### **Navigating the Hybrid: Resident Education in the “post” Covid Era**

Hannah Potvin, MD, *Univ. of California San Francisco*

Lindsey Pershern, MD, *Baylor College of Medicine*

Andrea Crowell, MD, *Emory Univ. School of Medicine*

### **Description:**

In 2020, the SARS-Cov-2 pandemic triggered a rapid transformation in the healthcare delivery pushing a switch transition to telehealth. Four years later, the residual configurations of the pandemic have created continuing challenges. Many psychiatry departments are practicing in a new hybrid model while navigating input from faculty, trainees, patients, administration, and shifting local regulations. Virtual education lends itself to PowerPoint lectures, a subpar format for learning, while Faculty educators report learners being disconnected during didactics. Simultaneously, Trainees are also often reluctant to return to in person: appreciating the convenience of work or lectures from home. However, surveys show increased sense of isolation, loss of community, and diminished mentorship opportunities with telework. Program leaders are making decisions about hybrid model training clinics with minimal guidance from literature, leadership, or peers. This workshop aims to review the limited evidence on hybrid graduate medical training and examine the competing factors influencing decision making on hybrid clinical teaching, didactics, and faculty educators.

### **Learning Objectives:**

**Objective 1:** Trainees will describe competing interests guiding delivery of hybrid graduate medical education and contextualize new challenges in their learning environment.

**Objective 2:** Educators will be able to better contrast a complex new model in both their own and the trainees' context, allowing them to connect more effectively with trainees and advocate clearly and effectively to decision makers, and

**Objective 3:** program directors will develop a scaffold decision making framework for choices in implementing clinical and didactic teaching.

**Thematic Focus:** Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

## Thursday, September 12, 2024 continued...

### Room: Rhode Island

#### **No More Drama for This Llama: Navigating Workplace Conflict to Build a Thriving Academic Community**

Riley Machal, MD, *Univ. of Nebraska Medical Center*

Dana Raml, MD, *Univ. of Nebraska Medical Center*

Jeana Benton, MD, *Univ. of Nebraska Medical Center*

Monica Arora, MD, *Creighton Univ. School of Medicine*

Melissa O'Dell, MD, *Univ. of Nebraska Medical Center*

#### **Description:**

Effective communication is key to building a successful and thriving community within an academic psychiatry department. Organizational conflict, aka workplace drama has been estimated to cost US organizations 500 billion dollars in lost productivity annually (CPP, 2008). In this workshop we will explore drivers of workplace drama and the negative impact of interdepartmental conflict on learners and educators. We will then introduce The Empowerment Dynamic (TED), an approach to workplace conflict that has been used effectively in corporate settings (Emerald, 2019). This will involve discussing the default approach to conflict for most people, the problem orientation, and a more effective approach, the outcome orientation. Using vignette scenarios, participants will evaluate responses and practice building effective conflict-resolution skills. Participants will be able to effectively use tools presented to help reduce drama, enhance conflict resolution in the workplace and build community within academic departments.

CPP Investments. (2008). CPP Global Human Capital Report: Workplace Conflict and How Businesses Can Harness It to Thrive. [https://img.en25.com/Web/ CPP/Conflict\\_report.pdf](https://img.en25.com/Web/ CPP/Conflict_report.pdf)

Emerald, D. (2019). Three Vital Questions: Transforming Workplace Drama. Polaris.

Brancu, M. and Widom, J. (2021). Millennial's Guide to Workplace Politics: What no one ever told you about power and influence. Winding Pathway Books.

#### **Learning Objectives:**

**Objective 1:** Compare and contrast strategies for approaching workplace conflict.

**Objective 2:** Identify techniques to empower solutions focused discussions, and

**Objective 3:** model effective communication strategies to bring harmony to your academic community.

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

**Intended Audience:** Junior Faculty, Senior Faculty

### Room: Virginia

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

Andreea Seritan, MD, *Univ. of California San Francisco*

John Coverdale, MD, *Baylor College of Medicine*

Mary Morreale, MD, *Wayne State Univ. School of Medicine*

Richard Balon, MD, *Wayne State Univ. School of Medicine*

Adam Brenner, MD, *Univ. of Texas Southwestern Medical Center*

Ann Tennier, BA, BS, *Academic Psychiatry*

Rashi Aggrawal, MD, *Rutgers University (AO)*

## Thursday, September 12, 2024 continued...

### Description:

Academic psychiatrists are often called upon to serve as peer reviewers for education journals. Reviewing is an important faculty development opportunity, which allows reviewers to gain a working knowledge of acceptance and rejection criteria, while also improving their skills in academic writing. Additionally, serving as peer reviewers for education journals enhances networking and deepens connections to the national academic psychiatry community. More importantly, peer reviews provide learning opportunities for willing authors. Peer reviewers serve as (often anonymous) mentors who help authors improve their manuscripts and grow in the process. In this workshop, participants will learn strategies for effective manuscript review, common pitfalls, and tips of the trade from editors of the journal *Academic Psychiatry* and experienced peer reviewers.

Please note, this session was offered at last year's AAP Annual Meeting and well received. We will be happy to offer it again, if accepted.

### Learning Objectives:

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

**Objective 2:** Practice a step-by-step approach to the manuscript review process, using a checklist.

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

**Thematic Focus:** Career Development, Mentorship

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

## EDUCATORS' SHOWCASE

### Educators' Showcase Learning Objectives:

**Objective 1:** Describe various innovative educational techniques or projects presented, and their application and benefits in medical student education, residency training, or faculty development.

**Objective 2:** Consider the applicability of presented projects to their own educational settings and identify how they can integrate these innovations and ideas into their teaching practices.

**Objective 3:** Engage in collaborative discussions to share practices and insights gained from the Educators' Showcase presentations, fostering a community of practice among educators.

**1:30 pm – 2:00 pm**

**EDUCATORS' SHOWCASE II-A**

**Room: [South Carolina](#)**

### **Scaling up Interpersonal Psychotherapy: A single-blind pilot RCT of web-based asynchronous self-directed training vs. synchronous group workshop training-as-usual**

Paula Ravitz, MD, FRCPC, *Univ. of Toronto, Temerty Faculty of Medicine; Sinai Health; Lunenfeld-Tanenbaum Research Institute*

Natalie Heeney, MSc, *Sinai Health (AO)*

Andrea Lawson, PhD, *Centre for Addiction and Mental Health (AO)*

Jan Malat, MD, FRCPC, *Centre for Addiction and Mental Health (AO)*

Sophie Grigoriadis, MD, PhD, *Sunnybrook Health Science Centre / Univ. of Toronto (AO)*

Simone Vigod, MD, FRCPC, *Women's College Hospital, Univ. of Toronto (AO)*



## Thursday, September 12, 2024 continued...

Edward McAnanama, MSc, PhD, *Cleveland Clinic Canada (AO)*

Clare Pain, MD, *Sinai Health, Univ. of Toronto (AO)*

Daisy Singla, PhD, *Centre for Addiction and Mental Health, Univ. of Toronto (AO)*

### **Description:**

**Background** Interpersonal Psychotherapy (IPT) is an effective depression treatment with limited patient access, in part due to limited numbers of trained, competent IPT providers. Self-directed, scalable web-based, digital training has potential to address this gap for improved patient care.

**Methods** We developed and evaluated a case-based, interactive self-directed digital IPT training course in a pilot, single-blind RCT. Psychiatry residents (N=25) in Toronto, Canada were randomly assigned to the intervention (a digital asynchronous course) or control arm (online group workshop). Each resident was assigned 1-2 consenting patients (N=26,  $10 \geq \text{PHQ-9} < 20$ ) and provided a 12-session course of IPT. We examined: 1) feasibility and acceptability; 2) resident IPT competence; and 3) patient post-treatment depressive (PHQ-9) and anxiety (GAD-7) outcomes.

**Results** There was good retention (Intervention - 10/13, [76.9%] vs Control - 11/12, [91.7%]). Both arms showed pre-post improved resident competence ( $p < .0001$ ) and patient outcomes ( $p < .0001$ ) with no significant between-group differences. Notably, there were improved patients' post-treatment depressive (PHQ-9= 8.62 vs. 7.60,  $p=0.99$ ) and anxiety symptoms (GAD-7= 5.61 vs. 6.50,  $p=0.71$ ). Intervention participants reported facilitators of the curricular content with videotaped demonstrations by IPT experts (9/10; 90%); half missed peer interactions in WORKSHOPS. Digital self-directed IPT training was found to be feasible and acceptable, with preliminary evidence of efficacy on trainee competence and patient outcomes with potential to scale training access for improved clinical outcomes.

**Discussion** This study demonstrated clinical impacts of how scalable, e-curricular medical education and psychotherapy training can translate into improved patient outcomes with potential to increase access and outcomes of evidence-based mental healthcare.

**2:00 pm – 2:30 pm**

EDUCATORS' SHOWCASE II-B

**Room: South Carolina**

### **Integrating Scholarly Pursuits into Residency Education (InSPIRE): A Pre-Orientation Conference for Psychiatry Interns**

Melissa Arbuckle, MD, PhD, *Columbia Univ. / New York State Psychiatric Institute*

Blake Erickson, MD, PhD\*, *Columbia Univ. / New York State Psychiatric Institute*

David Leonardo, MD, PhD, *College of Physicians and Surgeons, Columbia Univ. / New York State Psych Institute (AO)*

Deborah Cabaniss, MD, *New York State Psychiatric Institute (AO)*

Integrating Scholarly Pursuits into Residency Education (InSPIRE): A Pre-Orientation Conference for Psychiatry Interns

### **Description:**

Residency orientations traditionally focus on institutional policies and scheduling issues. Interns, who are just beginning to develop their identities as psychiatrists, often have limited opportunities to reflect on budding scholarly interests once the academic year is underway. To address this gap, we developed an optional, three-day, pre-orientation conference, which we called Integrating Scholarly Pursuits Into Residency Education (InSPIRE). Intern residents received \$1000 stipends with breakfast and lunch provided. InSPIRE aimed to help intern residents: (1) feel part of a community of dedicated clinicians, educators, and

## Thursday, September 12, 2024 continued...

researchers; (2) feel inspired to ask scholarly questions about psychiatric practice and research; and (3) envision scholarly pursuits attainable during residency. Conference programming included individual mentorship meetings with interest-matched faculty, panel discussions with senior residents and faculty about career paths, and allocated co-resident social time. All but one of the interns over the last three years (2022-2024) participated in the conference (n = 35) and completed an online survey providing feedback about the program. Open-ended responses were inductively coded and response themes were identified. Overall, the conference was very well received. Notable survey results included: 94% of intern residents appreciating the opportunity to meet co-residents, senior residents, and faculty; and 83% appreciating the framework provided for taking advantage of mentorship and scholarly resources. In this educator's showcase we will review the components of the 3-day conference in more detail, including a brief demonstration of one of the interactive exercises intended to help residents identify their core values and develop a value hierarchy.

**2:30 pm – 3:00 pm**

**EDUCATORS' SHOWCASE II-C**

**Room: South Carolina**

**Anti-Bias Workshop Implementation in Psychiatry Didactics: Measures of Bias Awareness and Mitigation Practice**

Rachele Yadon, MD, *Univ. of Kentucky*

### **Description:**

**Background** Unconscious bias can lead to health inequalities by leading to differences in the treatment of patients based on race, gender, weight, age, language, income, and insurance status. The present study aims to identify gaps in knowledge about stigmatizing language in clinical practice and assess the usefulness of interventions such as didactic sessions in training clinicians to systematically replace biased verbal and written language.

**Methods** An existing anti-bias workshop was adapted to be specific to psychiatric practice, including changing clinical vignettes and role play activities. Residents who participated on the research team were then trained to facilitate the updated workshop for their peers, and then the workshop was implemented as part of the didactics curriculum for all psychiatry trainees. An existing, validated tool for measuring biases in health care professionals was adapted to apply to mental health providers. Before and after participating in the workshop, trainees completed the adapted tool to measure their bias awareness and mitigation practice.

**Results** Of those participating in the workshop, 7 eligible trainees completed both the pre and post survey. On the sub-scale of bias awareness, there was not a significant change pre and post intervention (4.35 vs 4.60,  $p=0.180$ ), but there was a significant difference in bias mitigation practice (3.88 vs 4.67,  $p=0.026$ ).

**Discussion** Implementing an anti-bias workshop as part of the psychiatry didactics curriculum has shown that residents learn bias mitigation practices in oral and written communication. This can lead to less stigmatizing language and improve overall patient care.

**3:00 PM - 4:00 PM**

**POSTER SUBCOMMITTEE MEETING**

**Room: Foyer**

## Thursday, September 12, 2024 continued...

3:00 PM - 4:00 PM  
IDEA COMMITTEE MEETING  
Room: [Georgia](#)

3:00 PM - 4:00 PM  
MEMBERSHIP COMMITTEE MEETING  
Room: [Rhode Island](#)

3:00 PM - 4:00 PM  
TRAINEE ENGAGEMENT COMMITTEE MEETING  
Room: [Pennsylvania](#)

3:00 PM - 4:00 PM  
CAREER DEVELOPMENT COMMITTEE MEETING  
Room: [Massachusetts](#)

3:00 PM - 4:00 PM  
MASTER EDUCATOR COMMITTEE MEETING  
Room: [Virginia](#)

5:00 PM - 5:45 PM  
MASTER EDUCATOR GRADUATES RECEPTION  
Room: [Cabinet](#)

6:00 PM - 9:00 PM  
AAP NIGHT OUT EVENT  
[Teddy & the Bully Bar](#)

## Friday, September 13, 2024

7:00 AM - 11:30 AM  
POSTERS OPEN FOR VIEWING  
Room: [Palm Court Ballroom](#)

7:00 AM - 4:00 PM  
REGISTRATION  
Room: [Foyer](#)

7:30 AM - 8:30 AM  
COMMUNITY BREAKFAST  
Room: [State/East Ballroom](#)

8:30 AM - 9:45 AM  
AAP BREAKFAST ASSEMBLY AND AWARDS  
Room: [State/East Ballroom](#)

## Friday, September 13, 2024 continued...

10:00 AM - 11:30 AM  
WORKSHOP

### Room: Georgia

#### Never Too Old for New Tricks – Developing a Feedback Culture to Support Learner Evaluations of Supervisors

Philippe Hwang, MB, ChB, MSc\*, *Univ. of Ottawa Faculty of Medicine*

Lauren Hishon, MD, MBA\*, *Univ. of Ottawa*

Bronwyn Thomson, MD, FRCPC\*, *Children's Hospital of Eastern Ontario*

Marijana Jovanovic, MD, FRCPC, *Children's Hospital of Eastern Ontario, Univ. of Ottawa*

Erinna Brown, MD, MSc, FRCPC, *Univ. of Ottawa (AO)*

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

Katherine Matheson, MD, FRCPC, *Children's Hospital of Eastern Ontario (AO)*:

Joshua Smalley, MD, MSc, FRCPC, *Univ. of Ottawa (AO)*

#### Description:

Feedback by learners is often provided to educators in anonymous, aggregate forms after a discrete period of observation occurred. These evaluations have been frequently linked to improvement of performance of teaching and clinical practice. However, the feedback received is often delayed in order to aggregate data to preserve anonymity. Learners often experience hesitancy with providing direct, verbal, or face-to-face feedback due to fears of reprisal, which will consequently impact the timeliness and effectiveness of the evaluation process.

Poorly delivered feedback may lead to defensiveness or minimal improvements. Several factors including the so-called "feedback culture", the supervisor's receptiveness to feedback, scope of evaluation, and the impact that the evaluation may have on the supervisor's job security or pay will all contribute to a supervisor's initial approach to soliciting feedback. A significant predictor of change was the feedback being specific, growth-driven, clear, and within the control of the recipient to change. When effectively delivered, direct timely feedback can be acted upon in real-time, enhancing the learners' educational experiences and increasing the confidence in the feedback process.

The workshop will review a structured approach to soliciting and encouraging learner feedback and emphasizing the importance of a feedback culture. Participants will engage in group exercises identifying barriers and benefits of providing feedback to supervisors through specific cases, followed by a large group discussion aimed at collaboratively developing a list of identified barriers and steps for enhancing the effectiveness of timely feedback that will contribute to a bi-directional learning environment.

#### Learning Objectives:

**Objective 1:** Review potential barriers present when learners provide feedback to supervisors.

**Objective 2:** Discuss elements that constitute a positive feedback culture.

**Objective 3:** Describe techniques to facilitate learner delivery of feedback.

**Thematic Focus:** Curriculum Development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

## Friday, September 13, 2024 continued...

### Room: Massachusetts

#### **Pearls, Promises, and Pitfalls of Co-Teaching: How to Effectively Collaborate, Coordinate, and Cooperate with Multiple Educators**

Adrienne Gerken, MD, *Thomas Jefferson Univ. Hospital*

David Beckmann, MD, MPH, *Thomas Jefferson Univ. Hospital*

Paul Riordan, MD, *Duke Univ. School of Medicine*

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

Kirklan Kathe, MD\*, *Thomas Jefferson Univ. Hospital*

#### **Description:**

Want to teach together? Co-teaching—having more than one person responsible for the preparation, delivery, and evaluation of an educational session or curriculum—has become increasingly prevalent in all levels of medical education. There are several well-established models of co-teaching in the general education literature, each of which offers the potential benefits of improving efficiency, diversity of perspectives, and opportunities for teacher development. Plus, co-teaching is fun! Despite this, the literature about co-teaching in psychiatry (and in medicine in general) is limited.

This workshop will review best practices in co-teaching from the general and medical education literature, supplemented by the experiences (both successes and lessons learned) in psychiatric co-teaching at the presenters' home institutions. Participants will engage in discussion about the benefits of co-teaching and brainstorm ideas to address barriers. Attendees will consider specific frameworks for co-teaching in psychiatry, apply these frameworks to an interactive case, and discuss tips and tricks to optimize learning in co-taught sessions. They will then develop an approach to co-teaching that they can bring back to their educational settings. Special attention will be paid to teaching across disciplines or specialties (e.g., co-teaching with an internist, nurse, or peer specialist) and across levels of training (e.g., co-teaching with a resident). Participants will critically consider how best to approach co-teaching in their own practice and within a community of educators.

#### **Learning Objectives:**

**Objective 1:** Describe five frameworks for effective co-teaching.

**Objective 2:** Apply the “3 P’s” of effective co-teaching (Preparation, Practice, and Polishing) to a psychiatric education case, and

**Objective 3:** identify barriers to implementation of co-teaching and propose strategies for addressing these barriers.

**Thematic Focus:** Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Other Education (non-physician, non-psychiatry, patient/family), Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: New York

#### **AAP/AADPRT Joint Workshop: Can Psychiatry Meet the Moment for Competency-Based Medical Education?: A Primer on Competency-Based Assessment and why All Psychiatry Educators Must Join the Movement Now!**

Erick Hung, MD, *Univ. of California San Francisco*

Julie Sadhu, MD, *Northwestern University (AO)*

John Young, MD, *Donald and Zucker School of Medicine (AO)*

## Friday, September 13, 2024 continued...

### Description:

Competency-based medical education (CBME) offers extraordinary promise to improve psychiatric training, foster mutual trust between faculty and trainees, build a diverse workforce, and meet our social contract to provide high quality, compassionate, and equitable care to patients and communities. In this workshop, participants will describe the competency-based movement over the past three decades, define characteristics of effective, competency-based assessment, explore strategies for implementing equitable, holistic, feasible, valid, reliable, cost-effective, and educationally meaningful assessment tools and processes, and discuss challenges with implementation. Presenters will provide practical tips to illustrate essential CBME concepts, including workplace-based assessment, faculty development, learning analytics and dashboards, longitudinal coaching, and trustworthy and remediation. These concepts ultimately produce self-regulated, lifelong learners and ensure that competence is judged by a trustworthy process. Additionally, participants will identify key features of CBME in 2024, including emerging and innovative GME models in the United States. We will describe the implications of these features for psychiatry training programs, including potential impacts on curriculum, assessment, precision education, customized learner support, faculty development, and program resources needs. Using vignettes in these topic areas, participants will apply and integrate CBME best practices tailored to the needs of their own programs.

### Learning Objectives:

**Objective 1:** Define competency-based medical education (CBME), including its origins, historical context, and primacy in psychiatry education reform.

**Objective 2:** Identify key features of CBME in 2024, including emerging and innovative GME models in the United States, and

**Objective 3:** analyze current programmatic gaps and develop a blueprint to advance CBME at one's institution.

**Thematic Focus:** Assessment, Competencies (including Cultural Competency and Lifelong Learning)

**Intended Audience:** Junior Faculty (i.e., Instructors/Lecturers, Assistant Professors), Senior Faculty (i.e., Associate & Full Professors)

### Room: Pennsylvania

#### **We've Got the Power: Drawing on Social Science Theory to Empower Trainees**

James Koved, MD, *Oregon Health & Science Univ.*

Lindsay Lebin, MD, *Univ. of Colorado School of Medicine*

Dan Howell, MSW, *Portland State Univ. (AO)*

### Description:

Power, as defined by various theories within social sciences, refers to dominant patterns of social relations governing asymmetric distribution of resources. As such, power shapes everyday human interactions and social institutions alike (Schwab and Singh, 2023). Power differentials persist across the institution of medicine, including the supervisor-trainee dynamic within medical education. This imbalance is not inherently harmful and can at times enhance training, decision making, and mentorship (Gibson et al, 2014.) However, power can also contribute to instances of abuse, shame, and burnout, running contrary to educators' goals (Angoff et al, 2016). Professional organizations, including the American Psychological Association, have published guidelines for trainees on navigating imbalanced relationships (Stringer, 2016). Instead of solely tasking trainees with this responsibility, we propose that faculty are uniquely privileged and well-positioned to address power in faculty-trainee relationships and can do so in novel ways.



## Friday, September 13, 2024 continued...

This workshop introduces concepts from social constructionism, critical theories, principles of community organizing, and adult learning theory to help participants reconsider common faculty-trainee structures. The talk covers horizontality, individual versus group dynamics, and consideration of settings where attendance is compulsory. The workshop proposes that examining power differentials is a skill that psychiatrists are uniquely capable of strengthening and tools from our training can prepare us to intervene. Using case examples, interactive exercises, and reflective discussion, we will highlight how redistributing social capital is trauma-informed, supports diversity, equity, and inclusion efforts, and ultimately strengthens community. Participants will leave with an action plan for applying practical examples at their home institutions.

### **Learning Objectives:**

**Objective 1:** Outline how power structures exist and are maintained within academic medicine.

**Objective 2:** Apply principles from community organizing and social science theories to practical examples in psychiatric educational settings, and

**Objective 3:** promote engagement and community at their home organizations through the use of horizontality and collectivism.

**Thematic Focus:** Diversity, Equity and Inclusion (DEI), Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: Rhode Island**

#### **"It Was All Luck!": Building a Confident and Diverse Academic Community by Mentoring Trainees through Imposter Phenomenon**

Jeana Benton, MD, *Univ. of Nebraska Medical Center*

Dana Raml, MD, *Univ. of Nebraska Medical Center*

Monica Arora, MD, *Creighton Univ. School of Medicine*

Melissa O'Dell, MD, *Univ. of Nebraska Medical Center*

Riley Machal, MD, *Univ. of Nebraska Medical Center*

### **Description:**

Imposter Phenomenon (IP) describes the feeling of inadequacy that comes with the inability to believe in the validity of one's own accomplishments [1,2]. Nearly one in four practicing physicians have reported intense experiences of IP [6] in one or more domains and studies indicate that IP affects 22-60% of medical students [1,3,7]. IP can result in the development of poor work habits such as overpreparation and procrastination [2,3] and can lead to burnout, suicidal ideation, and lower feelings of career fulfillment, potentially impeding career progress [5,6]. While IP is a phenomenon impacting those of all races and genders, it is seen most frequently in women and those underrepresented in medicine (URM) [1,3,7]. This contributes to the presence of fewer women and URM at higher academic ranks [1]. Strategies to address IP early in career development may minimize the impact of IP and increase diversity of those in leadership positions. Through use of principles discussed in this workshop, participants will be able to analyze the systemic factors at play in the development of IP, identify those at risk for IP early in their careers, and implement interventions to produce a growth mindset and minimize career impact. Our workshop offers academic psychiatrists practical tips and resources for creating a safe and inclusive space to practice vulnerability and decrease the impact of IP in their daily lives and academic careers.

