

ACADEMIC PSYCHIATRY: Adapting to Change



OFFICIAL PROGRAM



In support of improving patient care, this activity has been planned and implemented by American Psychiatric Association (APA) and the Association for Academic Psychiatry. The American Psychiatric Association (APA) is jointly accredited by the Accreditation 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 American Psychiatric Association (APA) designates this live activity for a maximum of 17.75 *AMA PRA Category 1 Credit*[™]. Physicians should claim only credit commensurate with the extent of their participation in the activity.

teaching skills - mentorship - research - faculty development

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Planning Committee and Faculty Disclosures

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

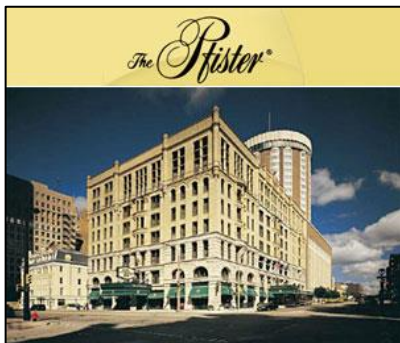
There are no financial disclosures.

General Information

About the Association for Academic Psychiatry

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

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



Association for Academic Psychiatry 2025 Annual Meeting

Registration Information

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

Tuesday, September 9	2:00 pm – 5:00 pm
<i>Master Educator and Executive Board Only</i>	
Wednesday, September 10	8:00 am – 12:00 pm
<i>Master Educator Only</i>	
All Registrants	12:00 pm – 8:00 pm
Thursday, September 11	7:00 am – 4:00 pm
Friday, September 12	7:00 am – 5:00 pm
Saturday, September 13	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 10th in the Imperial Ballroom, 7th Floor, The Pfister Hotel and the Night Out event at The Harley Davidson Museum, 6:30 pm – 9:30 pm on September 11th, as well as an after party at The Pfister Hotel, Club Lounge, 23rd Floor, 9:30 pm – 11:30 pm, September 11th. **All guests (including children) must be pre-registered or register on-site to attend those events.** The cost for both social events is \$350 per person for adults and \$175 for children 5 years and older; Night Out only is \$200 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 11, 6:30 pm – 9:30 pm

The Harley Davidson Museum

400 West Canal
Milwaukee, WI

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 Pfister Hotel, Club Lounge, 23rd Floor. This year's after party will include a variety of table games and a sweet treat to end your night! You are welcome to purchase drinks at the adjacent Blu bar and bring to this event.

These are ticketed events. All full-meeting pre-registrants will have "Night Out" 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
2025 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 (AAP). The American Psychiatric Association (APA) is jointly accredited by the Accreditation 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 American Psychiatric Association (APA) designates this live activity for a maximum of 17.75 *AMA PRA Category 1 Credit™*. Physicians should claim only 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 to print a certificate of attendance. Follow 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 10, 2025**.*

Presenter Evaluations

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

Wednesday: https://www.surveymonkey.com/r/Eval_Wed_25

Thursday: https://www.surveymonkey.com/r/Eval_Thurs_25

Friday: https://www.surveymonkey.com/r/Eval_Fri_25

Saturday: https://www.surveymonkey.com/r/Eval_Sat_25

Evaluation links are also available through the Joyn onsite app!

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 Joyn – AAP Meeting onsite app (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 2025 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.



**2026 Annual Meeting
September 16-19, 2026**

**Salt Lake City, UT
Little America Hotel**

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

Educational Program

Notes: (AO) = Author Only

Wednesday, September 10, 2025

12:00 pm - 7:00 pm

Registration

All Registrants

Room: Foyer

1:00 pm - 2:00 pm

Poster Subcommittee Meeting

By Invitation Only

Room: Louis

1:00 pm - 2:00 pm

Feedback Consultation Prep Session

By Invitation Only

Room: Henry

2:00 pm - 2:45 pm

Meet, Mingle and More

Room: Imperial Ballroom

2:45 pm - 4:15 pm

Concurrent Workshops

Room: Rogue

Human Rights in Psychiatry Education: A Framework for Understanding Social Determinants and Bias

Margaret Vo, BS, *University of Texas Southwestern Medical Center*

Bilal Rehman, BA, *University of Texas Southwestern Medical School*

Cole Ferguson, BS, MSc, *University of Texas, Southwestern Medical School*

Tyler Bates, BS, *University of Texas Southwestern Medical Center*

Sadhana Sruveera Sathi, MD, *University of Texas Southwestern Medical Center*

Ashley Woolbert, MD, *University of Texas Southwestern Medical Center*

Angela Mang, MD, MPH, *University of Washington (AO)*

Abstract Description:

Medical education increasingly acknowledges how Social Determinants of Health (SDOH) impact patients. However, gaps persist in integrating structured educational frameworks that equip trainees to address disparities [1-4]. The intuitive yet rigorous framework of human rights offers an interdisciplinary approach for understanding health inequities, helping learners situate illness, patients, and providers within historical and structural contexts. Psychiatry is deeply intertwined with human rights given the field's history of pathologizing social difference (e.g., historically marginalized racial, gender, and sexual minorities), its relationship to questions of

capacity and involuntary commitment, and more [5]. Learning from past injustices can equip today's psychiatrists to better care and advocate for patients.

This interactive workshop will introduce participants to human rights framework for teaching SDOH and historic health inequities in psychiatric education. Through small-group discussions, case-based exercises, and an interactive didactic demonstration, attendees will explore strategies to incorporate human rights principles into traditional medical curricula. The session will also highlight psychiatry's intersection with human rights, using cases to illustrate the role of systemic forces in shaping mental health. Participants will also examine the challenges of implementing human rights education in medical training, including adapting to evolving political landscapes, considering local contexts, and uplifting community voices [6-8].

Drawing on successful models of human rights-based medical education, this workshop will provide attendees with concrete tools to foster critical reflection, advocacy, and curricular innovation. Participants will leave with a deeper understanding of how integrating human rights principles into psychiatry education can create more equitable, socially responsive care for diverse patient populations.

Learning Objectives:

Objective 1: Identify the unique benefits and limitations of utilizing a human rights framework to teach social determinants of health in psychiatry education,

Objective 2: Appreciate the historical and structural factors that contribute to mental health disparities and their relevance to psychiatric training, and

Objective 3: Discuss strategies for incorporating human rights principles into medical education at different levels of training (e.g., empowering medical students to develop their own human rights curricula).

Thematic Focus:

Competencies, Curriculum Development, Diversity, Equity and Inclusion, Medical Humanities, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other Education, Teaching Skills/Techniques

Intended Audience:

Medical Students, Residents, or Fellows, Junior faculty, Senior Faculty

Room: Henry

Hard Truths, Soft Landings: Navigating Tough Feedback Without Sinking the Relationship

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

Athena Ko, MD, MSc, *University of Ottawa*

Liisa Johnston, FRCPC, MD, MEd, *CHEO*

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

MBA, Philippe Hwang, MB, ChB, MSc, *University of Ottawa (AO)*

Bronwyn Thomson, MD, FRCPC, *CHEO (AO)*

Abstract Description:

Providing feedback on sensitive topics such as professionalism, clinical competence, communication skills, or critical incidents is a significant challenge in medical education. These emotionally charged conversations occur across all levels of supervision, from attending-to-attending interactions to attending-resident and resident-student relationships. Poorly delivered feedback can harm relationships, evoke defensiveness, and impede growth, while skillful feedback can transform these moments into opportunities for development and trust-building.

This workshop equips participants with tools and strategies to navigate feedback conversations that go beyond the scope of conventional models like the “sandwich” approach. Participants will begin with guided reflection, analyzing personal experiences with challenging feedback to explore what made these moments effective or ineffective.

Small group discussions will normalize shared challenges and help participants collaboratively identify actionable strategies. These strategies will be synthesized in a large group discussion and connected to evidence-based tools. The didactic portion will draw on key literature, including fostering psychological safety (e.g., creating a safe learning environment for feedback), addressing emotional dynamics in feedback (e.g., validating emotions and managing defensiveness), and emphasizing behavior-focused feedback over personal traits.

The workshop concludes with action planning, enabling participants to translate these strategies into practical changes they can implement in their work settings. By combining reflection, discussion, and evidence-based tools, this session empowers participants to confidently approach even the most challenging feedback conversations, fostering connection and professional growth at all levels.

Learning Objectives:

Objective 1: Identify the emotional and relational challenges that arise when delivering feedback on high-stakes topics, such as professionalism, clinical competence, and critical incidents, across various supervisory relationships,

Objective 2: Develop practical strategies to navigate emotionally charged feedback conversations, including fostering psychological safety, managing defensiveness, and balancing honesty with empathy, and

Objective 3: Apply evidence-based tools to adapt feedback delivery practices in diverse contexts, enhancing the quality of feedback and strengthening professional relationships.

Thematic Focus:

Assessment, 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 or Senior Faculty

Room: Imperial Ballroom West

Debunking the Myth of Unteachable Empathy: Fostering Empathy in Academic Psychiatry

James Lee, MD, *University of Washington*

Michael Donath, MD, *Venice Family Clinic*

Nikhita Singhal, MD, *University of Toronto*

Vivian Tran, DO, *Creighton University*

Wayles Haynes, MD, *University of New Mexico*

Abstract Description:

Many psychiatrists fear working with the “heartless” trainee, a learner who struggles to understand or resonate with patients’ emotional experiences. Research indicates that empathy has declined over the past five decades, particularly among younger educated generations. Studies show gradual decreases in people’s empathic concern and perspective-taking, attributing these trends to cultural shifts toward individualism, increased digital communication, and crisis fatigue.

In psychiatry, empathy is more than a skill — it is the key to unlocking trust and developing meaningful therapeutic relationships. Some believe empathy to be a “soft skill,” an innate quality that cannot be taught. But this is a myth.

As educators working with the next “generation me” doctors, how do we ensure that empathy is not only taught but also sustained? In the field of academic medicine, how can we foster empathy in trainees to protect them against nihilism, narcissism, and negativity – while they adapt to ever-growing challenges on an individual, local, and national level? In this workshop, participants will define empathy and consider its significance to various intersectional identities, life experiences, and cultural backgrounds. Participants will learn one method to teach empathy, practice identifying and applying empathy training technique in interactive role plays and discuss potential barriers and benefits to employing the technique. They will also consider future directions such as integration of AI and issues of social justice in teaching empathy. This collaborative workshop will assist participants to incorporate empathy training into their teaching, with the ultimate goal of turning the tide on empathy’s decline.

Learning Objectives:

Objective 1: Discuss the importance of empathy in psychiatric training,

Objective 2: Summarize approaches and modalities that can be used to teach empathy in academic medicine across numerous settings, and

Objective 3: Practice teaching empathy and brainstorm ways to ensure sustainability and adaptability in times of change.

Thematic Focus:

Curriculum Development, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

Room: Kennedy/Roosevelt

The AI-Augmented Educator: Envisioning the Future of Mental Health Education

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

Tammy Duong, MD, *University of California - San Francisco*

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

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

Barbara Stuart, PhD, *University of California - San Francisco*

Abstract Description:

A revolutionary driver of change in medical education is artificial intelligence (AI). The level of familiarity of AI tools amongst psychiatric educators is highly variable, and educators need more opportunities to learn relevant skills. As we embrace the theme "Adapting to Change," it becomes imperative to explore how we can integrate AI training into our educational frameworks, ensuring that educators are well-equipped to navigate this evolving landscape. The rapid advancements in AI urge us to rethink our pedagogical approaches and adequately prepare for the complexities of ongoing innovation in mental health education. We must prioritize skill development in AI, fostering an environment that not only adapts to but also thrives from change.

In this hands-on session, speakers will introduce large language models such as ChatGPT and NotebookLM and assist participants in identifying the risks of using AI tools, such as privacy issues and structural biases. Attendees will join breakout groups to practice with the AI tool that best matches their interests or needs, and engage in a large group discussion of key themes and ideas generated in the small groups.

In this workshop, participants will become more facile with using at least one AI tool, allowing them to incorporate AI into their curriculum planning, teaching of trainees, application screening, and letter writing. They will also understand the potential for bias with these tools, especially with respect to learner assessment. Participants are recommended to bring laptops and relevant educational materials that they would like to adapt using AI tools.

Learning Objectives:

Objective 1: Describe at least 3 potential roles of artificial intelligence (AI) in mental health professions education,

Objective 2: Describe at least 2 major ways that bias can occur using AI tools, and

Objective 3: Use an AI tool to assist with at least one of the following tasks in mental health professions education: creating a case vignette, screening applications, writing a letter of recommendation, or summarizing trainee feedback.

Thematic Focus:

Assessment, Curriculum Development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education

Intended Audience:

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

Room: Louis

Classic AAP Workshop: Negotiation in Academics

Jon Lehrmann, MD, *Medical College of Wisconsin*

Abstract Description:

Negotiation is a critical leadership skill in every day academic medicine. Academic psychiatrists negotiate for their own compensation, academic resources, and protected time, as well as with their residents and fellows over changes in their clinical rotations. Based upon strategies and pearls learned over 15 years of experience as a chair in a and experience presenting annually x 20 years on Negotiation and Conflict Resolution at the VA's Annual Leadership Development Program, this workshop will share methods to focus on interests instead of positions, strategies to address dirty negotiation tactics, and methods to minimize defensiveness in negotiation. Workshop utilizes Fisher and Ury's "Getting to Yes" as a basic text in effective negotiation and will involve audience in various negotiation exercises.

Learning Objectives:

Objective 1: Appraise Positional Bargaining,

Objective 2: Appraise principled Negotiation and utilizing Fisher and Ury's "Getting to Yes", and

Objective 3: Appraise how to minimize defensive reactions in negotiation, and conflict resolution and understand some approaches to negotiating on an uneven table.

Thematic Focus:

Leadership/Administrative Development

Intended Audience:

Junior Faculty, Senior Faculty

Room: Richard/Charles

From Gut to Logic: A Template for Analytical Moral Reasoning in Training, Practice, and Publication

Molly Wimbiscus, MD, *Cleveland Clinic*

Khushbu Shah, MD, MPH, *Northwestern University / Lurie Children's Hospital*

Abstract Description:

Across the nation, many face substantial barriers to accessing timely and effective mental health care. Recent policy shifts have contributed to moral distress for many providers caring for vulnerable people, including immigrant and BIPOC populations, transgender individuals, and families living in poverty or with poor access to resources. This complex socio-political landscape challenges clinicians and educators to navigate evolving ethical challenges in their professional work and have increased self-awareness of implicit biases and personal views.

Teaching moral reasoning within these vacillating societal climates can in itself, induce moral distress for both trainees and educators. Trainees may appreciate the ethical challenges of patient encounters, but struggle to communicate challenges of practicing ethical medicine. This workshop aims to address this by introducing participants to a standardized eight-step Ford Moral Reasoning Template, developed

by a distinguished bioethicist in collaboration with the authors, tailored for collaborative seminars for diverse groups of medical trainees. Trainees and attendings have applied this template for write-ups leading to case report publications and poster presentations, offering evidence of its practical utility.

We will guide participants on the application for its use within a two-part moral reasoning seminar with samples of provocative articles, cases and de-identified case write-ups used in training programs to stimulate discussion on ethical dilemmas. Participants will utilize the template to write about a clinical encounter, receive mentor and group feedback, and participate in a meta-reflective discussion about the experience. They will have opportunity to reflect directly on their biases and the impact these have on clinical action.

Learning Objectives:

Objective 1: Discuss factors influencing the moral reasoning paradigms in psychiatric practice, medical education, and training environments,

Objective 2: Apply a standardized moral reasoning template to think and write about a case, facilitating self-reflection and skill-building in ethical evaluation, and

Objective 3: Develop a lifelong tool for teaching all stages of learners, recognizing bias, building familiarity with the moral reasoning process, and addressing ethical dilemmas.

Thematic Focus:

Assessment, Competencies, Curriculum Development, Diversity, Equity and Inclusion, Medical Humanities, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching Skills/Techniques

Intended Audience:

Medical Students, Residents or Fellows, Junior Faculty

Room: Taft/McKinley

The “Good Enough” Talk: How to Efficiently Create an Effective PowerPoint Presentation

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

Paul Riordan, MD, *Durham VA Medical Center / Duke University*

Tara Chandrasekhar, BS, MD, *Duke University*

Paavani Reddy, MD, *Massachusetts General Hospital*

Adriana Kavoussi, MD, *University of North Carolina at Chapel Hill*

Abstract Description:

Have you ever found yourself obsessing over fonts? Staying up late at night finding the right image for your presentation? Procrastinating because you don't know where to start? If so, this workshop is for you! This session is designed for educators who face increasing demands on their time. We aim to help you reduce time creating slides by introducing a practical set of principles designed to create presentations that are “Good Enough.”

While striving for perfection can be admirable, it can hinder productivity. Educators, especially in healthcare, are spending countless, often uncompensated, hours on presentations. Balancing quality expectations with limited time is critical. A long,

disorganized PowerPoint is as ineffective as a medical student drowning in an unmanageable pile of notes—valuable information becomes unusable without structure. Conversely, a senior resident, despite fewer notes, finds ways to organize key details efficiently. Similarly, the key to impactful presentations lies in having the right amount of information, clearly organization, and an acknowledgement of time constraints. We must adapt our lectures to both meet the needs of the learners and time constraints.

In this workshop, participants will identify and apply principles for creating “Good Enough” presentations. Through guided reflections and exercises participants will identify realistic principles for creating efficient and effective presentations and identify what “Good Enough” means in their own context. Finally, participants will create a sample slide deck adherent to these principles. After attending this workshop, learners will be empowered to change their practice to efficiently create and deliver “Good Enough” PowerPoints.

Learning Objectives:

Objective 1: Apply principles of a “Good Enough” PowerPoint and address barriers in creation,

Objective 2: Compare and contrast slides on the spectrum from ineffective to “Good Enough” to overly perfectionistic, and

Objective 3: Design and create “Good Enough” PowerPoint slides efficiently.

Thematic Focus:

Curriculum Development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other education, Teaching Skills/Techniques

Intended Audience:

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

4:15 pm - 4:30 pm

Beverage Break

Room: Foyer

4:30 pm - 6:00 pm

Concurrent Workshops

Room: Rogue

Be the Octopus: Using Networking Skills to Adapt and Thrive in the Academic Ocean

Marcy Verduin, MD, *University of Central Florida*

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

John Luo, MD, *University of California Irvine*

Abstract Description:

In the rapidly changing world of academic psychiatry, it is not always enough to work hard, meet productivity requirements, and complete administrative responsibilities. How can we continue to increase our visibility as clinician educators and pursue new

opportunities while continuously adapting to our shifting surroundings? Networking is one such essential, but often not taught, competency for trainees and junior faculty, that can generate further prospects for partnership in medical education, including presentations, workshops, and publications. Unlike the octopus's innate abilities to change and flourish in its frequently altering environment, networking is not a natural talent. However, it can easily be learned in the collaborative ecosystem of AAP. This informative, interactive, and fun workshop will introduce participants to various practical skills involved in networking, including the "elevator pitch," strategies to enhance networking, and tools for virtual networking. The focus will be on practicing the techniques and allowing a significant amount of time for discussion. The workshop will be useful for both trainees and junior faculty just starting out their careers, as well as for senior faculty who wish to teach this to future academic psychiatrists.

Learning Objectives:

Objective 1: List the 5 common mistakes in an elevator pitch,

Objective 2: Demonstrate at least one networking strategy in a role-play scenario, and

Objective 3: Commit to applying networking tools at your home institution.

Thematic Focus:

Career Development, Leadership/Administrative Development, Mentorship, Teaching Skills/Techniques

Intended Audience:

Medical Students, Residents, Fellows, Junior Faculty or Senior faculty

Room: Grand Ballroom West

Beyond the Lecture: Interactive Teaching Techniques for Addiction Psychiatry

Poorvanshi Alag, MD, *Texas Tech University Health Sciences Center*

Donald Hilty, MD, MBA, *UHS Sacramento*

Amy Stark, MD, *Texas Tech University Health Sciences Center*

Raman Marwaha, MD, FAPA, *Case Western Reserve University/ MetroHealth System*

Abstract Description:

Teaching addiction psychiatry presents unique challenges, including managing complex cases, reducing stigma, and fostering patient-centered care. This 90-minute interactive workshop equips educators with practical, evidence-based teaching strategies to enhance learner engagement across diverse settings.

The session integrates multiple interactive methodologies, including case-based learning, simulation training, role-playing, and structured peer feedback. Participants will begin with a live poll and Think-Pair-Share activity to assess their teaching challenges and experiences. Short didactic segments (totaling no more than 20 minutes) will introduce active learning strategies and effective feedback techniques. Small group exercises will allow participants to apply these strategies to real-world clinical scenarios, focusing on motivational interviewing, crisis management, and harm reduction.

Large group discussions will synthesize key takeaways and address remaining learning gaps. By the end of this workshop, participants will gain concrete tools to create engaging, skill-focused educational experiences in addiction psychiatry, ensuring their learners develop both knowledge and critical clinical skills.

Learning Objectives:

Objective 1: Implement key teaching strategies for addiction psychiatry, including case-based learning, simulation, and active learning techniques,

Objective 2: Integrate harm reduction and patient-centered care in teaching, ensuring culturally responsive and equitable education, and

Objective 3: Practice motivational interviewing and crisis management through role-playing, focusing on skill development and feedback.

Thematic Focus:

Competencies, Curriculum Development, Diversity, Equity and Inclusion, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

Room: Henry

From Overwhelmed to Empowered: Strategies for Mastering Conference Attendance

Phillip Sojka, MD, *Kennedy Krieger Institute*

Khalid Elzamzamy, MA, MD, *Johns Hopkins University*

Kahlo Baniadam, MD, *University of Maryland*

Margaret Chisolm, MD, *Johns Hopkins University*

Anne Walsh, MD, *University of Maryland St. Joseph Medical Center*

Abstract Description:

Attending medical education conferences can evoke the gamut of emotions: joy, excitement, anxiety, and outright fear to name a few. Conferences offer invaluable opportunities for learning, networking, and professional growth for learners and educators at all career stages. At the same time, they can be overwhelming, with vast amounts of content, conflicting priorities, and the pressure to always be “on”. To make things more challenging, there is limited guidance on successful conference attendance available. It is easy for attendees to leave feeling they invested considerable resources but did not reap the benefits. We are here to provide a light in the darkness. This workshop is designed to ensure attendees avoid “conference regret” and leave meetings feeling inspired and empowered.

In this workshop, we will create a clear plan for successful conference attendance that participants can use at AAP and beyond. We will begin with a discussion of the benefits and challenges of conference attendance, drawing both from individual experience and published research. We will then apply our collective knowledge to construct a durable scaffold of conference success with steps to take before, during, and after the meeting. We will finish with the creation of participant-specific goals to accomplish during this AAP meeting. Seasoned attendees will find advanced strategies for maximizing conference benefits for themselves and their junior mentees. All participants will gain practical tools and skills to enhance their

conference experience, leaving this workshop confident in their ability to make every meeting a “unicorn meeting.”

Learning Objectives:

Objective 1: Describe the challenges and opportunities of medical education conference attendance,

Objective 2: List general and advanced strategies for leveraging professional meetings while avoiding common pitfalls, and

Objective 3: Create an individual definition of conference "success" and associated goals for current and future meetings.

Thematic Focus:

Career Development, Mentorship

Intended Audience:

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

Room: Louis

Brain on Display: Teaching Neuroimaging in Psychiatry through Interactive Progressive Case Conferences

Chadrick Lane, MD, *University of Texas Southwestern Medical Center*

Mohammad Lesanpezeshki, MD, *University of Illinois at Chicago*

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

Kathy Niu, MD, *University of Texas Southwestern Medical Center (AO)*

Abstract Description:

Scholars in antiquity pointed to the brain as the organ in which thought, emotion, and behavior are rooted. Despite this transformative revelation, it would be more than two millennia before we would have the ability to peer inside the brain in vivo. The advent of neuroimaging permitted scientists and clinicians to observe what remains one of the most complex structures in the known universe: the human brain. From computerized tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), to several other modalities, neuroimaging often proves useful in the assessment and diagnosis of conditions which present with changes in behaviors, thoughts, or emotions. Emphasizing the importance of neuroimaging in psychiatric education, the ACGME includes competency in neurodiagnostic testing and its clinical application as a key medical knowledge milestone for psychiatry residency training.

Key to teaching neuroimaging is integrating clinical relevance. One useful approach to achieving this objective is through a progressive clinical case (PCC) format. The benefit of a PCC is tying knowledge about imaging techniques to their clinical application in assessment and diagnosis. A PCC may also be utilized within group settings, as intended for this workshop, so as to allow small and large group discussion, along with other interactive elements through the application of online technologies, e.g. polling and role play. Additionally, this workshop will demonstrate the ease with which educators can use open resource tools for teaching, removing the necessity of on-site psychiatric neuroimaging expertise.

Learning Objectives:

Objective 1: Appreciate the relevance of integrating neuroimaging into general psychiatric training,

Objective 2: Identify clinical scenarios where neuroimaging is indicated, including specific hypotheses which are then tested by viewing actual images, and

Objective 3: Implement portable open-access educational modules to incorporate neuroimaging education even without local faculty expertise.

Thematic Focus:

Competencies, Curriculum Development, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

Room: Richard/Charles

Choose Your Own Med Ed Adventure: Adaptive Micro-Simulation for Interactive Teaching

Simon McCarthy, BS, MD, *Thomas Jefferson University*

Adrienne Gerken, MD, *Thomas Jefferson University Hospital*

Zahid Syed, MD, *Yale University*

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

Reuben Hendler, MD, *McLean Hospital - Harvard Medical School*

Abstract Description:

Simulation-based training is a well-established method for transforming theoretical knowledge into clinical expertise. Yet despite the evidence base in psychiatry and its ubiquitous presence in medical school education, barriers (including time, cost, and other resources) prevent its wider use in residency training.

In this workshop, participants will practice a form of “adaptive micro-simulation,” in which brief simulations are incorporated into standard-length teaching sessions with flexibility to adjust in real-time based to learners’ current knowledge and skills. Participants will learn how this method can be applied toward learning goals such as managing agitation, the diagnostic interview, applying DSM criteria, discussing medication options, and navigating difficult conversations. This workshop aims to make simulation feel like a more accessible tool in improving confidence and competence in residency training.

Participants will review the evidence behind simulation and how it is best incorporated into psychiatry residency training. Attendees will then be presented with models for adaptive micro-simulation and practice using these skills in small groups. Benefits and drawbacks of micro-simulation, as well as techniques for smooth implementation, will also be discussed. Additional activities will ask participants to consider opportunities to add micro-simulation to their current teaching practices and across curricula at their home institutions.

Learning Objectives:

Objective 1: Identify key benefits to using simulation in psychiatry residency education and techniques for making it more accessible,

Objective 2: Practice methods for applying simulation to teaching scenarios, and

Objective 3: Formulate potential applications for simulation in residency education in participants' teaching practices and home institutions.