## Friday, September 13, 2024 continued...

### Learning Objectives:

**Objective 1:** Define imposter phenomenon and identify individual and institutional characteristics that contribute to its development.

**Objective 2:** Discuss the impact of imposter phenomenon on diversity in academic leadership, and

**Objective 3:** demonstrate activities which can help mitigate imposter phenomenon in trainees.

**Thematic Focus:** Career Development, Diversity, Equity and Inclusion (DEI), Mentorship

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: South Carolina

#### #NotGrandRounds: Creating a Learning Community for Clinically Relevant Neuroscience

Mayada Akil, MD, *Medstar Georgetown Univ. Hospital*

David Ross, MD, PhD, *Univ. of Alberta*

Joseph Cooper, MD, *Univ. of Illinois at Chicago*

Ashley Walker, MD, *Univ. of Oklahoma School of Community Medicine (AO)*

Jane Eisen, MD, *Harvard Medical School / McLean Hospital (AO)*

### Description:

Neuroscientific knowledge about mental illness is exploding. How can clinicians keep up with this rapidly evolving field and become comfortable discussing key concepts with patients and trainees? In the traditional Grand Rounds format, neuroscience content is presented by an expert with a blitz of 50-60 slides. For a clinical audience, extracting clinically relevant knowledge from such a presentation is a challenge. This is no surprise as adult learning principles tell us that this approach is not conducive to learning and the use of brief videos, role play, and other active educational methodologies is far more effective. To bridge this divide, we present a novel version of faculty development CME intended to replace and revolutionize the current Grand Rounds status quo. #NotGrandRounds (NGR) is interactive, based on principles of adult learning, and uses multimedia instruction. Importantly, it leverages social dynamics to build community and enhance learning. It is organized around answering a patient's questions about their illness, symptoms, treatment, or expected outcome/response from a neuroscientific perspective and provides practice guidelines when available. This workshop will give participants the opportunity to practice engaging in this learning format and to reflect on how it can be modified for education across the continuum from students to residents to CME.

### Learning Objectives:

**Objective 1:** Describe an interactive method for learning clinically relevant neuroscience.

**Objective 2:** Experience learning in a community of colleagues, and

**Objective 3:** adapt a novel educational tool that incorporates adult learning principles to teach clinical neuroscience to different learning settings.

**Thematic Focus:** Curriculum Development, Teaching/Education: Continuing Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

## Friday, September 13, 2024 continued...

### Room: Virginia

#### **In The Long Run: Cultivating Continuous Growth Through Coaching Over Time**

Inbal Gafni, MD, MSc, FRCPC, *Women's College Hospital, Univ. of Toronto*

John Teshima, MD, MEd, FRCPC, *Univ. of Toronto*

Nina Kuzenko, MD, FRCPC, *Univ. of Manitoba*

Brian Fuehrlein, MD, PhD, *Yale Medical School*

Ivan Silver, MD, MEd, FRCPC, *Univ. of Toronto (AO)*

Adrienne Tan, MD, FRCPC *Univ. of Toronto (AO)*

Deanna Chaukos, MD, FRCPC, *Univ. of Toronto Temerty Faculty of Medicine (AO)*

#### **Description:**

Coaching has been widely embraced as integral to high-performance fields, including athletics, music, and business, and only more recently has begun to emerge as a practice in medical education. Coaching over Time in medical education is described as a longitudinal process involving regular reviews and reflections on learning experiences and portfolio data. In this model, coaches help guide and propel learners through personalized learning objectives, toward progressive competence and, ultimately, self-regulated lifelong learning. The Royal College of Physicians and Surgeons of Canada recognizes the significance of Coaching Over Time in Competency-Based Medical Education, viewing it as an important component in the development of professional competence.

This workshop will engage participants in thinking about the value of Coaching Over Time in their educational milieu. Participants will describe the distinctive role of Coaching Over Time, distinguishing it from teaching/supervision and mentoring. Through small group case-based exercises and role plays, participants will have the opportunity to develop and practice essential coaching skills that can be applied to learners in difficulty, as well as learners who are proficient and/or excelling. Participants will hear about models and strategies for effectively integrating Coaching Over Time into various educational settings, enabling them to consider how best to implement this model in their setting. This workshop seeks to equip educators to harness the potential of Coaching Over Time as a transformative tool in medical education that can catalyze personal growth and professional development.

#### **Learning Objectives:**

**Objective 1:** Describe the role and value of Coaching Over Time in medical education.

**Objective 2:** Develop essential coaching skills for learners across the range of performance, and

**Objective 3:** consider how to integrate Coaching Over Time into your education setting.

**Thematic Focus:** Assessment, Career Development, Competencies (including Cultural Competency and Lifelong Learning), Leadership/Administrative Development, Mentorship, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

**11:30 AM - 12:10 PM**

**E-POSTERS SESSIONS (A) and  
Medical Student Essay Discussion**

**Room: Palm Court Ballroom**

**Friday, September 13, 2024 continued...**

**Poster 101**

**Development of an Online Training Module to Prepare ABPN Clinical Skills Evaluation (CSE) Examiners in Child and Adolescent Psychiatry**

Lucia Ray, BA\*, *Univ. of Minnesota Medical School*

Katharine (Kaz) Nelson, MD, *Univ. of Minnesota (AO)*

Himanshu Agrawal, MBBS, *Medical College of Wisconsin (AO)*

Michael Jibson, MD, PhD, *Univ. of Michigan (AO)*

**Poster Category:** Innovation

**Description:**

**Background** After completing a fellowship in Child and Adolescent Psychiatry (CAP), individuals must complete a Clinical Skills Evaluation (CSE) to achieve American Board of Psychiatry and Neurology (ABPN) certification in the sub-specialty of CAP. However, there are no widely adopted training materials to prepare CAP CSE evaluators. In general psychiatry, this gap in training materials was addressed by Dr. Kaz Nelson and colleagues who developed an online module which incorporated the training materials developed by American Association of Directors of Psychiatry Residency Training (AADPRT). A similar approach is needed to standardize the training of CSE examiners for CAP fellows.

**Methods** We will produce three video vignettes with CAP fellows and actors emphasizing the three major competencies of the CSE. These vignettes will be embedded within an interactive online training module. Participants will complete the module and be provided real-time feedback regarding their ratings of the fellows' performance as compared to Board Certified Child and Adolescent Psychiatrists consensus ratings.

**Results** The data from this module will be analyzed using analysis of variance tests to detect participant differences between each video.

**Discussion** We expect to see a higher degree of inter-rater reliability with the consensus scores with each subsequent video vignette. This would support the ability of the online training module to improve standardization of CAP CSEs. The final module will be available to fellowship programs at no cost.

**Poster 102**

**Bringing Project Echo into the Transformative space: Education for Frontline Community Workers Caring for Patients with Complex Need**

Deanna Chaukos, MD, FRCPC, *Univ. of Toronto Temerty Faculty of Medicine / Sinai Health*  
Sandalia Genus, PhD, *Sinai Health / Univ. of Toronto (AO)*

Tim Guimond, MD, PhD, *Centre for Addiction and Mental Health, Univ. of Toronto Temerty Faculty of Medicine (AO)*

Maria Mylopoulos, PhD, *Wilson Centre, Univ. Health Network / Univ. of Toronto Temerty Faculty of Medicine (AO)*

**Poster Category:** Innovation

**Description:**

**Background** Care of patients with HIV and mental illness requires integration across hospital and community settings to address complexity – complexity that often includes adverse childhood events, barriers to social determinants of health, and multimorbidity. Adaptive experts implement known solutions in routine settings, and alternatively, can problem-solve and problem-define simultaneously when there is no known solution. Patients with complex problems, like HIV and mental illness, can present to care with ambiguity, and thus adaptive expert abilities are integral.

## Friday, September 13, 2024 continued...

**Methods** Project ECHO (Extension for Community Healthcare Outcomes) in HIV Psychiatry was created for frontline workers serving clients with HIV and mental illness. ECHO is a distance education model with case-based and collaborative learning, increasing access to specialized training. Our goal was to implement learnings from prior research, which demonstrated that adaptive expertise can be cultivated through collaboration that emphasizes perspective exchange, invites uncertainty, and integrates diverse perspectives. To evaluate impacts, participant observation and qualitative post-interviews were conducted April–July 2023.

**Results** Participation in the ECHO was robust, with significant on-camera engagement. Participants attributed success of the ECHO to key themes: explicit value placed on diverse kinds of knowledge (not simply clinical knowledge), emphasis on approaches for navigating ambiguity in care of complex patients/clients, and engagement in perspective exchange for integrated, team-based care.

**Discussion** Integrated care is essential for our most complex patients, and yet few initiatives support the acquisition of integrative competencies necessary for its implementation. Here we demonstrate that thoughtfully planned educational initiatives can support frontline staff towards adaptive expert skills.

Poster 103

### Improving Capacity Evaluations through Interactive Didactics and Standardized Assessment

Molly Hartley, MD\*, *Healthcare/Tufts Univ. School of Medicine*

Hannah Tramontano, DO\*, *Regional Hospital/Tufts Univ.*

**Poster Category:** Innovation

#### **Description:**

**Background** Evaluating decision-making capacity in hospitalized patients is often confusing for providers and causes a significant amount of uncertainty due to the ethical challenge of trying to preserve patient autonomy while ensuring nonmaleficence. The lack of standardized, user-friendly tools makes it difficult to know how to best accomplish the task of assessing a patient's capacity. Residents have anecdotally voiced feelings unprepared to independently evaluate their patients' decision-making capacity. The uncertainty can lead to delays in medical care or extended length of stays in the hospital. The aim of our project is to improve residents' confidence and ability to evaluate decision making capacity.

**Methods** This was executed through an interactive didactic lecture with case examples encompassing different medical, psychiatric, religious and cultural scenarios, and introducing a standardized assessment tool. Surveys with qualitative and quantitative questions were completed by residents immediately prior to and six months after the training.

**Results** After the interactive lecture participants' confidence in their ability to effectively evaluate a patient's decision-making capacity increased from an average of 5.7 to 8.3 out of 10 with a p-value LESS THAN 0.01. Participants' confidence in their ability to document a capacity evaluation increased from 5.2 to 8.7 out of 10 with a p-value LESS THAN 0.01.

**Discussion** The results of this initial study indicate that the majority of attendees feel the training session and tool changed the way they will view and approach capacity evaluations. This study could be adopted to improve education on capacity evaluations for residents and providers alike.

Poster 104

### Resident - To Resident (R2R) Teaching Pilot Program: A Novel Education Initiative

Joanne Leung-Yee, MDCO, FRCPC, *St. Michael's Hospital*

Maggie Hulbert, MD, *Univ. of Toronto*

Yezarni Wynn, MD, MA, *Univ. of Toronto (AO)*

## Friday, September 13, 2024 continued...

**Poster Category:** Teaching Next Generation/Mentoring

**Description:**

**Background** The Resident -to Resident (R2R) Teaching Pilot was developed in response to feedback from junior trainees for more didactic teaching around clinical guidelines and senior resident feedback for more opportunities to teach.

**Methods** Senior residents were given the opportunity to teach around cases, based on relevant clinical guidelines, to junior learners on a biweekly basis. Junior residents, in collaboration with a designated faculty member, provided structured feedback to senior residents in the form of Entrustable Professional Activities (EPAs). The model was designed to be flexible, low stakes and easily integrated into daily clinical work. It was voluntary and ran over lunch hour. The in-person sessions also contributed to an increased sense of community and informal mentorship between residents. There was an additional component of mentorship of the senior residents by a dedicated faculty member.

**Results** 6 teaching sessions have run since September 2023 with average 80% attendance by available junior learners. Both formal and informal feedback have indicated the teaching sessions are highly valued and meet the learning objectives of all residents involved. It allows residents who are interested in becoming clinician teachers or educators to develop their teaching dossier.

**Discussion** The intention of R2R was to encourage and create opportunities for senior residents to teach in a flexible and low stakes setting. It has fostered greater community and mentorship between residents of different educational levels and allowed for senior residents to develop their teaching dossier and build mentorship with a dedicated faculty member to explore a career in academic medicine.

**Poster 105**

### **Incorporating Psychiatry Clerkship Students into the Safety Planning Process**

Dana Doctor, MD, *Univ. of North Carolina School of Medicine*

**Poster Category:** Innovation

**Description:**

**Background** Suicide is a leading cause of death in the United States and a critical public health concern according to the Centers for Disease Control. Research indicates almost half of people who died by suicide saw a primary-care physician in the month before death. Safety planning is a brief, collaborative intervention between a clinician and patient that has been demonstrated to prevent future suicide attempts. Therefore, training all medical students in safety planning is potentially an impactful intervention and relevant tool for future physicians.

**Methods** Third-year clerkship medical students participated in an educational session on risk factors for suicide and watched instructional videos on how to collaborate with patients regarding Stanley Brown safety planning. We collected data for one Academic Year, from February 2023 through January 2024. We administered pre- and post-rotation surveys. We also leveraged automated reporting of the Electronic Health Record (EHR) to quantify numbers of completed Stanley Brown safety plans per medical student per block.

**Results** We were able to successfully track completion of Stanley Brown safety plans by medical students on inpatient psychiatry units, raw numbers of which increased after our educational intervention. We obtained qualitative survey data which was notably positive.

**Discussion** This pilot study demonstrates the feasibility of teaching clerkship-phase medical students how to implement safety planning, and that this can be tracked and quantified in the EHR, our review of the qualitative data suggests that by the end of their rotation, students feel more knowledgeable and confident in collaborating with patients on safety plans to prevent suicide.



**Friday, September 13, 2024 continued...**

**Poster 106**

**Physician Moral Injury during the COVID-19 Pandemic**

Nina Djukic, BS, MS\*, *Univ. of California San Francisco*

**Poster Category:** Diversity/Inclusion/Equity/Addressing Disparities

**Description:**

**Background** Moral injury is defined as lasting distress due to perpetrating, failing to prevent, or witnessing acts that transgress or deeply violate one's moral or ethical code. Previous research has demonstrated that during the COVID-19 pandemic, healthcare workers were at increased risk of moral injury. However, there is a lack of studies that explore how physician social identity may affect experiences of moral injury. Objectives: To identify the main sources of moral injury during the COVID-19 pandemic in a physician cohort, and how moral injury may be experienced differently based on physician social identity.

**Methods** Participants were 13 physicians who reported caring for COVID-19 patients at a California major metropolitan Univ. hospital system during the COVID-19 pandemic (March 2020- May 2023). Physicians were asked about experiences of moral injury and how their social identities affected their experience of caring for COVID-19 patients. Rapid thematic qualitative analysis was used to evaluate interview data.

**Results** Four main sources of moral injury were identified in interview analysis, including: 1) Insufficient resources, 2) Restricting patient autonomy, 3) Balancing patient care and personal/family safety, and 4) Witnessing inequality. One prominent theme emerged regarding social identity, with physicians with marginalized identities expressing that self-identification with marginalized patients contributed to their experience of moral injury.

**Discussion** Identifying sources of moral injury, and how these experiences of moral injury intersect with social identities, can assist with greater targeted individual and systemic support of physicians.

Keywords: Moral Injury, Physicians, COVID-19, Qualitative Research

**Poster 107**

**Can Using Historical Psychiatric Cases on Instagram Enhance Psychiatric Clinical Education?**

Ariana Adnani, BA\*, *George Washington Univ., School of Medicine and Health Sciences*

Amir Afkhami, MD, PhD, *George Washington Univ. School of Medicine*

Nina Afsar, MD, *George Washington Univ., School of Medicine and Health Sciences (AO)*

Simran Kalsi, MD, *George Washington Univ., School of Medicine and Health Sciences (AO)*

Prianka Kumar, BS\*, *George Washington Univ., School of Medicine and Health Sciences (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

**Description:**

**Background** Social media has traditionally been used for purposes related to photo sharing, socialization, and communication. As the popularity of social media grows, the versatility of its potential utilization continues to expand. Recent studies have piloted the concept of using Instagram for disseminating education for medical students, with promising results of student satisfaction, in regard to histology education. The goal of this study was to assess the utilization and satisfaction of learning psychiatry through historical cases on an Instagram-disseminated platform.

**Methods** The educational platform was situated on Canva and publicly promoted on Instagram. Medical students were able to apply their psychiatric knowledge through a series of historical educational cases and rate the cases' contribution to their understanding of psychopathology, ethics, and empathy towards psychiatric patients. Likert rating scales were characterized by the following categories: strongly agree, agree, neutral, disagree, and strongly disagree.

## Friday, September 13, 2024 continued...

**Results** Preliminary data for 27 users found that 96.2% of participants were medical students. On a Likert scale of 0 (strongly disagree) to 5 (strongly agree), the platform's contribution to student understanding of psychiatric pathologies scored 4.12. Contribution of cases to enhancing ethics scored 4.04, and contribution of the cases for increasing empathy towards psychiatric patients scored 3.6.

**Discussion** The overall assessment of the educational platform was positive, with medical students expressing highest preference for the platform's ability to contribute to their understanding of psychiatric pathologies.

Poster 108

### Still Impactful 6 Months later? Evaluation of a Faculty Development Program Customized for Psychiatry Teachers and Educators

Shaheen Darani, MD, *Temerty Faculty of Medicine, Univ. of Toronto*

Certina Ho, PhD, RPh, *Univ. of Toronto*

Wei Wei, BSc, PharmD\*, *Hamilton Health Sciences (AO)*

Laura Rivera, MD, MPH\*, *Univ. of Toronto (AO)*

Eulaine Ma, PharmD\*, *Univ. of Toronto (AO)*

Sanjeev Sockalingam, MD, FRCPC, *Univ. of Toronto, Centre for Addiction and Mental Health (AO)*

**Poster Category:** Innovation

#### **Description:**

**Background** Our Department of Psychiatry implemented a series of 6 customized WORKSHOPS to support faculty and senior residents in developing their careers in teaching and education. Few studies have explored the retention of changes from faculty development initiatives. Assessing changes retrospectively aids in identifying the supports needed for sustainable change. Our evaluation of this innovative program aimed to identify participants' knowledge, confidence, practice changes and barriers and facilitators to change.

**Methods** Topics included feedback, teaching in clinical settings, teaching/supervision during virtual care, faculty wellness, mentorship, responding to microaggressions/critical allyship. Teaching activities incorporated adult learning principles and interactivity. Participants were retrospectively surveyed three to six months post on their perceived changes in knowledge and confidence in topics, perceived changes in teaching practice, and facilitators/barriers of changes. Surveys were disseminated on REDCap. Quantitative data were analyzed using descriptive statistics, qualitative responses using thematic analysis.

**Results** Participant numbers ranged 6 to 38 with survey response rates ranging 21.7% to 66.7%. The majority of participants were clinical supervisors or education leaders within five years of appointment. Significant increases in knowledge and confidence in competencies were reported post workshop compared to before. Participants reported intended changes and actual changes in their practices, such as modified teaching approaches and increased self-reflection. Facilitators included resource provision, supportive colleagues, receptive learners, while lack of opportunities or time to implement changes were perceived barriers.

**Discussion** Faculty development, involving customized WORKSHOPS, supporting teacher/educator career development, can lead to sustained improvements and actual practice changes. This program can guide the planning of future programs.

**Friday, September 13, 2024 continued...**

**Poster 109**

**AI and Psychiatry: A Scoping Literature Review on Integrating AI into Psychiatric Curriculum**

Peter Park, BS\*, *Anne Burnett Marion School of Medicine at Texas Christian Univ.*

Isabelle Tran, BA\*, *Burnett School of Medicine at Texas Christian Univ.*

Ashley Kenney\*, *Burnett School of Medicine at Texas Cristian Univ. (AO)*

Marisa Fat\*, *Anne Burnett Marion School of Medicine at Texas Christian Univ. (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

**Description:**

**Background** Research in Artificial Intelligence (AI) and its clinical application, ethics, and role in medical education has become increasingly prevalent in the last decade. In curriculum, AI has shown to enhance simulation labs, improve medical students' clinical skills, and increase student-initiated research encompassing large data. In psychiatric practice, AI has helped identify patients with affective, psychotic, and attention deficit disorders. Companion and support AI robots have improved geriatric patients' loneliness and sleep. Additionally, AI-based mental health apps have surged in the commercial sector. Our objective is to provide relevant literature for stakeholders in medical education related to psychiatry and offer perspectives to consider when deciding to integrate AI into curriculum.

**Methods** This scoping literature review employed a search strategy using PubMed, focusing on studies published between 2016 to 2024, using combinations of keywords including "Artificial Intelligence," "Psychiatry," "Medical Education". Exclusion criteria filtered out results not directly relevant to medical/resident education, or clinical practice, ensuring the synthesis of pertinent findings.

**Results** Results indicate several recurrent themes within AI and Psychiatric education focusing on 1) experimental and technical capacities of AI; 2) ethics of AI use in medical education; 3) and the clinical safety of AI to provide mental health guidance.

**Discussion** As the next generation of psychiatry residents enter the field, it may be important to educate on AI-related topics such as 1) the proficiency of AI given potentially skewed data sources within psychiatry; 2) experiments where AI is used in medical education related to psychiatry; and 3) ethics and efficacy behind AI's role clinically.

**Poster 110**

**Standardized Patient Workshop to Improve Medical Student Knowledge and Comfort Managing Suicidality**

Paige McKenzie, MD\*, *Medical College of Wisconsin*

Paige Chardavoyne, MD, Med\*, *Medical College of Wisconsin (AO)*

Ana Navarro-Montoya, MD, *Medical College of Wisconsin (AO)*

Julie Owen, MD, MBA, FAPA, *Medical College of Wisconsin (AO)*

Amanda Liewen, MD, *Medical College of Wisconsin (AO)*

Jill Sorby, MD, *Medical College of Wisconsin (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

**Descriptions:**

**Background** The ability to perform a suicide risk assessment is an important skill for medical students to learn regardless of their future specialty. This workshop was developed to improve student knowledge and comfort managing suicidality.

**Methods** During their third-year psychiatry clerkship, medical students watched a prerecorded 45-minute didactic presentation prior to participating in a standardized patient workshop. In groups, students interviewed two patients with suicidal ideation prior to reconvening and formulating risk assessments for each patient. Students were invited to

## Friday, September 13, 2024 continued...

complete pre- and post-workshop surveys disseminated via QR code. Survey data was analyzed using unpaired t tests as responses were unmatched.

**Results** Preliminary data from the first half of the academic year indicated that, of the 105 participants, 86% (90/105) completed the pre-survey and 70% (73/105) completed the post-survey. Prior to the workshop, 78% (70/90) of respondents reported no formal training managing patients with suicidality and described their previous clinical experience managing patients with suicidality to be "little experience". On a 5-point Likert scale where 1=extremely and 5=not at all, respondents reported improved knowledge assessing suicidality (pre: 2.17; post: 3.64, p LESS THAN 0.0001) and increased comfort managing patients with suicidality (pre: 2.58; post: 4.07, p LESS THAN 0.0001). Respondents rated the workshop highly relevant and helpful in illustrating best-practice concepts.

**Discussion** Implementing a suicide risk assessment workshop increased students' knowledge and comfort managing suicidality, supporting the benefit of this additional training for medical trainees. The study team plans to use these findings to inform suicide risk assessment e-module development.

### Poster 111

#### **Fostering Collaboration, Community, and Improved Communication: The Potential Pitfalls and Opportunities of CL Psychiatry Lectures for Internal Medicine Residents**

Bryan Lao, MD\*, *Univ. of California Los Angeles Hospital System*

Erin Hegarty, MD, MA\*, *Univ. of California Los Angeles - NPI*

Samantha Cerimele, MD\*, *Univ. of California Los Angeles (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** In contrast to inter-professional collaboration (i.e. physicians, nurses), intra-professional collaboration is between different disciplines within the same profession (i.e. psychiatrists, internists). Previous research has demonstrated that the integration of intra-professional education may improve communication between teams, foster a collaborative culture, and improve patient-centered care. Additionally, foundational lectures provide a platform on which learners can continue to build upon with their own cases.