Thematic Focus:

Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

Room: Taft/McKinley

Talk to Me, AI: An "Ears-On" Game Experience to Streamline Bedside Teaching Using Voice Technologies and Artificial Intelligence

Paulo Marcelo Gondim Sales, MD, MS, *SUNY Health Sciences Center at Brooklyn / Ally Psychiatry*

Melanie Parrott, MD, *University of Maryland / Sheppard Pratt*

Stephen Chen, MD, *University of Wisconsin Madison*

Michael Peterson, MD, PhD, *University of Wisconsin School of Medicine and Public Health (AO)*

Robert Boland, MD, *Baylor, Menninger Clinic (AO)*

Abstract Description:

This interactive, game-based workshop introduces psychiatric educators to AI and voice technologies as tools for enhancing bedside teaching. By leveraging custom GPTs and voice recognition tools, participants will compete in structured challenges to develop AI-driven curricular items, solve complex teaching dilemmas, and explore ethical considerations of AI integration in medical education.

Through strategic gamification, participants will engage in simulated case scenarios and real-world AI applications designed to reflect the evolving landscape of medical education. Teams will work together to apply AI-driven solutions while addressing workload pressures, inclusivity in training, engagement difficulties, HIPAA compliance, implicit bias in AI tools, and adoption barriers for clinicians.

The session includes:

- 1) An AI crash course introducing the fundamentals of AI and voice technologies in medical education.
- 2) "Ears-on", team-based activities, where participants design AI-enhanced teaching strategies with voice technologies.
- 3) A competitive game experience featuring randomized AI-driven teaching challenges and ethical dilemmas.
- 4) DEI-focused learning, requiring teams to integrate equity principles and privacy safeguards into their AI solutions.

By experiencing AI through structured gameplay, participants will develop practical skills for integrating AI into teaching for educators at all career stages (and technological comfort levels). They will explore voice technologies "on the move" as tools for generating real-time learning objectives, adapting to dynamic clinical environments, and fostering culturally sensitive bedside education—equipping them with cutting-edge strategies for optimizing medical training in diverse settings.

Learning Objectives:

Objective 1: Master AI applications for psychiatric education,

Objective 2: Develop actionable, voice-enabled teaching strategies, and

Objective 3: Navigate ethical and equity considerations in AI integration through a fun AI-based competition.

Thematic Focus:

Teaching/Education: Postgraduate Medical Education

Intended Audience: Junior Faculty or Senior Faculty

4:30 pm - 6:00 pm

Educators' Showcase IA

The Educators' Showcase format is a series of brief presentations designed to allow educators to demonstrate novel or innovative techniques and products used in medical student education, residency training, or faculty development. These are designed to highlight "finished" works or products. The audience can expect to see tools and pedagogies discussed and/or demonstrated so that they may apply in their own programs. The goal of the Educators' Showcase is to present material that contributes to the educational domain but does not require a full workshop.

Room: Kennedy/Roosevelt

Cultivating Coaching Excellence: A Faculty Development Curriculum for Longitudinal Coaching in a General Psychiatry Residency Program

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

Shaheen Darani, MD, *Temerty Faculty of Medicine, University of Toronto*

Ivan Silver, MD, MEd, FRCPC, *Centre for Addiction and Mental Health, University of Toronto (AO)*

Certina Ho, PhD, RPh, *University of Toronto (AO)*

Nikhita Singhal, MD, *University of Toronto (AO)*

Denyse Richardson, MD, MEd, FRCPC, *Queen's University (AO)*

David Freedman, MD, *University of Toronto (AO)*

Background:

With the introduction of Competence by Design in Canada, coaching was integrated into our Psychiatry Residency Program, assigning each resident a longitudinal Coach to guide their progress and foster lifelong learning. The existing literature was unclear about the necessary faculty supports to encourage effective coaching. To equip faculty with the required knowledge and skills, we developed a faculty development curriculum on coaching.

Method:

We designed a coaching curriculum following Kern's Six-Step Curriculum Development Model, utilizing a multi-phase, iterative approach. Areas for development were identified through consultations with key stakeholders, surveys of faculty and residents, interviews with coaches, and gaps identified at Competence Committee. An online survey was administered after each session. Data were analyzed using descriptive statistics and thematic analysis, and helped inform the Curriculum Development process.

Results:

Four virtual workshops were created: The role of a Coach-over-Time and Core Coaching Principles, Coaching the Learner in Difficulty, Co-creating Learning Plans, and Coaching the Proficient/Exceptional Resident. They were presented by experts in coaching and offered to coaches and other faculty. To enhance impact, workshops incorporated case-based learning, self-reflections, interactive polling, and small and large-group discussions. Between 25 to 56 participants attended each workshop. A mean of 84% of participants found the workshops relevant, and the format interesting and engaging. Most (88%) agreed or strongly agreed that the workshops were excellent, and 89% would consider making changes to their practice.

Discussion:

This curriculum provided valuable training for coaches. Future faculty development initiatives should build on this foundation, address unmet and evolving needs, and be sustainable.

Educators' Showcase Category:

Teaching Next Generation/Mentoring

[Educators' Showcase IB](#)

Agree to Agree: An Online Module to Improve Inter-Rater Reliability for Faculty in Child and Adolescent Psychiatry Conducting Clinical Skills Evaluations (CSEs) for Cap Fellows

Katharine (Kaz) Nelson, MD, *University of Nebraska Medical Center*

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

Lucia Ray, B.A., *University of Minnesota Medical School (AO)*

Danielle Krohn, BS, *University of Nebraska Medical Center (AO)*

Michael Douchey, BS, *University of Nebraska Medical Center (AO)*

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

Michael Jibson, MD, PhD, *University of Michigan (AO)*

Background:

Satisfactory performance on Clinical Skills Evaluations (CSEs) is required for completion of psychiatric residency and child and adolescent fellowship (CAP) training. While curricula have been developed to support inter-rater reliability for CSEs in psychiatry, there are no tools to reduce inter-rater variability between CSE evaluators in CAP. This team developed a module to increase CSE evaluator inter-rater reliability and decrease variability in consensus scoring between evaluators. Using this module for training of CAP CSE evaluators will help standardize evaluation of psychiatric interviews performed by CAP fellows and will enhance the caliber of training and feedback they receive.

Methods:

We have produced three video vignettes with CAP fellows and actors emphasizing the major competencies of the CSE:

- Physician-patient relationship
- A developmentally appropriate psychiatric interview, including mental status examination
- Case presentation

By the time of this poster presentation, we will have established consensus ratings of the performance of the CAP fellow in each video using focus groups of Board-Certified Child and Adolescent Psychiatrists. The consensus ratings will be integrated into an online training module that will provide feedback to participants.

Results:

By the time of this poster presentation, we will have established consensus ratings regarding the outcome of their Clinical Skills Evaluation for each CAP Fellow in the video vignettes.

Ultimately, the data from this module will be analyzed using analysis of variance tests to detect participant differences between each video.

Discussion:

As observed in the module created for this purpose in general psychiatry, 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 exist on a university server and will be available to fellowship programs at no cost.

Educators' Showcase Category:

Innovation

Educators' Showcase IC

Geriatric Psychiatry Learning Objectives and Core Competencies

Wayles Haynes, MD, *University of New Mexico Psychiatry Residency Program*

Brian Donley, MD, MPH, *The University of Texas at Austin Dell Medical School*

Erica Garcia-Pittman, MD, *University of Texas at Austin, Dell Medical School (AO)*

Juan Carlos Urizar, MD, *Brigham and Women's Hosp./Harvard Med. School (AO)*

Esther Akinyemi, MD, *Henry Ford Health (AO)*

Background:

With an expanding geriatric population and declining participation in geriatric psychiatry fellowship, the psychiatric care of older adults will increasingly fall to general psychiatrists who receive variable exposure to the field in training. Recent scholarship calls for a more robust sub-specialty specific guide to training. This work proposes specific learning objectives and core competencies in geriatric psychiatry that residents should develop in training.

Methods:

A working group comprised of psychiatry trainees, geriatric psychiatry fellows, and geriatric psychiatry faculty formed to expand upon the current ACGME requirements in geriatric psychiatry. The American Association for Geriatric Psychiatry (AAGP) Teaching and Training Committee was first informally polled to collect qualitative feedback on the project. This was followed by an IRB approved quantitative and qualitative survey investigating the degree of support for the individual learning objectives and core competencies.

Results:

Core competencies of assessment, management, psychotherapy, and ethics were developed and mapped onto existing ACGME milestones with specific learning

objectives. Data from the AAGP Teaching and Training Committee showed broad support for the proposal with suggestions to modify the core competencies and learning objectives to better target geriatric psychiatry learning in diverse clinical services.

Discussion:

The proposed core competencies and learning objectives provide needed guidance in skills and knowledge specific to geriatric psychiatry. We hope programs will ultimately use these to evaluate and improve their geriatric psychiatry training. As part of this work, we seek feedback from educators on the clarity and utility of these guidelines across diverse training programs.

Educators' Showcase Category:

Teaching Next Generation/Mentoring

6:00 pm - 6:45 pm

AAP Book Club

Room: Rogue

6:30 pm - 7:00 pm

Trainee Meet and Greet

Room: Imperial Ballroom West

7:00 pm - 8:30 pm

Welcome Reception

Room: Imperial Ballroom

Thursday, September 11, 2025

7:00 am - 8:00 am

Community Discussion Breakfast

Room: Grand Ballroom West

7:00 am - 4:00 pm

Registration

Room: Foyer

7:00 am - 9:00 am

Continental Breakfast

Room: Foyer

8:00 am - 9:00 am

AAP Official Kick-Off

Meeting Orientation & Fellow & Distinguished Fellow Presentations Master Educator Certificates Master Educator IDEA Fellowship Award Medical Student Essay Award 2025 Lifetime Achievement Award

Room: Grand Ballroom East/Center

9:00 am - 10:15 am

Room: Grand Ballroom East/Center

Beyond the Keynote: Visions of Education Past, Present, and Future

Moderator:

Heidi Combs, MD, MS, *University of Washington*

Discussants:

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

Donald Hilty, MD, MBA, *UHS Sacramento*

Nikhita Singhal, MD, *University of Toronto*

Abstract Description

This interactive session brings together three psychiatric educators at varying stages of their careers to reflect on the evolving landscape of psychiatric education—past, present, and future. Each panelist will respond to a shared set of questions designed to elicit insights into the most significant changes they have observed, which are currently navigating, and anticipating, in the years to come.

The session will unfold in three phases: each centered on a guiding question. After brief reflections from each panelist on the first question, attendees will engage in small-group discussions at their tables. Participants will then contribute their own responses via a shared platform, generating a real-time word cloud to spark collective reflection and conversation. This process will be repeated for each of the remaining two questions, encouraging both personal insight and communal learning.

By weaving together, the perspectives of educators across generations and inviting active participation from the audience, this session aims to move beyond the traditional keynote format. It offers a dynamic space for dialogue about where psychiatric education has been, where it is now, and where it might be headed.

Learning Objectives:

1. Describe significant historical changes in psychiatric education and their impact on educational practices. Participants will identify and reflect on key shifts in psychiatric education over time through panelist insights and group discussion,
2. Analyze current challenges and innovations shaping psychiatric education today. Participants will engage in collaborative dialogue to explore and evaluate present-day changes affecting teaching, learning, and training in psychiatry, and
3. Anticipate future directions in psychiatric education and consider strategies for proactive adaptation. Participants will articulate potential future developments in the field and reflect on how to prepare for emerging trends and needs.

Intended Audience:

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

10:15 am - 10:30 am

Beverage Break

Room: Foyer

10:30 am - 12:00 pm

Concurrent Workshops

Room: Rogue

Walking with Wellness: Integrating Wellbeing Practices into Rounds

Paul Riordan, MD, *Durham VA Medical Center (Duke University)*

Kirklan Kathe, MD, *University of Pennsylvania*

Johanna Beck, MD, *Thomas Jefferson University Hospital*

Sarah Eckstein, MD, *Duke University*

Daniel Ezzo, MD, *Thomas Jefferson University*

Molly Fessler, MD, *Duke University (AO)*

Abstract Description:

Have you ever participated in triceps dips, squats, and pushups as a part of rounding? Neither have we! However, research has found that these active physical breaks improved wellness and team morale among surgeons during ICU rounds (Armas, 2021). Acknowledging that few psychiatrists' notion of wellbeing is squatting with one's colleagues, this workshop seeks to encourage participants to identify psychological wellbeing activities that can be integrated into rounds and clinical supervision without breaking a sweat.

Clinician wellbeing is widely understood to be an integral component of professional practice that should be taught and modelled to trainees. Yet, how do we find the time to become aware of the red pill, much less to separate from our screens and choose wellbeing? Systems are not devised with wellbeing in mind. In a time where burnout, imposter syndrome, and physician suicide are increasing, we as psychiatrists are obligated to be advocates for change in the traditional rounding model. We must intentionally adopt strategies that integrate wellbeing into rounds instead of adding another burden to clinicians' workflow. Otherwise, wellbeing practices will only worsen depression, anxiety, and burnout.

This workshop will empower participants to describe and identify various, time-limited wellbeing practices that can be easily incorporated into rounds. By incorporating these practices into rounds, we 1) teach trainees new psychological skills, 2) model making room for wellbeing in daily life, and 3) build a supportive learning environment that prioritizes the skills we teach clients. To participate, no upper arm strength will be required!

Learning Objectives:

Objective 1: Identify and describe various wellbeing practices that can be integrated into rounds,

Objective 2: Evaluate pros and cons of integrating 15-minute wellbeing practices into rounds, and

Objective 3: Compose a 15 minute or less wellbeing practice that can be integrated into table rounds.

Thematic Focus:

Competencies, Medical Humanities, Teaching Skills/Techniques

Intended Audience:

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

Room: Grand Ballroom West

Residency Prep Course Implementation: Adapting to the Transition from Medical Student to Resident

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

Riley Machal, BS, MD, *University of Nebraska Medical Center*

Jacob Givens, MD, *University of Nebraska Medical Center*

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

Melissa O'Dell, MD, *University of Nebraska Medical Center*

Martin Klapheke, MD, *University of Central Florida (AO)*

Melissa Ludgate, MD, *Iowa Health Care (AO)*

Abigail Huff, DO, *The Ohio State University Wexner Medical Center (AO)*

Linda Love, PhD, *University of Nebraska Medical Center (AO)*

Abstract Description:

The transformation from medical student to resident is significant. As medical schools work to ensure a smooth transition to residency for their students, there is increased interest in the implementation of Residency Prep Courses (RPC).¹ An RPC can generally be defined as an educational program designed to equip medical students with the skills, knowledge, and competencies necessary to successfully transition from medical school to residency training. Surgical specialties were early adopters of the RPC model with surgical RPC information dominating the literature.² Nonetheless, there is growing evidence that the benefits of RPCs are generalizable to other specialties when tailored to unique specialty needs.^{3,4} These courses have been shown to improve learner perceived readiness and confidence for residency training.⁵ Despite the potential advantages for learners, there are currently no established national standards for the content and implementation of high-quality psychiatry RPCs. Thus, psychiatric medical educators are left with limited guidance on RPC best practices, and faculty development approaches to support these aims. This workshop will review four diverse models for successful RPC courses and create a discussion space for psychiatric educators to start defining RPC best practices. Educators will support one another through barriers to the implementation and development of successful psychiatry RPCs at their institutions.

Learning Objectives:

Objective 1: Analyze the impact of residency prep courses by reviewing current data on their effectiveness and value in preparing medical students for residency,

Objective 2: Compare and evaluate strategies for designing residency prep courses by exploring successful models from four different institutions, and

Objective 3: Design or enhance their institution's residency prep course for psychiatry by applying best practices and innovative approaches discussed during the workshop.

Thematic Focus:

Career Development, Curriculum Development, Mentorship
Educational Program

Intended Audience:

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

Room: Henry

Bridging Gaps in Personal Knowledge Management (PKM) - Tools and Workflows in a Digital Age

Andrew Phan, MD, *University of Washington*

Serena Heung, B.A., MD, *University of Washington*

Abstract Description:

In an era of rapidly expanding and accessible information, the future of being an effective clinician educator relies increasingly on the ability to manage vast amounts of knowledge effectively, transforming data into actionable insights to support patient care, teaching, and research. Personal Knowledge Management (PKM) is an innovative framework that equips psychiatrists with strategies to capture, organize, and synthesize knowledge in ways that enhance clinical education, professional development, patient interactions, and lifelong learning. This interactive workshop will introduce PKM principles, including key processes such as the 5 C's: capturing, curating, connecting, creating, and conveying information.

Participants will assess their current methods for managing information and identify opportunities for improvement. Through exploration, discussion, and collaboration, they will design personalized PKM workflows tailored to their roles and needs. Tools such as digital note taking software, automated media capture, and AI-powered platforms will provide practical insights into introducing and integrating technology into PKM workflows. Group activities such as app demonstrations and discussions will serve to explore the benefits and challenges of digitizing workflows, while highlighting the potentials for enhancing efficiency and clinical mastery.

By the end of the session, attendees will have a clear understanding of how PKM can transform their professional lives, a concrete workflow to begin applying in their practice, and a curated set of resources to support ongoing development in navigating the future of psychiatry.

Learning Objectives:

Objective 1: Define the concept and principles of Personal Knowledge Management (PKM) and analyze its application to clinical, educational, and research contexts within psychiatry,

Objective 2: Evaluate their current PKM workflow, identifying gaps and areas for improvement, and

Objective 3: Compare, contrast, and design a personalized PKM workflow that could integrate various applications that address these areas of improvement such as data capturing, organization, and sharing.

Thematic Focus:

Assessment, Career Development, Competencies, Leadership/Administrative Development, Teaching/Education: Other education

Intended Audience:

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

Room: Kennedy/Roosevelt

We Can Do Better: Supporting Residents through Fertility Transitions (Egg freezing, Pregnancy and postpartum)

Diana Stern, MD, *MGH / McLean Hospital*

Hannah Potvin, MD, *McLean Hospital*

Mila Grossman, MD, *Massachusetts General Hospital*

Charlotte Hogan, MD, *Massachusetts General Hospital*

Grace Masters, MD, PhD, *Massachusetts General Hospital/McLean Hospital*

Paavani Reddy, MD, *Massachusetts General Hospital*

Abstract Description:

“I’m happy for them, I’m just so upset I have to cover, it’s not fair.” This quote from 2023 captures a resident’s complex feelings after their program asked them to pick up extra unpaid shifts for their co-resident going on parental leave. With an average age around 30, women often begin their psychiatry residency training within peak childbearing years. Residents are commonly asked to cover for colleagues on parental leave, as medical systems rely on their service. This, among other reasons, may cause residents to question program support for parental leave. Alternatively, many trainees choose to delay parenthood until after training- further increasing an already elevated risk of infertility. Despite this, few programs provide education about or support for fertility preservation.

There is no standardized means for supporting trainees in fertility transitions across psychiatry residencies. The ACGME requires programs to have policies for parental leave, but policy specifics are at the program’s discretion. This creates confusion and dissatisfaction among program directors, residents, and residency applicants alike. The lack of appropriate uniform guidelines has led to policies that increase the risk of postpartum depression, infertility, and pregnancy complications in resident physicians, as well as negative attitudes and discrimination towards residents in fertility transitions from program directors, attending physicians and colleagues. This IS unfair. And we can do better. Our workshop aims to educate attendees on existing fertility transition policies, the gaps in the current system, and concrete steps to advocate for better policies within their home institutions.

Learning Objectives:

Objective 1: Identify current policies at home institutions and nationally that support residents through fertility preservation, pregnancy and postpartum,

Objective 2: Produce short term and long-term goals to improve the current policies that support residents through reproductive transitions after formulating a “gold standard” of care within the workshop, and

Objective 3: Formulate a plan for how to advocate for better support for residents in fertility transitions at home institutions.

Thematic Focus:

Diversity, Equity and Inclusion, Leadership/Administrative Development, Teaching/Education: Continuing Medical Education

Intended Audience:

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

Room: Louis

More than Meets the Eye: Using Visual Art in Residency and Medical Education

Paula Del Regno, MD, *University at Buffalo State University*

Cynthia Pristach, MD, *University at Buffalo State University*

Abstract Description:

Observation, self-reflection and the expression of empathy are critical clinical skills that are not easily cultivated through traditional classroom or clinical teaching. However, these are all important skills for the practice of medicine, essential to determining the proper diagnosis and treatment. Careful observation of the patient's affect and behavior allows one to communicate empathically and accurately to the patient. Self-reflection enables the clinician to have a greater awareness of how their own beliefs and attitudes may impact their interaction with patients. It is especially important for medical students, no matter their specialty of choice, to also be mindful of the psychosocial context of the patient and appreciate its impact on the patient's health and well-being. Psychiatry residents can utilize these same skills to deepen the therapeutic alliance and psychological understanding of their patients which ultimately leads to better outcomes. Through visual art, self-reflection and small group discussion, workshop participants will engage in experiential exercises that demonstrate strategies to encourage self-reflection and empathy in medical students and to identify psychosocial factors in the assessment and care of patients. In the second half of the workshop, participants will engage in a similar exercise to teach residents to identify psychological themes and effectively use supportive and uncovering psychotherapy techniques to enhance their psychological understanding of the patient.

Learning Objectives:

Objective 1: Describe two strategies using visual art to enhance observational and communication skills in trainees,

Objective 2: Demonstrate how visual art can be used to teach medical students about the role of psychosocial factors, self-reflection and empathy in the diagnosis and care of patients, and

Objective 3: Demonstrate how visual art can be used with psychiatry residents to apply basic, supportive and uncovering psychotherapy techniques to enhance their psychological understanding of patients.

Thematic Focus:

Competencies, Curriculum Development, Medical Humanities, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

Intended Audience:

Junior Faculty or Senior Faculty

Room: Richard/Charles

Listening to The Past and Empowering the Future: Coaching Approaches to Support Clinical Teaching Performance

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

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

Latika Nirula, PhD, *Centre for Faculty Development, University of Toronto (AO)*

Qian Wu, PhD, *Centre for Faculty Development (AO)*

Ivan Silver, MD, MEd, FRCPC, *Centre for Addiction and Mental Health, University of Toronto (AO)*

Caroline Mildner, *Unity Health Toronto (AO)*

Abstract Description:

All departments will have some teaching faculty who are flagged due to concerns about low teaching evaluation scores, critical comments from students, and even formal complaints. Finding them the right resources to improve their teaching and remediate the identified concerns may not always be easy. Often the available faculty development offerings, e.g., courses or workshops, may not be the most relevant to their needs or may be a poor fit, especially for those who may have never had any previous faculty development around teaching. Targeted 1-to-1 coaching to support the development and enhancement of clinical teaching performance has the advantage of being more specific to individual needs and offers more personalized support. There is also the opportunity to process having received negative evaluations or complaints, which can impact on an individual's motivation for faculty development. In this workshop, we will define coaching as distinct from mentorship and other forms of individualized support, exploring how it can be utilized to intervene with clinical teachers who have had challenges. Participants will be introduced to the Dialogic Orientation Quadrant (DOQ) listening map, a tool that can guide conversations between coach and coachee. Its use will first be demonstrated and modeled, after which participants will have the opportunity to practice using the model themselves in role play scenarios. Participants will have the opportunity to explore how this model has been implemented in the presenters' home institution and can consider how they might be able to implement similar approaches for their own faculty.

Learning Objectives:

Objective 1: Define coaching and how it differs from mentorship and clinical supervision,

Objective 2: Apply the Dialogic Orientation Quadrant listening map to coaching conversations, and

Objective 3: Consider how coaching might be implemented in their home institution.

Thematic Focus:

Career Development, Teaching/Education: Continuing Medical Education, Teaching Skills/Techniques

Intended Audience:

Junior Faculty or Senior Faculty

Educational Program

Room: Taft/McKinley

Pitch Perfect Advocacy: Getting What You Want while Getting Things Done

Meghan Schott, DO, *University of Utah- Primary Children's Hospital*

Jordan Paluch, BS, *Boston University*

Brandon Newsome, MD, *Newport Academy Rockville Outpatient Program*

Abstract Description:

Advocacy has been an integral part of pediatric medical education curriculum. However, there is no accreditation council for graduate medical education (ACGME) requirement for advocacy in psychiatry residency. This often leaves psychiatrists feeling overwhelmed and unknowledgeable in how to be an advocate.

With the changing social and political landscape, mental health advocacy has become more essential. As psychiatrists, we are seen as leaders and are turned to provide knowledge about the mental health needs of the community. Advocacy in a variety of settings is one way to help create change and to address the mental health crisis.

The workshop will help to provide the basics of how to be an effective advocate through interactive activities. It will begin with how advocacy has shaped medical education. Next the workshop will show how to identify and work with key stakeholders to help with collaboration on your advocacy goals. Finally, this workshop will help craft a persuasive elevator pitch that can be used when speaking with lawmakers, chief medical officers, and others who are important to implementing your policy.

Oftentimes advocacy seems like an added burden to our clinical workload. However, when done effectively, advocacy can equate to things like better patient outcomes and increased reimbursements. In addition, advocacy efforts can count twice as it can also be incorporated into a CV and help with academic promotions. Hence making it even more essential for an academic psychiatrist. This workshop aims to close this gap and make advocacy opportunities seem less daunting.

Learning Objectives:

Objective 1: Identify and Engage Key Stakeholders,

Objective 2: Craft a Persuasive Elevator Pitch, and

Objective 3: Translate Advocacy Ideas into Actionable Plans.

Thematic Focus:

Career Development, Leadership/Administrative Development, Teaching Skills/Techniques

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

12:00 pm - 1:30 pm
AAP Career Development Lunch
Room: Grand Ballroom East/Center

12:00 pm - 4:00 pm
E-Poster (Viewing)
All e-posters are available for viewing.
Room: Imperial Ballroom

1:30 pm - 3:00 pm
Concurrent Workshops

Room: Rogue

Charting the Course: Building and Sustaining Diversity, Equity, and Inclusion (DEI) Curricula in Psychiatry Through Shifting Waters

Nikhita Singhal, MD, *University of Toronto*

Athena Ko, MD, MSc, *University of Ottawa Faculty of Medicine*

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

Lekhini Bhatt (AO)

Lauren Hishon, MD, MBA, *University of Ottawa (AO)*

Philippe Hwang, MB, ChB, MSc, *University of Ottawa (AO)*

Jennifer dela Paz (AO)

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

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

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

Albina Veltman, MD, FRCPC, *McMaster University (AO)*

Abstract Description:

Although initiatives focused on diversity, equity, and inclusion (DEI) have been increasingly prioritized in psychiatry residency training and continuing education over the past several years — in recognition of the significant impact that longstanding systemic social inequities have upon mental health — there has been an undeniable sea-change amidst the current social climate. How can we effectively sustain this vital work, adapting our teaching and curricula to ensure we can continue these discussions in a brave and authentic manner while simultaneously attending to the very real risks posed to many of our academic psychiatry colleagues?

Our interactive workshop aims to address this gap by providing participants with key knowledge, skills, practical strategies, and connections so we can not only stay afloat, but expertly navigate DEI education in psychiatry amidst these rapidly shifting tides. Following a brief overview of the current state of DEI education in psychiatry, we will share an example of an innovative, multi-institutional curricular initiative being co-designed alongside individuals with lived/living expertise as a case study and launching point for subsequent breakout group discussions. Participants will divide into three groups focusing on best practices, challenges, and unique considerations when developing psychiatry curricula focused on the mental health of: (1) Indigenous; (2) 2SLGBTQ+; and (3) newcomer/refugee populations. Group representatives will report back when we reconvene as a large group for further

discussion, with the final portion of the session dedicated to action planning and exploration of how key takeaways can be applied within participants' own institutions.