**Methods** As part of an initiative to improve intra-professional collaboration between psychiatry and internal medicine, foundational lectures on (1) capacity and (2) delirium management were presented by CL psychiatrists to internal medicine medical students and residents during their noon conference series. Pre- and post-test comfort, general attitudes, and feedback were collected through anonymous surveys.

**Results** -From these two lectures with 23 combined responses, pre-lecture/post-lecture comfort were self-rated as:

No Comfort (0% → 0%), Slightly Comfortable (30% → 0%), Moderately Comfortable (50% → 34.8%), Very Comfortable (20% → 52.2%), and Extremely Comfortable (0% → 13%).

-Regarding whether this lecture series was beneficial to their overall education:

0% Strongly Disagreed, 0% Disagreed, 8% Neutral, 40% Agreed, and 52% Strongly Agreed.

**Discussion** Teaching learners from other specialties presents both unique opportunities and challenges. In our experience, unique opportunities included increased trust (knowing who their 'consultants' actually are) and more specific consult questions. Challenges included difficulty mentalizing learners' perspectives, adaptation for relevance, and decreased participation (i.e. unknown speakers on novel topics). Potential areas of improvement included positive reinforcement of participation (i.e. candy), pre-lecture assessments/discussions with medicine attendings, and additional time allotment for discussion of previous difficult cases.

## Friday, September 13, 2024 continued...

Poster 112

### Leading Together for Wellness: A Community of Practice Approach

Heather Flett, MD, MSc (HPE), FRCPC, *Univ. of Toronto*

Julie Maggi, MD, MSc, FRCPC, *Univ. of Toronto (AO)*

Samantha Inwood, MAPS, *Univ. of Toronto (AO)*

Molyn Lesczcz, MD, FRCPC, CGP, AGPA-DF, *Univ. of Toronto (AO)*

David Rojas, BEng, MSc, PhD, *Univ of Toronto*

**Poster Category:** Innovation

#### Description:

**Background** Leadership development to support organizational wellness is crucial for faculty, staff, and learners in medical education. We developed a community of practice (COP) for leaders in the Faculty of Medicine to develop knowledge, skills, and attitudes to promote wellness within their programs. We offered six 12-month COPs to exchange and generate knowledge, skills, and attitudes through open discussion of experiences and shared readings. Led by experienced group facilitators, the COPs also served to model these wellness-supporting behaviors for group members.

**Methods** To evaluate the experience and impact of a novel COP for leaders, a feedback survey of open and closed questions was shared with all participants after the final COP session.

**Results** We received survey responses from 43 of 68 participants across 6 COP's. 98% of participants indicated that they would recommend the program to a colleague, with 93% indicating they learned important concepts and principles for leading in wellness-supporting ways. 90% reported the COP had a positive impact on their leadership. Comments indicated the COP supported participants' feelings of confidence and legitimacy in promoting wellness in their roles, with readings providing evidence-based foundations for advocacy. Participants appreciated normalizing challenging leadership with peers, and the power of a 'safe space' within the COP's. Facilitation, timing, and grouping participants by clinical and non-clinical departments were described as important for the COP's effectiveness.

**Discussion** Feedback for the COPs was overwhelmingly positive and indicates the ability to model leading for wellbeing while promoting knowledge, skills, and attitudes to support wellness-centered leadership.

Poster 113

### Assessing the Feasibility of a Customized Mental Health App for Medical Students: An Evaluation of Needs, Barriers, and Digital Health Tools

Maira Urooj, BS\*, *Northwell Zucker Hillside Hospital*

Brendan Jaghab, BS\*, *Northwell Zucker Hillside Hospital (AO)*

Milan Kapadia, BS\*, *New York Institute of Technology College of Osteopathic Medicine (AO)*

Mohana Biswas, MD\*, *Montefiore Medical Center / Albert Einstein College of Medicine (AO)*

Priyanka Algu, MD\*, *Zucker School of Medicine at Hofstra / Northwell Zucker Hillside Hospital (AO)*

Sungmin Hong, MD\*, *Zucker School of Medicine (AO)*

Julia Tartaglia, MD, *Northwell Zucker Hillside Hospital (AO)*

**Poster Category:** Innovation

#### Description:

**Background** Medical students report higher rates of depressive symptoms and burnout compared to their non-medical peers yet are less likely to seek treatment. Digital psychiatry offers a less stigmatizing, more discrete alternative. This study aims to evaluate the

## Friday, September 13, 2024 continued...

acceptability and feasibility of developing a mental health app tailored specifically for medical students.

**Methods** An anonymous REDCap survey was distributed across 19 U.S. medical schools. Medical student volunteers sent an IRB-approved recruitment message and up to three reminders over six weeks to their student body listservs or GroupMe.

**Results** 608 U.S. medical students completed the survey, with an even distribution across class years and representative demographics. Students reported high rates of difficulty managing uncertainty about the future (56.6%) and burnout (49.3%). Common barriers to accessing care were lack of time and an institutional culture normalizing stress. These barriers impact students' ability to seek help, with only 33.9% seeking help from a private therapist and 33.9% not utilizing any resources. Most students were unfamiliar with digital mental health tools. However, a third were likely to use a mental health app, and a substantial majority (83.9%) indicated increased interest if an app were tailored to their needs. The most favored app features were habit trackers and productivity tools.

**Discussion** Medical students have overall favorable attitudes toward the development of a customized mental health app, offering a promising opportunity to augment traditional mental healthcare for medical students. Future research should address limited digital literacy and concerns about data privacy to optimize user engagement and retention.

Poster 114

### Assessing the Impact of Debriefing Process Groups during the Psychiatry Clerkship

Scott Mariouw, MD, *Univ. of Michigan*

Andrew White, MD\*, *Univ. of Michigan Hospitals (AO)*

Elissa Patterson, PhD, *Univ. of Michigan Medical School (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** During the core psychiatry clerkship, medical students are confronted with emotionally charged clinical scenarios existing within mental health treatment; strategies to process these experiences are needed. The impact of a structured debriefing process group within the psychiatry clerkship has not been well explored.

**Methods** This study examines the impact of adding a required debriefing process group for students rotating through the core psychiatry clerkship. A survey was completed by medical students directly after participation in the process group.

**Results** Survey results showed 85% of students experienced an emotionally challenging scenario in the clinical setting, with 36% of students reporting these experiences as having negatively impacted their personal wellness. After engaging in the debriefing process group, 84% of students thought this session should be incorporated into the psychiatry clerkship curriculum and 86% of students felt debriefing process groups should be added to other clerkships. *\*\*Data collection is still in process.* Results presented represent responses from 55 students involved in five of the twelve annual cohorts.

**Discussion** This study confirms that medical students are experiencing emotionally challenging scenarios in the clinical setting. Furthermore, a portion of students reported that these events negatively impact their personal wellness. Students viewed the debriefing process group as a valuable addition to the psychiatry clerkship and indicated that similar debriefing sessions may be beneficial in other clerkships as well. This study provides a helpful starting point for larger-scale implementation of debriefing process groups throughout the entire clerkship year to improve overall medical student education and wellness.



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Poster 115

**Increasing the Access to Mental Health Care by Supporting Primary Care providers:  
Upstate Mental Health Reach Initiative**

Nevena Radonjic, MD, PhD, *SUNY Upstate Medical Univ.*

Marcy Guzik, *Upstate Medical Univ.*

Dongliang Wang, PhD, *SUNY Upstate Medical Univ. (AO)*

Seethalakshmi Ramanathan, MD, *SUNY Upstate Medical Univ. (AO)*

**Poster Category:** Innovation

**Description:**

**Background** Primary care providers (PCPs) are the first and often the only providers to address mental health issues in our communities. This need is particularly high in rural areas, where dedicated mental health resources are limited. The Upstate Mental Health REACH initiative is an educational program designed to improve access to mental health services in Upstate New York by increasing confidence of PCPs to diagnose and treat common mental health disorders.

**Methods** Each educational cycle consisted of a one-day, six-hour intensive workshop and 10 one-hour-long ECHO (Extension for Community Healthcare Outcomes) sessions taught by academic psychiatrists. Demographic data was obtained for each cycle. Participants were surveyed before and after each workshop using a Knowledge, Attitude, and Practice (KAP) questionnaire and differences were assessed by paired t-tests.

**Results** Three educational cycles were delivered over two years. A total number of 606 participants attended the sessions, including 219 unique attendees from 43 counties. Participation in the workshop was associated with an increase in PCP knowledge regarding common mental disorders ( $p < 0.001$ ), as demonstrated by the change in KAP scores. Similarly, with regards to attitude following participation in the educational activities, PCPs reported an increase in readiness to treat mental health conditions ( $p=0.013$ ). They also reported a change in their practice and reported a reduction in referrals to psychiatry for management of mental health conditions ( $p=0.026$ ).

**Discussion** Our data demonstrate that an effective educational activity can increase PCPs' confidence in treating mild to moderate mental health conditions and improve access to mental health care.

Poster 116

**Building Our Psychiatric Legacy through Recruitment: The Importance of Education  
about Changes in the Application Process.**

Sandra Batsel-Thomas, MD, *Univ. of Kentucky*

Anna Kerlek, MD, *The Ohio State Univ. College of Medicine*

Lia Thomas, MD *Univ. of Texas Southwestern Medical Center (AO)*

Shambhavi Chandraiah, MD, FRCPC, *East Tennessee State Univ., James H. Quillen  
College of Medicine (AO)*

Bridget Skidmore, MD, *West Virginia Univ. Health Sciences Center*

**Poster Category:** General/NOS

**Description:**

**Background** In 2022, Psychiatry started participating in the ongoing AAMC pilot Supplemental Application (SA), including program signals. Additionally, the NRMP introduced guidelines for Program Directors (PDs) regarding release dates for interviews. While literature exists describing PDs' experiences and impressions regarding the SA and/or

## Friday, September 13, 2024 continued...

preference signaling in other specialties, no literature exists about the impact of these changes for Psychiatry.

**Methods** To address this gap, members of the AADPRT Recruitment Committee created a survey for general Psychiatry PDs about their experiences with using these tools. A 24-item survey was sent to PDs in April 2023. PDs were asked about characteristics of their program, number of signals received, and from what applicant types. PDs were asked about their use of signals, the SA, and about universal interview release dates.

**Results** The survey had a 28% response rate, with 89% of respondents' programs participating in signaling. Respondents noted reviewing, interviewing, and ranking students from places not previously considered because of signaling. When PDs were asked about signals for Match 2024, 86% said they would opt in to signaling and 72% requested 5 signals again. PD respondents were more mixed in their feedback on the overall experience of the SA, with many noting that geographic preference and meaningful experiences were only somewhat helpful.

**Discussion** Programs signals were felt to be a helpful tool. PDs reported that they reviewed, interviewed, and matched applicant types that they had not before because of signals. PDs were more mixed in the experiences of the SA and expressed uncertainty about universal interview dates.

Poster 117

### Enhancing Longitudinal Learning: A Resident-Centric Curriculum for Lifelong Teaching

Garrick Gaffney, DO, MA\*, *John Peter Smith Health Network*

Kelly Moreno, DO\*, *John Peter Smith Health Network*

Dustin DeMoss, DO, *John Peter Smith Hospital (AO)*

James Haliburton, MD, *John Peter Smith Hospital (AO)*

Malik Farooq, MD, *John Peter Smith Hospital (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** New attendings often feel unprepared to teach residents in a formal setting. Learning these skills starts in residency, but residents can already feel stretched thin trying to teach themselves, let alone others. Helping residents build their skills without increasing burnout is key to developing longitudinal teachers. It's a recurring challenge for new physicians to transition into teachers during residencies, given extant pressures of mastering their skills. Thus, a balance must be struck to nurture teaching skills in residents without overburdening them.

**Methods** We developed a progressive, resident-based teaching curriculum grounded on adult learning principles, emphasizing sequential skill development and application. Year-wise, structured interventions were incorporated. PGY1 involves hands-on interaction with medical students. PGY2 pedagogically applies psychotherapy principles under supervision. In PGY3, residents offer didactics to medical students, and by PGY4, formal didactics are conducted for peers and other specialties.

**Results** Combining teaching principles with residents' professional growth bolstered satisfaction, mitigated burnout, and motivated knowledge-sharing, thereby enhancing their teaching preparedness.

**Discussion** A course design enabling residents to use necessary knowledge for simultaneous development of teaching skills effectively reduced cognitive load and burnout. It fostered personal work satisfaction and work-life balance. Therefore, unexhausted residents transition more capably into teaching-centric roles post-residency, thereby fostering a community committed to lifelong learning and comprehensive educational improvement.

**Friday, September 13, 2024 continued...**

**Poster 118**

**Reproducible Practices: Rotating Activities in Psychopharmacology Training**

Gemma Espejo, MD, *Univ. of California Irvine Health*  
Farah Khorassani, PharmD, *Univ. of California Irvine*

**Poster Category:** General/NOS

**Description:**

**Background** The Accreditation Council for Graduate Medical Education (ACGME) provides minimal guidance for training programs regarding pharmacology training. Though the American Society of Clinical Psychopharmacology published its 11th edition of the ASCP Model Psychopharmacology Curriculum which includes specific content and methods for didactics - residents may not have access to this resource and have difficulty identifying relevant, landmark trials that inform current prescribing practices.

**Methods** As a board-certified psychiatric pharmacist and physician, we created a reproducible 4-week curriculum which incorporates pertinent psychopharmacology topics for inpatient rotations. The 4-week rotation includes journal clubs with a provided evidence-based template, a pharmacy led didactic session, and a psychopharmacology conference. One of the journal articles was from the list of approved landmark articles. For the psychopharmacology conference, a template was created and provided focusing on a clinically relevant, methodical evidence review.

**Results** This 4-week curriculum was implemented for 4 months on an inpatient unit with multiple groups of residents. Feedback from residents was positive, focusing on clinical relevance, feasibility during a demanding service, and valuing evidence-based practice. Residents appreciated the templates which provided guidance on how to critically evaluate literature. Residents felt that the list of landmark articles also encouraged further outside reading.

**Discussion** Psychopharmacology remains a cornerstone of psychiatric training. There is a need for standardized, reproducible evidence-based ways to teach pharmacology on busy, inpatient services. By incorporating evidence-based tools used in pharmacy training and practical templates, this curriculum provides residents with foundational tools to evaluate literature and psychopharmacology pearls from a multidisciplinary lens.

**Poster 119**

**Integrating a Multi-Part Pilot Workshop on Reproductive Justice into Medical Student Education**

Clara Nguyen, MPH, BS, BA\*, *David Geffen School of Medicine at UCLA*  
Nichole Goodsmith, MD, PhD, *VA Greater Los Angeles Healthcare System / Univ. of California Los Angeles (AO)*

**Poster Category:** Diversity/Inclusion/Equity/Addressing Disparities

**Description:**

**Background** Reproductive justice (RJ) is a framework underscoring the structural causes that perpetuate reproductive inequities. As such, the RJ framework supports a systems-level, trauma-informed approach at the intersection between reproductive and mental health care. Integration of RJ concepts into medical education would equip students to address reproductive topics in a culturally informed and patient-centered manner.

**Methods** In collaboration with medical student education leadership, we developed an innovative, multi-part workshop introducing RJ topics, including the application of the RJ framework to medical care, the history of reproductive injustices, mental health

## Friday, September 13, 2024 continued...

considerations in pregnancy and parenting, and role-play exercises to build medical student comfort and confidence with discussing reproductive topics with patients. We will conduct a pilot workshop with pre-clerkship medical students, utilizing pre- and post-test surveys to assess outcomes including knowledge, patient-centered communication skills, and comfort and confidence discussing reproductive and mental health topics in clinical scenarios.

**Results** We anticipate that integration of this workshop into the pre-clerkship medical student curriculum will achieve the following learning objectives: increase awareness of historic reproductive injustices, enhance comfort and confidence in discussing the relationship between reproductive issues and mental health, and promote the application of RJ principles in clinical scenarios.

**Discussion** We hypothesize that learners will find value in the RJ curriculum, deepening their own understanding of how reproductive and mental health coincide. We foresee the sessions will address a current paucity in medical student curriculum and challenge students to consider the structural determinants of health and critically analyze these influences in their future practice.

Poster 120

### **Perceived Importance of Transition-To-Practice Competencies by Psychiatry Residents in Canada: A Cross-Sectional Evaluation**

Certina Ho, PhD, RPh, *Univ. of Toronto*

Michael Mak, MD, FRCPC, *Centre for Addiction and Mental Health, Univ. of Toronto (AO)*

Justin Lee, PharmD, *Univ. of Toronto (AO)*

Anna Nguyen, PharmD, *Univ. of Toronto (AO)*

Eulaine Ma, PharmD, *Univ. of Toronto (AO)*

Sanjeev Sockalingam, MD, FRCPC, *Univ. of Toronto, Centre for Addiction and Mental Health (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** As Canadian psychiatry residency programs transitioned to the competency-based model, the Royal College of Physicians and Surgeons of Canada released a list of Transition-to-Practice (TTP) Riordan. Our project is aimed to identify the skills/proficiencies psychiatry residents perceive as most valuable during their TTP.

**Methods** An online questionnaire was sent to senior psychiatry residents (PGY4 and above) in Canada via the Coordinators of Psychiatric Education (COPE) from January to March 2023. Residents were asked to rank the Royal College TTP competencies based on their perceived levels of importance. Rankings were converted into quantitative data from 1 (Least Important) to 5 (Most Important). Open-ended comments were also collected from residents addressing other aspects they deemed important but not captured in existing TTP competencies.

**Results** We received 72 responses from 15 (out of 17) Canadian medical schools. The top 3 TTP competencies were adverse event management, practice management, and business aspects of practice. Competencies rated least important included evaluating costs of treatments, quality improvement, and social media training. Residents highlighted the importance of managing practice-related finances and applying them to jobs, which were not addressed by current TTP competencies.

**Discussion** This cross-sectional evaluation provided an opportunity to refine psychiatry residency training by focusing on prioritized TTP competencies perceived by residents. Furthermore, areas identified by residents as significant but not encompassed within the Royal College TTP competencies may reflect unaddressed needs in psychiatry residency training. This suggests the need for additional resources to address these gaps moving forward.

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**Poster 121**

**A Review of Community and Rural Psychiatry Residency Tracks**

Quincy DeYoung, BA\*, *Zucker School of Medicine at Northwell Health*  
Angela Liu, MD\*, *Northwell Health at Zucker Hillside Hospital (AO)*

**Poster Category:** Innovation

**Description:**

**Background** A select number of residency programs have developed community psychiatry tracks to meet the needs of rural, underserved populations. However, there is a lack of research comparing the educational structure of the tracks. Our aim is to compile and review all U.S. community and rural psychiatry tracks.

**Methods** We conducted a comprehensive internet search and a review of residency program websites. Search terms include a combination of “community”, “public”, “rural”, “psychiatry”, “residency”, “tracks”, and “concentrations”. Fellowship program tracks were excluded.

**Results** Our search revealed twenty-seven tracks, including nine rural psychiatry tracks distributed across US regions: 30% in the South, 26% in the Northeast, 22% in the Midwest, and 22% in the West. Sixteen tracks outlined application timing, with the majority (63%) allowing applications during ERAS or PGY-1. Eight tracks mentioned mentorship programs, while four discussed funding, often from state and county sources. Clinical experiences were detailed in twenty-four programs, encompassing rotations in settings such as ACT, state hospitals, VA facilities, correctional facilities, and community mental health centers. Fifteen tracks covered didactic topics including social determinants of health, advocacy, and finance. However, data on program outcomes, particularly regarding post-graduation practice in community psychiatry, was lacking.

**Discussion** The results of this review addresses a knowledge gap in community and rural psychiatry education and can inform psychiatry residency Program Directors for improvement and development of future tracks.

**Poster 122**

**Expanding the Academic Community with Remote Positions: Perspectives from Remote Faculty Members at Two Academic Institutions**

Keri Stevenson, MD, *Virginia Tech Carilion School of Medicine*  
Quincy Zhong, MD, *Univ. of Virginia*

**Poster Category:** General/NOS

**Description:**

**Background** Most academic programs face challenges with recruitment and retention of faculty members due to factors such as noncompetitive salaries, workload concerns, and geographic location. During the COVID-19 pandemic, many psychiatrists shifted to virtual practices. Studies show similar efficacy of telehealth vs in-person visits in treating psychiatric illness. Similarly, evidence suggests that medical education delivered virtually is effective. However, academic institutions have not sought to fill vacant faculty positions with remotely located psychiatrists.

**Methods** We examine the potential advantages and disadvantages of this employment strategy from the perspectives of two junior faculty members in predominantly remote positions at two academic institutions.

**Results** The authors explain their position’s origins, current clinical and educational duties, technological resources facilitating their remote work, and encountered obstacles and solutions.

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**Discussion** Opening faculty positions to psychiatrists working predominantly remotely can increase recruitment and retention, especially in geographically disadvantaged areas. Remote academic positions may be especially desirable to candidates seeking PSLF-eligibility, potentially increasing recruitment from underprivileged groups. The strategy may also enable recruitment of more sub-specialty-trained psychiatrists to enhance programs' educational landscapes.

Poster 123

### Developing Psychiatry Mentorship Programs for Junior Medical Students, Senior Medical Students, and Residents

Benita Lalani, BS\*, *Univ. of Texas Medical Branch at Galveston*  
Joseph Shotwell, MD, *Univ of Texas Medical Branch at Galveston (AO)*  
Viet Tran, BA\*, *Univ. of Texas Medical Branch at Galveston (AO)*  
Kevin Chen, MS\*, *Univ of Texas Medical Branch at Galveston (AO)*  
Jasmine Liu-Zarzuela, MD, *Univ. of Texas Medical Branch at Galveston (AO)*  
Lily Nguyen, BS\*, *Univ. of Texas Medical Branch at Galveston (AO)*  
Isreal Munoz, MD, *Univ. of Texas Medical Branch at Galveston (AO)*  
Meghan Mallya, BS\*, *Univ of Texas Medical Branch at Galveston (AO)*  
Adeeb Ahmed, BS\*, *Univ. of Texas Medical Branch of Galveston (AO)*  
Alec Manning, BS\*, *Univ of Texas Medical Branch at Galveston (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### Description:

**Background** Mentorship programs in psychiatry are pivotal for fostering positive development among mentors and mentees, promoting well-being, empowering exploration of new fields, and reducing isolation. This project details the implementation of two distinct psychiatry mentorship initiatives: one pairing medical students with psychiatry residents, and another pairing junior and senior medical students.

**Methods** Participants were recruited via interest forms distributed through GroupMe, email, and psychiatry interest group meetings. Forms collected data on goals, training level, meeting frequency preferences, career interests, and contact methods. Pairs were matched based on shared career interests and training level.

**Results** From 2021 to 2023, our student-resident program matched 29 residents with 42 students. Most students (94% in 2021, 78% in 2022) expressed strong interest in psychiatry, including outpatient (93%), inpatient (73%), and child/adolescent psychiatry (63%). Meetings occurred 2-3 times annually, supporting research, professional involvement, exam preparation, and residency applications. Recommendations included developing guidelines and discussion topics. A pilot junior-senior program in 2023-2024 engaged 8 senior and 11 junior students with collaborative activities.

**Discussion** Our institution's new psychiatry mentorship programs offer insights into enhancing recruitment and career development. These initiatives align with studies showing mentorship's impact on medical students' career decisions. Although long-term studies are limited, initial outcomes are encouraging. Exposure to child and adolescent psychiatry through formal mentorship has potential to increase match rates into general psychiatry and CAP fellowships [3, 4]. Future efforts will refine structures, including guidelines and topics, ensuring ongoing success in preparing future psychiatrists and addressing workforce challenges in psychiatric care.



## Friday, September 13, 2024 continued...

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### Poster 124

#### **Developing the Next Generation: Three-Year Outcomes of a Novel Clinician Scholar Program**

Kathleen Sheehan, MD, DPhil, FRCPC, *Univ. of Toronto*

Hamer Bastidas-Bilbao, PhD, *University Health Network (AO)*

Certina Ho, PhD, RPh, *Univ. of Toronto (AO)*

Sanjeev Sockalingam, MD, FRCPC, *Univ. of Toronto, Centre for Addiction and Mental Health (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** The Clinician Scholar Program (CScholP) at the Univ. of X launched in July 2021. The CScholP supports psychiatry residents conducting research in the domains of education, quality improvement (QI), humanities, social sciences, and other areas of creative professional activity (CPA). Residents apply to the CScholP in PGY2 or PGY3 with a specific project and supervisors. They are provided with protected time (half day per week), financial support to attend conferences (\$1500 per year) and participate in a specific curriculum for career development.