Learning Objectives:

Objective 1: Analyze the evolving landscape of DEI education in psychiatry and its challenges within the current social climate,

Objective 2: Discuss best practices and unique considerations in developing psychiatry curricula focused on Indigenous, 2SLGBTQ+, and newcomer/refugee populations, and

Objective 3: Develop actionable strategies to enhance DEI curricula within their own institutions.

Thematic Focus:

Competencies, Curriculum Development, Diversity, Equity and Inclusion, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education

Intended Audience:

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

Room: Grand Ballroom West

Pimping Ain't Easy, But Is It Effective? Is Socratic Questioning Still a Viable Tool in Psychiatric Education

Rachel LeMaeftant, MD, *University of Washington*

James Lee, MD, *University of Washington*

Jessa Grey, MD, *University of Washington*

Brittany Goldstein, MD, *University of Washington*

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

Tom Soeprono, MD, *University of Washington*

Abstract Description:

Have you ever asked a question in a room full of learners who all suddenly avert their gaze or pretend they received a page? Have you worked with students who became defensive or dejected when you inquired about their knowledge of a clinical topic? The line between teaching and terrorizing can become blurred when the intent behind the teaching style is misconstrued, or worse, malicious. Socratic questioning in medical education, coined "pimping" by Brancati in 1989, can be a powerful tool, but how do we as educators use this tool to build knowledge without destroying morale?

"Pimping" is a teaching method in which a senior clinician poses a series of questions to learners, often meant to identify gaps in knowledge, reinforce educational concepts, and expand clinical understanding. However, this method can be controversial due its potential to instill fear or evoke shame in trainees, serving to exacerbate the power dynamic already so apparent in the clinical hierarchy.

This interactive workshop explores the evolution of Socratic questioning in psychiatric education, examining both its historical role and its place in modern educational frameworks. Through structured activities and guided discussion, participants will critically assess how questioning techniques can be adapted to support diverse learning styles while maintaining educational effectiveness.

Learning Objectives:

Objective 1: Evaluate the effectiveness and potential detriment of different Socratic questioning approaches in psychiatric education,

Objective 2: Adapt Socratic methodology to a variety of different learner subtypes and temperaments, and

Objective 3: Demonstrate questioning strategies that promote psychological safety while maintaining educational rigor.

Thematic Focus:

Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

Room: Henry

Where All the Students Are Above Average: Constructive Clerkship Comments, MSPEs, and the Residency Selection Arms Race

David Hankins, MD, *Weill Cornell Medical College*

Nia Harris, MD, *New York-Presbyterian/Weill Cornell Medicine*

Carolina Nadal Medina, MD, MS, *Duke University Hospitals*

Tyson Pankey, PhD, MPH, *Duke University*

Angela Rios, MD, *Weill Cornell Medical Center*

Daniel Knoepfelmacher, MD, *New York Presbyterian Hosp/Weill Cornell Med. Center*

Abstract Description:

Getting into residency is getting tougher, and the ripple effects of this are changing how psychiatry clerkships provide and document constructive feedback, how medical schools package their students for residencies, and how residencies select from a pool of applicants where it can seem like “all the students are above average.” As medical schools move away from sharing indicators of how students performed relative to peers and present an upbeat assessment of every student, any constructive or negative comments in the Medical Student Performance Evaluation (MSPE) are becoming a flashing red light on a residency application. Clerkship leadership may hesitate to document even relatively minor constructive feedback for fear of both student concern and for how this might affect the student’s residency applications.

In this workshop, our questions for shared consideration will include: How should clerkship directors document any constructive or negative feedback and share this with students? What should go in the MSPE? And how do residency program directors and selection committees make sense of any less-than-glowing comments in applications in an environment where these are increasingly unusual? This workshop will include whole-group teaching on existing approaches to these situations as well as highly interactive small-group discussion and collaboration.

At times it may seem that the medical schools’ goal of getting all students matched and the residencies’ goal of selecting the best residents are at odds. With this workshop we hope to facilitate connection among medical school educators and

residency program leadership over the shared goal of training outstanding psychiatrists.

Learning Objectives:

Objective 1: Analyze the currently available scholarship on how constructive feedback is currently provided to students and weighed in the residency selection process,

Objective 2: Describe approaches for documenting constructive student feedback at the clerkship level, in order to both provide accurate information and to support students in the competitive residency application process, and

Objective 3: Examine how to weigh constructive/negative comments in residency applications as part of a holistic review process.

Thematic Focus:

Assessment, Diversity, Equity and Inclusion, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

Intended Audience:

Junior Faculty or Senior Faculty

Room: Louis

Harnessing Artificial Intelligence in Academic Psychiatry: Adapting to Change in Clinical Education

John Luo, MD, *University of California Irvine*

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

Reza Farokhpay, MD, *University of California Irvine*

Huong Nguyen, BS, *University of California Irvine*

Abstract Description:

As the landscape of healthcare continues to evolve, artificial intelligence (AI) is poised to transform education in psychiatry. This interactive workshop explores the dynamic role AI can play in enhancing educational methodologies used in teaching. Participants will engage with AI-driven tools such as use of AI as an introduction to psychotherapy, creation of didactic sessions on topics where faculty have less expertise and streamline administrative tasks such as writing letters of recommendation, all while fostering innovation in academic psychiatry.

Through hands-on demonstrations and case studies, attendees will learn how AI can be integrated into psychiatric training, promoting adaptive learning environments, and supporting diverse learning styles. In addition, the session will address potential ethical considerations, challenges of implementation, and strategies for overcoming resistance to change.

This workshop is designed for clinician educators eager to explore the intersection of AI and psychiatric education, with a focus on how to embrace technological advancements to improve teaching and academic practices. By the end of the session, participants will gain a deeper understanding of AI's potential, practical insights on its appropriate use, and strategies for adapting it into psychiatric education. This abstract and submission details were 95% generated with ChatGPT to illustrate how to harness its potential.

Learning Objectives:

Objective 1: Explore AI Tools in Psychiatry: Participants will be able to identify at least three educational domains where AI can enhance education in clinical diagnosis, treatment planning, and training by the end of the session,

Objective 2: Participants will be able to discuss ethical or practical challenges related to the implementation of AI in academic psychiatry, and propose at least one solution to address each challenge, based on group discussion during the workshop, and

Objective 3: By the end of the workshop, participants will design a basic and actionable plan for integrating AI tools into their own academic psychiatry setting, including specific steps for overcoming barriers to adoption, such as training needs or resistance to change.

Thematic Focus:

Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

Room: Richard/Charles

Thinking with Purpose: Harnessing Reflection in Medical Education

Ashley Woolbert, MD, *The University of Texas Southwestern Medical Center*

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

Darlene King, MD, *The University of Texas Southwestern Medical Center*

Chadrick Lane, MD, *The University of Texas Southwestern Medical Center*

Latoya Frolov, MD, MPH, *The University of Texas Southwestern Medical Center*

Abstract Description:

Reflection is a skill that is integral not only to one's early development as a physician, but also to the practice of medicine throughout an entire career. Reflection, much like mindfulness, allows lifelong learners to become purposeful observers of thoughts and feelings in the pursuit of deeper understanding, alignment with values, and self-improvement. As an educational tool, reflection may be applied across the learning spectrum, from students to residents, fellows, and faculty. It may also occur within varying contexts (e.g. reflecting with oneself or amongst others) and settings (during didactics, on the wards, or through faculty development groups). It may occur via the spoken or written word or perhaps entirely within the privacy of a person's inner monologue. The ACGME and AAMC both recognize its significance in personal and professional development as well as towards the provision of high-quality patient care. Furthermore, reflection fosters well-being, internalization of feedback, and humility in medicine.

In this workshop, we aim to present evidence establishing reflection as paramount to the learning and practice of medicine. Experiential exercises will allow participants the opportunity to participate in abbreviated reflection activities used at our institution with medical students and residents. Participants will begin by choosing a work of art to reflect on a selected ethical theme. They will then be asked to reflect using a short literature excerpt provided by the workshop leaders. Participants will then reflect on the workshop and consider the application of reflection activities across learner stages at their institution.

Learning Objectives:

Objective 1: Describe the theoretical foundations and benefits of reflective practice in medical training, including its impact on clinical reasoning, professional identity formation, and well-being,

Objective 2: Demonstrate and practice structured reflection techniques, and

Objective 3: Identify effective methods for embedding reflection into the curricula and consider how to apply those at their home institutions.

Thematic Focus:

Curriculum Development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

Room: Taft/McKinley

What I Wish I Knew: Preparing Final Year Residents for the Role of a Clinician-Teacher

Vincent Tang, MD, *University of Toronto*

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

Beverly Guan, MD, FRCPC, *University of Toronto*

Joanne Leung-Yee, FRCPC, *St. Michael's Hospital (Virtual)*

Yezarni Wynn, MD, *University of Toronto (AO)*

Kien T Dang, MD, FRCPC, *University of Toronto (AO)*

Abstract Description:

As a final-year psychiatry resident prepares for independent practice; they must transition into the role of teacher and supervisor for junior learners. However, there is often less formalized training to prepare psychiatry residents for their role as teachers, despite its importance for those pursuing academic careers. In residency, there is an implicit expectation that senior residents will supervise and teach junior learners, yet many lack formal instruction in pedagogical principles and techniques that support effective teaching, supervision, evaluation, and mentorship. Without direct coaching to develop these skills, final-year residents frequently feel less confident in their teaching abilities compared to their clinical skills, which may impact their career trajectories. As well, both the Accreditation Council for Graduate Medical Education (ACGME) and CanMEDS frameworks highlight teaching and supervision as core physician competencies, emphasizing the need for targeted training. Formal teaching to teach curricula exist, but there is often less emphasis on development of teaching skills during clinical rotations.

This workshop will explore how to integrate structured teaching and supervisory experiences into final-year clinical rotations. Participants will identify key teaching and supervision competencies, discuss strategies for providing opportunities for residents to develop teaching and supervision skills, and practice providing meaningful feedback on senior residents' teaching skills, through interactive discussions, small group exercises, and role-play scenarios. Participants will gain concrete strategies to enhance teaching and supervision training for final-year residents during their final year clinical rotations, ensuring they are well-prepared for their future academic roles.

Learning Objectives:

Objective 1: Identify key competencies in teaching and supervision, relevant to final year residents transitioning to academic practice,

Objective 2: Incorporate structures into clinical placements that maximize opportunities for final year residents to apply skills in teaching/supervising junior learners, and

Objective 3: Practice giving feedback to final year residents regarding observed teaching/supervision skills.

Thematic Focus:

Career Development, Competencies, Teaching/Education: Postgraduate Medical Education

Intended Audience:

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

1:30 pm - 3:00 pm

[Educators' Showcase IIA](#)

The Educators' Showcase format is a series of brief presentations designed to allow educators to demonstrate novel or innovative techniques and products used in medical student education, residency training, or faculty development. These are designed to highlight "finished" works or products. The audience can expect to see tools and pedagogies discussed and/or demonstrated so that they may apply in their own programs. The goal of the Educators' Showcase is to present material that contributes to the educational domain but does not require a full workshop.

Room: Kennedy/Roosevelt

Professional Identity Formation and Intersectionality in Medical Students with Historically Excluded Backgrounds

Peter Ureste, MD, *University of California Riverside*

Maria Contreras Oseguera, BS, *University of California, San Francisco (AO)*

Background:

Professional identity formation (PIF) is the process through which individuals develop a sense of self within a professional setting. While research has explored PIF among medical students and physicians from racial and ethnic groups historically excluded from medicine, little is known about how intersecting social identities shape this experience. As the physician community grows more diverse, understanding these influences becomes increasingly important. This study investigates the intersectional experiences of medical students from historically excluded backgrounds to expand understanding of the PIF process.

Methods:

In September 2022, three medical students, all in a gap year between their third and fourth years, were recruited from a single institution. Semi-structured interviews, adapted from Wyatt et al. (2020), explored their salient social identities, career influences, and experiences in medical training. Interviews lasted 18 to 42 minutes, were recorded and transcribed, and underwent thematic analysis using a ChatGPT-generated codebook.

Results:

Findings revealed three key themes. First, familial and community struggles—including financial hardship, substance use, chronic illness, and limited healthcare access—shaped participants’ educational journeys, affecting academic performance and transitions to higher education. Second, personal and familial hardships served as motivators, inspiring them to pursue medicine to address health disparities, advocate for marginalized communities, and give back. Finally, their historically excluded identities created both challenges and strengths in PIF; while they often felt discomfort in privileged medical environments, their lived experiences fostered deep connections with patients and healthcare teams, enriching their clinical engagement and professional identity.

Discussion:

These findings underscore the need for inclusive learning environments that support students navigating intersectional challenges while fostering professional growth.

Educators’ Showcase Category:

Diversity/Inclusion/Equity/Addressing Disparities

Educators’ Showcase IIB

Integrating DEI into Case-Based Learning for Development of Adaptive Expertise in Clinical Clerks: A Study of Student and Faculty Experiences

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

Rowen Shier, MA, *Centre for Addiction and Mental Health (AO)*

Rabia Zaheer, B.Sc., *CAMH (AO)*

Zhengbang (Herbert) Yao, MPH, *Centre for Addiction and Mental Health (AO)*

Sambhavi Garg, *Centre for Addiction and Mental Health (AO)*

Certina Ho, PhD, RPh, *University of Toronto (AO)*

Sophie Soklardis, PhD, *University of Toronto (AO)*

Sacha Agrawal, MD, MSc, *University of Toronto (AO)*

Background:

This institution’s psychiatry clerkship introduced a new curriculum in 2022, replacing traditional didactic lectures with small group, case-based learning (CBL) seminars. Cases were developed using an ‘adaptive expertise’ framework, incorporating learning on social determinants of health and Diversity, Equity and Inclusion,. This study evaluates the curriculum’s impact on medical students’ knowledge, skills, and attitudes in the clinical management of psychiatric conditions, as well as the first-hand experiences of students and faculty engaging with the new curriculum.

Methods:

Participant knowledge is being evaluated using a pre-post survey design on REDCap. Baseline data were collected voluntarily prior to CBL seminars, followed by a set of 5 corresponding weekly questionnaires assessing knowledge and self-confidence among medical students in psychiatry rotations from 2022–2024. Quantitative data will be analyzed using descriptive statistics and a paired t-test. To elicit further insight and obtain feedback, 15 semi-structured were conducted with students with upcoming interviews planned with faculty as well. Interviews were audio-recorded, transcribed and subjected to thematic analysis.

Results:

Preliminary quantitative analysis demonstrates statistically significant (p LESS THAN 0.05) increases in students' perceived confidence in managing psychiatric conditions and knowledge test scores following CBL seminars.

Analysis of student interviews generated two main themes: 1) contributors to an optimal learning environment and 2) impact of psychosocial content integration.

Discussion:

The curriculum improved student knowledge and perceived confidence in managing psychiatric conditions while deepening their understanding of psychosocial factors. However, there was an emotional toll on students when the content intersects with their lived experience, and some found the DEI integration repetitive.

Educators' Showcase Category:

Diversity/Inclusion/Equity/Addressing Disparities

Educators' Showcase IIC

Peer Power: Revolutionizing Psychiatric Education

Pooja Chaudhary, MD, MPH, *The University of Texas Health Sci. Ctr. at Houston*

Rishab Chawla, MD, *The University of Texas Health Sci. Ctr. at Houston*

Christina Danna, MD, MPH, *The University of Texas Health Science Center at Houston (AO)*

Shveta Abraham, MD, *The University of Texas Health Sci. Ctr. at Houston (AO)*

Kacy Smith, MD, *The University of Texas Health Sci. Ctr. at Houston (AO)*

Jeff Woods, MD, *The University of Texas Health Sci. Ctr. at Houston (AO)*

Vlineeth John, MD, MBA, *The University of Texas Health Sci. Ctr. at Houston (AO)*

Background:

Traditional lecture formats are widely used in residency programs but are often criticized for being passive, with limited interaction. While effective for content delivery, they lack opportunities for peer-to-peer knowledge exchange. Learning networks, a more collaborative model, have gained traction in graduate medical education, particularly in psychiatry, where they address gaps in communication skills and provide updates on innovations that are slow to enter formal curricula.

Methods:

This study engaged PGY2 and PGY3 residents in a psychiatry program, who participated in monthly "Current Events in Psychiatry" sessions over one year. Residents completed pre- and post-session questionnaires assessing their confidence in finding, discussing, and researching evidence-based literature. Descriptive statistics and paired t-tests were used to analyze changes in these areas.

Results:

Preliminary results show significant improvements in residents' confidence and satisfaction with the peer-led sessions. Participants reported higher levels of knowledge acquisition, better application of knowledge to clinical practice, and increased curiosity to explore further topics. Residents preferred the peer-led format over traditional lectures for fostering an engaged, collaborative learning environment.

Discussion:

These findings suggest that peer-led learning networks can enhance residents' engagement with evidence-based literature and improve their ability to implement this knowledge in clinical practice. The success of this model supports its potential to complement or replace traditional lecture formats, leading to improved professional development and patient care outcomes in residency programs.

Educators' Showcase Category:

General/NOS

3:00 pm - 3:50 pm

Poster Subcommittee Meeting

Room: Rogue

3:00 pm - 3:50 pm

IDEA Committee Meeting

Room: Richard/Charles

3:00 pm - 3:50 pm

Membership Committee Meeting

Room: Louis

3:00 pm - 3:50 pm

Trainee Engagement Committee Meeting

Room: Kennedy/Roosevelt

3:00 pm - 3:50 pm

Career Development Committee

Room: Grand Ballroom West

3:00 pm - 3:50 pm

Master Educator Committee Meeting (by invitation only)

Room: Henry

5:15 pm - 6:15 pm

Master Educator Graduate Reception (by invitation only)

Room: Blu

6:30 pm - 9:30 pm

AAP Night Out Event

The Harley-Davidson Museum

Room: Rumble, 2nd Floor & Museum

9:30 pm - 11:30 pm
AAP Night Out After Party
Room: Club Lounge

Friday, September 12, 2025

7:00 am - 11:30 am
E-Posters (Viewing)
E-Posters are available for general viewing until 11:30am.
Room: Imperial Ballroom

7:00 am - 4:00 pm
Registration
Room: Foyer

7:15 am - 8:00 am
RPE Awardee and Committee Breakfast
By Invitation Only Table Assignment
Room: Grand Ballroom East/Center

7:15 am - 9:15 am
Breakfast Service
Pre-registration required.
Room: Grand Ballroom East/Center

8:00 am - 8:30 am
Room: Grand Ballroom East/Center
Psychiatric Education Award Presentation and Lecture
Patrice Malone, MD, MS, PhD, *Columbia University*

Inspiring Interest in the Psychiatric Profession

Abstract Description As we are keenly aware, a diverse workforce is essential for both enriching the educational environment and for delivering high quality healthcare. Like many other medical specialties, the field of psychiatry has significant disparities between the demographic makeup of our providers and the populations they serve. Pathway programs help to recruit individuals with a variety of life experiences to the health professions. However, such programs in the field of psychiatry are limited. To that end, the Dr. June Jackson Christmas (JJC) Program was established to expose students from a variety of backgrounds to the breadth of what a career in psychiatry has to offer in hopes that they too will become psychiatrists. This session will highlight: (1) lessons learned; (2) advocating for systems that value this work; and (3) challenges in an ever-changing landscape.

Learning Objectives

Objective 1: Identify strategies for exposing students from a variety of backgrounds and life experiences to psychiatry training,

Objective 2: Aspire to encourage trainees to engage in program development for pathways to psychiatry, and

Objective 3: Be inspired to continue to advocate for work in this area.

8:30 am - 9:45 am

AAP Breakfast Assembly and Awards (*pre-registration is required*)

Room: Grand Ballroom East/Center

All AAP registrants are invited to join us for a seated breakfast to learn more about AAP and cheer on our 2025 awardees! Poster Session Awardees Early Career Development Award Resident Psychiatric Educator Award Roberts Award

9:45 am - 10:00 am

Beverage Break

Room: Foyer

10:00 am - 11:30 am

Concurrent Workshops

Room: Rogue

Bias at the Bedside: A Toolkit for Upstanders

Adrienne Gerken, MD, *Thomas Jefferson University Hospital*

Elizabeth Madva, MD, *MGH/McLean Hospital*

Adriana Kavoussi, MD, *University of North Carolina at Chapel Hill*

Aishwarya Rajagopalan, DO, *Duke University*

Sarah Qadir, MD, *Thomas Jefferson University*

Veronica Faller, MD, *MGH Dept of Psychiatry, Cambridge Health Alliance (AO)*

Abstract Description:

Teaching hospitals and clinics are both workplaces and educational settings, and psychological safety is necessary for effective clinical operations and trainee learning. Yet bias incidents, including microaggressions and overt derogatory language, occur routinely. Failure to respond to these incidents perpetuates a culture of hostility toward people with minoritized or marginalized identities. Unsurprisingly, mistreatment and discrimination are contributors to physician burnout. Patients and family members are frequently cited as major sources of bias incidents toward trainees, yet the nature of psychiatric illness presents challenges in addressing this discrimination. While many institutions have created policies to combat bias incidents, further barriers to respectful clinical interaction may come with our shifting political climate, in which anti-DEI attitudes and policies have become increasingly overt.

In this workshop, participants will develop the skills to act as “upstanders” before, during, and after bias incidents directed toward trainees from patients and families. Following a needs assessment, we will facilitate an interactive literature review of the toll of bias incidents on healthcare professionals, focusing on learners. Participants will utilize these skills in live roleplays to recognize and respond to discrimination and

mistreatment using the “ERASE” and “SAFER” frameworks. Particular attention will be paid to debriefing bias incidents, with the recognition that supervisors are not always present to directly intervene. A large group discussion will focus on adapting these skills to our current institutional and political landscapes. Finally, participants will create action plans to respond to discriminatory incidents from patients and families at their own institutions.

Learning Objectives:

Objective 1: Identify specific types of bias and mistreatment that may be directed toward trainees by patients and family members,

Objective 2: Practice “upstander” techniques for responding to bias incidents and debriefing after these incidents, and

Objective 3: Create an action plan for responding to bias events by patients and families at their home institutions.

Thematic Focus:

Diversity, Equity and Inclusion, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

Intended Audience:

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

Room: Grand Ballroom West

Beyond Checklists and Labels: Teaching Comprehensive Psychiatric Formulation

Anne Walsh, MD, *University of Maryland St. Joseph Medical Center*

Khalid Elzamzamy, MD, MA, *Johns Hopkins University*

Margaret Chisolm, MD, *Johns Hopkins University*

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

Durga Roy, MD, *Johns Hopkins University*

Johannes Thorman, MD, *Region Skane (AO)*

Allen Huang, BS, MB, *Central Adelaide Local Health Network, SA Health (AO)*

Abstract Description:

Clinical formulation is a critical competency for every psychiatry trainee and practitioner. While trainees inherently know that there is much more behind their patients’ stories than a single diagnostic label, they often struggle to fully appreciate the complexity of a patient’s experience using traditional models of psychiatric formulation. Some may rely heavily on checklists, leading to categorical diagnoses, and may fail to see the benefits of clinical formulation beyond an intellectual exercise.

All psychiatrists implicitly recognize that psychiatric conditions arise from various causes: disease, temperament, behavior, maladaptive interpretations of life events, and in most cases a combination of these factors. This workshop will provide attendees with a comprehensive framework for teaching learners how to analyze a patient’s complex reality, using a structured approach that integrates these different components to facilitate effective formulation and treatment planning.

In this workshop, participants will explore a comprehensive approach to psychiatric formulation utilized by the workshop facilitators and taught at their home institutions.

After a brief overview of the four components of the formulation model – life story, behavior, dimensional, and disease – participants will apply the model to clinical vignettes and compare it to other methods of formulation.

The session will include examples of how this model can be integrated across various stages of training and in numerous clinical settings. Attendees will then reflect on strategies for incorporating this model into their own teaching, leaving the session with tools to enhance their teaching and foster a more nuanced understanding of psychiatric conditions in their learners.

Learning Objectives:

Objective 1: Describe the four components of the workshop's featured comprehensive psychiatric formulation model and compare the model to other methods of psychiatric formulation,

Objective 2: Apply the featured model to formulate patients through case-based exercises, and

Objective 3: Generate ideas for teaching the featured model to learners at participants' home institutions.

Thematic Focus:

Curriculum Development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other education, Teaching Skills/Techniques

Intended Audience:

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

Room: Henry

Making Waves: Leveraging Your Tentacles to Thrive in Your Educational Aquarium

Colleen Manak, MD, *Medical College of Wisconsin*

Ilijie Fitzgerald, MD, MS, *UCLA-Olive View Psychiatry Residency Training Prog. / David Geffen School of Medicine at UCLA*

Heidi Combs, MD, MS, *University of Washington*

Kathleen Koth, DO, *Medical College of Wisconsin*

Marika Wrzosek, MD, *Medical College of Wisconsin*

Abstract Description:

Professional identity formation in academic medicine requires adaptation to many factors. Stage of training, institutional culture, personal and professional goals, competing interests, changing roles, and mentorship impact our experience in our "academic aquarium." Just like many aquatic creatures have evolved to thrive in their respective environments, so too can we adapt to our local milieu. This workshop leads participants in a reflective-style hands-on model to identify aspects of their local environments that impact their potential to thrive. Specifically, participants will tap into their creativity using art as a medium to identify the components of their habitat that drive them, fuel them, threaten them, and support them. Leaning into reflective and humanities-based approaches to foster professional identity development, authors will also guide attendees to create a meaningful action plan that they can deploy in their own educational ecosystem.

Learning Objectives:

Objective 1: Identify three factors in their local environment that foster resilience,

Objective 2: Identify three "toxins" in their environment that stifle and growth/development, and

Objective 3: Create an actionable plan for how to optimize their academic aquarium.

Thematic Focus:

Career Development

Intended Audience:

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

Room: Louis

Beyond Doodling: Using Graphic Medicine in Psychiatry Education

Omar Mirza, DO, *Health + Hospitals Harlem*

Ali Asghar-Ali, MD, *Baylor*

Yekaterina Angelova, MD, *NYC Health + Hospitals*

Stephanie Cheung, MD, *Harlem Hospital*

Aaron David Lewis, PhD, *MCPHS University*

Abstract Description:

In 2007, Dr. Ian Williams coined the term “graphic medicine” to describe a narrative genre that uses imagery and words in the discourse of healthcare. In the years since, graphic medicine has been found to be a powerful communication tool in both receiving and delivering information.³ In one study, comics were used to teach aspects of patient safety which resulted in increased awareness of patient safety risks among residents. In another study, excerpts from a graphic memoir about neurologic illness were used in a curriculum in a residency program that resulted in boosting empathy and communication. This interactive workshop explores the innovative use of graphic medicine, a novel teaching tool. Drawing on expertise and guidance from the facilitators, participants will learn the history, and how to harness the power of visual storytelling to teach complex psychiatric concepts to learners and maximize engagement. The session will begin with defining graphic medicine and its relevance to psychiatry and as a teaching tool. Following this introduction, participants will divide into small groups and provided graphic medicine examples to learn key elements involved in creating an educational product. Thereafter, participants will be provided with materials and prompts to create their own graphic medicine product. Facilitators will provide coaching throughout the process. The participants will return as a large group to share their work and ideas and to provide and receive feedback. The session will conclude with time for participants to create implementation plans. Facilitators will provide additional resources to create graphic medicine tools.

Learning Objectives:

Objective 1: Understand the foundations of graphic medicine,

Objective 2: Know the essential components of a graphic medicine product, and

Objective 3: Develop Knowledge of how to translate an educational idea into a graphic medicine project.