**Methods** We have been conducting an evaluation of the CScholP using the Context, Input, Process, Product (CIPP) framework, to ensure continuous quality improvement within the program. In this poster, we present the three-year outcomes of the CScholP.

**Results** The CScholP has grown rapidly, with one resident in the 2021-2 academic year, four in 2022-3, and nine in 2023-4, supervised by 12 different faculty members. The research projects are novel and interdisciplinary, spanning education (n=3), QI (n=3), humanities (n=2), other CPA (n=1). Residents are expected to have academic products, such as national/international presentations and publications, annually. To date, all residents have presented their work at such conferences and 75% have published at least one manuscript. Further information about program curriculum and feedback will be presented.

**Discussion** There is need for and interest in supporting the development of academic psychiatrists conducting research in domains outside the biomedical sciences. The CScholP provides a blueprint for how to build such a program, as well as a process for evaluation to ensure ongoing improvement.

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12:10 PM - 12:15 PM

**E-POSTERS AWARDS PRESENTATION**

Room: [Palm Court Ballroom](#)

12:15 PM - 12:55 PM

**E-POSTERS SESSION (B) and  
Medical Student Essay Discussion**

Room: [Palm Court Ballroom](#)

**Poster: 201**

**An Educational Intervention to Improve Psychiatry Resident Safety**

Carmen Kilpatrick, MD, *Univ. of California San Francisco*

Martha Vargas, MD, *Univ. of California San Francisco*

Rubi Luna, MD, *David Geffen School of Medicine at Univ. of California Los Angeles (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

### **Description:**

**Background** Physical and verbal assaults are an unfortunate part of the psychiatry resident experience, as trainees work in environments with increased risk of violence. The estimated prevalence of assaults by patients against US psychiatry residents ranges from 36% to 64% [Dvir, et. al., 2012]. Residents often feel unprepared to respond to these acute safety concerns in clinical settings.

**Methods** Univ. of California San Francisco psychiatry residents participated in a two-hour safety-themed workshop, consisting of (1) a 10-minute video showcasing the safety features of the primary clinical sites, (2) three case-based discussions of institutional post-assault protocols presented by core faculty, and (3) small group conversations about residents' safety concerns. Residents were surveyed before and after the town hall (November 30th, 2022) with a Qualtrics questionnaire comprised of multiple-choice questions and open-ended questions. These questions assessed residents' feelings of safety in clinical settings including inpatient psychiatry and outpatient clinics, resident's understanding of available departmental support in the event of an assault, and their awareness of institutional post-assault protocols.

**Results** After the safety town hall, residents felt safer in all settings, most significantly the inpatient psychiatry unit ( $p=0.07$ ). Residents were significantly more aware of the residency program's safety protocols ( $p$  LESS THAN 0.001). In the unfortunate event of an assault, residents felt more assured that they would be supported by their training program leadership, particularly in the event of a verbal assault ( $p=0.002$ ).

**Discussion** A two-hour educational intervention involving program leadership and psychiatry residents can significantly improve awareness of established safety protocols and residents' subjective feelings of safety in clinical settings.

**Poster: 202**

**Communicating a Plan for Involuntary Psychiatric Admission: A Standardized Patient Workshop Intervention for General Psychiatry Residents**

Kimberly Hsiung, MD, MS\*, *Vanderbilt Univ. Medical Center*

Daniel Daunis, MD, *Vanderbilt Univ. Medical Center (AO)*

Laura Skaug, MFA *Vanderbilt Univ. Medical Center (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

## Friday, September 13, 2024 continued...

### **Description:**

**Background** One important and often difficult act of communication common in psychiatry is communication regarding the need for involuntary commitment for psychiatric treatment.

Thus, we designed an educational workshop for psychiatry residents on how to communicate the plan for involuntary commitment to a psychiatric hospital.

**Methods** Using faculty expertise, we created a protocol to guide trainees on how to structure conversations around involuntary commitment. Residents first attended a didactic on the protocol followed by a 1-hour workshop with standardized patients (SPs) one week later. The workshop consisted of three 14-minute simulated scenarios with the SP with debriefing. Trainees filled out pre- and post-workshop surveys.

**Results** Fifteen and 12 residents completed the pre- and post-surveys, respectively. Residents' perceived comfort level in their ability to deliver involuntary commitment news significantly improved after the workshop when compared to before (3.0 vs. 3.7 for pre- and post-survey respectively; 1 = not at all comfortable, 5 = extremely comfortable). Residents tended toward intending to make more changes to their approach after the workshop when compared to before (2.2 vs. 2.6 respectively; 1 = no change, 5 = significantly change). Qualitative feedback on the didactic and workshop were largely positive.

**Discussion** To our knowledge, our intervention is the first designed specifically to teach psychiatry residents how to communicate to patients that they are being involuntarily committed to emergent psychiatric treatment. This educational model has potential in improving resident skills and confidence in having difficult conversations around involuntary commitment.

Poster: 203

### **Structured Resident-Led Inpatient Psychiatry Didactic Curriculum for Psychiatry Clerkship**

Dahlin Jackson, DO\*, *Univ. of Minnesota Medical School*

Lalita Thitiseranee, MD\*, *Univ. of Minnesota*

Harshita Pinnamaneni, MD\*, *Univ. of Minnesota (AO)*

Molly Gannon, MD\*, *Univ. of Minnesota (AO)*

Stephanie Wick, DO, MBA, MS, *Univ. of Minnesota (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

### **Description:**

**Background** Third-year clerkship rotations are an important opportunity for medical students to receive hands-on educational experience. Content and quality of education, however, can vary depending on preceptors. This quality-improvement project implemented a comprehensive curriculum for an inpatient psychiatry clerkship rotation to provide students with a structured curriculum.

**Methods** Weekly "chalk-talks" were taught over four-week rotations. At the beginning and completion of the curriculum, students completed Likert-scale survey questions (1 to 5 ranging from strongly disagree to strongly agree) and multiple-choice questions (one correct answer). Statistical analyses were performed using SPSS v. 29.0.2. N= 74 with 55 participants submitting the survey and 58 participants submitting the quizzes. Descriptive analysis and one-sample T-tests were performed to investigate differences between pre and post-didactic surveys and quizzes.

**Results** Preliminary results revealed statistically significant improvement when comparing post to pre-surveys and quizzes. Results showed increased familiarity with psychiatric topics ( $\Delta$ Meanpost survey–presurvey=13.28, tpre-survey=44.28, tpost-survey=95.75, p LESS THAN 0.001) and improved psychiatric knowledge ( $\Delta$ Meanpost quiz–pre quiz =1.06, t pre-quiz =67.37, tpost-quiz=80.65, p LESS THAN 0.001).

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**Discussion** Implementation of a structured, resident-led psychiatry didactic curriculum enhanced students' psychiatric knowledge and comfort interacting with psychiatric patients, as indicated by statistically significant results. These findings demonstrate the effectiveness of the resident-led curriculum. Residents developed and taught the curriculum as a way to improve teaching skills and reinforce psychiatric principles. Our initiatives inspired the continuation of the project led by faculty to create a more in-depth learning experience for all learners.

Poster: 204

### **Don't Forget to Wear Pants!: Incorporation of Telepsychiatry into the Medical Student Clerkship**

Maya Van Gieson, BA\*, *Geisinger Commonwealth School of Medicine*  
Khevna Joshi, BA\*, *Geisinger Commonwealth School of Medicine (AO)*  
Jessica Goldhirsh, MD, *Geisinger Commonwealth School of Medicine (AO)*  
Allison Bailey, MD, *Geisinger Medical Center (AO)*  
Christopher Conroy, BA\*, *Geisinger Commonwealth School of Medicine (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** The use of telemedicine has grown significantly over recent years in response to the COVID-19 pandemic and accelerated social acceptance of telehealth as a valid care-delivery modality, particularly in psychiatry. These changes in care delivery necessitate changes in medical student education if physicians are to meet the evolving needs of their patients.

**Methods** A pilot telepsychiatry educational program was developed and implemented within the Geisinger Commonwealth School of Medicine. During their psychiatry clerkship, third-year medical students were educated in "websites manner" as well as the various advantages and disadvantages of telemedicine. They then completed a half-day outpatient rotation with a telepsychiatry attending. Afterwards, students provided feedback on their experience via a combined quantitative and qualitative survey instrument including both Likert scales and open-ended questions.

**Results** Of the 137 third-year medical students, more than half (64%) selected they "strongly agree" or "agree" the outpatient telepsychiatry experience was a valuable addition to the clerkship. Over a quarter (27%) reported supervision with the telepsychiatrist was "significantly better" or "slightly better" than the in-person psychiatry supervision. Over half (56%) of the comments stated this experience was valuable and/or enjoyable and 17% of respondents noted positive instances of high participation.

**Discussion** This implementation of a telepsychiatry pilot rotation for third-year medical students was met with mostly positive feedback. Incorporation of dedicated telepsychiatry training into medical school curricula can enhance learner experience, increase faculty and clerkship capacity in underserved areas, and provide foundational skills for physicians-in-training to adapt to an evolving healthcare landscape.

Poster: 206

### **Avatar-Based Training for Addressing Pediatric Behavioral Health Concerns in Emergency Department Setting**

Kalyn Holmes, PhD\*, *Denver Health Hospital Authority*  
Erin Soares, PhD, *Denver Health (AO)*  
Clint Carlson, BS, MS, *Univ of Colorado (AO)*  
Scott Simpson, MD, MPH, *Univ. of Colorado Anschutz Medical Campus, Children's Hospital*

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**Poster Category:** Innovation

**Description:**

**Background** Emergency department (ED) visits by youth for mental health concerns increased for two decades before accelerating again during the COVID-19 pandemic (Bommersbach et al., 2023). Simulation-based training can increase ED providers' knowledge and confidence regarding responding to youth mental health crises (Ogonah et al., 2021). However, many health care systems lack the funding, time, and capacity to conduct live-simulation training. This project pilots a virtual, avatar-based simulation training for providers managing mental health and substance use concerns for youth in EDs.

**Methods** This hour-long training comprises four virtual and interactive patient encounters in an ED setting. Learners apply trauma-informed, patient-centered approaches to address mental health and substance use concerns. Referenced teaching points are incorporated into the simulated patient session and learners receive immediate feedback regarding the quality of their chosen response. Data includes pre- and post-data reflecting a knowledge assessment and learner experience.

**Results** The teaching format is presented alongside preliminary data collection from learners. We present on the acceptability and effectiveness of a novel virtual learning simulation for managing youth with behavioral health presentations in the ED. We hypothesize that this training will increase understanding of common mental health and substance use concerns for this population.

**Discussion** This approach to training could offer a cost-effective and feasible alternative to live-simulation training, particularly for providers outside of academic institutions, in rural areas, and in underserved communities with few alternatives for behavioral health treatment among youth.

**Poster: 207**

### **ChatGPT and Psychiatric Documentation: Balancing Trainee Education and Burnout**

Vlad Velicu, MD, MS\*, *Mount Sinai Hospital*

Eric Kramer, MD, MPH, *Univ. of California Irvine Health*

Alexander Fang, MD\*, *SUNY Downstate Medical Center (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

**Description:**

**Background** ChatGPT's use should be carefully monitored to preserve education, confidentiality, and safety while working to alleviate administrative overload. While we recognize the potential for ChatGPT to help alleviate the administrative burden, our biggest concern is the potential unintended consequence of reducing the educational value of documentation when it comes to formulating assessments.

**Methods** To demonstrate its capabilities, we asked ChatGPT to generate a psychiatric assessment based on our case vignette of a patient experiencing a major depressive episode after the death of a family member.

**Results** ChatGPT's comprehensive assessment and plan included a differential diagnosis (major depressive disorder, single episode, moderate severity, bereavement, and adjustment disorder with depressed mood) while providing rationale for each and justification for a major depressive episode. It also included other facets including a risk assessment and treatment recommendations.

**Discussion** Trainees use documentation as a means of synthesizing data, developing an assessment and plan, and identifying knowledge gaps. Since there is less objective data in psychiatry, there is even more nuance when formulating an assessment and justifying critical decisions like involuntary commitment. However, the ever-growing documentation burden

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has been associated with burnout and utilizing AI to lessen this load can allow for more time for additional educational approaches that could enhance learning and wellness. ChatGPT can be beneficial; however, it is crucial that it is not used as a substitute for key educational components of training such as formulating assessments within EMR. Governing bodies such as the ACGME and APA should convene experts and release guidelines for its use.

Poster: 208

### **Food4Thought: A Medical Trainee-Led, Remotely Delivered Nutrition Outreach Program for Individuals with Serious Mental Illness**

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**Poster Category:** Innovation

#### **Description:**

**Background** For people with serious mental illness (SMI), cardiovascular disease is the leading cause of premature death and has been attributed to factors including obesity, smoking, and lifestyle behaviors. Among them, suboptimal diet is an important and modifiable contributor to poor cardiometabolic health. The present study evaluates the development of Food4Thought, a virtual nutrition program for community members with SMI and staff that support them.

**Methods** Food4Thought was crafted as a collaboration between UMass Chan's Community Intervention Program and Genesis Club, a non-profit clubhouse, through the community participatory model. The 13-week program included interactive educational and kitchen skills WORKSHOPS. Pre-post program and module-specific survey data were collected from participants for program feedback and refinement. Post-program survey data was collected from psychiatry residents and medical student facilitators to assess their perspectives on community engagement in medical education.

**Results** Food4Thought was conducted twice at Genesis Club. Both iterations of the program demonstrated the importance of mindful eating and cooking healthy on a budget. No statistically significant changes in knowledge and attitudes surrounding healthy eating behaviors were observed (n=7); however, there was a trend for "The foods I eat can affect my mood" (p = 0.10, paired t test). Medical trainee facilitators (n=4) strongly agreed that community-based programs should be part of the medical education curriculum.

**Discussion** The pilot program of Food4Thought provided an opportunity for medical trainees to develop a public health intervention and promote community-academic collaborations. Our findings set the foundation for further in-person programming and practice in other settings including in group homes.

Poster: 209

### **Diapers, Lullaby and Formulation: Development of a Perinatal Parental Elective**

Valencia Garcia, MD\*, *Univ. of Minnesota*

Tolulope Odebunmi, MD, MPH, *Univ. of Minnesota (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** Established evidence that there is inadequate support for medical trainees who are parents. We developed a 4-week scholarly at-home elective supporting transition of trainees back into residency/fellowship following childbirth/ adoption. Elective focuses on

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wellbeing as a parent, treatment of perinatal psychiatry disorders and the transition process back to work. We hope to address the knowledge gap in treating women during reproductive years, provide an avenue for trainees to increase self-empathy and also increase time spent at home with their child without extending residency.

**Methods** Self-paced webinars, lectures and videos, virtual rounds and journal articles. As well as scheduled well child visits and parents own appointments. Evaluation check-ins were integrated to discuss progress and reflection, verbal feedback at mid-rotation and at end of rotation with supervising attending.

**Results** Informal data was obtained from the resident who did the elective. They reported that the elective rotation assisted in the transition period back to work by providing a built-in opportunity for extended bonding, postpartum recovery, and preventing potential issues with childcare.

**Discussion** This elective was completed during PGY4 year and easily fit the PGY4 schedule due to abundance of elective space. Next steps include thinking about implementation during PGY1-3 years. Furthermore, we would like to investigate if and how other programs in the Twin Cities and Midwest are doing parental electives and what their experiences are. And ultimately develop a showcase of parental electives in Twin Cities or Midwest.

Poster: 210

### Representation in Academic Psychiatry Leadership: A Parity Analysis of Gender and Racial/Ethnic Diversity of Department Chairs in the United States

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**Poster Category:** Diversity/Inclusion/Equity/Addressing Disparities

#### Description:

**Background** Diversity, equity, and inclusion (DEI) efforts have led to an increase in gender and racial/ethnic minoritized faculty in academic psychiatry, yet it is unclear whether efforts have resulted in a concomitant increase in representation among academic psychiatry leadership.

**Methods** A cross-sectional analysis of self-identified race/ethnicity (American Indian/Alaska Native, Asian, Black/African American, Hispanic/Latino/Spanish Origin, Native Hawaiian/Other Pacific Islander, white) and gender (female or male) of academic psychiatry chairs and faculty was conducted using 2012-2022 data from the American Association of Medical College's Faculty Roster. Leadership Parity Index (LPI), an equity measure examining leadership parity in academic medicine, was used to assess representation between psychiatry chairs and faculty. The LPI is calculated as the proportion of a group's representation as chairs relative to the group's representation as faculty. LPI of 1 represents parity in representation; LPI GREATER THAN 1 indicates overrepresentation; LPI LESS THAN 1 indicates underrepresentation.

**Results** Absolute number of faculty across all racial/ethnic and gender groups have increased, except Native Hawaiian/Pacific Islander males. Females across all racial/ethnic groups are consistently underrepresented (LPI=0.24 to 0.58, average LPI=0.39) in department chair leadership. Males are overrepresented in department chair leadership across all races/ethnicities (LPI=1.54 to 1.70, average LPI=1.65), except for Asian males. Asian males and females ranked last in leadership parity (LPI=0.42 to 1.07, average LPI=0.70; LPI=0.12 to 0.30, average LPI=0.24; respectively).



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**Discussion** Psychiatry faculty is increasingly diverse, yet minoritized groups are underrepresented in academic psychiatry leadership. Further efforts are needed to ensure representation of females and racial/ethnic minoritized groups at every level of leadership in academic psychiatry.

Poster: 211

### **CURED Conversations: Impact of Screening the Documentary CURED on Medical Student Enrichment and Understanding of LGBTQ History in Psychiatry**

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Katrina Hayes, BS, MS\*, *Univ. of Miami Miller School of Medicine*

Mousa Botros, MD, *Univ. of Miami Miller School of Medicine (AO)*

**Poster Category:** Diversity/Inclusion/Equity/Addressing Disparities

#### **Description:**

**Background** The historical landscape of the LGBTQ community in the field of psychiatry has been complex. Specifically, the previous pathologization of homosexuality among leading psychiatric organizations contributed to stigmatization and discrimination of LGBTQ individuals. CURED, an Emmy-nominated documentary, highlights the pivotal advocacy which triggered the American Psychiatric Association to remove homosexuality from the second edition of the DSM in 1973.

**Methods** Through an American Psychiatric Association Foundation grant, CURED was screened at 13 medical schools nationwide and the film's producers facilitated dialogue sessions amongst medical students and faculty. Attendees then completed an online survey providing their reflections and feedback.

**Results** The survey included open-ended qualitative responses and questions graded on a 5-point Likert scale such that 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree. Respondents (n=150) indicated that event participation deepened their understanding of LGBTQ+ history (4.75). Additionally, participants recommended that other healthcare professionals participate in similar events (4.84).

**Discussion** Given the limited exposure to LGBTQ training in medical schools, many students feel inadequately prepared to deliver care to this population. This immersive experience offers students an opportunity to delve into the historical context of LGBTQ individuals within the field of psychiatry and gain insight into the challenges in which they provide care. This engagement strengthens empathy, encourages critical thinking, and prepares future physicians to advocate for patients by addressing LGBTQ health disparities.

Poster: 212

### **The Power of Peers: Harnessing Peer Mentorship to Support a Successful Transition to Clerkship**

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**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** Near-peer mentoring encourages professional development and wellbeing at all levels in medical training. The transition into clerkship is particularly demanding and

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presents many new challenges for students. We implemented a near-peer mentoring program to better support this transition.

**Methods** We paired senior clerk volunteer mentors with new clinical clerks. Mentors hosted an introductory session prior to clerkship and were asked to check in with mentees during early rotations. Mentors received an orientation and written guide of expectations and resources. All participants were asked to complete a feedback survey.

**Results** 45 out of 276 mentees and 19 out of 98 mentors responded to our survey. All respondents who met with their counterparts said they benefited from the program. 77% of mentees did not know anyone who worked as a doctor growing up. Mentees most reported receiving support with studying, learner expectations, and elective planning. Mentors most reported providing support for studying, adjusting to life as a clerk, site or rotation information, expectations, general questions, and emotional wellness. All mentor respondents felt prepared. Mentor benefits included learning to appreciate their own growth, support their near-peers, and gain mentoring experience. 93% of comments suggesting improvements asked for scheduling support to meet more frequently.

**Discussion** Feedback from respondents was overwhelmingly positive. The majority of respondents did not have a previous personal relationship with a physician. This program may be particularly beneficial for this group. Recommendations for improvement emphasized facilitating more opportunities for engagement in the mentorship relationship. Overall, this program was helpful in transitioning to clerkship.

Poster: 213

### Evaluation of a Longitudinal Medical School Substance Use Disorder Curriculum

Abigail Kay, MD, *Jefferson Medical College of Thomas Jefferson Univ.*

**Poster Category:** Innovation

#### **Description:**

**Background** Purpose to evaluate a longitudinal medical school substance use disorder (SUD) curriculum Rationale.

The opioid overdose epidemic and rising rates of substance use disorder have expanded the need for physicians with the knowledge, skills, attitudes, and willingness to care for this population, especially when presenting with co-morbid conditions. Many schools devoted curricular time to an 8-hour, X-waiver buprenorphine training; the elimination of this requirement creates a brief opportunity to justify and develop new SUD curriculum before this time is reclaimed.

**Methods** Our SUD content is embedded throughout the 4-year curriculum, consisting of ten hours of training in diagnosis, treatment, and the social context that contributes to substance dependence. This training includes didactics, interactive sessions, and simulation, but not buprenorphine X-waiver training. All graduates of the Sidney Kimmel Medical College class of 2023 (n=272\*) were asked to complete a semi-structured survey assessing their overall satisfaction with training. Using Kern's approach to curricular development, this evaluation served as a needs assessment for an ongoing curricular revision.

**Results** Of 33\* (12%) respondents, 91% reported being satisfied or extremely satisfied with their ten hours of SUD training with the majority (GREATER THAN 90%\*, n=31) feeling their SUD training would be beneficial to them and their future patients. All respondents would recommend the training on SUD to a professional colleague. They suggested community exposure, patient panels, more simulation, and further integration of the topic outside of psychiatry would improve the curriculum.

**Discussion** Despite having a robust curriculum that students were highly satisfied with, they reported areas for improvement. For schools that incorporate X-waiver training, the curricular time could be repurposed as an innovative curriculum optimally designed for education/workforce needs.

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### Errata (\*)

In the original abstract submission, data was incorrectly included for the class of 2025, the n for the class of 2023 was listed as 275 the number of responses was listed as 140, and the GREATER THAN 90% was listed as GREATER THAN 98% The conference chair was made aware and requested an errata statement be included on this poster.

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**Poster: 215**

### **Building and Evaluating Together: Development of Instruments to Explore Psychiatry Residents', Supervisors', and Leadership's Views on the Clinician Scholar Program**

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Certina Ho, PhD, RPh, *Univ. of Toronto*

Hamer Bastidas-Bilbao, PhD, *Univ. Health Network (AO)*

Sanjeev Sockalingam, MD, FRCPC, *Univ. of Toronto, Centre for Addiction and Mental Health (AO)*

**Poster Category:** Innovation

### **Description:**

**Background** Rigorous program evaluation requires systematic instrument development for data collection. We adopted the Context-Input-Process-Product (CIPP) framework to inform our evaluation approach of the Clinician Scholar Program (CScholP), launched in 2021, which supports psychiatry residents conducting research in education, humanities, quality improvement, and social sciences. This project aimed to develop evaluation instruments to explore residents', supervisors', and leadership's views on this newly created program.

**Methods** We gathered data and documents generated from 2020 to 2022 during the program's planning, implementation, and early resident recruitment phases. These included an environmental scan and literature review (in 2020), focus groups with faculty and graduating residents (in 2021), needs assessment questionnaires and semi-structured interviews with junior residents (in 2022). Information from each resource was reviewed and thematically analyzed.

**Results** An initial pool of 70 items was derived. Fourteen items were associated with curriculum development, 32 with program processes, 13 with supervision, and four with trainee characteristics. Seven items were removed due to content/topic duplication. Regarding stakeholders' views on the CScholP, 51 items were linked to residents, 35 to supervisors, and 34 to the leadership team at the Department of Psychiatry. Program outcome data will be presented.

**Discussion** The CIPP framework's emphasis on program context and developmental history provided guidance for the creation of evaluation instruments that are sensitive to the distinctive attributes of the CScholP. Similar strategies can be used by other programs to ensure validity, reliability, and practicality of measurement and evaluation of novel programs for continuous quality improvement.

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Poster: 216

### **Tips from Experience: Developing a Longitudinal Research Program for Residents and Students**

Mark Townsend, MD, MS, *The Univ. of Texas at Austin*

Christopher Demetriades, MD\*, *Dell Medical School at The Univ. of Texas at Austin (AO)*

D. Jeffrey Newport, MD, MS, *The Univ. of Texas at Austin (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** Creating a longitudinal clinical research experience for residents and students is well within the reach of many psychiatry departments. More than developing learners' research skills, it facilitates a culture of team building and widens a department's existing research portfolio to include questions of importance to diverse resident cohorts. With our PGY2 to PGY4 research track now in its third year, we share our experience as tips, hopefully generalizable to other programs.

**Methods** We reviewed written source materials and interviewed key stakeholders, including learners and faculty mentors.

**Results** In our research program, residents begin in PGY2 with 0.2 FTE effort, increasing to 0.4 FTE at PGY3, and 0.6 FTE at PGY4. Ten of 39 psychiatry residents currently participate; five are PGY2. Several hurdles were cleared before the first resident or student was matched with a faculty mentor. The department's educational culture and financial resources determined which existing experiences were reduced to make room. Creating and maintaining good lines of communication among UME and GME directors, learners, and faculty was essential. Keen attention to ACGME psychiatry requirements, current or in the best-guessed future, prevented disruptive mid-course corrections. In PGY3 and PGY4, each resident and faculty mentor dyad meets quarterly with department leadership for frank discussions to troubleshoot progress, as well as to plan for post-residency careers.

**Discussion** A longitudinal clinical research experience is an achievable goal for many departments. Although a department's culture and financial resources can determine a track's dimensions, giving voice to learners' research questions can both sharpen and actualize its mission.

Poster: 217

### **Curriculum Development for Non-Psychiatric Physicians: Psychological Elements of Palliative Care**

Robin Valpey, MD, *Univ. of Pittsburgh Medical Center*

Lisa Podgurski, MD, MS, *Univ. of Pittsburgh (AO)*

**Poster Category:** Innovation

#### **Description:**

**Background** To meet growing mental health needs, training non-psychiatric physicians on psychologic principles is increasingly essential. One field in which such integration is of utmost importance is palliative care (PC), in which providers support patients with serious illnesses and accompanying physical and psychological symptoms. To aid in this training for physicians completing fellowships in Hospice and Palliative Medicine, we developed a curriculum about psychological elements relevant within PC.

**Methods** First implemented in 2022-2023, this 12-session curriculum is divided into two parts. The first half reviews core psychological concepts, utilizing a written series about psychological elements of palliative care (PEPC) as a framework for discussion. The second

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half teaches specific therapeutic modalities and skills. Both parts focus on direct application of principles to the fellows' clinical work, with utilization of case examples and open discussion among all participants.

**Results** Evaluations from the first year (n=4) indicate that the PEPC curriculum increased both knowledge and level of comfort with psychological elements of PC; 100% of respondents identified the curriculum as an essential part of the PC fellowship. Specific topics rated most useful to fellows included: frame/formulation, transference/countertransference, attachment, and suicide assessment. Evaluations will be repeated at the end of the current academic year for additional data.

**Discussion** In training PC fellows on psychological principles relevant to their field, we increase connection and integration with non-psychiatry colleagues while simultaneously enhancing patients' experiences. The curriculum serves as an example of integrating psychological teaching into other medical specialty training, thus enhancing the community of providers caring for our patients.

**Poster: 218**

### **Establishing Journal Club in a New Residency Program**

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Elizabeth Ryznar, MD, MSc, Sheppard Pratt  
Erin Ranum, *Univ. of Nebraska Medical Center (AO)*  
Daniel Gih, MD, *Univ. of Nebraska Medical Center (AO)*

**Poster Category:** General/NOS

#### **Description:**

**Background** Journal club activities exist at nearly every training program. The practice of journal clubs was detailed in a nationwide survey of Directors of Psychiatry Residency Training Programs examining purpose, prevalence, and frequency of implementation. Journal clubs help support practice-based learning and improvement, one of the six key competencies in the Psychiatry Milestones. New and smaller training programs may struggle to create a sustainable and productive learning community for journal club.

**Methods** Authors utilized and adapted the Journal Club Super Star curriculum authored by AM dela Cruz et al that has been made available to members of the American Association of Directors of Psychiatric Residency Training. A dedicated faculty member was selected to be responsible for journal club content and facilitation. Timing and setting were selected to maximize attendance, and all members of the department were invited to attend either in person or virtually.

**Results** The use and adaptation of a high quality, readily available journal club curriculum allowed the authors to quickly build a robust journal club in a department of psychiatry with a newly established residency program. Journal club has been widely attended by residents, faculty, and staff. Sessions are interactive and rated highly for educational quality.

**Discussion** This implementation may serve as a helpful example for smaller programs and new academic departments to engage trainees and faculty alike. Discussion will highlight learned lessons (scheduling, format, article selection, and audience engagement), share successes and pitfalls, and frame other methods for process improvement.

**Poster: 219**

### **Case Carousel: An Interactive Teaching Activity**

Gemma Espejo, MD, *Univ. of California Irvine Health*  
Kathleen Carlos\*, MD, PhD, *Univ. of California Irvine (AO)*

**Poster Category:** General/NOS

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### **Description:**

**Background** Outside of formal lectures and outside reading, rounds are a foundational place for dissemination of knowledge. Traditionally in the discussion of clinical pearls, there can be a lack of interaction from the learners. Additionally, interview skills are typically taught through lectures or observed interviews. There remains room for innovation in teaching on an inpatient psychiatric unit.

**Methods** This activity was created to foster engagement from learners and incorporate interviewing and diagnostic skills as well as evidence-based pharmacologic treatment. The leader, typically the attending, initiates with a "one-liner," such as "a 38-year-old female with no psychiatric history presents to the emergency department with suicide ideation," with input from the team. Each member takes turns asking interview questions, with the next person answering as the patient, until a comprehensive patient history is built. The leader may interject and provide guidance and feedback on follow-up questions. Next, members suggest treatment regimens which are discussed and evaluated as a group.

**Results** Narrative feedback from learners has been positive, with a specific comment on the enjoyable aspect of interaction. Feedback has also focused on the methodical way to create and evaluate treatment plans with input from all members of the team.

**Discussion** This carousel activity incorporates aspects of gamification into learning and allows for learners to see different approaches and priorities in interviewing, as well as an opportunity to practice adaptability in interviewing in real-time. This activity is easily accessible and reproducible, creating endless opportunities for learning and engagement with various learners.

**Poster: 220**

### **Addressing Racial Disparities in Recruitment and Retention of Black Psychiatric Residents: Insights from a Roundtable Discussion and Action Plan**

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Mary Anne Albaugh, MD, *Deerfield Behavioral Health (AO)*

**Poster Category:** Diversity/Inclusion/Equity/Addressing Disparities

### **Description:**

**Background** Black psychiatric residents are underrepresented with 8.2% of all medical doctors in training and 3% of osteopathic doctors in academic programs. To address disparities in training, the Pennsylvania Psychiatric Leadership Council (PPLC), consisting of leaders in the mental health field formed a roundtable with the objective of exploring the range of depth of racial experiences among existing Black residents in accredited psychiatric residency programs in Pennsylvania (PA). We aimed to assess how these racial experiences impact recruitment and retention of Black psychiatric residents.

**Methods** The PPLC held a roundtable discussion with 13-self identified Black physicians in accredited psychiatric residency programs in the state. Residents received a link to a website with an online invitation describing the purpose of the online roundtable held via Zoom. A stipend of \$150 was provided for participation time. Using a theoretical framework of phenomenology, a scribe noted participants' responses to questions modeled after an interview guide from a qualitative study on views of racial experiences in minority resident physicians.

**Results** Four main themes were identified: tokenism, uncertainty, systemic racism, and need for forming communities. An action plan was devised from these four main themes to address recruitment and retention of Black psychiatric residents in PA.

**Discussion** From these roundtable findings, an action plan was presented to PA residency directors to foster recruitment and retention of Black psychiatric residents. In response, the residency directors formed a racial justice learning collaborative to meet and actively address these issues as a group with facilitation from the PPLC.

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**Poster: 221**

**Unveiling Dark Narratives: Understanding the past to Impact the Future of Psychiatric Patient Care**

Malik Farooq, MD, *John Peter Smith Hospital*

Mehreen Khan, MD\*, *Univ. of Texas at Southwestern Dallas (AO)*

James Haliburton, MD, FAPA, *John Peter Smith Hospital (AO)*

Dustin DeMoss, FAPA, MSc, *John Peter Smith Hospital (AO)*

**Poster Category:** Diversity/Inclusion/Equity/Addressing Disparities

**Description:**

**Background** Understanding the historical contexts of at-risk community groups such as African Americans and the LGBTQ population is crucial in psychiatric training and patient care. These communities have faced historical trauma, discrimination, and injustices within the medical society, leading to deep-seated distrust and reluctance to seek psychiatric help.

**Methods** A pilot lecture series was developed focusing on the community's affected groups and collecting qualitative data from our resident learners. The series aimed to provide insight into the historical narratives and systemic injustices faced by African Americans and the LGBTQ population while also considering social determinants in these populations at risk.

**Results** Upon review of the qualitative data, our analysis revealed an increased understanding of knowledge from different domains of medicine among our learners and trainees. Participants demonstrated a better understanding of racial disparities and gender differences in at-risk populations. However, challenges such as cultural barriers, fear of discrimination, and lack of access to resources significantly impacted help-seeking behaviors.

**Discussion** The findings highlight the importance of addressing historical injustices and cultural barriers in psychiatric care. By acknowledging and appreciating the grim narratives experienced by at-risk community groups, healthcare providers can cultivate a more empathetic and culturally sensitive approach to patient care. Strategies to enhance education and awareness among healthcare professionals should prioritize cultural humility, community engagement, and the creation of safe and inclusive spaces within mental health settings.



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Poster: 222

### Developing Psychiatric Resident Confidence in Treating Adults with Developmental Disabilities

Courtney Roberts, MD\*, *Univ. of California Los Angeles*

Elizabeth Dohrmann, MD, *Univ. of California, Los Angeles School of Medicine (AO)*

**Poster Category:** Diversity/Inclusion/Equity/Addressing Disparities

#### Description:

**Background** Studies have consistently shown that psychiatry training for treatment of patients with Intellectual Disability (ID) and Autism Spectrum Disorder (ASD) has been insufficient (Marrus et al, 2023). In particular, these patients comprise a vulnerable and underserved cohort, and are highly represented in the public safety-net clinics of our county-based training program. Relevantly, recent studies suggest that specialized electives can improve residents' confidence in working with this population (Reinblatt et al, 2004; Ruedrich et al, 2007). The purpose of our study was twofold; first, to ascertain the confidence level of our general residency trainees in multiple domains of working with this population, and second, to use this information to develop and implement a specialized clinical elective.

**Methods** A survey was sent to all years of residents to assess confidence level in diagnosing ASD and ID, treating co-morbid psychiatric illness, and to evaluate their current level of exposure to DD patients.

**Results** 68% of residents completed the survey. On average, residents have treated between 5-9 patients with ASD and 0-4 patients with ID in outpatient clinic. While residents showed more variability in their confidence level for identifying features of autism than of ID, none indicated a high degree of confidence, and most indicated 'somewhat confident' in managing co-occurring psychiatric conditions.

**Discussion** The results indicate there is an opportunity to increase exposure to and confidence in working with adults with developmental disabilities. This data supports our creation of a specialized elective clinic designed to increase resident experience in the psychiatric evaluation and management of these patients.

Poster: 223

### Reimagining Psychiatry through the Novel "Structural Racism and Health Equity" Curriculum

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Lindsay Wells, MD, *Univ. of California Los Angeles (AO)*

**Poster Category:** Diversity/Inclusion/Equity/Addressing Disparities

#### Description:

**Background** Medical education has long reproduced harmful racializing practices, including within psychiatry. In 2020, after years of organizing and driven by a commitment to social

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justice, medical student activists successfully implemented the “Structural Racism and Health Equity” Curricular Theme (SRHE) within our medical education curriculum.

**Methods** The SRHE team, composed of medical students and faculty physicians, has developed extensive curricula around racialization and structural competency in the form of community-led lectures, case discussions, and (re)imaginative WORKSHOPS. Sessions focusing on psychiatry include “Reimagining Psychiatric Illness and Practice: Structural Reframings and Decarceral Alternatives”, and “The History of Racism and Health Injustice within the Mental Health System”. These sessions present opportunities for students to historicize various mental health conditions and models of psychiatric care, reflect critically on their experiences on psychiatry clerkship, and unsettle how contemporary psychiatry understands and treats Severe Mental Illness (SMI) through the perspective of peer-led, decarceral alternative models.

**Results** Students report that they feel “empowered” by learning historical narratives that have driven care and that SRHE discussions are “powerful, engaging, and sparked interest”. Peer lecturers have appreciated the opportunity to discuss their work with a medical audience.

**Discussion** SRHE discussions generate spaces for dialogue and expand the possibilities of psychiatry through centering alternative models and structural analysis. We hope that students identify specific ways that clinical interactions with patients in psychiatric settings can be anti-racist and not reproduce racist structures. SRHE is a step towards establishing a more equitable healthcare system and an exemplar for transformative medical education.

**Poster: 224**

### **Group Therapy: Enhancing the Medical Student Psychiatry Rotation for Holistic Patient Care**

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Lauren Clore, BS\*, *Georgetown Univ. School of Medicine (AO)*

Risa Fishman, MD, *MedStar Washington Hospital Center; Georgetown Univ. School of Medicine (AO)*

Rebecca Abell, PsyD, *MedStar Washington Hospital Center (AO)*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

**Background** Medical students may benefit from observing and leading group therapy sessions, an integral component of psychotherapy. This IRB-approved, qualitative study assesses the effectiveness of group therapy sessions for medical learners.

**Methods** A survey was sent to 31 medical students that observed group therapy sessions for patients experiencing psychiatric illness. The survey features 11 questions on a Likert Scale to understand the experience of students and evaluate the utility of their involvement in group therapy sessions.

**Results** We received a response rate of 29% (n=9), with 62% of responses from currently enrolled students. Eight of the nine students attended group therapy sessions. Students attended 4 group therapy sessions, with 75% (6) having led a session. 87.5% (7) "agreed" or "strongly agreed" that attending group therapy was a meaningful learning experience, enhanced their Psychiatry rotation, provided a new perspective on mental illness, and taught them therapy skills. 87.5% (7) responded that group therapy improved communication with patients and could be applied effectively in various care settings. 75% (6) responded that it enhanced their ability to tailor treatment interventions to meet patients within their social systems, while 50% (4) reported adopting learned skills into their personal routines.

**Discussion** Positive feedback from third-year medical students on the utility of observing group therapy highlights the benefits of integrating this experience into medical education. This exposure to psychiatric skills within complex social systems can promote holistic

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treatment of mental health. Enhancing medical student knowledge of group psychotherapeutic tools for psychiatric disorders fosters potential for effective communication across medical fields.

Poster 225

### **PSYCHOSIS: Developing Empathy and Epiphany Using Simulation**

Kalpana Prasad, MD, *Northeast Georgia*

**Poster Category:** Teaching Next Generation/Mentoring

#### **Description:**

##### **Background Rationale**

To prepare psychiatry PGY1 interns to understand and manage patients with psychosis  
To improve competence in caring for these individuals in a safe and efficient manner to provide the best standard of care.

To help psychiatry interns develop empathy and recognize and reduce self and provider bias

**Methods** Method: Six psychiatry PGY1 residents completed psychosis simulation training. This simulation required the participants to complete patient onboarding and management while experiencing severe symptoms of psychosis requiring the participants to be alert in managing the patients while following the appropriate steps in initially screening the patient. The simulation offered the novel aspect of requiring the interns to experience the symptoms and point of view as the patient with psychosis to better understand the thought process of these patients during their hospital admission. While experiencing the auditory stimuli that patients present themselves with, the interns were required to complete tasks that required distinct focus. Primary outcomes of interests include developing resident's competency in collecting admission data, conduct a safety assessment while identify relevant signs and symptoms of psychosis, and effectively mimic clinical scenarios for resident interns to find the simulation clinically relevant. Descriptive statistics were used to evaluate overall resident engagement, satisfaction, and comfort in managing patients with psychosis.

**Results** Using simulation as a teaching method effectively improved the psychiatry resident's empathy and understanding of managing patients with psychosis.

**Discussion** Statistics and video to be discussed plus the advantage of hands-on training using virtual reality.

1:00 PM - 2:30 PM

### **WORKSHOPS**

#### **Room: Georgia**

### **Bridging the Gap: Addressing the Intergenerational Gap between Faculty and Learners in Academic Clinical Psychiatry Practice**

Ailyn Diaz, MD, *Pennsylvania Psychiatric Institute*

Monica Arora, MD, *Creighton Univ. School of Medicine*

Chaden Noureddine, MD\*, *Icahn School of Medicine At Mount Sinai*

Sebastian Acevedo, BA, MPH\*, *Rutgers New Jersey Medical School*

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

#### **Description:**

This is the only time in history that five different generations actively learn and work side by side every day in clinical academic practice: the Silent Generation, Baby Boomers, Generation X, Millennials, and Generation Z. This coexistence can result in variations in attitudes, learning and work styles, potentially leading to intergenerational gaps, which are the differences of frameworks and outlooks between the younger and older generations.

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Each generation has unique viewpoints and expectations, cultural norms, and patterns of learning and knowledge sharing. For instance, the Silent Generation lived through significant world events (e.g., World War II) and values family and hard work, preferring a structured and traditional process of learning through constructivism compared to Generation Z, which values the rise of technology and learns through the use of connectivism, a new paradigm which views learning through networking with the use of technology. Intergenerational gaps are relevant given our aging psychiatric workforce, which is noted to be the third aging subspecialty in the United States.

This workshop will provide an overview of how intergenerational gaps occur through historical, social, and political contexts throughout the five generations. Participants will assess the potential impact of intergenerational gaps in learner outcomes through group discussion activities and engage in a simulated social media platform to apply the learning paradigm of connectivism to bridge the gap between different generations.

### **Learning Objectives:**

**Objective 1:** To describe 3 instances where intergenerational gaps arise between faculty and learners in academic clinical psychiatry practice through guided group discussion.

**Objective 2:** To assess the influence of intergenerational gaps on learner outcomes in academic clinical psychiatry practice through the application of a vignette, and

**Objective 3:** interact with a simulated social media platform to apply the use of connectivism as a learning paradigm and bridge between generations in academic clinical psychiatry practice.

**Thematic Focus:** Career Development

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

### **Room: Massachusetts**

#### **Building Bridges with Our Greater Community to Support Our Academic Community**

Jon Lehrmann, MD, *Medical College of Wisconsin*

Thomas Heinrich, MD, *Medical College of Wisconsin*

Nathan Berken, MA, *Medical College of Wisconsin*

Ben Lehrmann, BS\*, *Des Moines Univ.*

### **Description:**

In the polarized and stigmatized world we live in, academic psychiatrists must be excellent teachers and advocates to best build bridges, eliminate stigma and to gain resources to build education programs that better support the disparate communities we serve. This workshop will share successful techniques, and brainstorm with the attendees, while helping attendees develop more effective ways to educate the polarized and stigmatized world around them- including:

educating PCP's to deliver better front-line MH care

educating health system and Univ. leaders to gain better support and more resources

educating state legislators across the aisle to support MH initiatives

educating college students about their MH and about the amazing opportunities for MH Care careers

The workshop will include small group activities where attendees can act out and practice ways to communicate, educate and advocate with legislators, PCP's, undergrads, and health system leaders.

Our presenters include an experienced chair who has had significant experience in educating health system leaders, a physician trained in family medicine, psychiatry and CL

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psychiatry with much experience in educating PCP's, a government-relations expert who has significant experience educating state and federal legislators, and in advocacy, and an M4 medical student who has significant experience educating college students about improving their MH and about the MH professions.

### **Learning Objectives:**

**Objective 1:** Better understand the importance and benefit of using our teaching skills to educate the world around us, and to advocate to better benefit our patients, and our colleagues through eliminating stigma, and gaining equity and resources for our profession.

**Objective 2:** Develop education and advocacy skills, and

**Objective 3:** understand how to best partner with our Government Relations colleagues and to better advocate for our profession and our patients.

**Thematic Focus:** Career Development, Leadership/Administrative Development, Mentorship, Teaching/Education: Other Education (non-physician, non-psychiatry, patient/family), Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: New York**

#### **Navigating the Transition: What Academia Doesn't Teach You**

Johanna Beck, MD, *Thomas Jefferson Univ. Hospital*

Andie Belkoff, MD\*, *Thomas Jefferson Univ.*

Hyowon Choi, MD, PhD\*, *Thomas Jefferson Univ.*

Faisal Kagadkar, MD, *Univ. of Colorado Anschutz Medical Campus, Children's Hospital (AO)*

Adrienne Gerken, MD, *Thomas Jefferson Univ. Hospital*

### **Description:**

Transitioning from years of training and the familiar structure of one's home institution to independent practice can be an intimidating prospect for graduating psychiatrists. Residency programs excel in clinical preparation, but a noticeable gap often exists in resources for addressing the nonclinical aspects of independent practice, especially given evolving changes in the medical landscape. Graduating residents and fellows, despite their extensive psychiatric training, may lack fundamental knowledge necessary for negotiating employment terms, managing finances, and handling debt. A well-crafted transition to practice curriculum can contribute to equity among trainees who bring diverse career and life experiences as well as individual resources to the table.

This workshop will assist educators in enhancing their existing transition to practice curriculum or guide them in developing a new, comprehensive program. Participants will identify and discuss potential gaps in residents' knowledge about transition to practice. They will review their own programs' curricula in the context of a literature review regarding the benefits of a comprehensive transition to practice curriculum. They will then create a plan to bridge knowledge gaps that hinder a smooth transition to independent practice while empowering trainees with the skills needed for success.

Join us in embracing the shared ethos of "Going It Together," as we cultivate a community committed to guiding the next generation of physicians through a seamless, empowered transition to their attending careers. Together, let's build a foundation where trainees feel supported, nurtured, and protected as they embark on this transformative journey.

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### Learning Objectives:

**Objective 1:** Identify and discuss nonclinical aspects of psychiatry practice that may not be formally addressed in academic training.

**Objective 2:** Critically appraise their own programs' processes and curricula for resident transition to practice, and

**Objective 3:** design (or redesign) a transition-to-practice curriculum for trainees at their home institutions to help trainees develop the confidence and competence for independent practice.

**Thematic Focus:** Career Development, Curriculum Development, Leadership/Administrative Development, Mentorship, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Pennsylvania

#### Tending to Blossoming Mentorships: Cultivating Professional Growth in Academic Psychiatry

Michael Donath, MD, Univ. of California Davis

Victoria Gotay, MD, *Univ. of Illinois at Chicago and Jesse Brown VA Medical Center*

Ilijie Fitzgerald, MD, MS, *UCLA-Olive View Psychiatry Residency Training Program / David Geffen School of Medicine at Univ. of California Los Angeles*

Sean Blitzstein, MD, *Univ. of Illinois at Chicago*

### Description:

Audrey Hepburn once said, "to plant a garden is to believe in tomorrow." In the botanical landscape, a successful harvest is dependent on an observant gardener with experience, patience, and passion. And there is no success without succession. With the appropriate tools and growing conditions, generational guidance promotes a smooth transition into the next season. Within academic medicine, mentorship has been recognized as one of the most critical components in determining achievement through professional and personal support. Efficacious mentorship is vital in supporting our trainees and early career faculty in realizing both personal goals and institutional or national endeavors. Guidance is especially important during periods of transition – such as orienting to a new position, navigating a new promotion, or considering relocation to a new environment. This workshop will focus on how individuals can optimize their individual approach to mentorship by constructing and nurturing effective mentoring connections in various configurations that are beneficial, rewarding, and meaningful. Our aim is to provide an interactive, collaborative, high-yield, and engaging session in which participants will create practical approaches for building and maximizing mentorships that will support them in their next cycle of growth.