Thematic Focus:

Medical Humanities, Teaching Skills/Techniques

Intended Audience:

Junior Faculty or Senior Faculty (i.e., associate and full professors)

Room: Kennedy/Roosevelt

AAP/AADPRT Joint Workshop: Taking the Fear out of Feedback: Coaching Conversations that Promote Inclusion, Belonging, and Growth

Erick Hung, MD, *University of San Francisco*

Hannah Potvin, MD, *McLean Hospital*

John Young, MD, MPP, PhD, *Donald and Barbara Zucker School of Medicine and Northwell Health*

Abstract Description:

Facilitation of effective feedback conversations is one of the most foundational skills in health professions education and is consistently a challenge in the clinical learning environment. Advances in the art and science of feedback emphasize the importance of the educational alliance, which describes the concept of a reciprocal educator-learner relationship directed at effecting changes in knowledge, self-concept, and behavior. Optimizing this relationship requires acknowledging power hierarchies, communicating across differences, and creating an inclusive learning environment to support the feedback dialogue. In this way, the educational alliance supports a growth mindset for learners, lays the foundation for a successful coaching conversation, and fosters a growth culture in the learning environment. The educational alliance serves as a lens for three pragmatic models of feedback conversations, which include: (1) Ask-Tell-Ask (ATA); (2) Self-Assessment, Feedback, Encouragement, Direction (SFED); Relationship, Reaction, Content, Coaching (R2C2). These three models emphasize the educational alliance and support the triangular learning connections between curriculum, learner, and educator. The principles behind all three models includes establishing credibility through shared values and trust-building, understanding the learner's goals, and providing feedback aligned with data from direct observation. Furthermore, educators should listen for moments when learners may reject or avoid feedback, either because they do not believe the information is true, the feedback conversation becomes more about the relationship than the content, or the feedback conversation feels like an identity attack. Feedback conversations that foster inclusion and belonging should acknowledge power hierarchies, apply relationship-centered communication skills, and facilitate communication across differences.

Learning Objectives:

Objective 1: Describe three feedback models that promote the educational alliance and foster trust in the feedback dialogue,

Objective 2: Identify three ways in which learners may reject feedback and develop strategies to enhance trust in the feedback dialogue., and

Objective 3: Apply the feedback models to teaching scenarios with an emphasis on power hierarchies, communication across differences, and inclusion and belonging.

Thematic Focus:

Assessment, Diversity, Equity and Inclusion (DEI), Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

Intended Audience:

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

Room: Richard/Charles

Strategic Decision-Making for Career Advancement and Fulfillment in Psychiatry Education

Shaheen Darani, MD, *Temerty Faculty of Medicine, University of Toronto*

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

Gregory Dalack, MD, *University of Michigan*

Rachel Russo, MD, *San Diego VA, University of California San Diego (AO)*

Abstract Description:

Faculty are frequently asked to take on new teaching and educational opportunities, but not all of these opportunities will necessarily be relevant, meaningful, or conducive to their career growth. With the increasing demands of academic life, how can faculty decide which opportunities to embrace and which to decline, in order to make strategic choices that align with their long-term career goals?

Sponsored by the AAP's Career Development Committee, this interactive workshop will introduce a model for professional fulfillment developed by Susan Lieff, designed to guide faculty in making thoughtful, strategic decisions that foster both career advancement and fulfillment.

Participants will explore how to evaluate new opportunities by reflecting on their own values, strengths, and passions, and will consider how these align with their current academic responsibilities. Through this reflection, they will identify areas where they can more purposefully shape their academic work to reflect their personal and professional priorities.

The workshop will include case studies that represent faculty at different career stages and contexts, each facing important career decisions. These cases will stimulate discussion on navigating common challenges, such as balancing time commitments, managing competing priorities, considering compensation, and maintaining a healthy work-life balance.

Facilitators will share their personal experiences of decision points in their own careers, illustrating how they navigated key choices and demonstrating how strategic decision-making can lead to both career fulfillment and success.

The session will conclude with an exercise where participants will create a personalized career vision, defining their career purpose and actionable next steps.

Learning Objectives:

Objective 1: Explain a model for professional fulfillment,

Objective 2: Explore their own values, passions, and strengths, and where they intersect, and

Objective 3: Develop a career vision, including purpose, direction and actionable next steps.

Thematic Focus:

Career Development

Intended Audience:

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

Room: Taft/McKinley

From Arrogance to Humility: Promoting Growth in Training

Matthew Yung, MD, *NYU Langone Medical Center*

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

Abstract Description:

Uncertainty, failure, and defeat can conjure many uncomfortable feelings within us. One defense against these feelings may be arrogance. While plenty has been written about clinical narcissism, relatively little has been written about arrogance in residency training and its effect on clinical work, education and supervision. To address this, our workshop will define and characterize arrogance and trace its historical and clinical roots. We will explore the ways in which arrogance may emerge as part of the natural arc of development as learners acquire more knowledge, experience, and skills throughout training. We will then discuss the defensive functions of arrogance and explore the ways it stunts curiosity, awe, and surprise. Lastly, we will discuss how to detect arrogance in ourselves (either as trainees or supervisors) and how to concretely address it, with the hopes of promoting humility and growth.

1. Civitarese, G. (2024). *On Arrogance: A Psychoanalytic Essay*. Taylor and Francis.

2. Shah, D. (2022). *The Analyst's Torment: Unbearable Mental States in Countertransference*.

3. Wadhwa, A., and Mahant, S. (2022). *Humility in medical practice: a qualitative study of peer-nominated excellent clinicians*. *BMC medical education*, 22(1), 88.

4. Kravis, N. (2021). *Charisma*. *The Psychoanalytic Quarterly*, 90(4), 523-554.

Learning Objectives:

Objective 1: Define arrogance and its impact on clinical training and supervision,

Objective 2: Identify potential defense mechanism of arrogance for both trainees and supervisors, and

Objective 3: Learn strategies to address arrogance and promote curiosity, humility, and self-reflection.

Thematic Focus:

Mentorship, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

11:30 am - 12:10 pm

E-Poster Session A Presentations

Session A. *Lunch will NOT be provided for this session.* Please see a listing of recommended quick pick-ups for lunch in the Community Section of the AAP 2025 Onsite Meeting App.

Room: Imperial Ballroom

102. Calling, Religiosity, and Flourishing Among Third-Year Medical Students During Clinical Clerkships

Jeanie Kim, B.A., *Loma Linda University,*

Joelle Chen, BS, *Loma Linda University, (AO)*

Amy Hayton, MD, MPH, *Loma Linda University (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Medical students face high rates of mental health challenges. Prior research has linked religiosity to well-being among medical students globally and a sense of purpose to reduced mental health disorders in the general population. This study examines the relationship between calling, religiosity, and flourishing, a multidimensional measure of well-being that encompasses mental health, among third-year medical students at Loma Linda University (LLUSM) during clinical clerkships.

Methods: LLUSM Class of 2025 students completed surveys at the start (August 2023, N=169) and end (May 2024, N=153) of their third year. Calling was assessed using a five-item Likert scale, religiosity by the Duke University Religion Index (DUREL), and flourishing by the Flourish Index (FI). Correlations were analyzed using Kendall's tau-b.

Results: At the start of clerkships, the mental health component of flourishing strongly correlated with Calling item 4 ($\tau_b=0.372$). FI also showed strong positive correlations with all five Calling items ($\tau_b=0.319-0.417$). By the end of clerkships, these correlations were sustained and strengthened. The mental health component of flourishing developed new correlations with DUREL questions 3–5 (intrinsic religiosity) and Calling items 2 and 3 ($\tau_b=0.307-0.392$), while its correlation with Calling item 4 strengthened ($\tau_b=0.387$). FI maintained stable correlations with all Calling items ($\tau_b=0.316-0.431$), and DUREL 3–5 newly correlated with Calling item 5 ($\tau_b=0.378$). All correlations were significant at p LESS THAN 0.001.

Discussion: Viewing medicine as a calling and having intrinsic religiosity were strongly associated with medical student well-being, particularly mental health. Supporting and strengthening these factors during clerkships may be valuable, as experiential learning and patient care could deepen students' sense of purpose and meaning, contributing to overall well-being. Integrating these dimensions into medical training may be key to fostering resilient and compassionate Physicians.

103. Educating Medical Students on Immigrant Health and Trauma-Informed Care through a Dual-Purpose Session

Julia Gillan, BS, *Rutgers Robert Wood Johnson Medical School*

Betsy Mathew, MD, *Rutgers Robert Wood Johnson Hospital (AO)*

Jess Occhiogrosso, BS, *Rutgers Robert Wood Johnson Medical School (AO)*

Nathalia Arias Alzate, MD, *Rutgers Robert Wood Johnson (AO)*

Kristen Coppola, PhD, *Rutgers, Robert Wood Johnson Medical School (AO)*

Karen Lin, MD, MS, *Rutgers Robert Wood Johnson Medical School (AO)*

Poster Category: Diversity/Inclusion/Equity/Addressing Disparities

Background: Over 89% of US adults report having experienced at least one traumatic event in their lifetime. Trauma history is especially prevalent among immigrant populations and has been associated with higher rates of multiple medical conditions including PTSD, anxiety, depression, and chronic pain. Given the high prevalence of both trauma and immigration in our local population and nationally, we created a dual-purpose session teaching trauma-informed care through the lens of immigration-related trauma.

Methods: We developed a one-hour session delivered to first- and third-year medical students which included our community's immigration statistics, physical and mental health outcomes, a real immigration-related trauma patient case, and general trauma-informed care principles. Pre-session surveys (n=96) and post-session surveys (n=85) were collected.

Results: Agreement that migration-related trauma can affect health outcomes increased from 62% (56/90) pre-session to 84% (70/83) post-session. Self-perception of having the skills to address immigration-related trauma with patients increased from 22% (20/89) of participants agreeing that they had the skills pre-session to 84% (70/83) post-session. Confidence in identifying patients with trauma history increased from only 12% (11/94) of participants feeling confident pre-session to 65% (55/84) post-session. Comfort in knowing how to communicate with trauma survivors increased from 34% (30/89) of participants feeling comfortable pre-session to 93% (76/82) post-session. 92% (68/84) of participants felt this session should be a required part of the medical school curriculum.

Discussion: A dual-purpose session integrating general trauma-informed care with immigration-related cases and statistics provided medical students with a practical and applicable session that addressed both educational topics effectively.

104. Evaluating Changes in the Consultation-Liaison Psychiatry Curriculum Using a Self-Assessment Tool

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

Ziyi Xiao, Others, *University of Toronto (AO)*

Alan Wai, M.D FRCPC, *University of Toronto (AO)*

Ji Yun (Jenny) Lee, *University of Toronto (AO)*

Zhiting (Tina) Zhou, BSc, *University of Toronto (AO)*

Xinyue Zhao, PharMD, *University of Toronto (AO)*

Poster Category: Innovation

Background: PGY4 residents complete a four-month Consultation/Liaison Psychiatry (CLP) core clinical rotation during either July-to-October (cohort 1), November-to-February (cohort 2), or March-to-June (cohort 3). In response to an earlier Royal College Examination for psychiatry residents in Canada, the CLP academic-half-day (i.e., didactic teaching) is now delivered asynchronously from (i.e., not in parallel with) the four-month clinical rotation. The objective of this project was to evaluate the impact (if any) of the timing of CLP didactic teaching relative to clinical rotations, by comparing three cohorts of psychiatry residents in terms of their CL knowledge and self-perceived confidence via a self-assessment tool.

Methods: An online knowledge self-assessment (with 34 knowledge questions on 17 CLP topics) was administered to PGY4 residents pre- and post-didactic curriculum. We analyzed the overall and per-topic changes pre- and post-curriculum regarding residents' CLP knowledge and self-perceived confidence. The Kruskal-Wallis test was used to analyze the pre- and post-curricular changes among the three clinical cohorts.

Results: Overall, residents' CLP knowledge scores and self-perceived confidence increased by 24.7% and 25.1%, respectively. Of the 35 participants and 27 pre-curriculum self-assessment responses, there were 22 pairs of matching pre- and post-curriculum responses where clinical-cohort comparisons could be made. There was no statistically significant difference observed among the three clinical cohorts.

Discussion: Offering CLP didactic teaching asynchronous to (or not aligned with) residents' clinical rotations had no statistically significant impact on their learning outcomes and self-perceived confidence. Going forward, curricular changes where didactic teaching might not be aligned with clinical or experiential learning could be considered.

105. The Window Reflection: Utilization of the Johari Window during Resident Transition from PGY1 to PGY2

Lucia Ray, BA, *University of Minnesota Medical School*

Briana Clifton, BA, *University of Minnesota Medical School*

Jeremiah Atkinson, MD, *University of Minnesota (AO)*

Tolulope Odebunmi, MD, MPH, *University of Minnesota (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: The transition to second-year resident (PGY2) can cause anxiety as residents face new responsibilities. During this transition, residents can benefit from self-reflection and peer feedback. One facilitation tool is the "Johari window," which consists of four quadrants: the "open area" (information known to self and others), "blind area" (known to others but not self), "hidden area" (known to self but not others), and "unknown area" (unknown to self and others). Within this framework, when receiving feedback, "blind area" decreases and "open area" increases. Through self-disclosure, "hidden area" decreases and "open area" increases. Based on this model, engaging in self-reflection and feedback can increase understanding of self and others and strengthen interpersonal relationships. We sought to apply the Johari window model to rising PGY2s.

Methods: A 90-minute exercise based on the Johari window was incorporated during PGY2 orientation. After introducing the Johari window, residents were randomly assigned a co-resident to reflect on their strengths and provide direct feedback. Residents completed a survey evaluating the impact of the exercise on intra-cohort connectedness, sense of self, and feelings of imposter syndrome and burnout.

Results: Residents noted that hearing about personal strengths from a peer affirmed their identity as providers, increased their sense of connectedness as a cohort, and the transition to PGY2 year felt less daunting. Additional data collection on the effectiveness of this tool is underway.

Discussion: The Johari window exercise can be a useful reflective tool during residency transitions. Residents had a positive experience using this tool and recommended utilizing it annually during transitions.

106. Third-Year Psychiatry Didactics for a New Generation: Assessing Interest in Skill-Based Instruction

Samuel Chen, MSc, *University of Chicago Pritzker*

Tiffany Xie, BS, BA, *University of Chicago Pritzker (AO)*

Shivani Kumar, MD, *The University of Chicago Pritzker (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: As undergraduate medical education's mandates continue to shift, psychiatry clerkship directors are faced with a challenge: how to fit education, health equity and skill-building into limited space? The solution has far-reaching implications on student interest in psychiatry and beliefs about psychiatric care. To understand how best to meet students' needs, we turned to them, creating a student-informed, student-led curricular revamp to keep pace with a changing world.

Methods: We surveyed all third-year medical students at our institution who had completed the psychiatry rotation in the past 12 months. Participants rated their agreement on a Likert scale (strongly disagree to strongly agree) with the statement: "The following didactic was useful for my psychiatry or non-psychiatry rotations." Students rated all current psychiatry didactics, as well as proposed future topics that cover skills- (e.g. de-escalation) or knowledge-based topics (e.g. LGBTQ+ psychiatry).

Results: Thirty-six students (26% of total) responded, from a variety of classes and anticipated specialties. Current didactics rated "most useful," both for psychiatry and non-psychiatry rotations, were skill-based (psychiatric interviewing; mental status exam). Skill-based topics were likewise the most popular of the proposed didactics, both inside and outside of psychiatry (de-escalation; managing acute suicidality; trauma-informed interviewing).

Discussion: Results indicate that students value skill-based didactics and believe such topics could prepare them for experiences beyond their psychiatry rotation. In response, we have developed two new, case-based, interactive didactics covering psychiatric emergencies and trauma-informed care, both of which integrate an anti-

racist lens. Forthcoming research will measure student feedback on these lectures, establishing a practice of continuous curricular evaluation and adjustment.

107. Using Blanche Dubois to Teach Narcissistic Personality Disorder

Idris Leppla, MD, *Johns Hopkins University*

Poster Category: Teaching Next Generation/Mentoring

Background: Literature is an appropriate way to learn about personality disorders because the audience can experience a character longitudinally and see the impact their behavior has on those around them. Blanche DuBois, from Tennessee Williams' *Streetcar Named Desire*, is a woman who struggles with alcoholism, PTSD and classic traits of narcissistic personality disorder (NPD).

Methods: During a phenomenology course for the PGY1 psychiatry residents, excerpts of Tennessee Williams' play were read, and students were asked to brainstorm if any of the descriptions of Blanche met diagnostic criteria for NPD. Residents were asked to persuade their classmates of the diagnosis. Other residents were asked to find support in the text challenging the diagnosis. This generated a lively discussion and a broader interest in literature in general.

Results: Course evaluations (n=12) on this topic were uniformly positive with many residents stating that it was the most engaging part of the course. Residents found reading portions of the play feasible to do in a 12-week course.

Discussion: Certain characters in literature/plays typify diagnostic criteria for mental illnesses better than can be explained by many psychiatrists without reference to these examples. Approaching literature with a curiosity towards psychiatric content is a skill that will allow residents to widen their scope of learning beyond the hospital or outpatient setting.

109. Benefits of Pre-Clerkship Mentorship and Clinical Exposure to Psychiatry: A Literature Review

Anita Shah, BS, *Western University*

Vikita Mehta, BA, BS, *University of Toronto (AO)*

Kien T Dang, MD FRCPC, *University of Toronto (AO)*

Certina Ho, PhD, RPh, *University of Toronto (AO)*

Beverly Guan, MD, FRCPC, *University of Toronto (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Anecdotal evidence suggests that medical students may benefit from a pre-clerkship program aimed at providing mentorship and clinical exposure to psychiatry. Documented benefits of mentorship include influencing choice of specialty, professional identity, and confidence. Our goal is to identify the format of and benefits of various pre-clerkship mentorship and clinical exposure programs, as well as the factors influencing choice of specialty.

Methods: We conducted a literature review in January 2025. The following search terms were applied for articles published within the past 10 years on the PubMed® Educational Program

database: (Medical students) AND (pre-clerkship OR preclinical) AND (early exposure)) AND (mentorship). Articles were reviewed thematically to identify the format and benefits of pre-clerkship clinical exposure and/or mentorship programs, as well as factors influencing choice of specialty.

Results: Of 25 search results, 20 were selected for further review. The reviewed pre-clerkship programs involved clinical exposure, classroom-based learning, mentorship, or a combination of the aforementioned formats. Outcomes of pre-clerkship programs included improved knowledge and confidence, increased match to desired specialty, feelings of preparedness, and interest in specialty. Knowledge of a field, access to mentorship and early introduction to a field were cited as factors influencing choice of specialty.

Discussion: Literature suggests there is a benefit to early clinical exposure and mentorship in influencing feelings of preparedness and interest in a specialty. Moving forward, it would be beneficial to explore similarly implemented programs to guide our understanding of program structures and benefits.

110. Learn Anywhere, Anytime: Use of E-Modules for Medical Students in Psychiatry Rotation

Chelsie Napier, BS, *CUNY*

Jasmine Kim, MD, *Staten Island University Hospital Northwell Health (AO)*

Brendan Plann-Curley, MS, *Staten Island University Hospital (AO)*

Caitlin Clark, MD, *Staten Island University Hospital (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Psychiatry clerkships serve as a pivotal introduction to the field for medical students, yet their limited duration (4–8 weeks) may constrain exposure to diverse psychiatric conditions and learning opportunities. E-modules have emerged as a supplemental educational tool, especially during and after the COVID-19 pandemic, offering flexibility and expanded content coverage. This rapid review evaluates the scope, effectiveness, and limitations of e-modules used in psychiatry clerkships, particularly distinguishing between emergency remote learning and supplemental integration within in-person rotations.

Methods: PubMed search from the year 2000 through March 4, 2025, was conducted using relevant MeSH terms and the following keywords: medical education, medical students, e-module, e-learning, distant learning, online learning, online education, remote education, self-directed, electronic module, web-based learning, web-based curriculum, web-based education.

Results: The search yielded 92 results. 17 resulted after excluding unrelated studies. 15 (88.23%) noted overall positivity in e-modules for its standardization of quality and content, improved access and flexibility, potential recruitment of faculty from larger and more diverse pools and offering experience in telehealth. The limitations include lower performance on verbal empathy and communication skills. Accrediting bodies like the LCME continue to emphasize the necessity of in-person clinical experiences, indicating that e-modules cannot fully replace in-person rotations.

Discussion: E-modules show promise as an adjunct to traditional psychiatry clerkships. This review highlights the evolving role of e-learning in psychiatric education and the need for thoughtful integration rather than substitution. Future research should explore blended models that maintain the integrity of in-person clinical training while leveraging the flexibility of e-learning platforms.

111. Defining Normal in Psychiatry - An Innovative Resident Curriculum

Jennifer Harris, MD, *Brigham and Women's Hospital / Harvard Medical School*
Adam Brenner, MD, *University of Texas Southwestern Medical Center*

Poster Category: Innovation

Background: One of the crucial tasks of a physician is to distinguish illness from non-illness. In most medical specialties, the curriculum starts with describing the normal structure and function of the organ system before describing how these systems break down in pathophysiology. In contrast, many psychiatry curriculums begin with memorizing the criteria for depression. We have created a curriculum to address this gap in knowledge of the "normal structure and function" of emotions, behavior, and relationships in psychiatry.

Methods: We developed the course for PGY4s learners, as they are at a developmental stage where they are more prepared to engage in the controversies involved in defining "normal" in psychiatry. This psychiatry curriculum was presented to PGY4 residents and involves eight 1-hour sessions, which incorporates current theories from affective psychology, evolutionary psychology, philosophy, anthropology, the history of psychiatry, and neuroscience. In order to assess the results, we surveyed learners at the beginning of the course, immediately at the end of the course, and 6 months after course completion.

Results: 82.5% of residents state that they encounter patients who believe they have a psychiatric disorder, but don't meet criteria for any DSM diagnosis, "sometimes" or "often". However, only 50% feel "confident" or "very confident" educating the patient that their presentation is a normal variation. This course is ongoing, and post-course survey data will be available to report by the end of summer.

Discussion: Understanding the concepts of normal is critical to address key issues facing psychiatry:

- 1) Vulnerability to diagnostic inflation: Without a concept of normal, our field is susceptible to societal and industry pressures, resulting in diagnostic inflation, and decreased availability of mental health services for those with severe mental illness.
- 2) Need for accurate diagnosis: The need for clinicians to develop diagnostic competence, and the ability to identify whether psychiatric or other intervention is appropriate.
- 3) Need for better treatment: A broader interdisciplinary understanding of the normal functions of emotion, cognition, behavior, and relationship will inform directions for research and treatment.

112. Supporting Professional Identity during Residency: A Mixed-Methods Study of Incoming Psychiatry Interns' Dreams

Krima Thakker, MPH, *Northwell Health*

John Young, MD, M.P.P, PhD, *Donald and Barbara Zucker / Northwell Health (AO)*

Min Hyung Lee, MD, *Zucker Hillside Hospital (AO)*

Poster Category: General/NOS

Background: Residents can experience significant stress during training, which can lead to depression, anxiety, hostility, and medical errors. Numerous factors can contribute, but the misalignment between the values of the trainee and the training workplace can further exacerbate this stress. Understanding the values and aspirations of residents would help support curricular efforts to support their professional development. To address this gap in the literature, this study explores the professional aspirations of entering interns.

Methods: This mixed-methods study surveyed incoming psychiatry interns. The survey included demographic questions, ranking reasons for choosing psychiatry, key interests, and aspired roles, and open-ended prompts that asked about interns' "calling" and individuals they aspire to emulate. All psychiatry residency programs affiliated with the American Association of Directors of Psychiatric Residency Training were invited to participate.

Results: Fourteen U.S. psychiatry residency programs participated, with 133 of the 166 (80%) invited interns completing the survey. Quantitative analysis revealed factors in choosing psychiatry included a desire for work-life balance, interest in psychology, and commitment to underserved populations. Narrative responses revealed overarching themes of advocacy, serving marginalized populations, aspirations to become educators or leaders, prioritizing work-life balance, and developing clinical and psychotherapy expertise.

Discussion: The findings illuminate the rich tapestry of aspirations that incoming psychiatry interns bring to their training. Interns are not just seeking to become competent clinicians; they are driven by a profound sense of purpose, with a strong emphasis on advocacy, health equity, and psychotherapy. Residency programs should design curricula that reflect interns' aspirations by offering mentorship, protected time for development, and platforms for advocacy and leadership.

113. Gone Questing: A Review Game Activity for an Asynchronous Preclinical Behavioral Medicine Course

Marika Wrzosek, MD, *Medical College of Wisconsin*

Colleen Manak, MD, *Medical College of Wisconsin*

Beth Kauppila, MA, *Medical College of Wisconsin (AO)*

Kathleen Koth, DO, *Medical College of Wisconsin (AO)*

Poster Category: Innovation

Background: Games have emerged as a novel technique to facilitate learning. In an asynchronous preclinical behavioral medicine course focused on normal development and psychopathology, we developed the "Questing Game" for students review material.

Methods: Course Directors developed Quest questions based on content from asynchronous didactics from 31.5 hours of instruction. The game highlighted core content objectives and helped students prepare for their course examination. Learners play 5 levels of 10-14 questions each. Students immediately see if they correctly answered a question. Students receive credit for completing the game as long as they answered 50% of questions correctly. They are permitted to replay the game as many times as desired.

Results: 263/265 learners completed the game at least once, spending an average of 58.4 minutes. 670 attempts were made, indicating that some students chose to replay. In their course evaluations, 27 students of 75 (36%) spontaneously identified the Quest activity as "feature of the course that enhanced learning and should be continued." Only 2 students identified the Quest activity as a "feature of the course that inhibited learning and should be modified."

Discussion: Given learner feedback, this activity will be retained in future iterations of the course. The game will be modified to permit students to see a summary of questions with responses when they pass the game. Incorporating a game into a completely asynchronous preclinical medical school course promises to engage learners in a unique way while reinforcing key course objectives.

114. Addressing Student Anxiety to Advance Equity in Psychiatric Education

Danielle Krohn, BS, *University of Nebraska Medical Center*

Sonja Tutsch-Bryant, PhD, *University of Nebraska Medical Center (AO)*

Samantha Moreno, BS, *University of Nebraska Medical Center (AO)*

Hailey Cheek, BS, *University of Nebraska Medical Center (AO)*

Rolando Martinez-Rico, BS, *University of Nebraska Medical Center (AO)*

Poster Category: Diversity/Inclusion/Equity/Addressing Disparities

Background: Anxiety disproportionately impacts students from socioeconomically and systemically disadvantaged backgrounds, hindering academic success and career progression in healthcare and ultimately limiting diversity in psychiatry. Targeted anxiety reduction interventions are critical for supporting historically marginalized learners in psychiatric education. Pre-health pipeline programs provide mentorship, academic guidance, and healthcare exposure to mitigate these barriers early. This study examines the impact of a pre-health pipeline program on self-reported anxiety, particularly among disadvantaged students.

Methods: First- and second-year undergraduates participated in a six-week pre-health pipeline program involving mentorship, clinical exposure, and interdisciplinary learning. Pre- and post-program surveys containing the Generalized Anxiety Disorder (GAD-7) screening tool were collected from six cohorts (2019-2024). Ordinary Least Squares regression analyzed baseline anxiety, disadvantage status, and their interaction effects on anxiety change.