### Learning Objectives:

**Objective 1:** Identify various aspects of mentorship that can be uniquely beneficial to each participant.

**Objective 2:** Address barriers to effective mentorship relationships, and

**Objective 3:** develop an individual action plan to optimize current and future mentorship relationships.

**Thematic Focus:** Career Development, Mentorship, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, and/or Fellows, Junior Faculty (i.e., Instructors/Lecturers, Assistant Professors)

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### Room: Rhode Island

#### **Building a Curriculum Using Kern's Systematic Six Step Approach**

Amin Azzam, MD, MA, Univ. of California San Francisco

Lewis Krain, MD, *Univ. of Arkansas for Medical Sciences*

Karen Broquet, MD, *Southern Illinois Univ. School of Medicine*

Michael Jibson, MD, PhD, *Univ. of Michigan*

#### **Description:**

Effective educators can often deliver impressive teaching sessions based on their subject matter expertise and enthusiasm alone. Yet designing an entire curriculum requires a more systematic approach. One widely used gold standard is "Curriculum Development for Medical Education: A Six-Step Approach" by Thomas, Kern et al. This method optimizes the chances of a comprehensive and effective curriculum. If you're not familiar with it, or if you need a refresher to ensure your curriculum maximizes your trainees' learning and understanding, then this workshop is for you!

#### **Learning Objectives:**

**Objective 1:** Utilize the Kern et al Curriculum Development Framework to design a curriculum.

**Objective 2:** Plan for a local needs assessment to identify curricular gaps or write or revise program/course learning objectives, and

**Objective 3:** design educational sessions that utilize delivery methods appropriate to the learning objectives.

**Thematic Focus:** Curriculum Development, Leadership/Administrative Development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

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

### Room: South Carolina

#### **The Power of Peers: Harnessing Peer Mentorship to Support Safe and Successful Transitions in Medical Training**

Heather Flett, MD, MSc, FRCPC, *Univ. of Toronto*

Kien T. Dang, MD, FRCPC, *Univ. of Toronto*

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

#### **Description:**

Medical training is marked by many transitions in the journey from undergraduate to postgraduate training to independent clinical practice. Transitions in medical training involve increased learning, responsibility, and challenges that often create stress and anxiety for learners.

As the priorities of undergraduate and postgraduate training programs have shifted to include wellness and safe and inclusive learning environments, increasing support for transitions is critical. In medical training, these transitions can include moving from pre-clinical to clinical training, undergraduate to postgraduate training, and postgraduate training to practice. Peer mentorship is an initiative that can support the "just in time learning" that occurs during times of transition. Peer mentorship also provides low stakes opportunities for learners to share their experiences of stress and anxiety with less fear of negative evaluation.



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Participants in this workshop will co-construct a framework of key considerations and practices for implementing near-peer mentorship in undergraduate and postgraduate medical training. Participants will hear testimonials of transition experiences and discuss the application of peer mentoring to support transitions across the spectrum of medical training. Participants will discuss the benefits and challenges that can arise with peer mentorship models of learning. In small groups, participants will collaborate to generate a framework of best practices to guide implementation of near-peer mentorship in their home programs to support safe and healthy transitions throughout medical training.

### **Learning Objectives:**

**Objective 1:** Explore the common challenges and opportunities that learners navigate during times of transition in medical training.

**Objective 2:** Discuss the potential benefits and challenges of implementing peer mentorship to support transitions in undergraduate and postgraduate medical training, and

**Objective 3:** generate key considerations and practices to guide the implementation of a peer mentorship program to support safe and healthy transitional experiences for medical learners.

**Thematic Focus:** Career Development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: Virginia**

#### **Weaving Together Worlds: Professionalism and the Tapestry of Cultural Understanding**

Shelley Rote, MD\*, *Baylor College of Medicine*

Vivian Wang, MD\*, *Baylor College of Medicine*

Jeffrey Khan, MD, *Baylor College of Medicine*

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

Meghan Musselman, MD, *Temple Univ.*

### **Description:**

Cultural humility refers to an ongoing process of self-reflection, self-awareness, and openness to understanding and respecting the beliefs, values, norms, and practices of individuals and communities from diverse cultural backgrounds. It is thought to be a progression of cultural competence in its appreciation that individuals can never fully master or know everything about another culture, and that true understanding involves ongoing learning and adaptation.

Many programs have moved towards the adoption of cultural humility over competency, particularly centered around physician-patient experiences. However, this concept has not commonly been explored within the realms of professionalism despite increased public critique of unjust professionalism standards in various levels of education and medical education, especially as they are applied to minoritized populations. This workshop seeks to bridge the knowledge gap between understanding the theoretical framework of cultural humility and helping participants utilize this framework for appraising professionalism guidelines or infractions at their own institutions. Participants will be led through exercises to highlight the diversity in experiences related to professionalism that their colleagues have encountered and learn to critically evaluate sample professionalism standards for potential bias against cultural minorities. At the conclusion of the workshop, they should be more comfortable with using principles of cultural humility to advocate for inclusive professionalism

## Friday, September 13, 2024 continued...

policies and utilize a more nuanced assessment of professionalism breaches at their own institution as part of increasing efforts in diversity, equity, and inclusion.

### Learning Objectives:

**Objective 1:** Evaluate cultural humility and its role in discussions of professionalism.

**Objective 2:** Examine how an individual's unique cultural background could influence their values and behaviors in ways that are not encompassed within an institution's established definition of professionalism, and

**Objective 3:** critically appraise, evaluate, and revise existing professionalism standards to incorporate principles of cultural humility to better serve a diverse workforce.

**Thematic Focus:** Competencies (including Cultural Competency and Lifelong Learning), Diversity, Equity and Inclusion (DEI), Leadership/Administrative Development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

**3:00 PM - 4:30 PM**

### WORKSHOPS

#### Room: Georgia

#### Evoking Motivation to Learn

Reuben Hendler, MD, *McLean Hospital / Harvard Medical School*

Kyle Sellers, MD\*, *Massachusetts General Hospital / McLean Hospital*

Mirza Baig, MD\*, *Massachusetts General Hospital*

Steven Taylor, MD, MPH, *Massachusetts General Hospital / McLean Hospital (AO)*

#### Description:

We live in an attention economy. Learning opportunities abound, as do distractions. Against competing priorities, how can we inspire our learners to engage and captivate their attention? In this workshop, we will explore answers that leverage our clinical experience as psychiatrists in facilitating psychological change.

Learning is a form of psychological change—to knowledge, skills, and attitudes. One widely disseminated clinical discipline with robust evidence for facilitating psychological change is Motivational Interviewing (MI) – a way of communicating that guides people in resolving ambivalence in favor of change. In this workshop, we will apply principles of MI to education. We will demonstrate and explore how MI principles can help us teach, offer feedback, and mentor more effectively.

In keeping with best practices for teaching MI, the workshop's didactic methodologies will themselves reflect the spirit and techniques of MI. We will model building on participants' strengths, guiding reflection on their experiences, and concisely articulating ideas responsive to their needs and interests. The foundation of MI is engagement through developing interpersonal connections, yet honoring individual autonomy is paramount; we will illustrate and discuss how to center both community and self-determination in teaching. We will consider how MI techniques like reflective listening can create space to honor diverse lived experiences and be used to build an inclusive learning community.

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No prior knowledge of MI is required to participate. MI fundamentals will be reviewed and linked to ideas from pedagogical frameworks like Adult Learning Theory, Constructivism, and Self-Determination Theory.

### **Learning Objectives:**

**Objective 1:** Discover practical strategies for evoking learners' motivation from analysis of their own experiences and learning theories.

**Objective 2:** Practice applying MI spirit and techniques to evoke a peer's intrinsic motivation to learn, and

**Objective 3:** prepare at least one way of applying MI principles in their work as teachers and mentors that builds on an existing strength.

**Thematic Focus:** Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other Education (non-physician, non-psychiatry, patient/family), Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### **Room: Massachusetts**

#### **Thriving in the Learning Environment: Strategies to Promote Success and Belonging for Under-Represented Groups in Medicine**

Erick Hung, MD, *Univ. of California San Francisco*

Alissa Peterson, MD, *Univ. of California San Francisco*

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

Andrew Sudler, MD, MPH\*, *Univ. of California San Francisco (AO)*

### **Description:**

Many institutions have responded to calls to diversify the physician workforce by recruiting learners who have been historically excluded or under-represented in medicine. While recruitment of learners from UIM backgrounds is a necessary first step to improving diversity, it is inadequate without considering how best to support UIM learner success. Approaches that may have been sufficient to support learners in the past are no longer sufficient with greater learner diversity. Learners from UIM backgrounds related to race, gender, first-generation to college, and socioeconomic status often lack identification with the medical context, experience low self-esteem, and encounter bias, discrimination, and stereotype threat, impacting their professional identity formation and engagement with the medical community during training. Learning environments that afford identity safety, belonging, and an equitable distribution of academic resources may counteract these challenges experienced by UIM learners, enabling them to fully express their many strengths and achieve academic success. Minority stress and resiliency frameworks suggest that there are many opportunities for specific interventions, programming, and resources to address the factors that may lead to poor outcomes for minoritized learners. Institutions must create personalized, equitable, strengths-based, and learner-centered approaches. In this workshop, we will describe various interventions to promote belonging and success in the learning environment, acknowledging that the learning environment is a dynamic ecosystem that includes personal, social, organizational, and material (physical and virtual spaces) factors. Moving beyond the traditional pillars of learner support, participants will describe unique programming, and resources needed in each of these four categories.

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### Learning Objectives:

**Objective 1:** Discuss the experience of learners from under-represented groups in medicine in the learning environment.

**Objective 2:** Describe frameworks of the learning environment and minority stress that impact learner belonging.

**Objective 3:** Compare and contrast strategies and resources to promote belonging and success for under-represented groups in medicine.

**Thematic Focus:** Diversity, Equity and Inclusion (DEI), Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: New York

#### **“You’re Not Alone”: Reducing Shame and Establishing a Culture of Vulnerability through Sharing Struggles**

Heather Vestal, MD, MSc, *Duke Univ. School of Medicine*

Sarah Eckstein, MD\*, *Duke Univ.*

Lianna Karp, MD, *Massachusetts General Hospital / McLean Hospital (AO)*

Bruny Kenou, BS\*, *George Washington Univ., School of Medicine and Health Sciences (AO)*

Hiba Zaidi, MBBS, *Duke Univ. Medical Center*

### Description:

Shame is ever-present in the world of medicine, though often remains unnamed and unaddressed. Medicine’s culture of shame causes myriad negative downstream effects on trainees, including feeling disconnected from peers, diminished psychological and physical well-being, and disengagement from learning [1]. But how can educators effectively and deliberately reduce shame in trainees? How can we shift a culture deeply ingrained within medicine? One approach is through vulnerable leadership. Role modeling vulnerability with our trainees and encouraging our trainees to do the same (and validating shared experiences of one another) profoundly benefits both teachers and learners. Specifically, embracing vulnerability has the potential to reduce shame, increase learner engagement, strengthen feelings of connection and belonging within a learning community, and support well-being [2]. It can send a powerful message to trainees that we are “going it together”.

In this workshop, participants will learn multiple approaches to reducing shame in medicine, cultivating self-compassion and establishing a “culture of vulnerability”, including through a Sharing Struggles initiative. Co-presenters will model vulnerability through mindful self-disclosure of personal narratives of times when they struggled. Participants will brainstorm and share their own stories of struggle in small groups. Presenters will outline strategies for how to establish a culture of vulnerability, and participants will brainstorm how they can implement these strategies in their own institutions. Presenters will highlight specific approaches to overcoming barriers that may arise when attempting to shift institutional culture.

[1] *Academic Medicine*. 2019;94(1):85-93.

[2] Brown, B. *Daring Greatly*. 2013.

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### Learning Objectives:

**Objective 1:** Describe how vulnerability can reduce shame, build community, and support trainee and faculty well-being.

**Objective 2:** Practice mindful self-disclosure of personal stories of struggle as a tool to reduce shame, increase connectedness, and promote a culture of vulnerability.

**Objective 3:** Implement strategies to establish a culture of vulnerability within their home institutions

**Thematic Focus:** Curriculum Development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Pennsylvania

#### To Be Queer in Psychiatry: Utilizing Communities of Practice to Build LGBTQ+ Community

Brianne Cook, MD, MA\*, *Zucker Hillside Hospital*

Dustin Brinker, MD\*, *Zucker Hillside Hospital*

Melissa Goelitz, MD, *Madison VA Hospital*

### Description:

Medical education and the healthcare workplace continue to be deficient in LGBTQ+ inclusive practices. As a result, LGBTQ+ patients, medical trainees, and medical professionals experience overt and covert isolation and discrimination. These individuals subsequently struggle to navigate the landscape of healthcare and education and often do so on their own. While the word “community” is often linked to LGBTQ+, it cannot exist without intentionality, not only with those who identify as LGBTQ+ but also with those who do not. One such means of creating community is through use of the framework communities of practice (CoP). The premise of a CoP is the unification of individuals around a common interest using deliberate techniques to support, develop, and evolve the group’s collective understanding of said interest. This includes mentorship, promotion of educational materials, creation and dissemination of scholarships, and incorporation of patients and families. The CoP framework carries transformative power in psychiatry for curricular design and clinical care provision for LGBTQ+ individuals. Our workshop builds upon this framework as a means of fostering LGBTQ+ community for medical trainees and professionals. To do so, we will discuss the underpinnings of CoP and its relationship to LGBTQ+ identities, share educational materials and resources, work through case examples based on a variety of clinical contexts, and provide feedback on the development of an LGBTQ+ community of practice in the local and international settings.

### Learning Objectives:

**Objective 1:** Define communities of practice and its applicability to curriculum design/implementation in support of LGBTQ+ community in psychiatry.

**Objective 2:** Explore and reflect on real and envisioned examples of LGBTQ+ community in psychiatry.

**Objective 3:** Brainstorm and collaborate on actionable steps to foster LGBTQ+ community.

**Thematic Focus:** Curriculum Development, Diversity, Equity and Inclusion (DEI), Mentorship

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

## Friday, September 13, 2024 continued...

### Room: Virginia

#### **CARE (Clinical Application and Review of Evidence) Conference: Integrating Cultural Psychiatry and Social/Structural Determinants of Health in Psychiatric Education**

Gemma Espejo, MD, *Univ. of California at Irvine Health*

Shilpa Lad, MD, *Albert Einstein College of Medicine and Montefiore Medical Center*

Meghana Medavaram, MD, *Albert Einstein College of Medicine and Montefiore Medical Center*

Sitara Soundararajan, MD\*, *Albert Einstein College of Medicine and Montefiore Medical Center*

Michelle Won, MD\*, *Univ. of California at Irvine*

#### **Description:**

Journal clubs, quality improvement projects, and morbidity and mortality (M and M) conferences are common components of psychiatric residency training. As attending psychiatrists and trainees at different institutions, we have led and engaged in a variety of resident educational experiences. While the Accreditation Council for Graduate Medical Education (ACGME) delineates milestones regarding patient safety/quality improvement, psychopharmacology, and evidence-based practice, there is little to guide clinician educators to transform these milestones in tangible, reproducible educational activities. There is even less guidance on incorporating cultural competency into learning activities. Oftentimes, resident education activities are executed based on historical practice or supervisor preferences. In hopes of having a standardized and reproducible activity for psychiatry residents, the Clinical Application and Review of Evidence (CARE) conference was created. The CARE conference incorporates literature review, a clinical case presentation, and consideration for systems-based factors and underrepresented patients in clinical research. The CARE conference has employed three different institutions at large academic centers with PGY-1 and PGY-2 residents who drew upon clinical experience for cases - however, implementation is possible with 1-2 identified faculty champions. In this process, a four-week timeline was implemented with detailed goals for residents which culminates in a resident-led presentation for peers and faculty. This conference encourages asking clinically relevant, case-driven questions, acquisition and analysis of literature, application of findings clinically and toward the goal of culturally competent care. This conference has been formally evaluated and well-received as part of residency educational activities and is ongoing at multiple institutions.

#### **Learning Objectives:**

**Objective 1:** Evaluate the strengths and weaknesses of existing resident educational activities which integrate literature review, system-based considerations, and cultural competency.

**Objective 2:** Identify and manage common obstacles in supervising residents tasked with performing a literature review and exploring the role of cultural competency in providing quality care in clinical settings.

**Objective 3:** Create a standardized, reproducible educational activity leading to a quality, evidence-based junior resident-led presentation incorporating recommended timelines, milestones, and adapting to residents' needs.

**Thematic Focus:** Competencies (including Cultural Competency and Lifelong Learning), Curriculum Development, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Junior Faculty, Senior Faculty



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### Room: Rhode Island

#### **AAP/AACDP Joint Workshop: Learning the Secret Handshake: An Inside View to how Senior Leaders Think and Make Decisions**

Kari Wolf, MD, *Southern Illinois Univ. School of Medicine*

Jed Magen, DO, MS, *Michigan State Univ.*

James Rachal, MD, *Atrium Health*

Ondria Gleason, MD, *Univ. of Oklahoma School of Community Medicine*

#### **Description:**

Leaders—including departmental chairs, deans, and senior hospital administrators—are often removed from daily operations. As a senior leader, it is hard to understand what is happening on the frontlines of every area of one's responsibility. It is no wonder, therefore, that decisions get made that leave front line workers and middle managers scratching their heads wondering how such decisions were made. Front-line faculty have in-depth knowledge of many aspects of departmental operations. In their role, they are positioned to provide insight to their leaders which will in turn inform decisions that affect their roles and the department overall.

"Managing upwards" is helping one's leader make good decisions that benefit both you and your leader. To be effective, one must understand the competing interests their leader is trying to balance. While most faculty within a department understand their own interests, few faculty grasp the politics, interconnectedness, and environment in which departmental leaders make decisions—both those that affect only their own departments as well as those with broader reach. Without having walked in the footsteps of one's leader, we develop our own assumptions and misconceptions about those competing interests and how decisions are made.

This workshop will expand understanding of how departmental leaders function within their own hierarchies, politics, and the broader organizational landscape. Participants will begin to understand how and which factors drive decisions. And participants will learn strategies so their unique perspective can help inform decisions made above them in their organization.

#### **Learning Objectives:**

**Objective 1:** Understand the competing interests' departmental leaders are trying to balance.

**Objective 2:** Identify opportunities to influence decisions made above one's position in the organization, and

**Objective 3:** develop strategies to influence those decisions made above one's position in the organization.

**Thematic Focus:** Leadership/Administrative Development

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

**3:00 PM - 4:30 PM**

**EDUCATORS' SHOWCASE**

**Room: South Carolina**

#### **Educators' Showcase Learning Objectives:**

**Objective 1:** Describe various innovative educational techniques or projects presented, and their application and benefits in medical student education, residency training, or faculty development.



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**Objective 2:** Consider the applicability of presented projects to their own educational settings and identify how they can integrate these innovations and ideas into their teaching practices.

**Objective 3:** Engage in collaborative discussions to share practices and insights gained from the Educators' Showcase presentations, fostering a community of practice among educators.

### EDUCATORS' SHOWCASE III-A

#### **Stimulating Neuropsychiatry Education, One Sim at a Time**

Yelu Zhang, MD\*, *Beth Israel Deaconess Medical Center*

Daphne Ying, BA, *Beth Israel Deaconess Medical Center*

Nathaniel Meshburg, *Boston University School of Medicine*

Paulo Lizano, MD, PhD, *Beth Israel Deaconess Medical Center (AO)*

#### **Description:**

**Background** Neuropsychiatry is a medical specialty focused on the care of patients who present with complex neurological and psychiatric symptoms. Despite the increase in such patient complexities, there is a lack of adequate and effective training in neuropsychiatry for trainees. Simulation-based methods is an approach that can improve learners' engagement and integration of clinical skills. Limited literature is available on the use of simulations in neuropsychiatry education. This project evaluates the effectiveness of simulations in neuropsychiatry education for psychiatry residents at a single residency program.

**Methods** Twenty 3rd and 4th-year residents participated in a five-session long learning curriculum. Each session involved a clinical neuropsychiatry case that is acted by a standardized patient. Residents were randomized to participate in the simulation session (Sim group) or complete a self-directed learning slide-deck (Non-Sim group). After every session, a retrospective pre-post survey was administered to assess measures of learning effectiveness using Likert scales.

**Results** 67 surveys were submitted (40 Sim, 27 Non-Sim). Both the Sim and Non-Sim groups showed an increase in interest and confidence levels after the educational session compared to prior ( $p < 0.05$ ). No statistically significant difference was found in the change in interest and confidence levels between groups. The Sim group reported higher scores than the Non-Sim group on questions assessing the belief of whether (1) the material learned is clinically applicable and (2) the session was interesting.

**Discussion** Simulations may be an effective way to teach neuropsychiatry for psychiatry trainees and offer an experiential learning experience. Further data collection is underway.

### EDUCATORS' SHOWCASE - III-B

#### **Teaching Trainees about an Ideal Crisis Care Continuum: A Case-Based Learning Activity**

Kinnari Ruikar, MD\*, *Univ. of Texas Southwestern Medical School*

Sarah Baker, MD, MA, *Univ. of Texas Southwestern Medical School (AO)*

Elizabeth Twichell, BA\*, *Univ. of Texas Southwestern Medical School (AO)*

#### **Description:**

**Background** We developed an interactive learning activity to teach trainees about the individual components of an ideal continuum of mental health care using small group cases and a matching activity. This module was integrated into the medical student clerkship curriculum at one medical school beginning in July 2023.

**Methods** Students were surveyed before and after the educational activity using an Institutional SurveyMonkey tool. Students were asked about their familiarity with behavioral health crisis services, their satisfaction with behavioral health crisis services, their familiarity

## Friday, September 13, 2024 continued...

with the core principles of an ideal behavioral health crisis system, their confidence in referring patients undergoing behavioral health crises to the appropriate resources, and whether they felt that knowing this information about the behavioral health crisis continuum was important regardless of specialty. Surveys were analyzed in a collated fashion to look for changes in survey responses pre- and post-educational activity.

**Results** We found improvements in students' familiarity with behavioral health crisis services and components of the ideal behavioral health crisis continuum. There were also improvements in students' beliefs that familiarity with the behavioral crisis continuum was important regardless of specialty and their confidence in referring patients experiencing behavioral health crisis to appropriate resources.

**Discussion** We hope that providing learners with a framework for thinking about behavioral health crisis systems, as well as fostering awareness of community resources, will better equip students to care for patients. After participation in the activity, we saw improvements in knowledge about behavioral health crisis systems along with greater confidence in treatment planning.

### Media Session Concessions

4:45 pm – 5:00 pm

Room: [State/East Ballroom](#)

### Media Session

5:00 pm – 7:00 pm

Room: [State/East Ballroom](#)

#### MEDIA SESSION 1

#### **Enhancing Gratefulness for Resilient Well-Being through the Mindful Viewing of Film: A 5-day CME Seminar**

Francis Lu, MD, *Univ. of California, Davis*

#### **Description:**

This media presentation reports on a 5-day CME seminar led by the presenter between July 31 and August 4, 2023, at the Door County Summer Institute in Egg Harbor, WI, sponsored by the Medical College of Wisconsin Department of Psychiatry. On each of the 5 mornings, 1 feature film was shown; processing after the film focused on the participant's own experience of the movie including silent reflection, journaling, dyadic sharing, and group discussion. Gratefulness can be defined as a general state of appreciation and thankfulness for the personal benefit individuals perceive that they have received from others. Recent studies and reviews have shown that gratitude can enhance psychological wellbeing, including life satisfaction, positive affect, and happiness. Clinician well-being is essential for safe, high-quality patient care. This seminar aimed at a mindfulness experience through viewing 5 feature films from Japan: "Twenty-Four Eyes" (shown 1st), "Departures" (3rd) and "Tokyo Story" (5th); the United States: "The Joy Luck Club" (2nd); and Denmark: "Babette's Feast" (4th) in which inspiring characters embody gratefulness as a way to resilient well-being for the purpose of renewing these qualities in the lives of the seminar participants and in our work with patients. The film order aligned with the lifespan from children to elders. The presenter has led 7 in-person CME film seminars of 5 days duration at the Door County Summer Institute since 2014 and has led or co-led 37 non-CME film seminars of 5 or 7 days in duration at Esalen Institute, Big Sur, CA, since 1987.

**Format:** DVD

## Friday, September 13, 2024 continued...

### Learning Objectives:

**Objective 1:** Understand the essential role of developing gratefulness as a way to resilient well-being.

**Objective 2:** Identify how film characters embody gratefulness as a way to resilient well-being so as to identify these strengths in themselves and in their patients.

**Objective 3:** Utilize techniques of viewing films from a mindfulness perspective in which inspiring characters embody gratefulness as a means to resilient well-being for the purpose of renewing these qualities in their lives.

### MEDIA SESSION 2

#### **See One, Do One, Teach One: Utilizing Media and Standardized Patients to Teach Valuable Trauma Screening Skills to Psychiatry Residents**

Darcy Moschenross, MD, PhD, *University of Pittsburgh Medical Center, Western Psychiatric Hospital*

Piper Carroll, MD, *University of Pittsburgh Medical Center, Western Psychiatric Hospital*

(AO) Jessica Stephens, DO, *Connecticut Children's Hospital (AO)*

Meredith Spada, MD, MEd, *University of Pittsburgh Medical Center, Western Psychiatric Hospital (AO)*

Priya Gopalan, MD, *University of Pittsburgh Medical Center, Western Psychiatric Hospital (AO)*

**Description:** Many physicians report discomfort when interacting with patients exposed to trauma. Survey data from residents within our institution highlighted discomfort with evaluating, screening, and referring/treating patients with trauma. As a result, a novel technology-based Trauma Screening Workshop was developed to address this gap in training and provide psychiatry residents with opportunities to build skills and confidence to care for diverse patient populations. The workshop incorporated use of training videos, standardized patient interviews, and group discussions. Survey results post-workshop re-evaluating resident comfort, knowledge, attitudes, and practices related to trauma were compared to pre-workshop data. Residents reported significant improvement in comfort post-workshop related to evaluation, screening, psychoeducation, and referral of diverse patients with trauma. In this Media and Arts session, we provide a brief overview of the Trauma Screening Workshop followed by presentation of one video of a standardized patient interview in a LGBTQ case vignette as an educational tool to model effective trauma screening. Prompt questions developed for the workshop will be utilized to promote small-group discussion on this important topic as well as discussion surrounding logistics of creation of these didactics.

Upon completion of this session, participants will be able to:

**Format:** Desktop

### Learning Objectives:

**Objective 1:** Critically review and analyze pre-recorded video content to incorporate trauma-informed approaches to clinical practice and improve quality of patient care in management of trauma and related disorders.

**Objective 2:** Develop confidence in ability to perform trauma screenings and assessment of diverse patient populations with history of trauma.

**Objective 3:** Gather inspiration/information to develop similar educational experiences at your institution.

## Friday, September 13, 2024 continued...

### MEDIA SESSION 3

#### **Psychographica: Introducing a Didactic Psychiatric Graphic Medicine Genre**

Omar Mirza, DO\*, *Harlem Hospital*

#### **Description:**

**Introduction:** Psychographica is a psychiatric didactic sub-category of graphic medicine.<sup>1</sup> As a narrative genre that uses comics in the discourse of healthcare, graphic medicine is ideally suited for education of both public and professionals.<sup>2,3</sup> We demonstrate the efficacy of psychographica as an educational tool for psychiatry residents.

**Methods:** Over the course of nine months, a 58-page inaugural volume was created for the psychographica entitled "The C-L Psychiatrist: Decisional Capacity". The creation of the work was divided amongst several stages: research/scripting, pencils/inking, colors, lettering and finishing. The text was self-published and distributed amongst 27 residents at the Harlem Psychiatry Residency program for commentary and feedback using a three question Likert scale questionnaire.

**Results:** There was a total of 19 respondents to the feedback. In response to feeling that they learned something, 66.7% strongly agreed. Regarding psychographica as an effective teaching tool, 73.7% agreed strongly. Comparing psychographica with traditional teaching methods, 63.2% found it equally as effective for learning.

**Conclusion:** Psychographica is a promising medium for teaching concepts within psychiatry to psychiatric residents.

1)Mirza, Omar. (2023). (001) 2023 StouDEMIRE Award: Psychographica (Graphic Medicine). *Journal of the Academy of Consultation-Liaison Psychiatry*. 64. S1. 10.1016/j.jaclp.2023.11.479.

2) Czerwiec M, Williams I, Squier SM, Green MJ, Myers KR, Smith ST. *Graphic Medicine Manifesto*. Univ. Park, PA: Pennsylvania State Univ. Press; 2015.

3)Williams ICM *Graphic medicine: comics as medical narrative Medical Humanities* 2012;38:21-27

**Format:** Other: Graphic Medicine

#### **Learning Objectives:**

**Objective 1:** Distinguish psychographica from the larger graphic medicine medium and more traditional teaching mediums.

**Objective 2:** Assess the strengths and weaknesses of psychographica as a teaching medium.

**Objective 3:** Utilize psychographica as a medium to educate on a topic of interest to the participants.

## Saturday, September 14, 2024

**7:00 AM - 8:00 AM**

**BREAKFAST AND COFFEE SERVICE**

**Room: Foyer**

**7:00 AM - 11:00 AM**

**REGISTRATION**

**Room: Foyer**

## Saturday, September 14, 2024 continued...

8:00 AM - 9:30 AM  
WORKSHOPS

Room: Georgia

### Restorative Justice Practices in Academic Psychiatry

Peter Ureste, MD, MACM, *Univ. of California Riverside*

Martha Vargas, MD, *Univ. of California San Francisco*

Poh Choo How, MD, PhD, *Univ. of California Davis*

Adaobi Nwabuo, MD, MPH\*, *Univ. of California Davis (AO)*

Monique Waltman, MD\*, *Univ. of California Davis*

#### Description:

Medical student and resident mistreatment remains a persistent issue in academic medicine. Findings from the 2021 Graduation Questionnaire indicated that 40.3% of medical students nationwide reported encountering mistreatment. Similarly, a 2020 systematic review and meta-analysis revealed a high prevalence (64.1%) of intimidation, harassment, and discrimination among resident physicians during their training, with verbal, physical, and sexual abuse being the most commonly reported forms. One suggested approach to tackle this issue is adopting restorative justice (RJ) practices. Rooted in various global indigenous cultures, the RJ movement originated in the 1980s within the criminal justice system and has since expanded to various sectors, including K-12 and higher education, social work, and, more recently, academic medicine and healthcare. RJ principles emphasize viewing the community as an interconnected web of relationships, acknowledging that the actions of one individual can significantly impact the entire network. RJ provides a framework for building stronger communities, actively preventing and responding to harm, and fostering inclusive and secure learning environments. This workshop introduces participants to RJ theory, encouraging discussions on its practical application by examining case studies from two psychiatry residency training programs. Additionally, participants will engage in a community circle—a specific RJ practice. The session will conclude with a dialogue on potential opportunities and practical implementations of RJ within participants' institutions. The workshop aims to facilitate experiential learning by utilizing interactive teaching methods, such as pair-share, small and large group discussions, and participation in a community circle.

#### Learning Objectives:

**Objective 1:** Describe the foundational principles of restorative justice, tracing its origins in indigenous cultures and its relevance to academic psychiatry.

**Objective 2:** Examine the practical application of restorative justice in addressing mistreatment and fostering inclusivity in academic psychiatry, using case studies from two residency programs, and

**Objective 3:** develop introductory skills in restorative justice techniques by participating in a community circle for practical application.

**Thematic Focus:** Diversity, Equity and Inclusion (DEI)

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

## Saturday, September 14, 2024 continued...

### Room: Massachusetts

#### **Building Social Connection to Enhance Online Learning -- Neuroscience Perspectives in Psychiatry**

Joseph Cooper, MD, Univ. of Illinois at Chicago

David Ross, MD, PhD, *Univ. of Alberta*

Ashley Walker, MD, *Univ. of Oklahoma School of Community Medicine*

Hannah Pazderka, PhD, *Univ. of Alberta (AO)*

Evan Kyzar, MD, PhD\*, *College of Physicians and Surgeons, Columbia Univ. / New York State Psychiatry (AO)*

Bernice Yau, MD, *Columbia Univ. Medical Center (AO)*

Joshua Eloge, MD, *Rush Univ. Medical Center (AO)*

#### **Description:**

The last 4 years have seen an explosion in online learning. At first, this change was driven by necessity, and its flaws were quickly exposed. Because much of online learning relies on conventional didactic presentations, these sessions may not adhere to the best principles of adult learning, and they may lack the rich social dynamics of in-person experiences. Through this interactive workshop, we will introduce a successful online curricular intervention and offer individuals the opportunity to participate and reflect on a sample session. The course Neuroscience Perspectives in Psychiatry was initially launched in the Spring of 2020 based on core content from the National Neuroscience Curriculum Initiative. The course aims to demonstrate the central relevance of neuroscience to the clinical practice of psychiatry through contemporary clinical cases. Over the past four years, the course has been optimized to promote learning, including through: self-study materials paired with participation in an asynchronous discussion platform; experiential learning activities in small group “pods” that facilitate social connectivity; and robust formative assessment. The course has been approved as a formal medical student elective in both the US and Canada and has included more than 250 participants from North America and 80 from other parts of the world. Following the sample session, participants in this workshop will have the opportunity to reflect on how they might apply similar methodologies at their own institutions using other diverse content.

#### **Learning Objectives:**

**Objective 1:** Describe core principles for successful online learning.

**Objective 2:** Describe one approach for the effective integration of neuroscience into psychiatric education, and

**Objective 3:** brainstorm specific ways to adapt their own content into a comprehensive online curriculum.

**Thematic Focus:** Assessment, Competencies (including Cultural Competency and Lifelong Learning), Curriculum Development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other Education (non-physician, non-psychiatry, patient/family), Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

## Saturday, September 14, 2024 continued...

### Room: New York

#### **The AI Consult: Harnessing Generative Artificial Intelligence for Psychiatric Education**

Mountasir El-Tohami, MD, *New York City Health and Hospitals / King's County Hospital*

Reuben Hendler, MD, *McLean Hospital / Harvard Medical School*

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

Paul Riordan, MD, *Duke Univ. School of Medicine*

Rick Peter Fritz Wolthusen, MD, MPP, *McLean Hospital*

Halsey Niles\*, MD, *Massachusetts General Hospital / McLean Hospital (AO)*

#### **Description:**

Does AI excite you? Or fill you with dread? Either way, the proverbial Pandora's Box has been opened. AI is already influencing psychiatric teaching and practice, and we have the opportunity to shape how. The incorporation of generative artificial intelligence (AI) into psychiatric education heralds a new era of instructional design and learner engagement. With its capacity for individualized feedback, generation of new content, and rapid synthesis of vast stores of information, large language models like ChatGPT offer unprecedented opportunities to support psychiatric training. However, the integration of AI into medical curriculums is not without challenges. Concerns about maintaining academic integrity, finding hidden algorithmic biases, avoiding "hallucinations" of fictitious information, and mitigating other potential detriments to learning demand a carefully balanced approach.

How can we take advantage of AI's capabilities while guarding against its potential to harm? How does AI fit into and disrupt our perspectives on how adults learn? How can we harness AI to augment, rather than replace, human connection? This workshop will demonstrate practical applications to AI, coach participants in using ChatGPT through real-time demonstration to create educational content, equip participants with the ethical framework necessary to use AI responsibly and leave participants with resources for continued education.

\*Per AAP guidelines, ChatGPT was not used in the composition of this abstract. Would the abstract have been better or worse with the help of ChatGPT? Come to the workshop and link elbows with us and ChatGPT as we go-it-together to find out!

#### **Learning Objectives:**

**Objective 1:** Practiced consulting ChatGPT to assist with an educational project.

**Objective 2:** Analyzed how to employ ChatGPT in keeping with principles of adult learning theory, and

**Objective 3:** debated ethical considerations related to the use of AI in medical education.

**Thematic Focus:** Curriculum Development, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Pennsylvania

#### **Sustaining Treatment Team Community: Navigating Countertransference through Empathy Building**

Alexis Carnduff, MD\*, *Univ. of Washington*

Kathy Snyder, MD, MS\*, *Univ. of Washington*

Giang Nguyen, MD, *Univ. of Washington*

Tom Soeprono, MD, *Univ. of Washington (AO)*

Clare Einberger, MD\* (AO), *Univ. of Washington*



## Saturday, September 14, 2024 continued...

### Description:

In their current inpatient psychiatry rotation at a high-acuity hospital, a team comprising a second-year resident, and a medical student grapples with a formidable case. The patient, during interviews, hurls disparaging remarks such as, "Transfer me out of your care immediately! How can you even call yourself a doctor? You are embarrassing yourself with your incompetence!" Over time, the medical student withdraws from discussions about the patient, and the resident reduces psychoeducation efforts, leaving the attending feeling isolated in the patient's care. Unaddressed negative countertransference poses a risk of withdrawal, potentially compromising patient care. Yet, acknowledging negative emotions toward a patient is a daunting task for caregivers.

To foster a supportive healthcare community, teams must collaboratively explore avenues for openly discussing negative countertransference and mitigating its impact on the patient-care relationship. This workshop leverages empathy as both a means to acknowledge countertransference and a tool to address its ramifications on patient care.

The session kicks off with an interactive case study delving into the adverse effects of unaddressed countertransference. Participants will then acquire empathy skills to uncover countertransference within their teams. Through roleplay, attendees will employ these skills to enhance their team's understanding of the patient, thereby diminishing the impact of negative countertransference. Subsequent small group discussions will delve into applying these skills to challenging scenarios participants may have encountered. Ultimately, participants will depart with a roadmap for averting breakdowns in patient and care team relationships.

### Learning Objectives:

**Objective 1:** Deconstruct the potential adverse effects of countertransference on patient care and the dynamics within the healthcare team.

**Objective 2:** Implement empathy-building exercises and gather insights on their effectiveness in alleviating the consequences of unaddressed negative countertransference, and

**Objective 3:** collaborate on avenues for regular interactions, sharing of experiences, and creating a secure space for addressing challenging cases to cultivate a supportive team culture conducive to improved patient care.

**Thematic Focus:** Mentorship, Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

**9:45 AM - 11:15 AM**

### WORKSHOPS

#### Room: Georgia

#### Filling Your Professional Bucket: Finding Joy and Meaning in Connectedness and Mentorship

Ilijie Fitzgerald, MD, MS, *UCLA-Olive View Psychiatry Residency Training Program / David Geffen School of Medicine at Univ. of California Los Angeles*

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

Christopher Martin, MD, MS, *Olive View-UCLA Medical Center*

Reuben Hendler, MD, *McLean Hospital - Harvard Medical School*

## Saturday, September 14, 2024 continued...

### Description:

"Life doesn't make any sense without interdependence. We need each other, and the sooner we learn that the better for all of us." - Erik Erikson

"Everyone carries an invisible bucket. Your bucket has one purpose only. Its purpose is to hold your good thoughts and good feelings about yourself... It's great to have a full bucket, and this is how it works: other people can fill your bucket, and you can fill theirs. You can fill your own bucket, too." - Carol McCloud

Academic psychiatrists often shoulder many responsibilities in their professional roles, and it is perhaps unsurprising that so many choose to leave these positions after only a few years, but those who continue onward and who hope for sustainability have great role models: we can draw from the experiences and wisdom of those who have happily led training programs for decades and who identify social and interpersonal aspects in particular as enhancing their professional satisfaction and well-being. Mentoring and supporting trainees and faculty are essential components of these roles, and modeling this bucket-filling for learners and early-career peers can inspire meaningful generativity. As we empower our trainees to succeed, so too can we experience joy in contributing to their journeys, or joy in their joy, or freudenfreude.

### Learning Objectives:

**Objective 1:** Examine their personal values and how and where they are reflected in different aspects of their professional roles.

**Objective 2:** Identify and reflect on the specific sources of joy in their work, and

**Objective 3:** recognize current and potential professional relationships that could yield meaningful connectedness that would help sustain or amplify their joy and professional success.

**Thematic Focus:** Career Development, Leadership/Administrative Development, Mentorship

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Massachusetts

#### Observing as Individuals, Creating Together: A Community Building Activity in the Art Museum

Mary Blazek, MD, MEHP, *Univ. of Michigan*

Margaret Chisolm, MD, *Johns Hopkins Univ. School of Medicine*

Meher Kalkat, BS\*, *Johns Hopkins Medical Institutions*

### Description:

The Association of American Medical Colleges and National Academies of Sciences, Engineering, and Medicine recognize the fundamental role the arts and humanities play in medical education (1, 2). Arts and humanities support skill mastery, appreciation of multiple perspectives, and social advocacy (3). Medical educators and a medical student lead this interactive workshop. Attendees engage in a creative arts-based activity progressing from individual observation to small group collaboration to large group sharing.

This transformational activity involves an element of surprise, so a specific description is not offered here. Attendees will experience first-hand how arts-based activities can promote development of clinically relevant skills and attributes, including community building. They will work in small groups to explore how different perspectives can be incorporated into a cohesive project, gaining insight into arts-based education as a tool for connection. After

## Saturday, September 14, 2024 continued...

watching a video of the activity conducted in an art museum, small groups will explore possibilities for implementation at home institutions.

### References

1. Association of American Medical Colleges. The Fundamental Role of the Arts and Humanities in Medical Education; 2020.  
[https://store.aamc.org/downloadable/download/sample/sample\\_id/382/](https://store.aamc.org/downloadable/download/sample/sample_id/382/).
2. National Academies of Sciences, Engineering, and Medicine. The Integration of Humanities and Arts with Sciences, Engineering, and Medicine in Higher Education: Branches From the Same Tree. Washington, DC: National Academies Press; 2018.
3. Tracy Moniz, Maryam Golafshani, Carolyn Gaspar, Nancy Adams, Paul Haidet, Javeed Sukhera, Rebecca Volpe, Claire de Boer, Lorelei Lingard (2021). How Are the Arts and Humanities Used in Medical Education? Results of a Scoping Review. *Academic Medicine* 96(8):p 1213-1222.

### Learning Objectives:

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

**Objective 2:** Participate in a creative collaborative activity that can be adapted from the art museum setting to the classroom setting, and

**Objective 3:** discuss implementation of this activity at their home institution, including course, level of learner and goals or purpose.

**Thematic Focus:** Curriculum Development, Medical Humanities, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other Education (non-physician, non-psychiatry, patient/family), Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: New York

#### Preparing, Empowering and Supporting Faculty Identification of the Struggling Learner

Lindsey Pershern, MD, *Baylor College of Medicine*

Jeffrey Khan, MD, *Baylor College of Medicine*

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

### Description:

Identification of the struggling learner and providing unbiased feedback in the clinical environment is a well-documented challenge. Faculty may feel that they do not have adequate time or skills to work with struggling learners. Biased language frequently appears in narrative evaluations of learners, and faculty may be unsure how to provide specific, actionable feedback in an unbiased manner.

Institutional factors may also contribute to reluctance to identify learners who are operating below expectations. These include a lack of remediation strategies for learners, greater frequency of learners' challenging grades and evaluations, concerns about their own faculty evaluations and impact on promotion, and a perceived lack of support for faculty who work with struggling learners. This may result in faculty avoidance of delivering undesirable feedback, the "failure to fail" phenomenon, and evaluation inflation; 18% of assessors in one study admitted they had inflated a learner's score on a clinical performance assessment in the previous 12 months. At worst, this could result in the advancement of trainees who have not yet achieved competency to practice at the next level of training.

## Saturday, September 14, 2024 continued...

This workshop will allow participants to explore challenges that faculty face in identifying and providing feedback to struggling learners. Facilitators will review tools for faculty to identify and provide feedback to the struggling learner and recognize implicit bias. Participants will be asked to consider implementation of strategies to improve the identification of struggling learners, provision of unbiased feedback, and collaboration to foster an atmosphere of feedback and growth within the clinical environment.

### Learning Objectives:

**Objective 1:** Identify faculty barriers to identification of the struggling learner.

**Objective 2:** Create strategies to support faculty skills in identifying struggling learners, including mitigation of bias, and

**Objective 3:** support synergy amongst faculty and education leadership in shifting culture of feedback and assessment.

**Thematic Focus:** Assessment, Diversity, Equity and Inclusion (DEI), Teaching Skills/Techniques

**Intended Audience:** Junior Faculty, Senior Faculty

### Room: Pennsylvania

#### Making It Stick: Evidence-Based Skills in Learning

Christopher Ramsay\*, *Duke Univ. School of Medicine*

Tara Chandrasekhar, MD, *Duke Univ.*

Sarah Eckstein, MD\*, *Duke Univ.*

Julia Rothschild, MD, MS\*, *Duke Univ.*

Lara Thibodeau, MD\*, *Duke Univ. (AO)*

### Description:

Effective learning is not always intuitive. As physicians, we owe it to our patients, students, residents, and colleagues to facilitate effective learning and build habits that can translate into our continuing education post-training. Empiric research suggests that "cramming" or spending excessive amounts of time engaging in passive learning is inefficient and ineffective. Instead, learners need to practice skills that facilitate retention of the materials.

These skills are increasingly important as we emerge from the COVID-19 pandemic. Physician educators continue to navigate virtual, hybrid, and returning in-person education; returning to basics and strengthening the foundation of good learning will help our growing community of psychiatric educators and continuing learners. As psychiatric educators, we can continue to build community by learning how to best learn together and disseminating evidence-based learning skills. Not only does this collective effort strengthen bonds between each other, increased efficiency and efficacy in learning practices allow for increased sustainability in maintaining this work over the long term.

The workshop is designed to teach residents, students, and attending physicians in psychiatry about effective practices in adult learning, drawn largely from *Make it Stick: The Science of Successful Learning*. The workshop will provide an overview of key concepts related to adult learning and offer concrete skills for best practices for both teaching and self-directed learning. The workshop will also provide opportunities to apply these skills in breakout groups. Participants will leave the workshop feeling empowered to utilize these evidence-based learning strategies in their teaching and clinical practice.

## Saturday, September 14, 2024 continued...

### Learning Objectives:

**Objective 1:** List 5 ways to improve retention of information.

**Objective 2:** Detail the skills of retrieval, elaboration, and interleaving, and

**Objective 3:** devise methods to utilize new habits of learning to invigorate learners.

**Thematic Focus:** Teaching Skills/Techniques

**Intended Audience:** Medical Students, Residents, Fellows, Junior Faculty, Senior Faculty

### Room: Rhode Island

#### Inspiring Meaning and Motivation: Faculty Development in Academic Psychiatry Departments

Neha Hudepohl, MD, *Prisma Health / Univ. of South Carolina School of Medicine - Greenville*

Megan Zappitelli, MD, *Univ. of South Carolina School of Medicine*

### Description:

Academic psychiatry departments employ faculty to provide high caliber medical education, participate in scholarship, quality improvement, and other academic activities. Academic departments must meet accreditation requirements that include faculty development, and medical institutions must offer quality career development opportunities to recruit high performing physicians. Psychiatric leaders may not be skilled in faculty development and may not have access to the resources required to engage in this work. This problem is compounded by burnout and the phenomenon of “quiet quitting,” in which faculty are less inclined to meaningfully participate in educational initiatives or training roles.

This workshop focuses on the role of the academic psychiatrist leader in faculty development and mentorship, and on providing tools to create an environment that supports faculty finding meaning in their academic roles. Participants will identify the challenges and pitfalls in mentoring faculty to find meaning in academic medicine. Particular focus will be paid to the challenges of faculty development in the context of the burnout in academic medicine. Participants will engage in small group discussion about faculty development initiatives, reviewing the competing pressures of teaching, academic, research, clinical, and departmental needs. Discussions will focus on identification of faculty for various academic roles administrative roles and motivating faculty to engage with these roles. Strategies to inspire meaning and motivation in faculty development will be reviewed. Participants will learn principles and implementation strategies for individual faculty mentorship. Attendees will discuss ways to leverage resources in their departments and institutions for the benefit of faculty career growth.