Results: Disadvantage status alone did not significantly predict GAD-7 reduction ($p = 0.993$), but higher pre-program GAD-7 scores significantly predicted greater reductions ($\beta = 3.60$, $p < 0.001$ for mild; $\beta = 4.73$, $p < 0.001$ for moderate; $\beta = 9.94$, $p < 0.001$ for severe). Among participants with

moderate or severe pre-program GAD-7 scores, students indicating disadvantaged status showed even greater reductions than their non-disadvantaged counterparts ($\beta = 2.81$, $p = 0.038$ for moderate; $\beta = 3.72$, $p = 0.045$ for severe).

Discussion: Findings suggest disadvantaged students with higher baseline anxiety may benefit more from such programs. Considering medical students, residents and fellows face similar stressors at even greater levels, integrating mentorship, wellness initiatives, and early intervention programs into psychiatric education may help alleviate anxiety-related barriers and foster a more inclusive psychiatric workforce.

115. Advancing the Potential for Future Psychiatrists through Increasing Pre-Medical Student Interest

Sarah Pajek, MA, BS, *University of Miami Miller*

Karan Prasad, BS, *University of Miami*

Mousa Botros, MD, *Jackson Memorial Hospital / University of Miami (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Interest in psychiatry before entering medical school continues to be associated with pursuing psychiatry residency. It is paramount to foster interest in psychiatry before medical school. By creating an opportunity for pre-medical students to learn about psychiatry, we aim to dispel biases and misconceptions to increase pre-medical students' interest in becoming future psychiatrists.

Methods: A clinical psychiatrist and medical student gave a presentation on the practice of psychiatry to a cohort of pre-medical students. A Qualtrics survey using Likert scale questions was given to the cohort before and after the presentation to assess their understanding of and interest in psychiatry.

Results: The survey answers will be analyzed to assess whether the presentation increased pre-medical students' (1) knowledge of the psychiatry career and (2) interest in becoming a psychiatrist. We also analyzed the data relative to whether the students self-reported having families that stigmatize the practice of psychiatry.

Discussion: Though stigma against psychiatry has decreased since the Institutional Era and positive sentiment towards mental health have grown, there are still harmful misconceptions and mystery around the practice of psychiatry. By demystifying psychiatry and explaining the goals of the field early on, pre-medical students will begin to consider the field. Early exposure to psychiatry as a career option will motivate pre-medical students to deepen their interest and exposures to mental healthcare. By intentionally fostering interest before medical school, more medical students will consider psychiatry over other medical specialties when applying for residency.

116. Resident Needs Assessment for Developing a Psycho-Oncology Curriculum at an Urban Academic Cancer Center

Zelde Espinel, MD, *University of Miami School of Medicine*

Brendan Driscoll, BS, *University of Miami Miller School of Medicine (AO)*

Maria Rueda-Lara, MD, FAPA, *University of Miami Miller School of Medicine (AO)*

Educational Program

Poster Category: Teaching Next Generation/Mentoring

Background: As psychiatrists, we need to treat patients with cancer; however, despite the prevalence and clinical impact, there is no ACGME-required training in psycho-oncology within residency curricula. This results in limited and non-uniform education. To improve care for oncology patients with complex medical needs, we are developing a psycho-oncology curriculum for PGY2 psychiatry residents, beginning with a needs assessment within Kern's six-step model of Curriculum Development.

Methods: PGY-2 residents at Jackson Memorial Hospital/University of Miami complete a four-week rotation in psycho-oncology. Ten PGY-2 residents completed a survey to assess their learning modality preferences for lecture preparation, didactics, identify areas of knowledge gaps, and determine preferred methods of assessment, allowing the curriculum to be tailored to the residents' specific needs and available resources.

Results: Residents expressed a preference for preparatory activities before lectures, with journal articles (80%), video (80%), and podcast (70%) being the most popular. Half of the residents (50%) preferred a hybrid teaching model.

Video based learning (100%) and case-based learning (100%) either rated as useful or very useful. There was particular interest in pediatric (80%) and geriatric (60%) patient populations. Residents favored the integration of board review questions into lectures (80%) and case presentations (60%) as methods to assess their learning.

Discussion: Survey results highlight the importance of needs assessments to tailor educational approaches to residents' preferences. The findings reveal preferences for preparatory activities such as journal articles, videos, and podcasts, as well as hybrid learning models. Video-based and case-based learning, along with the integration of board review questions, were particularly favored.

117. Meaning in Medicine: Bringing a Psychiatric Educational Lens to a Medical School Initiative that Fosters Community, Promotes Wellness, and Mitigates Burnout

Alana Iglewicz, MD, *University of California - San Diego*
Stephanie Lushniak, BA, *University of California - San Diego*
Vivienne Li, BA, *University of California - San Diego (AO)*
Brigid Larkin, BS, *University of California - San Diego (AO)*
Kama Guluma, MD, *University of California - San Diego (AO)*
Kendall Cwik, BA, MS, *University of California - San Diego (AO)*

Poster Category: Innovation

Background: Mitigating burnout and promoting wellness have become important foci in medical education. With the current geopolitical climate, funding challenges, and unknown impacts of AI on physician education and careers, innovative, inexpensive burnout interventions are critical. A psychiatric educational lens premised on themes of meaning, connection, and engagement can elevate medical education burnout interventions.

A medical school wellness initiative called Meaning in Medicine (MiM) was created to connect diverse trainees and physicians through meaning making as a tool to mitigate burnout, foster community, and promote resiliency. In this opt-in, lunch-based medical school series, faculty members discuss their lives as physicians and share touching, impactful encounters they have had with patients.

Methods: We surveyed attendees and speakers regarding the program's effectiveness in creating meaning-making in medicine, bridging connections between faculty and students, and mitigating burnout. The survey included likert-scale questions and opportunities for comments.

Results: 75% of surveyed students and 100% of participating faculty agreed that MiM helped them connect with the reasons why they pursued medicine. 95% of the students and 100% of the faculty felt that MiM allowed them to see the other group as relatable. 55% and 66% respectively felt that MiM helped to mitigate burnout.

Discussion: By providing a space for faculty and students to process the joys and sorrows of medicine, MiM fostered perceptions of mutual relatability between faculty and students, mitigated burnout, and connected participants with the inherent meaning in their work. Creating spaces for more psychiatrically informed, innovative wellness initiatives can positively impact both medical students and faculty.

118. Current State of Climate Education in Psychiatry Training

Rida Khan, MD, *Westchester Medical Center*

Poster Category: Teaching Next Generation/Mentoring

Background: Health impacts of climatological events are increasing in prevalence and recognition. Climate psychiatry is an emerging field focused on developing psychiatrists' role in a changing health climate. Key action points identified include adapting clinical skills to meet these changing needs, increasing knowledge, advocacy, policymaking, research and education. Engaging trainees at each of these points is integral to advancing the field.

Methods: Reviewed PubMed literature on climate education in medical and psychiatry training

Results: Within academic psychiatry, the dearth of training in mental health impacts of climate events is relatively well-known. Cross-sectional surveys indicate that faculty and trainees alike acknowledge health concerns of climate events, and a perceived personal lack of knowledge and skills in the topic. Barriers identified include lack of knowledge or dedicated evidence-based resources and general curricular limitations. Solutions to navigate these challenges are emerging. Case studies describe select training efforts that successfully incorporated climate mental health education in structured didactics for medical students and residents, and link climate health education with core competency requirements required for graduating medical residency. Climate health has also been integrated into training as usual and embedded into clinical case formulation considerations of health exposures, social determinants of health, disparities and ethics.

Discussion: Population mental health is adapting to a rapidly changing climate landscape, and commensurate adaptive capacity in clinical care and medical training is urgently needed. Psychiatry trainees and faculty widely acknowledge this need, however efforts to address this remain circumscribed, and while solutions have been identified, training experiences remain difficult to access.

119. Systems Thinking in Psychiatric Emergency Care

Wayles Haynes, MD, *University of New Mexico Psychiatry Residency Program*
Samira Khalil, MD, *University of New Mexico Health Science Center*

Poster Category: Diversity/Inclusion/Equity/Addressing Disparities

Background: In the current under-resourced behavioral health environment, psychiatric care increasingly occurs in the emergency setting with research indicating disparities in care for patients with minoritized identities. Applying a system's approach to psychiatric emergency care could improve a learner's ability to create structurally competent patient assessments and plans as well as foster self-reflection about challenging patient encounters.

Methods: This 60-minute class for psychiatry clerkship medical students considered acute psychiatric presentations through system's thinking and structural competency. The class examines historic and contemporary clinical presentations in psychiatric emergencies through an interactive lecture designed to foster discussion and reflection in structurally competent assessment.

Results: The class was delivered over two years with 69 learners completing the pre-posttest assessment. Confidence with learning objectives was assessed via a 5-point Likert scale. Students reported increased confidence evaluating a psychiatric emergency patient presentation with a structural competency framework, applying a system's thinking approach to patient care, and reflecting on experiences with complicated patient presentations with normalized gain of 50%, 49%, and 50%. Narrative responses included reinforcing feedback for the engaging teaching style, historic context, and case-based focus. Reforming feedback asked for more time in discussions, shorter cases, and more diverse patients.

Discussion: This class, designed to promote personal reflection and system's thinking in psychiatric emergency care, was a success. Students' self-assessments report confidence gained on all learning objectives. Considering patients within a structurally competent framework asks learners to question how systems can drive patient and provider decision-making and promotes system's change through reflection and problem-solving.

120. Adapting Psychiatric Education: The Impact of Dialectical Behavior Therapy Training on Psychiatrists' Attitudes Toward Borderline Personality Disorder.

Rimsha Arif, MD, *University of Texas Dell Medical School*
Elizabeth Edwards, MD, *University of Michigan*
Albert Pool, MPH, *University of Illinois (AO)*
Melissa Kim, B.A., *University of Illinois at Peoria (AO)*
Jean (Jay) Clore, PhD, *University of Illinois at Peoria (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Negative attitudes toward patients with Borderline Personality Disorder (BPD) are prevalent among healthcare professionals, underscoring the need for improved education and training to reduce stigma and enhance clinical outcomes. Dialectical Behavior Therapy (DBT) is the primary evidence-based treatment for BPD, yet psychiatrists receive varying levels of training. A literature review suggests that comprehensive DBT training positively influences clinicians' attitudes. This study explores how different types and intensity of DBT training during residency shapes psychiatrists' attitudes and confidence in treating BPD.

Methods: This cross-sectional study assesses the impact of DBT training on psychiatrists' attitudes and practices. 67 post-residency psychiatrists in the U.S. completed a questionnaire detailing their DBT training (e.g., lectures, didactics, clinical experience) and their attitudes toward treating patients with BPD. Of the 67 participants, 45 participants were included for analysis. Statistical analyses examined relationships between types and total hours of DBT training and psychiatrists' attitudes.

Results: A significant relationship was found between type of DBT training and self-reported competence in DBT, with clinical training having the strongest, positive impact compared to didactic training. Additionally, total hours of DBT training and clinical experience were significantly associated with five of the twelve attitude measures (professional competence to care for a patient with BPD, satisfaction in providing care to a patient with BPD, competence in DBT based on training received, and confidence in DBT based on training received).

Discussion: Routine clinical DBT training may foster more positive attitudes, confidence, and improve treatment outcomes for patients with BPD. This can be incorporated by embedding DBT options in outpatient or partial hospitalization settings along with structured supervision from DBT-certified faculty. In didactics, considering role-play or experiential training may be an alternative.

121. The Benefits of Medical Student Involvement in Hospital Policy Review

Rachna Rahul, MPH, BS, *University of Miami Miller School of Medicine*

Giselle De La RUA, BS, *University of Miami Miller School of Medicine (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Institutional hospital policies serve as critical structures to ensure ethical medical practice across healthcare systems. This article presents the benefits of medical student involvement in hospital policy review and suggests strategies for student involvement.

Methods: The following steps outline the approach we took to review institutional health policies as medical students. We first conduct a thorough literature review to grasp the current discourse and guidelines surrounding the policy. Then, we seek feedback from key stakeholders. For example, while working on the Donation after Circulatory Death policy we worked with our Organ Procurement Organization. Next, we write our first draft that is reviewed by our faculty advisor. After completing our

revisions, we submitted the final draft that is shared with the ethics committee for internal review. To involve more students in the process at our school, we host a policy writing workshop for interested first-year medical students.

Results: For hospitals, involving students alleviates the workload for ethics committee members. Additional motivated team members allow policy reviews to be conducted more thoroughly and on faster timelines. Policies take years to redraft, but we were able to finalize our DCD policy in just five months.

Discussion: Students can dedicate more time to dissecting individual policies than other reviewers who may be responsible for evaluating numerous other policies under rigid time constraints. Students who engage with these policies will be better prepared to navigate our complex healthcare system. Our experience encouraged a perspective of healthcare delivery, beyond the foundational elements of interdisciplinary teamwork taught in medical school.

122. Spurring Interest in Psychiatry: The Impact of a Clinical Pathway Program for Under-resourced Undergraduate Students

Oluwatofunmi Oshodi, MD, *Columbia University/NYSPI*

Patrice Malone, MD, MS, PhD, *College of Physicians and Surgeons, Columbia University/New York State Psychiatry (AO)*

Poster Category: Diversity/Inclusion/Equity/Addressing Disparities

Background: Current literature highlights a disparity in access to psychiatric educational opportunities for undergraduate students. Access to psychiatric clinical experience is often unavailable, particularly for those from under resourced backgrounds. This program aims to expose students to the breadth of what a career in psychiatry has to offer to pique their interests in becoming psychiatrists.

Methods: Through this four-month program participants engage in MCAT preparation, didactics, and clinical rotations, as well as shadow trainee and attending psychiatrists. The program is structured around students' university coursework, with students spending two afternoons a week in a psychiatric emergency department and an outpatient psychiatric clinic. Pre-, mid-, and post-program surveys will be administered to assess changes in participants' confidence, knowledge, and interest in psychiatry.

Results: The program was solely offered to NYC-based students due to the requirement for engagement in in-person enrichment activities. The application process included submission of a CV, personal statement, and college transcript. The program began in January 2025 with seven out of forty-four applicants, from five different universities selected to participate. Findings from the program indicate a lack of prior exposure to psychiatry among participants, along with a growing interest as a result of the program and increased preparedness for the medical school application process.

Discussion: This program seeks to address the gap in access to education and mentorship within the field of psychiatry for under resourced undergraduate students. Early engagement with psychiatry through clinical experiences and mentorship has

the potential to increase students' interest in the field and improve their preparedness for medical school.

123. Collaborative Development of a Tribal Mental Health Resident Rotation

Michael Peterson, MD, PhD, *University of Wisconsin School of Medicine and Public Health*

Mariah Cooper, MD, *University of Wisconsin Madison*

Mara Pheister, MD, *Medical College of Wisconsin (AO)*

Myrna Warrington (AO)

Pamela Sporleder (AO)

Danielle Yancey, MS, *University of Wisconsin-Madison (AO)*

Melissa Metoxen, BA, MS, *University of Wisconsin-Madison (AO)*

Carrie Schaub, BA, *University of Wisconsin (AO)*

Poster Category: Diversity/Inclusion/Equity/Addressing Disparities

Background: There is a need for well-trained rural psychiatrists. Rural populations have less access to psychiatric care, higher morbidity and mortality, and are more often lower socioeconomic status (SES). Native American communities are particularly impacted by these health inequities. To address these stark health disparities, residency training programs need effective partnerships to establish rural clinical training sites. Residents who train in rural communities are more likely to practice there – enhancing the importance of these training opportunities.

Methods: To develop a Psychiatry residency rural public health track rotation site at a Tribal dual-diagnosis clinic, key partnerships, collaboration strategies, and resources were engaged. We present perspectives from involved groups: a university residency program, medical school center for Native American health professions, Tribal Nation leadership, and Tribal clinic leadership. The additional resource of a state grant funding rural GME training was an additional critical asset.

Results: After a period of relationship building, completing administrative steps, and following process and protocol of the tribal community, a resident rotation was launched in the Spring of 2024. This rotation will be continuing in the 2025-26 academic year.

Discussion: Approaching the partnership with curiosity, cultural humility (learning and respecting the cultures of others, openness to cultural identity and experiences of others, and self-reflection on one's own background and identity), and a goal of identifying shared goals and priorities were critical in establishing the clinical rotation. Maintenance of the relationship, including learning from challenges and setbacks, will be important as we grow.

124. Ready, Set, Intern: Evaluation of an Internship Preparatory Course for Fourth Year Medical Students

Max Ellithorpe, MA, MD, *University of Wisconsin*

Neeta Shenai, MD, *University of Wisconsin School of Medicine and Public Health*

Art Walaszek, MD, *University of Wisconsin School of Medicine and Public Health (AO)*

Michael Peterson, MD, PhD, *University of Wisconsin School of Medicine and Public Health (AO)*

Background: There are limited studies published on the development and efficacy of boot camp courses specific to psychiatry with research consisting of small sample sizes. AAMC EPAs provide a framework for core competencies and can be used as a guide in Curriculum Development. We aimed to evaluate a course for fourth year medical students who matched into psychiatry.

Methods: Utilizing the field guide to boot camp development, EPAs, and feedback from PDs and interns, we identified high-yield topics for transition to residency and constructed a curriculum. Students were surveyed to assess their knowledge and comfort level in several clinical competencies at the beginning of the course, end of the course, and at three months into internship year. Changes in the course following initial data collection included expansion from one to two weeks, revision of topics reported as highest yield, and addition of a simulation session.

Results: Higher-yield topics rated by students (N=6) were physical examination skills, pharmacology, interviewing, and psychiatric emergencies. There was an increase in knowledge retained immediately after the course (mean score from 8 to 9/12), and overall comfort increased across competencies. Data collection is ongoing at time of submission, with plan to present two years of data.

Discussion: Feedback showed the course reinforced the knowledge, skills, and confidence necessary for starting residency. Future studies with a higher sample size are needed to explore the adaptability of this curriculum.

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Poster Category: Innovation

12:10 pm - 12:15 pm

E-Poster Award Presentation

Please support and celebrate the E-Poster presenters!

Room: Imperial Ballroom

12:15 pm - 12:55 pm

E-Poster Session B Presentations

Session B. Lunch will NOT be provided for this session. Please see a listing of recommended quick pick-ups for lunch in the Community Section of the AAP Onsite Meeting App.

Room: Imperial Ballroom

202. Evaluating Digital and Physical Threats against Psychiatry Residents: A National Survey

Jeanie Kim, BA, *Loma Linda University*

Angela Ho, BSc, *Kaiser Permanente (AO)*

Jo Everett, MD, *Kaiser Permanente (AO)*

Poster Category: Diversity/Inclusion/Equity/Addressing Disparities

Background: Psychiatry residents frequently face workplace violence. Yet, the nature and impact of digital and physical threats remain underexplored. Given their unique exposure to patients with severe mental illnesses and evolving clinical and digital landscapes, it is crucial to quantify and characterize these threats to improve safety protocols. This study assesses their prevalence, types, and impact among U.S. psychiatry residents.

Methods: A cross-sectional survey was distributed to U.S. psychiatry residents (February–April 2024) to assess experiences with verbal threats, physical intimidation, physical assault, unwanted advances, and sexual assault. The survey analyzed demographic factors (age, gender, race/ethnicity), residency type (university vs. community), geographic region, and social media use. Data were analyzed using descriptive and inferential statistics

Results: Among 127 participants (56.7% female; 55.9% ≤30 years old), 76.4% experienced verbal threats, 73.2% physical intimidation, and 48.8% unwanted advances. Physical assault (15.0%) and sexual assault (2.4%) were less frequent but still concerning. Most incidents occurred in inpatient settings. Black residents reported the highest rate of unwanted advances (71.4%, *p* LESS THAN 0.05). Verbal threats were more common in university-based (83.3%) than in community-based (67.3%, *p* LESS THAN 0.05) programs. Despite 90.6% receiving safety training, only 0.8% reported access to digital security tools. Social media-related threats were rare (one verbal threat), suggesting underreporting or cautious online practices.

Discussion: High rates of violence underscore the need for enhanced de-escalation training, improved institutional policies, and better digital safety measures. Addressing racial disparities and tailoring interventions to specific risk factors are essential to ensuring the well-being of psychiatry trainees.

203. Transition Challenges of IMGs from Kenya to Psychiatry Residency in the US: Barriers, Strategies and Solutions.

Laura Oyugi, MD, *Broadlawns UnityPoint Psychiatry Residency*

Rebecca Lundquist, MD, *UnityPoint-Broadlawns Educational Foundation (AO)*

Poster Category: Diversity/Inclusion/Equity/Addressing Disparities

Background: The transition from medical school in Kenya to psychiatry residency in the US involves navigating complex challenges, including credentialing, financial burdens, and cultural adaptation. Limited resources for US licensing exams, difficulty securing clinical experience and systemic barriers cause a further hindrance. Stigma surrounding mental health adds another layer of difficulty.

Methods: Data review: Match outcomes for Kenyan IMGs (International Medical Graduates) over the last 5 years.

Tutorial: Offering a condensed online tutorial to first year medical students in Kenya on the process to facilitate adequate planning.

Survey: Administering surveys to evaluate tutorial effectiveness and identify key obstacles.

Results: Total number of Kenyan IMGs matched in psychiatry over the last 5 years =4. Pilot psychiatry elective in Kenya launched in 2023 has successfully fostered collaboration between a University in Kenya and a residency program.

Discussion: The key barriers include limited access to exam resources, high out-of-pocket costs (\$17,500-\$31,500), challenges securing clinical experience in the US and cultural biases. Proposed solutions include developing a tailored preparation course, establishing mentorship programs and forming partnerships with residency programs to support diversity. My program director launched a psychiatry elective in Kenya in 2023, exemplifying successful collaboration. Increasing IMG's in psychiatry improves care for immigrant populations, especially with the language barrier, and addresses workforce gaps.

204. Targeted Faculty Development to Improve Teaching Performance and Student Learning Outcomes for a Low-Fidelity Interactive Simulation Seminar in Psychiatry

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

Justin Lee, BScPharm, PhD, *McMaster University (AO)*

Lu Gao, MD, FRCPC, *University of Toronto, (AO)*

Anna Nguyen, BSc, *University of Toronto, (AO)*

Jana Lazor, *University of Toronto, (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: The Deteriorating Patient Scenario (DPS) is a low-fidelity simulation for pre-clerkship medical students. It requires faculty tutors to simultaneously deliver the simulation via role-play, narration, and guide the students by setting the stage, moderating the intensity, and debriefing the experience. The objective of this project was to assess the impact of a targeted faculty development (TFD) in response to student evaluations of the DPS seminar and faculty tutors.

Methods: In the 2021-22 academic year, a TFD approach was adopted for the DPS seminar based on student feedback from previous years. Identified TFD needs included setting clear learning objectives, ensuring psychological safety of the learning environment, and outlining the DPS debrief process. Student evaluations of the DPS seminar and faculty tutors were collected using 5-point Likert scale items. Pre- and post-TFD learner feedback was compared.

Results: Medical students provided 145 evaluation responses for the DPS curriculum between 2019-2024. Student evaluations of the DPS seminar and the faculty tutors significantly improved after the 2022 iteration when the TFD was implemented (3.95 vs 4.65, $p < 0.001$). Qualitative thematic analysis of student evaluations also showed positive changes in learner comments pertaining to

the identified TFD areas of focus.

Discussion: This project shows that a TFD approach can be initiated by learners' evaluation to address specific student learning needs of the DPS curriculum; its effectiveness is measured and reflected by the change in students' self-reported learning outcomes and faculty tutors' teaching performance. A similar approach may be considered for curriculum and faculty development in residency education.

205. Adapting a Core Psychiatry Rotation Suicide Risk Assessment Workshop

Paige Chardavoyne, MD, MEd, MD, MEd, *Mayo Clinic*
Amanda Liewen, MD, *Medical College of Wisconsin*

Poster Category: Innovation

Background: In July 2023, we incorporated a suicide risk assessment workshop into the medical student core psychiatry rotation. During academic year 2023-2024, students reported that the workshop improved their knowledge and comfort managing suicidality. However, some students reported feeling uncomfortable practicing asking sensitive questions in the large group setting.

Methods: For academic year 2024-2025, to expand the assessment and better understand the workshop's impact on students' attitudes regarding suicide, we modified the pre- and post-workshop surveys to include the validated Attitudes to Suicide Prevention (ASP) scale. Further, to address student feedback, we incorporated an independent pre-workshop primer exercise using artificial intelligence.

Results: During academic year 2024-2025, 97% (242/250) of workshop participants completed pre- and post-workshop surveys. There was a statistically significant ($p < 0.05$) change on eight of the fourteen ASP scale items post-workshop, including decreases in agreement with the following statements: "I don't feel comfortable assessing someone for suicide risk," "I resent being asked to do more about suicide," and "there is no way of knowing who is going to end their life by suicide." On a 5-point Likert scale (1=strongly disagree, 5=strongly agree), students reported that the pre-workshop primer exercise helped them practice skills (3.79), improve preparedness (3.73), and increase confidence (3.65) for the in-person workshop.

Discussion: This work represents an adaptation to our workshop's evaluation process and curriculum. The findings suggest that this workshop also impacts medical students' attitudes regarding suicide. Additionally, the pre-workshop primer is valuable, though there are opportunities for future improvement.

206. Four Years of Continuing Professional Development in Psychiatry for the Ontario Hepatitis C Network (HepCNet): Achievements, Challenges, and Future Opportunities

Noha Abdel Gawad, MD, FRCPC, *University of Toronto*

Poster Category: Diversity/Inclusion/Equity/Addressing Disparities

Background: The neuropsychiatric associations of hepatitis C (HCV) are well-documented; and HCV infection shares common risk factors with psychiatric and substance use disorders complicating clinical care. Furthermore, patients with HCV face barriers to accessing mental health services. This presentation discusses four years of longitudinal data delivering psychiatry Continuing Professional Development (CPD) virtually to the Hepatitis C Network (HepcNet) multidisciplinary teams. We will discuss poll and survey results; correlating them with attendance data; and discuss challenges in gathering objective evaluation of the impact of psychiatry CPD on clinicians' practices.

Methods: Eighteen psychiatry CPD sessions were delivered covering diagnostic criteria, coping with chronic illness, psychopharmacological and psychotherapeutic skills relevant to HCV. One-hour sessions were delivered every 3 months and included didactics and open discussion. Participants were polled on topics of interest at the beginning of each year, and sessions were planned accordingly. Attendance data was collected; and feedback through post-session surveys.

Results: Sessions were attended by 4-21 participants, with an average of 10. 9-13 participants responded to the annual topic selection polls. Post-lecture surveys were completed by 0-3 participants per session. Post-session feedback was consistently positive; however, responses are too few to generalize.

Discussion: Attendance did not directly correlate with topics of interest, changing whether perceived educational needs are accurate. For example, the 'psychosis' session had the lowest attendance, despite being the highest ranked topic in 2023. Conversely, three people voted for 'delirium and dementia' in 2024, yet 11 clinicians attended. We plan to conduct semi-structured interviews, to identify learning gaps; and consider strategies to incentivize interview participation.

207. Addressing Gaps in Integrated Care of Rural and Vulnerable Patients: Proposed New Track in Psychiatry Residency

Ankit Jain, MS, *Lake Erie College of Osteopathic Medicine*

Mehmet Dokucu, MD, PhD, *Dartmouth Geisel (AO)*

Jeffrey Rado, MD, *Feinberg School of Medicine, Northwestern University (AO)*

Background: Street medicine and rural medicine are areas where vulnerable populations need both medical and psychiatric care. Despite care models like collaborative care gaps in comprehensive health care still exist.

Methods: While psychiatrists are medical doctors, most stop performing physical exams after their intern year. We reviewed the requirements for general psychiatry residency and combined programs with family/internal medicine. The general psychiatry program requirements include only four months of medicine and two months of neurology. Moreover, the combined training programs have residents become board-eligible in two specialties in only five years. If psychiatrists had more basic medical training, they could manage primary care issues as well. We propose a primary care psychiatry residency track within the general psychiatry residency program where psychiatrists receive more longitudinal training in medical issues alongside psychiatric issues. Success of the track would be gauged by career outcomes and feedback from graduates, impact on patient care i.e. reduced hospital

stays, reduced ER visits, and number of no shows.

Results: This track will have residents complete six months each in medicine and psychiatry in year one. Years two and three can be longitudinal rotations in both specialties each year for continuity and reinforcement of training in both fields. The final year of training can be used for any remaining requirements or electives with the option of a fifth year to get dual boarded with the approval of ABPN.

Discussion: Psychiatry training needs to adapt to better serve vulnerable populations. This specialty track will improve integrated care along with current training programs.

Poster Category: Teaching Next Generation/Mentoring

208. Keeping Up with Learners: Multimedia Innovations in the ASCP Model Curriculum

Gemma Espejo, MD, *University of California Irvine*

Matthew Macaluso, DO, *University of Alabama at Birmingham*

Richard Shelton, MD, *University of Alabama at Birmingham (AO)*

Poster Category: Innovation

Background: The American Society of Clinical Psychopharmacology's (ASCP) model curriculum has evolved over more than ten editions, consistently serving as a comprehensive guide for high-yield content in psychiatric training. Previous iterations primarily utilized slide decks to deliver the most up-to-date, evidence-based psychopharmacology content.

Methods: Based on feedback and ever-growing resources available to learners, ASCP model curriculum has made changes. The latest edition introduces standardized slide decks enhanced with integrated audio clips, curated high-yield reading materials, and accompanying multiple-choice questions. This standardized and modernized format builds on a tradition of rigorous literature review and expert instruction, ensuring content remains current and relevant, and appeals to diverse learners.

Results: Preliminary internal feedback suggests that these innovative enhancements have been positively received, with initial responses indicating potential for improved engagement and content retention among trainees.

Discussion: As the body of psychopharmacology knowledge expands, both educators and trainees face increasing challenges in efficiently covering essential material for board examinations and clinical practice. By incorporating diverse perspectives from practitioners across the country—encompassing research, academic, and clinical expertise—the ASCP model curriculum not only meets these challenges but also leverages contemporary educational modalities to enhance learning. These improvements aim to bridge the gap between rapidly evolving clinical knowledge and effective training, ultimately supporting better outcomes in psychiatric education and care.

209. Needs Assessment for a Pre-Clerk Mentorship and Shadowing Program in Psychiatry

Vikita Mehta, BA, BS, *University of Toronto*

Anita Shah, BS, *Western University*

Celine Prell, MD, *University of Toronto (AO)*

Beverly Guan, MD, FRCPC, *University of Toronto (AO)*

Kien T Dang, MD, FRCPC, *University of Toronto (AO)*

Carla Garcia, MD, FRCPC, *University of Toronto (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Psychiatry exposure for pre-clerkship students at the University of Toronto is currently limited to student-arranged shadowing. Until 2019, the PsyCLE program provided structured experiences, which anecdotal reports suggest enhanced interest in psychiatry and informed career choices. A similar program in pediatrics (PedLER) showed similar benefits. Our needs assessment aims to identify directions for a revised PsyCLE program.

Methods: We created online surveys targeting University of Toronto medical students and some psychiatry educators (residents and staff), distributed via email lists and social media platforms. Surveys assessed current psychiatry exposure, perceived barriers, interest in structured shadowing/mentorship, time commitment, preferred learning formats, and desired educational objectives.

Results: Twenty students and sixteen educators completed the surveys. Reported barriers for adequate psychiatry exposure included concerns for limited time, subspecialty representation, structured mentorship, and patient exposure. 95% of students expressed interest in a structured shadowing and mentorship program for three half days over six months. Educators reported limited awareness of pre-clerkship opportunities or felt current exposure was insufficient. They also cited possible barriers including time constraints, organizational demands, sensitive cases, learner safety, and low student engagement.

Discussion: A low survey response rate was a significant limitation of our needs assessment. Due to the timing of emails in the new academic year, we were unable to distribute the survey through certain email lists to students and educators. We will endeavor to gather additional data through these channels moving forward. Ultimately, our needs assessment will shape the PsyCLE program's objectives, strategies, and evaluation. Insights may be transferable to other institutions.

210. Mindful Munch: Trainees as Community Educators in High School Classrooms

Michelle Won, MD, *University of California Irvine*

Evelyn Lee, MD, MS, *University of California Irvine*

Gemma Espejo, MD, *University of California Irvine (AO)*

Lauren Schooner, MD, *University of California Irvine (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: With the increasing influence of media shaping how the public, particularly school-age populations, receives mental health information, there is a growing need for clinicians to engage directly with the community to improve mental health literacy. Providing mental health education in school-based settings is evidenced to be impactful for promoting student wellness. As trainees have limited formal teaching opportunities, there exists a unique opportunity for trainees to develop teaching skills while engaging the community in a positive way.

Methods: Trainees developed an age-appropriate, creative presentation with curricula developed from common questions encountered in clinical settings. These interactive presentations were held during lunchtime at 3 suburban high school campuses (n=90 students), providing a space to clarify misconceptions, answer questions, and demystify the mental health treatment process.

Results: Narrative feedback from students highlighted the value of having concerns addressed in an open, accessible forum. School counselors and teachers emphasized the importance of trainee involvement, noting that students found them relatable due to their age, gender identity, and cultural background. Trainees also expressed positive feedback regarding developing creative ways to teach difficult concepts in nonclinical settings.

Discussion: As the landscape of medical information changes rapidly, clinicians must adapt by engaging with the community in innovative ways. This initiative demonstrates that trainees can play a crucial role in improving mental health literacy while also developing teaching skills. By fostering direct connections with students, they gain insight into community needs and learn how to serve young populations. Future directions include formalization and expansion of curriculum to diverse community settings.

211. Using Chat-GPT Powered Virtual Patient Simulation to Increase Pre-Clinical Medical Students Confidence in Psychiatric Interviews: A Pilot Study

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

Jenny Gan, B.A., *Harvard Medical School*

Amy Sullivan, PhD, *Beth Israel Deaconess Med. Ctr. and Harvard Medical School (AO)*

Reuben Hendler, MD, *McLean Hospital - Harvard Medical School (AO)*

Ann Shinn, MD, MPH, MSc, *Harvard Medical School, McLean Hospital (AO)*

Poster Category: Innovation

Background: Pre-clinical medical students face challenges in developing psychiatric interviewing skills due to limited opportunities for realistic practice. Advances in large language models (LLMs) suggest potential for AI-powered virtual patient simulations in medical education, yet few tools exist for this purpose. This pilot study evaluates the feasibility, usability, and preliminary effectiveness of a ChatGPT-powered virtual patient simulation in improving students' confidence in conducting psychiatric interviews.

Methods: A virtual patient simulation was developed using ChatGPT, featuring four clinical cases: a required interview with a patient diagnosed with major depressive disorder and three optional modules covering suicidal ideation, psychosis, and comorbid substance use and anxiety disorders. Second-year pre-clinical medical students in an introductory psychopathology course were invited to complete these modules outside of class. Usability and effectiveness were assessed using the System Usability Scale (SUS), the Maastricht Assessment of Simulated Patients, and the Psychiatric Interview Entrustability Scale. Students could opt in to individual interviews – qualitative themes will be analyzed.

Results: Seven students enrolled in the pilot study and data collection is currently underway. Preliminary findings suggest the tool is highly usable with a mean SUS score: 88 ± 5.8 (scale ranges from 0-100 with 68 being the average score) and following engagement with the simulation, student confidence in asking questions about mood disorders, psychotic disorders, and suicidal ideation increased.

Discussion: This study is among the first to explore AI-powered virtual patients in a preclinical psychiatric curriculum. Initial results indicate the tool is feasible, easy to use, and may enhance student confidence in conducting psychiatric interviews.

212. Evaluating Barriers to Transcranial Magnetic Stimulation for Perinatal Patients

Anika Suddath, MD, *Zucker Hillside Hospital*

Timothy Kreider, MD, PhD, *Northwell Zucker Hillside (AO)*

Miklos Argyelan, MD, *Feinstein Institutes for Medical Research (AO)*

John Young, MD, B.A., M.P.P, PhD, *Donald and Barbara Zucker School of Medicine and Northwell Health (AO)*

Sohag Sanghani, MD, MPH, *Northwell Health (AO)*

Poster Category: General/NOS

Background: Perinatal mood and anxiety disorders (PMADs) are prevalent and significantly impact maternal-infant well-being. Transcranial magnetic stimulation (TMS) is an effective treatment for depression, but underutilized. This quality improvement project investigates barriers to TMS access for perinatal patients and aims to implement interventions to broaden its use.

Methods: The first author conducted and took detailed notes on 30-minute qualitative interviews with five perinatal providers and seven TMS providers. A quality improvement framework was used to develop open-ended questions identifying barriers to TMS for PMADs.

Results: The following themes from the provider interviews will be targeted in educational interventions. Perinatal providers identified knowledge gaps in the understanding of specific TMS protocols, referral processes, cost/insurance, and integration into treatment plans. TMS providers and staff raised concerns about the risks of seizures and impact of hormonal fluctuations. While most were comfortable with a child being present in the treatment room, there were differences of opinion about additional measures needed for safety. Both groups identified patient barriers of logistical challenges (childcare, transportation, daily attendance) and perceptions

of limited perinatal-specific data on TMS, all culminating in limited referrals and experience treating this population.

Discussion: This ongoing project lays the groundwork to improve TMS access for perinatal individuals. Based on the identified themes, targeted educational interventions will be developed, such as service presentations, provider quick reference guides, and integration of TMS information into existing perinatal resources. We plan on measuring its impact by looking at the future TMS referral rates among perinatal patients, treatment completion, and symptom improvement.

213. Bridging the Leadership Gap: A Workshop-Based Leadership Curriculum for Psychiatry Residents

Yekaterina Angelova, MD, *NYC Health + Hospitals*

Javier Garcia, MD, *Metroplus Health*

Marie Thearle, MD, MSc, *NYC Health + Hospitals \ Harlem (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Many psychiatrists feel unprepared to assume leadership roles due to minimal training and lack of standardized curriculum in leadership (Bronson, 2021; Neeley, 2017). A survey of 46 consultation-liaison psychiatrists identified key barriers to pursuing leadership roles, including lack of role models, limited mentorship, and insufficient leadership skills training (Angelova, 2024). These findings signaled a critical gap in residency education and a need for structured leadership training.

Methods: A workshop-based leadership curriculum was developed for PGY-3 and PGY-4 psychiatry residents, consisting of five 90-minute sessions. The initial three sessions provided training in tangible leadership skills such as goal setting, social influence, and team organization, while the final two sessions featured invited speakers with personal leadership experience who provided real-world insights and opportunities for mentorship.

Results: The workshop was well-attended and positively received by participants. It successfully addressed the barriers identified in the needs survey by delivering foundational leadership competencies, fostering self-efficacy, and connecting residents with role models. Formal evaluation of the curriculum is pending and will be used to further refine and develop the curriculum.

Discussion: This proactive approach to closing the gap in leadership training for psychiatry residents integrates practical skills, real-world experience, and mentorship and empowers trainees to confidently pursue leadership roles in healthcare. Upcoming formal curriculum evaluations will assess the workshop's effectiveness and perceived value, guiding future improvements. This initiative has the potential to inspire a new generation of psychiatrists to pursue leadership roles and drive positive change in healthcare systems.

214. Practicing Dialogues across Differences in a Psychiatry Residency Program

Erin Hegarty, MD, MA, *UCLA – NPI*

Jonathan Heldt, MD, *Semel Inst. for Neuroscience & Human Behavior at UCLA (AO)*

Katrina DeBonis, MD, *David Geffen School of Medicine at UCLA (AO)*

Poster Category: General/NOS

Background: An anonymous online survey of UCLA Psychiatry Residency Training Program faculty and residents revealed a climate of fear. Despite most respondents identifying the ability to disagree in a training environment as valuable, most also felt fearful and avoidant of these discussions. Almost 70% expressed some degree of interest in acquiring additional skills and abilities related to having dialogues across differences.

Methods: Five residents and seven faculty committed to participate in four monthly meetings to develop their ability to dialogue across differences. Given that fear was a unifying theme among both residents and faculty, we endeavored to use exposure hierarchy - a cognitive behavioral therapy (CBT) technique that involves ranking level of perceived fear of various stimuli from lowest to highest – as a framework to guide the program. Participants gave fear ratings on a variety of controversial yet important residency-related topics. Each subsequent meeting involved discussing a more stressful/fear-inducing topic than the last. Post-test surveys assessing comfort, anxiety, and confidence levels were given at each session as well as a pre-test survey before session one and a final survey after completion of the program.

Results: Over 60% of participants felt less fearful, and 75% felt less stressed, when thinking about openly disagreeing with someone at work after completing the program. All respondents felt they had at least moderate improvement in their ability to engage in discussions involving disagreement; confidence rose linearly with more sessions until there was a slight drop off after the final session. Though only 40% said they were more likely to engage in discussions involving disagreement, 75% said they had applied something they learned to conversations involving disagreement outside the sessions. All participants agreed with the statement that the sessions were valuable, with almost 90% in strong agreement.

Discussion: The results indicate having a dedicated space to have discussions involving disagreement is an effective way to increase confidence and comfort. That didn't necessarily translate to higher stated likelihood of dialoguing across differences in the work environment in the future. It may be that more sessions are needed for participants to develop confidence applying these skills in novel situations or it may be that perceived risks/fears are simply too great regardless of session number. Participants did find the experience valuable and were glad they did them.

215. Furthering the Medical Student Curriculum on Navigating Substance Use Conversations during Rotations

Sarah Pajek, MA, BS, *University of Miami Miller School of Medicine*

Karan Prasad, BS, *University of Miami Miller School of Medicine*

Mousa Botros, MD, *Jackson Memorial Hospital/University of Miami (AO)*

David Martinez Garza, *University of Miami (AO)*

Poster Category: Innovation

Background: Substance use disorder (SUD) is a significant component of psychiatry. However, before clinical rotations, medical students have limited exposure to navigating stigmatized topics like drug use with patients. Psychiatry clinical rotations are often the first opportunity students have for discussing drug use history in detail with patients. Students are often uncomfortable with assessing their patients' drug use entirely and effectively. By better preparing students for the terminology used around drug use, students will be more effective when taking their patients' SUD histories during rotations.

Methods: We prepared a 30-minute interactive presentation on navigating drug use conversations, which was presented to a cohort of pre-clinical medical students. A Qualtrics survey using Likert scale questions was given to the students before and after the presentation to assess their prior experience in working with SUD patients and their comfort in navigating drug use conversations.

Results: Students reported an improvement in assessing all aspects of substance use disorder history taking. Mean improvements in assessing the following during history-taking were as follows: 1 point for withdrawal, 1.33 points for substance use methods and for motivating factors, 1.67 points for effective vocabulary, initiating conversations about substance use, distinguishing substance use from other psychiatric conditions, relapse history, and prior withdrawal therapies.

Discussion: This session increased medical students' comfort in navigating the topic of drug use with patients ahead of their clinical rotations. Students who had previously worked with SUD populations also showed an increase in their comfort in navigating drug use conversations with patients.

216. Evolving Safety Education in Psychiatry: A Multi-Phase Curriculum to Enhance Resident Preparedness and Interdisciplinary Collaboration

Poojajeet Khaira, MD, *MetroHealth Hospital - Case Western Reserve University*

Poster Category: Innovation

Background: Workplace violence in healthcare, particularly in psychiatry, has become a growing concern, with increasing patient assaults on staff. Training programs must evolve to address these safety challenges. In response to residents' concerns, our program developed a multi-phase psychiatry safety curriculum focused on improving safety event reporting, crisis management skills, and systems-based thinking in safety analysis.

Methods: The curriculum consists of three phases: Phase one introduced didactic sessions on safety event reporting, focusing on recognition, documentation, and procedures. Phase two included a 12-hour interdisciplinary safety training aimed at boosting resident confidence in managing agitation and promoting teamwork with hospital staff. Phase three involved M and M conferences where residents analyzed cases using stop points and fishbone analysis to identify root causes.

Results: Data from pre- and post-test surveys indicate significant improvements. Before the didactics, 81% of residents had never completed safety event reports,

decreasing to 22% post-sessions. The percentage of residents recognizing the importance of their perspective in incident reviews rose from 33% to 78%. Preliminary feedback from the safety training indicates increased confidence in managing agitation and better collaboration with nursing staff. Residents responded positively to the M and M conferences, particularly the use of stop points and fishbone analysis to enhance clinical reasoning.

Discussion: The early success of this curriculum suggests that structured safety education can improve individual and team-based safety. The significant improvement in safety reporting and confidence in crisis management shows this multi-phase approach is effective. Ongoing data collection will assess its long-term impact on safety in psychiatric settings.

217. Teaching Psychiatry Residents Mindfulness Skills to Incorporate into Work to Reduce Burnout

Adam Griffin, MD, *Baylor*
Ali Asghar-Ali, MD, *Baylor*
Shannon Sisco, *Baylor (AO)*

Poster Category: General/NOS

Background: Burnout affects resident physician health and patient care, including poorer patient adherence to medical treatment plans and increased physician exhaustion. Evidence supports teaching mindfulness practices to reduce physician burnout. Existing curricula that teach mindfulness to medical residents focus on discrete mindfulness exercises done outside of work. To address burnout, we developed a mindfulness curriculum for psychiatry residents that was interactive and example-driven, with an emphasis on applying mindfulness principles during work tasks.

Methods: Participants included PGY1 and PGY3 residents. The curriculum consisted of a two-hour teaching session and a thirty-minute, three-month follow-up session. Surveys were taken pre- and post- the initial session and at three- and six-month follow-ups. Surveys assessed mindfulness skills, knowledge, attitudes, and levels of burnout. The initial session consisted of an introduction to mindfulness followed by three modules. Each module contained didactic teaching, a short meditation, and a role-play scenario followed by debrief.

Results: Results from the initial session post-survey showed a statistically significant increase in mindfulness knowledge, skills, and attitudes compared to the pre-survey (n=21). These changes were maintained after three months (n=15). After three months, first-year residents reported no change in burnout while third-year residents reported a statistically significant decrease in burnout.

Discussion: Encouraging early results warrant the expansion and continuation of this study, including offering the curriculum to all four years of residency and testing the effect of more booster sessions. This model can also be adapted to fit the specific needs of individual years of residency, such as modules for outpatient vs inpatient psychiatry practices.

218. Building Capacity through Simulation: A Novel Approach to Teaching Capacity Assessment Skills to Geriatric Psychiatry and Geriatric Medicine Residents

Kathleen Singh, MD, *Dalhousie University*
Mandy Esliger, MEd, *Dalhousie University (AO)*
Mark Bosma, MD, FRCPC, *Dalhousie University (AO)*
Maia von Maltzahn, MD, FRCPC, *Dalhousie University (AO)*
Cindy Shearer, PhD, *Dalhousie University (AO)*
Luc Rivet, MSc, *Nova Scotia Health Authority (AO)*
Cheryl Murphy, MD, MEd, FRCPC, *Dalhousie University (AO)*

Poster Category: Innovation

Background: The Royal College of Physicians and Surgeons of Canada requires Geriatric Psychiatry (GP) and Geriatric Medicine (GM) subspecialty residents learn to assess patient capacity, specifically in the domains of making financial decisions and personal care decisions. However, observed training opportunities are limited. Thus, the Dalhousie GP and GM residency programs collaborated to develop an innovative high-fidelity capacity assessment simulation.

Methods: Following Kern's six-steps of Curriculum Development, a preparatory didactic session and two simulation scenarios to assess financial capacity and personal care capacity were developed. A mixed-methods approach evaluated the curriculum's impact. Residents completed pre-post Likert scale surveys and participated in a focus group and three-month follow-up individual interview. Survey and interview data were analyzed using independent t-tests and thematic analysis, respectively.

Results: Six residents participated in the simulation, surveys and focus group. Five participated in individual interviews. Statistical analysis showed learners felt more confident in their knowledge post simulation. Four themes were generated from the interviews, confirming that capacity assessment is a challenging skill to learn with few opportunities for supervision; the simulation provided a good opportunity to practice this skill; working with peers and preceptors in the simulation helped navigate uncertainty and anxiety; and simulation resulted in increased confidence and a change in practice.

Discussion: This novel simulation provided observed training opportunities for GP and GM residents in a low-stakes formative experience. It could be scaled for a wider audience or serve as a model for programs where residents have limited opportunities for assessment of competencies requiring demonstration of capacity assessment skills.

219. Updating and Upgrading CI Psychiatry Fellowship Curricula: A Single Center Experience

Sara Nash, MD, *Columbia University Irving Medical Center*
Christina Garza, MD, *Columbia University Irving Medical Center (AO)*
Melissa Arbuckle, MD, PhD, *New York State Psych Inst., Columbia University (AO)*
Adrienne Mishkin, MD, *Columbia University (AO)*

Poster Category: Innovation

Background: Consultation-Liaison (CL) Psychiatry training needs have evolved. Along with the new ACGME requirement for longitudinal outpatient training, there has been growing recognition that CL psychiatrists need expanded training in ethics and diversity, equity, and inclusion (DEI). Integrating new training initiatives can pose a challenge amidst other training demands. Here we report on our efforts to expand CL training in outpatient psychiatry, ethics, and DEI.

Methods: 1) Over a 6-year period, four outpatient opportunities were trailed by 2-5 fellows each, including palliative care, transplant, oncology, and bone marrow transplant. (2) A designated faculty member with graduate bioethics training devised an ethics curriculum with ongoing iterative fellow feedback. (3) A DEI Audit was performed with the intent to build these concepts into existing CL lectures.

Results: (1) Fellows reported that a customized outpatient caseload (2-3 hours/week) with direct CL faculty supervision (1 hour/week) best served their outpatient educational needs. (2) The ethics curriculum explores law, autonomy, cultural relativity, complex ethical reasoning through diverse readings and eight 1-hour sessions. (3) DEI concepts are now integrated into didactic topics: race and use of restraints, sexual orientation and substance use disorders, gender and ethnicity in academic leadership, etc.

Discussion: At our large academic center, we made changes to meet the evolving demands of the ACGME. We are gratified that these changes have been expanded upon by trainees, who have increasingly brought issues around DEI into their own presentations and clinical and academic work.

220. Pop into Practice: Adapting Teaching Strategies for Today's Learners

Charlotte Ritchie, MD, *University of Nebraska Medical Center*

Claire Nissen, B.A., MPH, *University of Nebraska Medical Center (AO)*

Riley Machal, MD, *University of Nebraska Medical Center (AO)*

Background: Patient Oriented Problem Solving (POPS) is a case-based and small group centered teaching method that improves clinical reasoning and promotes long-term memory in medical school education. There is a paucity of research demonstrating the efficacy of POPS in the field of psychiatry. Here, we evaluate the utility of POPS in teaching foundational psychiatric concepts to first-year medical students.

Methods: Students completed a pretest individually (n=81). They then formed small groups to work through cases together before taking a posttest individually (n=129). Scores for both the pre and post tests were recorded for tracking knowledge development while only the posttest was used to calculate final grades.

Results: The average score on the pre-test assessment was 74%. After participating in POPS, the students completed the post-test which averaged 95%. Students participated in a focus group after the block was complete and voiced believing the POPS contributed to their learning.

Discussion: POPS is an interactive teaching strategy that incorporates multiple choice questions and case based small group activities to improve understanding of complex topics in medical education. Currently evidence applying POPS to psychiatric topics is lacking. We found a dramatic improvement in the demonstrated knowledge of medical students after completion of the POPS activity as shown by the improvement in the mean score. Future directions for this research include monitoring POPS performance in additional classes as well as following POPS performance in other psychiatric domains.

222. Developing an Outpatient Psychiatry Clerkship: Evaluating the First Year of Implementation

Annabel Fu, MD, *University of Rochester Medical Center*

Tyler Fleming, DO, MPH, *University of Rochester Medical Center*

William Small, MD, *University of Rochester Medical Center (AO)*

Margaret Puelle, MD, *University of Rochester Medical Center (AO)*

Laura Cardella, MD, *University of Rochester Medical Center (AO)*

Poster Category: Innovation

Background: Our institution has a long history of offering diverse inpatient and acute care psychiatry clerkship experiences for our third-year medical students. However, we have never had an outpatient psychiatry clerkship as part of our curriculum. As most mental health care is performed in outpatient settings, it is crucial for all medical students, regardless of their future specialty, to have a solid understanding of outpatient psychiatry. To expand clerkship opportunities, we piloted a new outpatient rotation to address the need for greater exposure. Our poster is a description of the development of our first outpatient psychiatry clerkship curriculum and an evaluation of our first year of implementation.

Methods: A four-week outpatient psychiatry clerkship curriculum was developed, including various outpatient services to increase exposure to a diverse population. We prioritized having a small group of attendings and residents work with the medical student, emphasizing explicit and consistent goals and expectations for the student across the sites. Evaluation methods include objective measures, narrative feedback, and Likert scales.

Results: Early results showed that the outpatient clerkship students did just as well or better than their peers on most objective measures. Likert scales and narrative feedback from students, faculty, and administrators showed consensus on strengths and divergent perspectives on areas for future improvement.

Discussion: This was our institution's first year developing and implementing a four-week outpatient psychiatry clerkship for third-year medical students. We will discuss the strengths and limitations of this curriculum, which could serve as a blueprint for other institutions looking to develop outpatient psychiatry clerkship rotations.

223. Curriculum Development in Brain Medicine Fellowship: A Multi-Phase Approach to Address Interdisciplinary Learning Needs

Katherine Skowronski, BA, *Sunnybrook Research Institute*

Educational Program

Sarah Levitt, MD, MSc, FRCPC, *University of Toronto (AO)*

Sara Mitchell, MD, MPH, FRCPC, *Sunnybrook Health Sciences Centre (AO)*

Michael DeDominicis, MD, MPH, *University of Toronto (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Brain Medicine is an emerging field that involves interdisciplinary and comprehensive approaches to complex brain diseases. The University of (redacted) (redacted) Fellowship offers training in Brain Medicine, addressing interdisciplinary learning objectives. Which curriculum format will best serve clinical fellows in the (redacted) remains to be clarified. Most research in medical education is conducted at undergraduate and residency levels, giving little guidance to best practices in fellowship education. The goal of this study was to develop a curriculum to meet the specific needs of advanced medical learners.

Methods: A needs assessment involving brain medicine fellows was conducted to inform curriculum design. Phase one involved a literature review on fellowship and medical education curriculae. In phase two, prospective data was collected from key interest holders to delineate brain medicine specific learner needs. Phase three included piloting didactic teaching, using pre and post pilot questionnaires to assess the effectiveness of chosen methods.