### Learning Objectives

**Objective 1:** Define the role of the academic psychiatry leader in faculty development and mentorship.

**Objective 2:** Discover ways to restore meaning and motivation in psychiatric faculty, and

**Objective 3:** explore strategies and create an action plan to leverage resources for faculty development to create an environment of motivation for academic faculty.

**Thematic Focus:** Career Development, Curriculum Development, Leadership/Administrative Development, Teaching/Education: Continuing Medical Education

**Intended Audience:** Junior Faculty, Senior Faculty

## Saturday, September 14, 2024 continued...

11:30 AM - 12:30 PM

WIPS ROUNDTABLE DISCUSSIONS

Room: [State/East Ballroom](#)

WIPs Group One - A

### **Implementation of Problem Based Learning in a 2 Year Child and Adolescent Psychiatry Residency Program**

Karen Wang, MD MEd, MSc, *Univ. of Toronto*

Nikhita Singhal, MD\*, *Univ. of Toronto*

**Indicate the nature of your work:** Curriculum

#### **Description:**

Problem Based Learning (PBL) is a curricular approach created in the 1970s at McMaster Univ. in response to concerns that medical trainees were ill-prepared for the demands of clinical practice. Curriculum that utilizes a PBL approach includes several key features: 1) the adoption of a social constructivist paradigm; 2) the use of small groups focused on analyzing specific problems/cases that relate to clinically relevant work; 3) the use of tutors focused on providing facilitation of small group processes rather than as experts focused on knowledge dissemination; and 4) promotion of critical thinking, clinical reasoning, and collaborative resource finding to address clinically relevant problems.

In our 2-year child and adolescent psychiatry (CAP) subspecialty residency training program, we are embarking on a process of curriculum renewal whereby we hope to implement PBL as a means of more holistically integrating psychopathology, psychopharmacology, and DEI concepts to better prepare trainees to address the “wicked problems” in our youth mental health system. Our pilot project aims to develop 6-12 cases for a cohort of 10 resident learners. The pilot period will run for 6 months and will include 2-3 tutors. The project aims to evaluate whether PBL is a feasible and effective teaching approach in CAP residency training. In particular, we hope to evaluate whether it will help promote adaptive expertise, collaborative decision-making, and foster a true love of life-long learning in our community.

#### **Learning Objectives:**

**Objective 1:** Obtain qualitative feedback from participants about the development of problem-based learning cases that would be appropriate for child and adolescent psychiatry residency trainees. 3 sample cases will be provided for participants to review.

**Objective 2:** Identify the most appropriate assessment approach to determining if PBL cases have contributed to the development of adaptive leadership skills/abilities.

**Objective 3:** Facilitate a discussion with participants around their experiences of introducing PBL methodology into their curriculum renewal projects.

WIPs Group One - B

### **MicroFeedback: A Novel, Web-Based Mobile Tool for Capturing Individualized Feedback Data in Psychiatry Graduate Medical Education**

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**Indicate the nature of your work:** Educational Method



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### **Description:**

Feedback on performance and teaching in the clinical learning environment is an essential component of resident education and faculty members' professional development. Current systems for eliciting and recording feedback in clinical settings are limited by disruption to clinical workflows, inflexible instruments for capturing feedback, and an often-unidirectional approach in which feedback is given only to residents. Feedback is often provided at the end of a clinical rotation or block, opening the possibility of bias in which only the most positive or negative aspects of resident or faculty members' performance are recalled. We propose a novel, web-based, just-in-time intervention to capture feedback data from clinical encounters in GME termed MicroFeedback. In the MicroFeedback tool, many datapoints are captured for both residents and faculty members through web-based rating items based on the Psychiatry ACGME milestones, which are accessed by scanning a QR code on a badge card. The MicroFeedback tool allows for correction of the bias introduced in feedback ratings due to inter-rater variability and greatly increases the number of datapoints captured to build a more robust dataset of resident performance on a variety of clinical tasks to be considered at residency resident evaluation meetings. Additionally, MicroFeedback is bidirectional in that residents also scan a badge card for faculty members to provide feedback on teaching in the clinical setting, providing necessary data for professional development and promotion. The MicroFeedback tool is designed to be adapted to multiple specialties and clinical settings and we present planned pilot implementation in psychiatry residency.

### **Learning Objectives:**

**Objective 1:** Understand the utility of a just-in-time, dynamic, electronic feedback mechanism in psychiatry graduate medical education.

**Objective 2:** Describe and critique the structure of the electronic feedback mechanism to ensure applicability to psychiatric education.

**Objective 3:** Identify opportunities for implementation and to refine the educational applicability of MicroFeedback in psychiatry residency.

### WIPs Group One - C

#### **Curricular Co-Construction: Collaborating to Integrate Diversity, Equity, and Inclusion into Child and Adolescent Psychiatry Training**

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Lauren Hishon, MD, MBA\*, *Univ. of Ottawa*

Marijana Jovanovic, MD, FRCPC, *Children's Hospital of Eastern Ontario, Univ. of Ottawa (AO)*

**Indicate the nature of your work:** Research Project

### **Description:**

The current social climate has brought attention to longstanding systemic inequities impacting youth mental health. Despite this, diversity, equity, and inclusion (DEI) principles have not been a major component of child and adolescent psychiatry (CAP) training. We aim to address this gap by developing and evaluating a series of co-created virtual educational modules focused on DEI themes relevant to CAP.

Grounded in Kern's six-step framework for curriculum development, our project comprises the following stages: (1) an environmental scan to better understand the current state of CAP DEI training (sampling program directors, current trainees, and recent graduates using online surveys and semi-structured follow-up interviews); (2) co-design of case-based online modules alongside youth with lived experience; and (3) module evaluation based on Kirkpatrick's four-level model.



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Our environmental scan indicated a significant gap in DEI training across programs and informed selection of module topics (cultural formulation, anti-Black racism, Indigenous mental health, LGBTQ+ populations, and refugee mental health). To date, two modules have been developed and the first (on cultural formulation) was piloted among CAP residents across Canada. Seven participants completed pre- and post-module questionnaires and reported increased knowledge, confidence, and skills as well as intended changes to current practices, with retention demonstrated through 3-month post-module questionnaires.

Evaluation outcomes from our pilot will inform iterative refinement and development of the remaining modules in the series. We anticipate they may be adapted for broad applicability to enhance DEI education across levels of training (undergraduate, postgraduate, continuing professional development) for various specialties and interdisciplinary healthcare professions.

### Learning Objectives:

**Objective 1:** Develop a strategy to effectively evaluate Kirkpatrick levels 3 (behavior) and 4 (results) in a feasible and methodologically rigorous manner.

**Objective 2:** Determine an appropriate balance between tailoring the modules to their originally Intended Audience: and ensuring relevance for the broader educational community, and

**Objective 3:** identify opportunities for further collaboration, and to adapt/integrate the modules into various training programs and curricula.

### WIPs Group Two - A

#### **Do We Have the Right Ingredients for the PIE (Psychiatric Interview Experience)?**

Lauren Wierenga, MD, MSc\*, *Queen's Univ.*

Debra Hamer, MD, FRCPC, *Queen's Univ.*

#### **Indicate the nature of your work:** Curriculum

#### **Description:**

The Psychiatric Interview Experience (PIE) is a clerkship curricular component that provides students on their psychiatry clerkship rotation with an opportunity to practice a comprehensive psychiatric assessment, discuss differential diagnosis, and propose a management plan. PIE is unique in that these practice sessions are conducted in a low-pressure, simulation-based setting, in which each medical student is paired with a psychiatry resident. The resident acts as the patient during the simulated interview, and then provides in-depth one-on-one feedback.

PIE was first developed as an online learning experience during the early pandemic to respond to a curricular need to create opportunities for interviewing and clinical exposure outside of the hospital setting. We have continued to use this program as students find that the interview practice is helpful, and it also allows residents an opportunity to meet their Royal College requirement for teaching. Early assessment of this addition to the curriculum has been quite positive. It highlights its strength as a tool to improve interview skills, while also providing a space to develop informal mentorship with residents that has a potential impact on recruitment to psychiatry. However, despite this praise for PIE, concern has also been raised about inconsistency in the simulated experience, the need for resident training, and the limitations of the use of a virtual platform. This has led us to question next steps and the need to optimize our concept and model to ensure this experience is beneficial to both clinical clerk learners and resident teachers.

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### Learning Objectives:

**Objective 1:** Establish an initial plan to further foster connection and community through mentorship in this program without it feeling forced or fabricated,

-At present, organic opportunities for mentorship are occurring, but we see an opportunity to enhance this potential as it relates to recruitment to psychiatry. What have the workshop participant's experiences been when creating structured mentorship opportunities within curriculum components designed for another function?

-Further, we thought the virtual setting would improve access and allow enhanced connection for learners at remote sites without residents. However, based on initial feedback it seems students feel this virtual aspect hinders rather than helps the benefits of the community we are striving for. What are other schools doing to navigate this post-pandemic transition to hybrid experience?

**Objective 2:** Better understand options for integrated resident teaching training into this program without creating a daunting framework that would be difficult to execute at a small academic centre, and

-While we are excited that our program provides residents a much-needed opportunity to learn about medical education and teaching, many resident participants are engaging to satisfy a Royal College requirement as much to gain this necessary skill.

-What is the experience at other schools when it comes to formal teaching for residents as educators – is an opt-in versus a mandatory part of the teaching opportunity more effective?

**Objective 3:** Determine the most effective method of measuring the impact of this curricular tool on learner's long term.

-Are the benefits of the feedback received and skills practiced retained into the rest of their rotation? Other clinical rotations? Residency? Their future practice?

-How far is necessary to measure this impact to prove concept but also for possible future publication?

### WIPs Group Two - B

#### **Observable Practice Activities: Assessment Strategy for Time-Flexible Residency Training**

Andreea Seritan, MD, *Univ. of California San Francisco*

Erick Hung, MD, *Univ. of California San Francisco*

Lawrence Kaplan, DO, *Univ. of California San Francisco (AO)*

Tammy Duong, MD, *Univ. of California San Francisco (AO)*

Kripa Balam, MD, *Univ. of California San Francisco (AO)*

Alissa Peterson, MD, *Univ. of California San Francisco (AO)*

Emma Samelson-Jones, MD, *Univ. of California San Francisco (AO)*:

**Indicate the nature of your work:** Educational Method

#### **Description:**

Background: Observable practice activities (OPAs) are discrete resident activities that can be directly observed by faculty during a clinical encounter, requiring limited time and effort. OPAs help evaluate residents enrolled in the UNIV. OF CALIFORNIA SAN FRANCISCO Psychiatry Residency Clinical Neuroscience Area of Distinction (AoD), a specialized path for residents interested in neuropsychiatry, launched in 2019. Six residents have completed the AoD; five are currently enrolled. This AoD is competency-based, allowing residents to complete requirements in variable time. Methods: Residents keep a patient log covering ten diagnostic categories. Faculty evaluate residents performing OPAs in clinics. We developed an OPA form in MedHub and provide faculty development for users. The form allows faculty

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to evaluate residents on 8 different activities during the same patient encounter. Examples include: Perform diagnostic evaluation; Read and interpret relevant laboratory studies; Provide pharmacological treatment (all pertaining to patients with neuropsychiatric conditions). OPAs are rated on the same 1-5 entrustment scale used by the adult psychiatry residency program, in addition to regular evaluations. To complete the AoD, residents must reach entrustment level 5 on at least one occasion for 6 of the 8 activities, and level 4 for neuroimaging and neuropsychological report interpretation (which are outside of their scope of practice). Results: From 2019 to 2023, 4 faculty completed 49 OPAs, covering 210 activities. Resident feedback has been positive. Conclusion: OPAs allow frequent constructive feedback based on direct observation and promote time-flexible residency training. The number of faculty raters and observations needed to reach reliable entrustment decisions should be further explored.

### **Learning Objectives:**

**Objective 1:** Develop 1-2 strategies to evaluate the program in addition to learner reaction, such as by comparing resident pre- and post- PRITE scores in Neurology.

**Objective 2:** Get participant feedback on the observable practice activities (OPA) Medhub form, and

**Objective 3:** develop a reliable method to plot learner progress over time, using the OPA scores (e.g., number of raters and observations needed to make entrustment decisions).

### WIPs Group Two - C

#### **Integrating Family Interventions in Child and Adolescent Psychiatry Training: Seeking New Approaches and Educational Strategies**

Khalid Elzamzamy, MA, MD\*, *Johns Hopkins Univ. School of Medicine*

**Indicate the nature of your work:** Curriculum

#### **Description:**

In child psychiatric practice, collaboration with caregivers, parents, and families is crucial. The American Academy of Child and Adolescent Psychiatry's Practice Parameters underscore the reciprocal influence of children on their families and vice versa. Therefore, child and adolescent psychiatrists rely on caregivers' collateral reports to understand the familial and social contexts where the child's behaviors and "misbehaviors" manifest. In addition to the importance of working with families for assessment purposes, multiple family-based therapeutic interventions have demonstrated efficacy in treating a range of psychiatric disorders. Thus, working with families includes both family assessment and family-based interventions.

Typically, Child and Adolescent Psychiatry (CAP) training programs aim to equip their trainees with skills in family assessment and interventions through opportunities to practice traditional "family therapy". Although valuable, most child psychiatrists do not offer traditional family therapy post-graduation due to other competing clinical and professional demands.

Other strategies, such as parent psychoeducation and counseling, may be overlooked in training. These strategies can directly aid and empower parents and caregivers to effectively manage their children's symptoms.

After presenting the current status of integrating family-based interventions in CAP training programs, the author aims to solicit input from WIP participants on proposed alternative approaches for training CAP fellows in family interventions. These proposed approaches include strategies for incorporating family counseling into medication management visits and providing brief parenting strategies tailored to the presenting complaint. The author also seeks ideas for educational resources that could be used for these purposes

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### Learning Objectives:

**Objective 1:** Assess the potential effectiveness, practicality, and feasibility of the proposed alternative training approaches.

**Objective 2:** Request insights into the strategies for incorporating customized family counseling into medication management and brief family visits, and

**Objective 3:** seek recommendations for resources to support these new training approaches and discuss the need for novel resources. [WIPs Group Three - A](#)

### Relationship between Personal Values, Wellness, and Resilience in Third Year Medical Students

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Grace Kelly, BS\*, *Univ. of Nebraska Medical Center (AO)*

Jason Burrows, MD, *Univ. of Nebraska Medical Center (AO)*

Dana Raml, MD, *Univ. of Nebraska Medical Center (AO)*

**Indicate the nature of your work:** Research Project

### Description:

The prevalence of depression and suicidal ideation is high among US medical students and significantly different than other age-similar populations [1,2,3]. This occurs despite evidence suggesting matriculating medical students have high quality of life scores and lower rates of depression symptoms when compared to the general population [4]. Studies suggest specific personality traits, such as resilience, may play a role in mitigating the decline of medical student wellbeing [5,6,7]. A study in a group of soldiers takes this a step further by examining how both resilience and personal values correlate with mental health outcomes following deployment [8]. Our hope is to better understand what values and traits are most indicative of a student who will thrive in the arena of medical education. This cross-sectional study on personal values and resilience may drive future interventions to optimize medical student well-being and growth.

Third year medical students on the pediatric clerkship will be asked to complete a survey consisting of demographic information, the validated WHO-5 Well-Being Index, Connor-Davidson Resilience Scale (CD-RISC), and Twenty Item Value Inventory (TwIVI). We estimate that we will have approximately 90 responses by the conference. After completion of the pilot study, we plan to expand to the psychiatry clerkship. Our aim for presenting this Work in Progress is to determine the best way to understand our preliminary results and frame our data analysis going forward. We will create a space to discuss interventions targeted at enhancing trainee resilience and promoting self-exploration of values.

### Learning Objectives:

**Objective 1:** Evaluate current data analysis methods and recommend future frameworks to consider as we continue data collection.

**Objective 2:** Review and assess strategies of optimizing medical student wellness in the context of personal values, and

**Objective 3:** develop ideas for novel interventions that can be implemented and further studied in medical education.

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### WIPs Group Three - B

#### **Still Implicit One Year Later? Evaluation of Faculty-Wide Unconscious Bias Training One Year Following Implementation**

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Shaheen Darani, MD, *Temerty Faculty of Medicine, Univ. of Toronto*

Certina Ho, PhD, RPh, *Univ. of Toronto (AO)*

Fiona Rawle, PhD, *Univ. of Toronto, Mississauga (AO)*

Stefania Stoica, BSc, *Centre for Addiction and Mental Health, Univ. of Toronto (AO)*

Shekina Plowman, RN, *Univ. of Toronto (AO)*

**Indicate the nature of your work:** Research Project

#### **Description:**

Faculty development in Diversity, Equity, and Inclusion (DEI) that is sustained, championed by leadership, and finds a balance between acceptability to faculty while promoting difficult reflections and change has been elusive. To address this challenge, we developed and implemented an unconscious bias workshop aiming to ensure faculty-wide uptake, build capacity, and promote culture change — an essential element of advancing equity in academic medicine.

As part of the roll-out, our initial evaluation strategy used pre and post survey data to assess the effects on immediate knowledge acquisition and acceptability of the workshop based on Kirkpatrick's Training Evaluation Framework. The workshop was extremely well-received and appeared to result in short-term knowledge gain; however, a criticism of previous DEI and unconscious bias education evaluations are that demonstration of longer-term impact on behavior and practice change has been lacking, and that multiple points of assessment and higher Kirkpatrick evaluation levels should be used to demonstrate true impact.

We aim to address this gap by extending our initial promising findings through a qualitative study assessing whether there has been practitioner behavior change and/or organizational practice change one year later, and if so, how such change was facilitated or impeded. Data will be collected using individual semi-structured interviews that will be recorded and transcribed verbatim, with coding and thematic analysis occurring through an iterative process. We anticipate our findings will provide educators with valuable information on facilitators and barriers of organizational/behavioral change related to DEI in academic medicine.

#### **Learning Objectives:**

**Objective 1:** Appraise feedback on our approach to educational program evaluation of our department-wide unconscious bias education program.

**Objective 2:** Determine potential future directions for research and scholarship building on this initiative, and

**Objective 3:** identify ways in which our findings could be applied to improve DEI education more broadly.

### WIPs Group Three – C

#### **Evaluating a Health Equity Rounds Curriculum**

Veronica Wright, MD\*, *Walter Reed Army Medical Center*

J. Corey Williams, MD, MA, *Georgetown Univ., Medstar-Georgetown Univ. Hospital,*

Ashley Walker, MD, *Univ. of Oklahoma School of Community Medicine (AO)*

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### **Description:**

Racial and ethnic health disparities exist within the Military Health System (MHS) despite ostensible equal access to care for its beneficiaries. Similar to the civilian population, the literature has shown that individual-level, societal-level, and healthcare-specific factors - such as clinician bias and institutional discrimination – are key drivers of racial/ethnic health disparities among the military beneficiary population; thus, it is imperative that residents gain competence in several health equity knowledge, skills, and attitudes. Medical education studies have shown that case-based learning is an effective tool for teaching critical health equity concepts. However, a significant gap exists in identifying optimal teaching approaches to develop trainees' skills in recognizing individual-level and healthcare-specific factors within real clinical cases. Beginning in 2021, a case-based curriculum called "Health Equity Rounds" was implemented at Walter Reed National Military Medical Center wherein residents from the Internal Medicine Residency Program examine clinical cases from the hospital for evidence of structural vulnerabilities, clinician bias, and institutional discrimination. Preliminary assessment results have shown improvement in trainees' self-

reported confidence in the identification of institutional bias and structural vulnerabilities, recognition of individual-level biases, as well as improvements in meaningful participation in team discussions about bias and systemic discrimination. In this Work-In-Progress Submission, we hope to receive feedback on: (1) the utility of a draft assessment framework that includes workplace behavioral outcomes; and (2) how this tool can be adapted for use in psychiatry, non-military, and other programs, given the potential for improved patient outcomes and better healthcare delivery.

### **Learning Objectives:**

**Objective 1:** Improve the utility of an assessment framework focused on workplace behavioral outcomes for a health equity curriculum, and

**Objective 2:** employ this assessment tool in psychiatric and non-military settings.

### WIPs Group Four - A

#### **Designing an Ethics Curriculum for Psychiatry Residents**

Erin Hegarty, MD, MA\*, *Univ. of California Los Angeles – NPI*

Steven Server, MD, PhD\*, *David Geffen School of Medicine at Univ. of California Los Angeles, (AO)*

**Indicate the nature of your work:** Curriculum

### **Description:**

Psychiatry residents (and attendings) are routinely consulted for capacity evaluations that have prominent ethical considerations, yet there are no ACGME requirements for the inclusion of ethics in psychiatry residency curriculum nor is there ethics training built into the UCLA didactic curriculum. Our objective is to develop a curriculum that is immediately practical to UCLA psychiatry residents and that may potentially be distributed to other psychiatry residency programs if successful. We would like to incorporate this into PGY1 didactics so that they can begin applying the practice early on in their career and especially before completing their CL rotation. Additionally, rather than a sterile recapitulation of bioethical principles, we hope that our curriculum will empower residents to identify and manage structural inequity when providing just psychiatric care. We would appreciate the feedback of other practicing psychiatry attendings and residents in order to create a holistic and effective curriculum for trainees. This topic is relevant to the theme of "Going It Together" because the moral distress that comes with a lot of the ethical decisions, we are called to make in psychiatry can be burdensome and contribute to burnout. This curriculum will give trainees tools to feel more equipped to address these topics - promoting sustainability / reducing risk of burnout - while also providing a space for trainees to connect

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over this uniquely shared experience of navigating murky ethical waters on a regular basis. We hope this W-I-P will do the same for AAP attendees.

### Learning Objectives:

**Objective 1:** Employ at least 3 new valid metrics/methods to measure effectiveness of the curriculum.

**Objective 2:** Identify the ethical questions that cause practicing psychiatrist the greatest amount of moral distress in order to incorporate these in our didactic curriculum, and

**Objective 3:** compare ethical frameworks applied to psychiatry consult questions.

### WIPs Group Four - B

#### **Revisiting the Birds and the Bees: Developing Sexual and Reproductive Healthcare Training for Mental Health Clinicians in Early Psychosis Intervention**

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Juveria Zaheer, MD, MSc, FRCPC, *Centre for Addiction and Mental Health (AO)*

Simone Vigod, MD, MSc, FRCPC, *Univ. of Toronto (AO)*

Lucy Barker, MD, PhD, FRCPC, *Women's College Hospital, Univ. of Toronto (AO)*

**Indicate the nature of your work:** Research Project

**Description:** Women, transgender, and gender-diverse individuals with psychosis receive inadequate sexual and reproductive healthcare (SRHC) and are more likely to experience adverse outcomes in these domains. Structured early psychosis intervention (EPI) programs offer a potential opportunity to address SRHC early in the illness course using a multidisciplinary approach. We have partnered with service users and clinician experts to create a novel SRHC module for EPI settings. However, as SRHC is not embedded in EPI programs presently and mental health clinicians report not offering SRHC due to a lack of knowledge and perceived ability, providing robust training is likely imperative to the successful implementation of our module. Grounded in current institutional practices and recommendations for continuing medical education—such as goal setting, feedback, and reflection—our team has designed a provisional clinician training protocol (CTP). The CTP consists of three components: an introductory presentation co-led by service users, self-directed online learning, and an interactive in-person session. To evaluate the CTP, clinician knowledge and comfort with SRHC topics will be evaluated at baseline using questionnaires. Clinician comfort with SRHC will further be assessed after clinicians complete the CTP and deliver the module in a clinical setting. Following this, clinicians will provide qualitative feedback in a semi-structured interview. We plan on using clinician feedback from our future pilot trial to reflexively modify the training protocol before launching a feasibility trial. We are also engaging in consultation for feedback that could refine our educational approach to clinician training before our study begins.

### Learning Objectives:

**Objective 1:** Refine the clinician training protocol to address any ambiguities or misconceptions highlighted by session participants,

**Objective 2:** strengthen facilitation and engagement techniques in the clinician training protocol, and

**Objective 3:** revise the quantitative and qualitative feedback tools used to evaluate the clinician training protocol.