Results: Consensus feedback from staff and fellows identified priorities for the curriculum. Competing preferences highlighted the need for a curriculum that can adapt to differing personal learning objectives. A combination of educational methods were preferred including case-based lectures, problem-based learning, and bedside teaching.

Discussion: The use of varied pedagogical tools appears important in meeting the needs of advanced students, especially in settings where trainees arrive with different areas of knowledge and aim to develop interdisciplinary understandings.

224. A Comprehensive Resource for Medical Students and Residents to Standardize Psychiatry Clerkship Orientation: A Quality Improvement Initiative

Dina Perkey, MD, *University of California Irvine*

Eric Kramer, MD, MPH, *University of California Irvine (AO)*

Simon Ning Riccardi-Zhu, MD, *University of California Irvine, UCT Neuropsychiatric Center (AO)*

Katy Lunny, MD, *University of California Irvine (AO)*

Alexis Seegan, MD, *University of California Irvine (AO)*

Poster Category: Teaching Next Generation/Mentoring

Background: Transitioning to clerkships is challenging in medical training (Zhao et al., 2024). Psychiatry clerkship orientation is essential for preparing students and maximizing their learning with patients with mental illness. However, there is no standardized approach for psychiatry clerkship orientation (Greenberg and Ottolini, 2014). To address this gap, we developed a comprehensive resource to streamline the orientation process as a quality improvement project.

Methods: In November 2024, we distributed a 5-question anonymous pre-survey to first- and second-year psychiatry residents to assess their comfort with orienting medical students. Based on the results, we created a guide including key components: roles of inpatient psychiatric units, locating patient lists in EMR, expectations for students (safety, pre-charting, patient interaction, note writing, presentations), psychiatric legal hold criteria, common consultations, terminology, medications, and a patient interview template. A checklist for residents was also provided to ensure all essential topics were covered. This packet was distributed in February 2025, with a post-survey planned for April 2025. Post-survey results will be available by the time of the poster presentation.

Results: The pre-survey had 10 respondents (4 first-year, 6 second-year residents). Results showed 80% were unaware of resources for orientation, and 60% lacked a standardized approach. We anticipate the post-survey will show improved resident comfort in orienting students. Preliminary feedback from residents and students has been positive.

Discussion: This initiative aims to standardize psychiatry clerkship orientation, enhancing student success, improving their comfort, and saving time for residents. We hope to adapt this resource for use by other psychiatry departments nationwide.

1:00 pm - 2:30 pm
Concurrent Workshops

Room: Rogue

“Let’s Talk”: Design and Implementation of a Novel Educational Tool to Help Individuals Navigate Difficult Conversations.

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

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

David Ross, MD, PhD, *University of Alberta (AO)*

Abstract Description:

The United States is experiencing a resurgence in both overt and covert acts of racism, xenophobia, trans- and homophobia, and other forms of discrimination. We can expect to see worsening disparities across a wide range of societal issues, including health care outcomes. Inevitably, these societal forces will reverberate, with toxic impact, on the climate within our medical education systems. Without concerted effort, we will be unable to offer a safe and inclusive space for our trainees and our faculty to work.

Under the best of circumstances, addressing these situations is challenging. Discriminatory behaviors may be difficult to identify in the moment and, even when they are recognized, many individuals struggle to find the right words to intervene. Both faculty and trainees need the opportunity to learn how to respond in these moments. However, teaching these skills may be problematic as individuals may feel threatened, insecure, and unsafe to engage in thoughtful dialogue around uncomfortable topics.

In this workshop, we will introduce participants to a new tool that allows individuals to practice these critical skills in a safe, anonymous way and we will reflect as a group on the challenges and opportunities for this type of educational intervention.

Learning Objectives:

Objective 1: Identify limitations of traditional approaches for training individuals to respond to difficult scenarios,

Objective 2: Describe a novel educational tool that can be used to facilitate skill development for addressing difficult situations, and

Objective 3: Adapt this teaching methodology for other educational topics and settings.

Thematic Focus:

Diversity, Equity and Inclusion,

Intended Audience:

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

Room: Grand Ballroom West

Affect and the Audience: The Art of Attending to the Learner's Emotional Needs

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

Nicholas Daneshvari, MD, *Massachusetts General Hospital*

Kyle Sellers, MD, *Massachusetts General Hospital, McLean Hospital Adult Psychiatry Residency*

Sarah Eckstein, MD, *Duke University*

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

Paul Riordan, MD, *Durham VA Medical Center (Duke University)*

Abstract Description:

“I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” – Maya Angelou. Pathos, or appealing to the emotions of one's audience, is a foundational concept in rhetoric and is integral to politics, advertising, and art. But medical educators may underappreciate the role of emotion in learning.

Great talks are a FEEAAT: they open with a Framework, are Engaging and Emotionally supportive, are proactive by Addressing Affect, and are feasible within the Time allotted. Research, and our experience, demonstrate that emotions exert significant influence on learning, mediating cognitive processes such as attention, memory consolidation, and retrieval. Beyond transmitting information and coaching learners, educators seek to inspire, persuade, or galvanize, augmenting the intrinsic motivation of their audience by appealing to emotion.

But how exactly do educators use emotion and affect with an audience? What are the costs of doing so? How do we adapt to and influence the shifting emotions and attitudes of the learners? While emotional engagement may augment learning, a teacher who creates affect in the audience is also responsible for addressing it. Adapting to changing affect is necessary to create an emotionally safe educational space.

Attendees will have opportunities to reflect on how emotions impact learning, practice identifying emotions in an audience, explore frameworks for intentionally incorporating affect into teaching, and discuss the pearls and pitfalls of bringing

emotions into a learning setting. Participants from all career levels are encouraged to attend.

Learning Objectives:

Objective 1: Examine the role of emotion and affect in learning and recall by reviewing current evidence and theory,

Objective 2: Critically evaluate the practical and ethical considerations of incorporating emotion into didactic teaching, including the potential benefits, risks of manipulation, and moral obligations to address learners' emotional needs, and

Objective 3: Integrate principles from classical rhetoric, improvisation, theatre, and emotionally focused therapy to design and deliver didactic sessions that attend to learners' emotional and affective needs.

Thematic Focus:

Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other Education, Teaching Skills/Techniques

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

Room: Henry

A Trainee is Missing! Who You Gonna Call?

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

Heather Schultz, MD, MPH, *University of Michigan*

Shambhavi Chandraiah, MD, *East Tennessee State University*

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

Lora Wichser, MD, *Omaha VA (AO)*

Abstract Description:

When a trainee does not show up for their assigned rotation or clinic, what are the first thoughts that come to mind? If the trainee cannot be reached, what is the next step, and who should do it? Reasons for unexpected absences range from accidental missed alarms to serious events, including medical and mental health emergencies, or may indicate professionalism concerns. Professionalism is a core competency for ACGME-accredited programs and is defined as a foundational competency for undergraduate medical education by the AAMC and AACOM. Professionalism components include Professional Behavior and Ethical Principles; Accountability/ Conscientiousness; and Well-Being. Measuring trainee professionalism must include monitoring and addressing unscheduled absences, yet these practices vary widely across institutions and differ for residents and medical students. A measured and consistent response to unexpected absences creates clear expectations leading to equity and a common standard of professionalism.

Faculty, clerkship/training directors, and chief residents should develop, disseminate, and reinforce professionalism guidelines. Communication guidelines and thresholds on when to escalate, and to whom, need to be established. Proactive interventions and early identification of individuals at risk for more serious events are needed and any response must balance the right to privacy and confidentiality with the need to determine well-being and meet educational and clinical demands. During this workshop, participants will utilize case-based examples, small groups, and guided

discussions to examine factors contributing to unexpected absences, appraise institutional responses to these scenarios, and develop practices to better address trainee absences at their home institution.

Learning Objectives:

Objective 1: Explore factors contributing to unexpected trainee absences,

Objective 2: Appraise institutional responses to unexpected trainee absences, and

Objective 3: Create consistent practices to address unexpected trainee absences.

Thematic Focus:

Competencies, Leadership/Administrative Development

Intended Audience:

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

Room: Louis

Cultivating Adaptive Expertise across the Medical Education Spectrum: How to Design Problem-Based Learning Curriculum for Undergraduate and Postgraduate Training Environments

Karen Wang, MD, MEd, MSc, *University of Toronto*

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

Laura Williams, FRCPC, *CAMH*

Nikhita Singhal, MD, *University of Toronto*

Vincent Tang, MD, *University of Toronto*

Sacha Agrawal, MD, MSc, *University of Toronto (AO)*

Abstract Description:

Problem-Based Learning (PBL), developed at McMaster University, remains a cornerstone of innovative medical education. Grounded in adult learning principles, PBL fosters autonomy, relevance, and intrinsic motivation while promoting cognitive flexibility and a growth mindset. Through small group learning, PBL encourages peer-based feedback and reflection, with tutors as facilitators—“guide on the side” rather than a “sage on the stage.” By maintaining epistemic distance and scaffolding the learning process, tutors cultivate curiosity over certainty, enhancing learners’ adaptability and problem-solving skills.

Research suggests that PBL supports the development of key competencies essential for psychiatric training, making it a valuable pedagogical tool across all levels of medical education. In this workshop, three psychiatry educators will present tailored approaches and lessons learned while integrating PBL into undergraduate medical education, general psychiatry residency training, and child and adolescent psychiatry subspecialty training. Participants will apply a structured curriculum design framework when constructing a PBL curriculum. Attendees will also gain practical insights and concrete strategies to initiate and refine their PBL-based curricula. This workshop aims to empower educators with the tools to enhance psychiatric training, ensuring that future psychiatrists develop the adaptive competencies needed for clinical excellence in a complex and constantly changing environment.

Learning Objectives:

Objective 1: Analyze the principles of Problem-Based Learning (PBL) and its application in undergraduate and postgraduate psychiatry education to enhance learner engagement and cognitive flexibility,

Objective 2: Identify the steps to conducting a needs assessment, developing an implementation plan, and selecting an appropriate assessment and evaluation framework for the construction of PBL curriculum, and

Objective 3: Discuss the effectiveness of PBL as a pedagogical approach to building adaptive expertise.

Thematic Focus:

Curriculum Development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

Intended Audience:

Junior Faculty or Senior Faculty

Room: Kennedy/Roosevelt

AAP/AACDP Joint Workshop: Leadership Self-Assessment in Academic Medicine

Kari M. Wolf, MD, *Southern Illinois University*

Stephen Scheinthal, DO, *Virtua Health College of Medicine and Life Sciences of Rowan University*

Abstract Description:

Historically, educational leaders have stayed in place for decades. However, today we live in a time of unprecedented upheaval in healthcare and academic medicine—turnover as people become frustrated, incentives change, new regulations emerge, life brings unexpected twists and turns, and our workforce ages. As a result, we need to prepare for a healthcare and educational environment organized and implemented by the next generation of leaders.

Leadership development is increasingly recognized as essential for success in academic medicine, where faculty and trainees are called upon to balance clinical care, teaching, research, and administrative responsibilities within complex organizations. Yet many physicians and academic leaders enter these roles without formal training or structured opportunities to examine their leadership strengths and growth areas. This interactive workshop on leadership self-assessment in academic medicine is designed to provide participants with a framework for understanding their leadership style, increase awareness of how personal approaches affect teams and organizations, and identify strategies for continued development.

Participants will complete a tailored leadership self-assessment tool developed for academic medicine, focusing on domains such as communication, decision-making, conflict management, adaptability, cultural humility, and mentorship. Through guided reflection, case discussions, and small-group exercises, participants will explore how their leadership tendencies influence interactions with colleagues, trainees, and institutional structures. The workshop emphasizes the importance of aligning leadership style with context, fostering inclusive team environments, and adapting to the evolving demands of academic medicine.

Learning Objectives:

Objective 1: Describe your predominant leadership style, recognizing strengths and potential blind spots,

Objective 2: Apply strategies to leverage leadership style for team effectiveness, and

Objective 3: Develop an individualized leadership growth plan.

Thematic Focus:

Career Development, Leadership/Administrative Development

Intended Audience:

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

Room: Richard/Charles

The Generation Gap: Healthier Doctors or a Profession in Crisis? Addressing Differences in Expectations Between Supervising Physicians and their Residents

Badr Ratnakaran, MD, *Penn State University*

Michael Greenage, DO, *Carilion Clinic - Virginia Tech Carilion*

Abstract Description:

The relationship between supervising physicians and residents is crucial to residency training and preparing residents for real-world clinical challenges. Residency programs and supervising physicians set expectations for medical knowledge, patient care, and professionalism, forming the foundation for residents' professional and personal growth. However, these expectations can often clash with residents' learning styles, ideals, and goals for their future as physicians. Today's residents, primarily Generation Z, are diverse, heavily influenced by social media, reliant on technology for education, and focused on work-life balance. In contrast, many supervising physicians and residency stakeholders belong to Baby Boomer or Generation X cohorts, which valued traditional teaching methods and prioritized work over personal life. These generational differences can lead to misaligned expectations, sometimes resulting in conflicts that affect residency education and patient care.

Our workshop addresses these generational differences in attitudes and expectations in residency training through case scenarios in recruitment, teaching, patient care, and professionalism. Using small-group and large-group discussions, participants will explore strategies to bridge these gaps. Topics will include adapting to differing expectations, providing effective feedback, fostering relationships, and addressing resident well-being. By aligning goals and embracing generational diversity, we aim to enhance residency training and support both residents and supervising physicians in their shared mission to deliver high-quality care.

Learning Objectives:

Objective 1: Identify differences in expectations, learning styles, and priorities in becoming a physician between Generation Z residents and their supervising physicians belonging to the generation of Baby Boomer and Generation X,

Objective 2: Describes how the generational differences in expectations in residency training between residents and supervising physicians can affect patient care, teaching and professionalism, and

Objective 3: Formulate methods to address differences in expectations in residency training at the resident, physician and residency program level.

Thematic Focus:

Teaching/Education: Postgraduate Medical Education

Intended Audience:

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

Room: Taft/McKinley

From Strain to Strength: Addressing Moral Injury in Psychiatry Through Resilience Building

Hayley Lange, DO, MPH, MS, *Baylor*

Shelley Rote, MD, *Baylor*

Vivian Wang, MD, *Baylor*

Oluwadamilola Bankole, MD, MS, *Baylor*

Ushna Shamoon, MD, *Baylor (AO)*

Abstract Description:

Moral injury, a psychological and emotional response to events where one's core ethical beliefs are violated, has gained increasing attention within healthcare, with up to 40-45% of healthcare workers experiencing symptoms of moral distress or injury (1). Psychiatrists, who face unique challenges in balancing patient care, resource limitations, and systemic pressures, are also at significant risk. Research indicates that experiences of moral injury may be more prevalent and long-standing in psychiatry compared to other medical specialties (2, 3).

The consequences of moral injury are profound, contributing to a diminished sense of professional identity, high turnover rates, and reduced quality of care (4, 5).

Therefore, it is pivotal that we design a framework to foster moral resilience to equip our trainees early in their careers so they may be empowered against the long-term consequences of moral injury. This workshop will explore the nature of moral injury among both trainees and practicing psychiatrists. Participants will gain insight into the impact of moral injury on mental health and patient outcomes. The CURA method- a tool designed to build moral resilience- will be introduced (6). This approach will equip clinicians with strategies to navigate ethical challenges and foster emotional well-being throughout their careers. We will conclude by designing a teachable model of moral resilience broadly applicable to trainees and practicing clinicians. This will be done by analyzing core principles present in existing frameworks that aim to foster moral resiliency to teach moral resilience during the early stages of training.

Learning Objectives:

Objective 1: Critique the impact of moral injury on the mental health and professional well-being of psychiatrists and healthcare trainees, drawing connections between systemic factors and individual experiences,

Objective 2: Synthesize research findings on moral injury and resilience frameworks to formulate strategies for fostering moral resilience among healthcare professionals, and

Objective 3: Design an actionable, evidence-based model for teaching moral resilience to trainees and clinicians, integrating key principles from the CURA method and existing resilience frameworks.

Thematic Focus:

Leadership/Administrative Development, 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 or Senior Faculty (i.e., associate and full professors)

2:30 pm - 3:00 pm

AAP Local Tasting Break

Room: Foyer

3:00 pm - 4:30 pm

Concurrent Workshops

Room: Rogue

Content Warnings in Psychiatric Education: Balancing Protection and Preparation

Johanna Beck, MD, *Thomas Jefferson University Hospital*

David Ney, MD, *Children's Hospital of Philadelphia*

Alysa Schwenk, MPH, BS, *Sidney Kimmel Medical College*

Mollie Marr, MD, PhD, *MGH/McLean Hospital*

Marija Kamceva, MD, *MGH/McLean Hospital (AO)*

Adrienne Gerken, MD, *Thomas Jefferson University Hospital (AO)*

Andie Belkoff, MD, *Thomas Jefferson University (AO)*

Abstract Description:

As medical education evolves to meet the needs of trainees, educators must balance preparing students for the emotional challenges of clinical practice with safeguarding their well-being. Content warnings—statements alerting individuals to potentially distressing material—are a growing topic of debate in medical training. While controversial, thoughtfully implemented content warnings can validate students' experiences, support healthy stress management, and foster professional resilience. These notices also align with existing practices in clinical handoffs and case presentations, where sensitive information is often communicated with care.

This workshop explores the use of content warnings in medical education, focusing on their application in the psychiatry clerkship. Participants will examine the debate surrounding content warnings and consider a balanced approach that prepares trainees for real-world challenges while promoting mental health and adaptability. Discussions will address how to effectively present content warnings, process difficult experiences, and emphasize self-care.

Interactive components include an exercise where participants group themselves by comfort level when encountering potentially distressing clinical content, encouraging reflection from both learner and educator perspectives. A facilitated group discussion will follow, providing opportunities to share insights and experiences. Participants will also engage in a "pair-and-share" activity to explore the risks and benefits of content warnings. Finally, small groups will develop actionable plans tailored to their institutional settings.

Join us in exploring how content warnings can serve as a bridge between the academic and clinical worlds, empowering the next generation of physicians to thrive. Together, we can create an environment where students feel prepared, supported, and resilient.

Learning Objectives:

Objective 1: Analyze the role and potential controversies of content warnings in psychiatric education, identifying benefits and challenges in their implementation,

Objective 2: Apply strategies for presenting content warnings and supporting students in navigating emotionally difficult content during their psychiatric training, and

Objective 3: Create an actionable plan to incorporate content warnings and resilience-building techniques into orientation or didactic sessions.

Thematic Focus:

Competencies, Diversity, Equity and Inclusion, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

Intended Audience:

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

Room: Grand Ballroom West

Flexibility and Adaptability: Using Intentional Serendipity While Navigating Your Academic Career

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

Josepha Cheong, MD, *MRVAMC/University of Florida*

Marcy Verduin, MD, *University of Central Florida*

Abstract Description:

In our presumed career trajectories, are we a fish, swimming in an established current that we are supposed to follow? Or, perhaps, we are more like an octopus, reaching out in all directions, able to grab at opportunities available, adapting to the changes in our environment, demonstrating flexibility in our potential career paths. What if there are multiple routes, and we accidentally float into one that works?

Intentional serendipity posits that chance plays an important role in all of our careers; unplanned events are not only inevitable, but desirable. There are many avenues that can provide fulfillment and success, so, as advisors, mentors, and teachers, how can we help ourselves, trainees, and faculty to anticipate and recognize chance events, and then transform these events into opportunities for Career Development or even a career switch? In this sea of change, we owe it to our mentees, learners, and faculty to be adaptable and adequately prepared for these unexpected but potential growth opportunities.

Learning Objectives:

Objective 1: Define intentional serendipity and identify at least one example of intentional serendipity in your own life or career,

Objective 2: Construct examples of at least two paths to career fulfillment, and

Objective 3: Identify at least one technique you will employ to make the most of potential career opportunities for yourselves and/or others.

Thematic Focus:

Career Development, Leadership/Administrative 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 or Senior Faculty

Room: Henry

“Peer”-ly Beloved: Supporting Diversity and Each Other

Athena Ko, MD, MSc, *University of Ottawa Faculty of Medicine*

Liisa Johnston, MD, M.Ed, FRCPC, *CHEO*

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

Joshua Smalley, B.Sc., FRCPC, MD, MSc, *University of Ottawa (AO)*

Lauren Hishon, MD, MBA, *University of Ottawa (AO)*

Philippe Hwang, M.B., Ch.B., MSc, *University of Ottawa Faculty of Medicine (AO)*

Bronwyn Thomson, MD, FRCPC, *CHEO (AO)*

Abstract Description:

The increasing complexity of mental health care underscores the need for supportive professional relationships in psychiatry. Peer mentorship provides trainees with guidance and community when navigating the difficult transition into residency and practice. Bolstering underrepresented groups in leadership and research positions in medicine is crucial, conferring improved patient care and cultural humility. With institutional support, peer mentorship programs for Black and Hispanic physicians have been shown to improve satisfaction and retention. At one site, the 4-year retention of Hispanic junior medical faculty rose from 58% to 80%, and academic medicine retention increased from 75% to 90%; at a midwestern site, 5-year retention of minority physicians rose from 20 to 58%. Higher satisfaction and retention have been similarly found for women in medicine, regardless of mentorship framework used.

In this interactive workshop, we will discuss peer mentorship models, including dyadic, group, cascading, and mosaic. Participants will engage in reflective exercises when they might turn to peer mentors and map out their mentorship network. A small group case-based scenario activity centered on underrepresentation will follow. We will then move to a facilitated large group discussion on participants' reflections about the challenges and considerations in the case and how peer mentorship can help address these. We will end by discussing actionable strategies for implementation in attendees' own settings.

Our workshop aims to empower participants to embrace peer mentorship as a tool for personal and professional growth, enhancing professional satisfaction, and bridging the gap of traditional silos to foster community amongst psychiatrists.

Learning Objectives:

Objective 1: Define the principles of peer mentorship and its relevance, particularly for underrepresented groups in medicine,

Objective 2: Generate reflection and discussion on participants' peer mentorship networks and utilization, and

Objective 3: Develop actionable strategies to implement or enhance peer mentorship in participants' clinical or academic practices.

Thematic Focus:

Career Development, Mentorship

Intended Audience:

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

Room: Louis

The Future of DEI in Medical Education and GME

Francis Lu, MD, *University of California, Davis*

Shaheen Darani, MD, *Temerty Faculty of Medicine, University of Toronto*

Peter Ureste, MD, *University of California Riverside*

Ailyn Diaz, MD, *Pennsylvania Psychiatric Institute*

Emrys Fonseca, MD, MS, *Mayo Clinic*

Tolulope Odebunmi, MD, MPH, *University of Minnesota (AO)*

Vivian Tran, DO, *Creighton University (AO)*

Abstract Description:

Over the past 3 years, "Diversity, Equity and Inclusion" (DEI) has come under mounting attack starting with state-level K-12 education, then colleges/universities, in an increasing number of states to now the Federal government's elimination of DEI in its programs and websites through Presidential executive orders calling DEI "immoral and illegal." Additional Presidential executive orders focused on LGBTQ issues and reversed Executive Order 11246 signed by President Lyndon B. Johnson in 1965 that prohibited discriminatory practices in hiring and employment in government contracting and asserted the government's commitment to affirmative action. Finally, the June 2023 Supreme Court decision ending affirmative action in colleges and universities, while interpreted narrowly by the Biden Departments of Justice and Education, will likely be now interpreted by the Trump administration's Departments of Justice and Education in a most expansive way to justify these Presidential executive orders.

This IDEA Committee workshop will first present an environmental scan of the above actions and their current and possible impact on medical education and GME in psychiatry. Updated LCME and ACGME DEI accreditation standards will be presented. Next, presenters will propose the concept of “belonging and inclusive excellence to eliminate health disparities” as a framework for departments of psychiatry to consider adopting to advance their mission-driven work. Two rounds of small group discussions will allow participants to share current challenges at their home departments at either the medical school or GME in psychiatry levels and help formulate plans of action to advance belonging and inclusive excellence to eliminate health disparities.

Learning Objectives:

Objective 1: List how DEI in medical education and GME in psychiatry may be impacted by changes in accreditation, federal and state legislation, the 2023 Supreme Court decision ending affirmative action, and Presidential executive orders.

Objective 2: mission-driven values of belonging and inclusive excellence to eliminate health disparities, and

Objective 3: Formulate plans of action at their own departments to advance belonging and inclusive excellence to eliminate health disparities.

Thematic Focus:

Diversity, Equity and Inclusion,

Intended Audience:

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

Room: Richard/Charles

Beyond Blame: Enhancing Morbidity and Mortality Conferences in Psychiatric Education

Keri Stevenson, MD, *Carilion Clinic/Virginia Tech*

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

Michael Jibson, MD, PhD, *University of Michigan*

Joan Winter, MD, *University of Colorado*

Helena Winston, MD, MSc, *Denver Health (AO)*

Thematic Focus:

Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching Skills/Techniques

Abstract Description

Morbidity and mortality (M and M) conferences are a longstanding tradition in medical education, providing a platform for healthcare professionals to discuss adverse clinical outcomes in a supportive environment, to identify and address errors, and to improve patient care. Despite their potential benefits as quality improvement and educational tools, M and M conferences are underutilized in psychiatric education due to concerns about confidentiality, medicolegal issues, and provider discomfort with vulnerability and criticism. In this workshop, we will explore these challenges and identify strategies for designing M and M conferences to

achieve maximal education benefits, including the incorporation of evidence-based teaching techniques.

Learning Objectives:

Objective 1: Understand the benefits of M and M conferences in psychiatric education.

Objective 2: Identify current challenges in implementing effective M and M conferences in psychiatry, and

Objective 3: Explore strategies for designing M and M conferences with maximal educational benefit and develop actionable steps to overcome barriers to effective M and M conferences in psychiatric education.

Intended Audience:

Junior Faculty or Senior Faculty

Room: Taft/McKinley

Didactic Consultations: Low Barrier Strategies to Adapt Curricula to the Modern Learner and Incorporate Principles of Equity, Diversity, and Inclusion

Laurel Pellegrino, MD, *University of Washington*

Jacqueline Hobbs, MD, PhD, *University of Washington*

Allison Rooney, MD, *University of Washington*

Andrew Phan, MD, *University of Washington*

Sara Ochoa, MA, *University of Washington*

Abstract Description:

The rapid evolution of psychiatric knowledge necessitates continuous updates to psychiatry didactics, which can occupy 600-800 hours of residents' training as required by the ACGME. Integrating principles of equity, diversity, and inclusion (EDI) is essential for providing comprehensive education that equips residents to effectively serve diverse patient populations. Faculty, often volunteering their time, face significant barriers to updating their didactics, including limited time, competing demands, and varied educational backgrounds. Additionally, faculty express concerns about incorporating EDI into their didactics, fearing they might offend learners, struggling to see the relevance of EDI to their topics, and dealing with ongoing legislative uncertainty.

To address these challenges, we propose a collaborative, asynchronous peer consultation model designed to enhance didactic preparation. This low-barrier, easy-to-implement model can be performed by peer faculty members, fellows, or residents. Participants will be provided with a structured consultation template and two high-yield toolkits to facilitate the integration of active learning strategies and EDI principles into their lectures. They will have the opportunity to practice and refine their consultation skills using our model and resources.

This approach seeks to empower faculty by offering concrete tools and strategies that are both effective and easy to integrate. We will explore methods to normalize consultations and increase faculty buy-in. By supporting faculty in this collaborative manner, we aim to improve the quality of psychiatric education while assisting faculty who volunteer their time.

Learning Objectives:

Objective 1: Identify barriers to updating and improving didactics, including incorporation of active teaching methods and principles of EDI.

Objective 2: Apply a model of structured asynchronous consultation to a didactic, using resources and templates provided.

Objective 3: Describe strategies to enhance buy-in and work collaboratively with faculty to complete consultations.

Thematic Focus:

Curriculum Development, Diversity, Equity and Inclusion,

Intended Audience:

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

3:00 pm - 4:30 pm

Room: Richard/Charles

Educators' Showcase III

The Educators' Showcase format is a series of brief presentations designed to allow educators to demonstrate novel or innovative techniques and products used in medical student education, residency training, or faculty development. These are designed to highlight "finished" works or products. The audience can expect to see tools and pedagogies discussed and/or demonstrated so that they may apply in their own programs. The goal of the Educators' Showcase is to present material that contributes to the educational domain but does not require a full workshop.

Educators' Showcase IIIA

Academic Excellence Plan (AEP) - A Comprehensive Professional Development Tool

Fatema Kapadia, MD, *Albert Einstein SOM and Montefiore Medical Center*

Christine DeCaire, MD, *Maimonides Health (AO)*

Anetta Raysin, DO, *Maimonides Health (AO)*

Background:

Research indicates that self-directed learning fosters goal setting and facilitates constructive discussions between learners and faculty. The ACGME mandates that residency programs support self-directed learning through tools like Individualized Learning Plans (ILPs). We created the Academic Excellence Plan (AEP) as a structured tool for all residents to support their comprehensive professional development and incorporated a system to monitor progress through regular supervision and feedback. This project assesses the effectiveness of the AEP six months after its implementation.

Methods:

1. Developed a template incorporating ACGME milestones, career goals, and wellness objectives.
2. Conducted separate didactics for residents and faculty on AEP structure and use.
3. The AEP was reviewed biweekly in supervision and biannually in Directors' Reviews starting December 2023.

4. IRB exemption granted for pre- and post-implementation surveys. The former gathered data on AEP creation and goals, while the latter assessed its impact on supervision and learning.

Results: Twenty-three residents (69.69%) completed the post-implementation survey; all having created an AEP. Responses were evenly distributed across training levels. Thirteen residents (61.9%) brought their AEPs to supervision; all felt it facilitated discussions, and 69.2% found it provided a structured feedback framework. Among 21 residents who rated AEP's impact on learning, over half ranked its influence as moderate to high (1–10 scale). Eighteen (89.71%) found their initial goals achievable, and 65% expressed interest in continuing AEP usage.

Discussion: The AEP was valuable for structuring feedback especially when incorporated into supervisions. Challenges included inconsistent supervisor engagement, time constraints, and off-service rotations. Proposed improvements: enhanced faculty involvement and refining the template.

Educators' Showcase Category:
Teaching Next Generation/Mentoring

[Educators' Showcase III B](#)

Moving beyond Splitting in Teachings about Borderline Personality Disorder: An Integrative Approach that Combines Neuroscience and Good Psychiatric Management

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

Background:

Borderline Personality Disorder (BPD) is a condition that is often stigmatized and under-taught in medicine. Yet, BPD is very common in settings in which our trainees learn, and we have well defined, evidence-based conceptualizations and treatment approaches for BPD. In the changing landscapes of medical education, it is imperative that we optimize and innovate our teachings about BPD.

Methods:

An accessible, useful approach to teaching about BPD integrates the neuroscience of BPD with the Good Psychiatric Management (GPM) conceptualization of and roadmap for treating BPD. A summary of this approach that includes analogies which help simplify layered concepts and make the teachings straightforward and memorable will be summarized. Participants will engage in a meta-exercise—learning how to teach this approach through engaging in learning the approach with the use of questions and discussion.

Results:

Quantitative and qualitative evaluations of teachings that combine an accessible summary of both the neuroscience of BPD and Good Psychiatric Management for BPD are consistently excellent. Qualitative comments speak to how helpful this approach has been in shifting trainees' perspectives about BPD and fostering confidence in providing compassionate care to patients who have BPD.

Discussion:

The combined teaching of the neuroscience of and GPM approaches to BPD is easy to learn and easy to teach. This integrative approach helps our psychiatry trainees be compassionate and therapeutic in the care of diverse patients who have BPD.

Educators' Showcase Category:

Teaching Next Generation/Mentoring

Educators' Showcase IIIC

The Road to Residency: A Needs-Based Evaluation of the Transition to Residency Course in an Evolving Medical Landscape

Noor Al Kaabi, MSc, *University of Toronto Faculty of Medicine*

Kien T Dang, MD, FRCPC, *University of Toronto (AO)*

Background:

Transitioning from medical school to residency is characterized by significant shifts in roles, responsibilities, and expectations for learners. Transition to residency (TTR) curricula are essential in enhancing this shift. Our university offers a TTR Course to equip graduating clerks with essential skills. Given the evolving culture of medicine, we conducted a needs assessment to identify gaps in transition training

Methods:

We conducted semi-structured interviews with residency Program Directors (PDs) and PGY-2 graduates from the University of Toronto, using inductive thematic analysis to identify key themes.

Results:

A central tension emerged around residents as “working-learners” in balancing learning with service delivery expectations. All interviewees acknowledged the importance of learning through working but differed on which opportunities provided worthwhile educational value. PDs emphasized there was value in “low yield” opportunities (e.g., ‘uninteresting’ or common patient presentations), and the importance of balancing learning opportunities with team needs. Residents, however, emphasized advocating for educationally meaningful opportunities, particularly during off-service rotations. There were also clashes in expectations of support and adapting to sudden increases in autonomy. Finally, refusing to stay late with particularly sick patients or requesting time off without regard to team functioning was seen as problematic by many PDs, while learners emphasized the importance of prioritizing wellness through this process.

Discussion:

Both PDs and residents highlighted the importance of learning experiences yet conflicted on the execution. These findings highlight shifting values in newer generations and are being used to inform updates to the TTR curriculum, ensuring better support for medical graduates as they transition to residency.

Educators' Showcase Category:

Teaching Next Generation/Mentoring

4:45 pm - 6:15 pm

Media Session (*light snacks will be served*)

Room: Grand Ballroom West

Transforming Intolerance to Belonging as a Way of Resilient Well-Being: A 2024 CME Film Seminar

Francis Lu, MD, *University of California, Davis*

Abstract Description:

This media session is about a 5-day CME film seminar conducted in the United States between July 29-August 2, 2024, in which one film was shown on each day. The session will start with an introduction to the concept of belonging, the seminar, mindful viewing of films, and then focus on 2 of the films. Through mindful viewing of clips of 2 of the films, participants will open their hearts to the quality of belonging with others and belonging to others that is so important in our time. The 2 films are: 1) "Won't You Be My Neighbor?" (2018), a documentary film directed by Morgan Neville about Fred Rogers, 2) "Bagdad Café" (1987), a feature film directed by Percy Adlon about a German woman tourist visiting an isolated café in the Southern California desert confronted by a Black woman and her family and others. The clips of these 2 films will illustrate how intolerance and loneliness are depicted and transformed by embracing the other through compassion, love, and recognition of our interdependence as humans. General discussion and Q & A will conclude the session.

Learning Objectives:

Objective 1: Understand the essential role of developing belonging as a way to resilient well-being,

Objective 2: Identify how film characters embody belonging as a way to resilient well-being, so as to identify these strengths in themselves and in their patients, and

Objective 3: Develop skills and practice techniques of viewing films from a mindfulness perspective in which inspiring characters embody belonging.

Teaching Medical Students about Personality Disorders Using Online Modules including Videos

Carmen Wiebe, MD, FRCPC, *University of Toronto*

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

Bradley Lichtblau, MD, *University of Toronto (AO)*

Anne Sonley, B.Sc., MD, FRCPC, *University of Toronto (AO)*

Brigid Sterling, B.Sc., *University of Toronto Faculty of Medicine (AO)*

Abstract Description:

The authors were invited to develop online self-learning modules for personality disorders, for the undergraduate psychiatry year 2 curriculum at our institution.

We created 5 modules of slides, augmented by quizzes using multiple choice and matching formats. We provided links to popular culture videos illustrating traits of some of the personality disorders, attempting to be sensitive to the risks of stereotyping or increasing stigma. We scripted and recorded two role-played videos to provide examples of how personality disorders may present in a non-psychiatric clinical setting. To address the challenge of teaching effective communication

strategies asynchronously, we also recorded several videos demonstrating both productive and unproductive conversations between a doctor and a patient with Borderline Personality Disorder.

In this presentation, we will share excerpts from these self-learning modules and discuss their utility as teaching tools.

Learning Objectives:

Objective 1: Discuss strengths and weaknesses of the shared materials,

Objective 2: List pros and cons of using asynchronous materials to teach complex topics, and

Objective 3: Use validation with emotionally dysregulated patients.

6:45 pm - 10:00 pm

AAP Meet and Eat (*pre-registration required. Meet group in lobby*)

Saturday, September 13, 2025

7:00 am - 8:00 am

Breakfast and Coffee Service

Room: Foyer

7:00 am - 11:00 am

Registration

Room: Foyer

8:00 am - 9:30 am

Concurrent Workshops

Room: Rogue

Growing Your Own: Early Career Development for Women

Carolyn Cookson, BS, MD, *University of California Irvine Health*

Gemma Espejo, MD, *University of California Irvine*

Dina Perkey, MD, *University of California Irvine*

Michelle Won, B.A., MD, *University of California Irvine*

Mahta Baghoolizadeh, MD, *University of California Irvine (Virtual)*

Abstract Description:

The early career phase is a critical time that shapes professional trajectories in psychiatry, yet structured support for early career psychiatrists (ECPs), particularly women, is often limited. At our institution, a robust framework addresses this gap through faculty development seminars, leadership training for women, and mentorship opportunities. A cornerstone of this effort is a women's mentorship group, established to provide guidance beginning in residency. By fostering collaboration, professional growth, and early Career Development, the program has earned positive feedback and serves as a replicable model for creating inclusive academic environments.

Self-assessment is another vital component of ECP development. Traditional assessments, often tied to promotion guidelines, can overlook key dimensions of professional growth. Structured tools, such as the Accreditation Council for Graduate Medical Education (ACGME) clinician educator milestones, offer a more comprehensive framework for evaluating competencies and guiding development.

This workshop explores three foundational pillars of ECP faculty development: structured support, community building, and methodical self-assessment. Participants will engage in interactive activities to develop actionable strategies for building peer networks that foster mentorship, collaboration, and emotional resilience. Guided by ACGME clinician educator milestones, attendees will assess competencies in teaching, leadership, and well-being, while practicing tailored self-assessment techniques. Facilitators will highlight evidence-based approaches, such as mentorship programs and institutional opportunities, while addressing challenges in resource-limited settings.

By investing in ECP development, this workshop emphasizes the importance of fostering long-term success and sustainability in academic psychiatry.

Learning Objectives:

Objective 1: Recognize the foundational principles of early Career Development—self-assessment, structured support, and community building—and their relevance to women psychiatrists transitioning from residency to faculty roles,

Objective 2: Explore the impact of mentorship and peer community in addressing the unique challenges faced by women psychiatrists and fostering professional growth, and

Objective 3: Design actionable strategies for institutions to implement sustainable and adaptable programs for mentorship, community building, and self-assessment to support women early career psychiatrists.

Thematic Focus:

Assessment, Career Development, Diversity, Equity and Inclusion, Mentorship

Intended Audience:

Medical Students, Residents, or Fellows, Junior Faculty

Room: Henry

Addressing Inequities in Behavioral Health Emergencies and Implementing Effective Debriefs through a Culturally- And Trauma-Informed Lens

Tyson Pankey, PhD, MPH, *Duke University*

Sarah Eckstein, MD, *Duke University*

Linda Kerandi, MD, *Duke University*

Barra Madden, MD, *Duke University Medical Center*

Julie Penzner, MD, *Duke University (AO)*

Abstract Description:

“At a cardiac arrest, the first procedure is to take your own pulse,” (House of God). At a behavioral emergency, the golden rule is to check your own bias. The standardized algorithm that governs medical emergency codes is notably absent in psychiatric emergencies, leaving room for bias, mistrust, and further marginalization of vulnerable patients. Too often, fractured therapeutic relationships and moral injury

emerge as byproducts. We offer a model for a culturally- and trauma-informed (CITI) response to behavioral emergencies to address this issue. The foundation for the theoretical model is an exploration of healthcare inequities, individual and systemic bias, structural racism and other factors that contribute to the disproportionate use of restraints in black patients compared to their white counterparts. [1] Through implementation of this model, participants will learn ways to mitigate adverse events, moral injury and shame reactions.

In this workshop, we review evidence to support the need for a CITI approach, practice implementing the model with patient case examples with particular attention to bias debriefs following agitation events and explore how to implement at one's home institution.

Learning Objectives:

Objective 1: Expand understanding of the term DEI and the effect of healthcare inequities on marginalized patients, particularly in management of behavioral agitation,

Objective 2: Develop bias-aware, culturally- and trauma-informed (CITI) practices for leading behavioral health emergencies and debriefs, and

Objective 3: Practice implementation of CITI strategies applied to patient scenarios; strategize ways to implement these concepts at one's home institution.

Thematic Focus:

Competencies, Diversity, Equity and Inclusion,

Intended Audience:

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

Room: Kennedy/Roosevelt

From Surviving to Thriving: Strategies to Lead Effective Curricular Change in Medical Education

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

Kien T Dang, FRCPC, MD, *University of Toronto (AO)*

Abstract Description: Curriculum change in medical education is a complex and multifaceted challenge, often fraught with resistance due to the deeply ingrained traditions and established practices within medical institutions. Medicine, by its very nature, is constantly evolving, requiring our education models to adapt in order to prepare learners for increased complexity. However, updating curricula to reflect these advances is not a simple task. Faculty and students may be hesitant to adopt unfamiliar methods or diverge from time-tested approaches, and the logistical and financial barriers to implementing change can be significant. Over the course of this workshop, participants will reflect on experiences with change implementation, with a view to what has worked. Principles from change management will be discussed including the role of stakeholder engagement and effective communication, so that medical educators can implement smoother, more effective adaptations to curriculum. Participants will work through common barriers to implementation, and discuss strategies that help anticipate resistance, address concerns directly, and ensure that curriculum shifts are thoughtfully implemented with long-term sustainability in mind. In this session, we will explore how to apply these principles

within the context of medical education broadly, and participants will be better positioned to confidently adapt to change in their environment.

References

Tam H, Scott I. Laying train tracks en route: How institutional education leaders navigate complexity during mandated curriculum change. Med Educ. 2024; 58(12): 1528-1535.

Velthuis, Floor MSc, et. al. Navigating the Complexities of Undergraduate Medical Curriculum Change: Change Leaders' Perspectives. Academic Medicine 93(10):p 1503-1510, October 2018.

Learning Objectives:

Objective 1: Analyze challenges and barriers to changing existing systems in medical education,

Objective 2: Describe how change management strategies can be applied to the medical education context, and

Objective 3: Apply a change implementation framework to a medical education scenario. **Thematic Focus:**

Curriculum Development, Leadership/Administrative Development,

Teaching/Education: Undergraduate Medical Education, Teaching/Education:

Postgraduate Medical Education, Teaching/Education: Continuing Medical Education

Intended Audience:

Junior Faculty

Room: Louis

What Do You See? Using Visual Thinking Strategies to Explore Art, Education, and Narratives

Craig Pearson, MD, PhD, *Massachusetts General Hospital*

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

Daniel Ezzo, MD, *Thomas Jefferson University*

Philip Cawkwell, MD, *PBC Psychiatry*

Ashika Bains, B.A., MD, MS, *Harvard Medical School/Massachusetts General Hospital (AO)*

Abstract Description:

Gathering nuanced information, considering multiple perspectives, and tolerating ambiguity are essential skills in psychiatric practice and education. Visual Thinking Strategies (VTS) offers an approach to cultivate these skills. Through a systematic approach to engaging with complex visual material – whether a work of art or the visual aspects of a clinical encounter – VTS encourages learners to hone skills in observation, interpretation, and reflection. By allowing multiplicity of perspectives, VTS challenges learners to develop the ability to adapt to new information and changing circumstances.

This workshop will introduce participants to the principles of VTS and how it may be applied within psychiatric education. We begin with an exercise to prime learners by discussing their favorite experiences and frameworks for engaging with the arts. A didactic session will then outline the VTS framework, emphasizing its potential to

enhance learners' narrative competencies and foster understanding of the experiences of patients in clinical settings.

The centerpiece will be a facilitated group exercise in which participants examine a single artwork using VTS. This activity will highlight how observation and structured inquiry can lead to inclusive, collaborative learning and, through sustained attention and engagement, unveil increasingly rich layers of meaning from a single visual encounter.

Following this, we will engage in discussion to reflect and explore how VTS might inform our pedagogical and clinical practices. Participants will leave with ideas for integrating VTS into their own approaches to education, as well as a deeper appreciation for the intersections of educational techniques from the arts and psychiatry.

Learning Objectives:

Objective 1: Define Visual Thinking Strategies and explore their role in physician development,

Objective 2: Apply principles of Visual Thinking Strategies to clinical and educational work, and

Objective 3: Practice Visual Thinking Strategies in the exploration of fine art.

Thematic Focus:

Medical Humanities

Intended Audience:

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

Room: Richard/Charles

Strategies for Academic Success - Writing Articles, Editing Books

Laura Roberts, MA, MD, *Stanford University*

Abstract Description:

This workshop is a down-to-earth introduction to the essential skills of (1) writing manuscripts for publication in peer-reviewed academic journals and (2) developing a sound and compelling proposal for an edited book. Core elements of manuscripts and books will be described, and the processes for evaluating manuscripts and book proposals will be outlined. How publications, whether articles or books, fit into one's academic career trajectory will be discussed. Specific strategies for assessing one's strengths as a writer and collaborator, for presentation of one's scholarship, for collaborating with colleagues and with editor decision-makers will be discussed. The workshop will involve interactive learning and an open dialogue, Q and A approach, and it will have a tone of warmth and collegiality. The session will be aimed at enhancing the skills of early- and mid-career academic faculty but is also intended to be valuable for more senior faculty who serve as mentors, senior authors, and editors.

Learning Objectives:

Objective 1: To improve participants' understanding of peer-reviewed journal publication and book proposal processes,

Objective 2: To identify participants' personal strengths as writers, and

Objective 3: To provide information about the roles of editors, authors, and reviewers in publication.

Thematic Focus:

Career Development, Competencies, Leadership/Administrative Development, Teaching Skills/Techniques

Intended Audience:

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

9:30 am - 9:45 am

Coffee Service

Room: Foyer

9:45 am - 11:15 am

Concurrent Workshops

Room: Rogue

Ageist Microaggressions: Tools to Identify and Address Ageist Thoughts, Feelings and Behaviors in Training and Supervision

Wayles Haynes, MD, *University of New Mexico Psychiatry Residency Program*

Shriti Patel, MD, *Eastern Virginia Medical School Psychiatry*

Lewis Krain, MD, *University of Arkansas for Medical Sciences, UAMS*

Nikhita Singhal, MD, *University of Toronto*

Jenny Davis, B.A., *University of New Mexico (AO)*

Abstract Description:

Ageism profoundly impacts the health care of geriatric patients, an expanding population with increasing mental health and substance use needs. As trainees' exposure to older adults grows, so will the challenges of caring for this vulnerable population. Ageist attitudes towards older adults, often perpetuated by clinicians and learners, can lead to suboptimal care and poorer health outcomes. Missed diagnoses, decreased engagement in shared decision-making, and failure to offer appropriate treatments can result from ageist attitudes and behaviors which erodes trust and degrades the quality of care. To improve care for aging adult's teachers and trainees must identify and deconstruct ageism in clinical practice. Psychiatrist trainees should be trained to provide respectful, patient-centered care to people of all ages while feeling supported to navigate ageism themselves. In this workshop, participants will build awareness of ageism's negative impacts through discussing the various, often subtle forms of ageism, practice identifying ageists beliefs and behaviors in popular culture examples and clinical vignettes and apply one method to address ageist microaggressions commonly found in psychiatric training. Through reflecting on personal experiences in ageism and developing skills to address ageism both trainees and teachers can improve training and patient care.

Learning Objectives:

Objective 1: Define terms such as ageism and microaggression,

Objective 2: Identify ageist microaggressions in clinical and non-clinical scenarios, and

Objective 3: Apply one method to address ageist microaggressions in clinical training scenarios.

Thematic Focus:

Diversity, Equity and Inclusion,

Intended Audience:

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

Room: Henry

From Top Down to Side by Side: Implementing Peer Feedback

Serena Heung, MD, *University of Washington*

Ashwin Karnik, MD, *University of Washington*

Alexis Carnduff, MD, *University of Washington*

Brittany Goldstein, MD, *University of Washington*

Tom Soeprono, MD, *University of Washington (AO)*

Abstract Description:

As you take over the inpatient service from your colleague who just left for vacation, you realize that this is the third time they have forgotten to send sign-out for their patients. Although you feel stressed, the thought of bothering your colleague on vacation with a feedback e-mail stresses you out more.

With our challenging patients and busy days, finding an opportunity to discuss a concern regarding a peer can feel impossible. Even in that rare window, how do we provide feedback that communicates concerns effectively, optimizes receptivity, and promotes positive change?

From professionalism to medical decision-making, giving feedback can be challenging. Peer feedback offers a unique perspective, especially in the areas of teamwork, communication, and professionalism. By navigating similar challenges, peers create a safe and understanding space to provide constructive criticism. In fact, peer pressure can even produce higher quality work. However, even with the benefits of peer feedback, obstacles to speaking up include feeling uncertain about a colleague's reception of feedback, worried about how criticism might impact the relationship, and untrained to provide peer feedback.

To increase proficiency in peer feedback, this workshop provides learners of all stages with a personalized framework for providing peer feedback and an opportunity to apply their knowledge in clinically and professionally relevant scenarios. Participants will learn the key components common in multiple evidence-based frameworks for providing feedback (R2C2, PEARLS, SPIKE) and problem-solve common obstacles to providing constructive criticism.

Learning Objectives:

Objective 1: Identify key components of providing feedback to a peer by contrasting it with supervisor feedback,

Objective 2: Examine potential barriers to providing peer feedback and devise solutions to common obstacles, and

Objective 3: Implement peer feedback in different contexts (within the same specialty, between different specialties, regarding medical care, regarding professionalism).

Thematic Focus:

Assessment, Career Development, Leadership/Administrative Development, Teaching Skills/Techniques

Intended Audience:

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

Room: Kennedy/Roosevelt

It Takes More than Implicit Bias Training: Expanding Perspectives on Oppression and Liberation

Samuel Dotson, MD, *Northeast Georgia Medical Center*

Joseph Stoklosa, MD, *MGB/McLean Hospital*

Adrienne Gerken, MD, *Thomas Jefferson University Hospital*

DeJuan White, MD, *Emory University*

Rahel Bosson, MD, *Harvard Medical School/MGH/Mclean (AO)*

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

Abstract Description:

Although the structural perspective on health inequities is becoming increasingly prominent, limited guidance exists for educators seeking to integrate this complex social theory into their teaching. Many institutions prefer the interpersonally focused behavioral theory of implicit bias, which can often be reduced to a simple, check-box exercise. In addition to the acknowledgement of unconscious bias, however, dismantling systems of oppression requires conscious efforts and critical reflections on worldviews and power structures. By leveraging critical pedagogy and open dialogue techniques, educators can link the structural perspective to each of the 6 ACGME residency milestones using a variety of active learning exercises. In this workshop, learners will first be exposed to the often-overlooked tension that exists between behavioral and structural perspectives on social issues. Sociology journal clubs are initially used to introduce this tension to learners in a concrete and familiar format. Attendees then progress to a more nuanced and personalized approach to case formulation grounded in four key concepts borrowed from the literature on sociology, philosophy, and engaged spirituality. Finally, Open Dialogue approaches are reviewed as a way to navigate these difficult and emotionally laden conversations that often touch on deeply held political and personal beliefs for residents. Throughout the workshop, a variety of interactive learning exercises will be modeled that promote self-formulation, critical reflection, and perspective taking. Attendees will leave with an appreciation for the overarching strategy of teaching structuralism alongside behavioral perspectives, along with some practical and specific tactics for their teaching toolkits.

Learning Objectives:

Objective 1: explain the potential limitations of behavioral interventions in dismantling systems of oppression, and practice methods of making critical theory and structuralism practical for learners,

Objective 2: identify existing opportunities in their own programs for incorporating the transcendence-agency model of formulation and analyze potential challenges that their institutional culture and structure could present to teaching the structural perspective, and

Objective 3: create community and social psychiatry training experiences that integrate psychological approaches with a variety of sociological and spiritual perspectives including critical pedagogy and Open Dialogue.

Thematic Focus:

Diversity, Equity and Inclusion, Teaching Skills/Techniques

Intended Audience:

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

Room: Louis

Navigating Changing Landscapes for the Queer Community as an Academic Psychiatrist

Emrys Fonseca, MD, MS, *Mayo Clinic*

Morgan Faeder, MD, PhD, *University of Pittsburgh*

Brendan Scherer, MD, *San Mateo County BHRS*

Jacob Johnson, MD, *University of California, San Francisco*

Abstract Description:

In this current sociopolitical climate, we find ourselves in academic psychiatry navigating multiple changes- not just in terms of clinical care and access to care, but also in the wider context surrounding and permeating educational spheres, including legislative and federal initiatives. We are called upon to create an environment of psychological safety within which to educate our students and trainees. However, there are increasing and diverse challenges to creating such an environment within our rapidly evolving sociopolitical framework- especially for those juggling our own marginalized identities. This obligatory navigation of the unknown is not new for those who are a part of the queer community, or for those who work with our community. As we move forward in protecting an evidence-based approach to clinical care, supervision, and wellbeing, we are called upon to utilize and integrate trauma-informed approaches. While maintaining and fighting for appropriate care and welcoming environments in our health systems, we must also expand our vision and work outward, honing our advocacy work and skills.

This interactive workshop offers participants the opportunity to review current sociopolitical and legislative changes, build cognitive flexibility, and find ways to intervene in a way that is empowering for themselves, their peers, their trainees, and their patients. Our presenters are queer individuals from three geographical regions of the US, ranging from trainee to mid-career psychiatrist. The presenters will draw upon their diversity of positionality with regards to race, gender ethnicity, country of origin, sexual orientation, ability, neurodivergence, and religion.

Learning Objectives:

Objective 1: Describe current sociopolitical and legislative changes that impact LGBTQ+ individuals and how such changes may impact education for trainees in working with LGBTQ+ individuals,

Objective 2: Apply trauma-informed approaches to clinical education and supervision, and

Objective 3: Implement advocacy skills to support LGBTQ+ peers, trainees, and students.

Thematic Focus:

Career Development, Competencies, Diversity, Equity and Inclusion, Medical Humanities, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

Intended Audience:

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

Room: Richard/Charles

Be the Change: Supporting Adaptability and Resilience through Art-Based Programming

Lillian Houston, MD, *Southern Illinois University*

Megan Robb, MA, *Southern Illinois University Edwardsville*

Abstract Description:

It's no secret that rates of burnout among physicians are increasing and that this process begins in medical school. Of the three dimensions of burnout, depersonalization/cynicism, in particular, appears to spike relatively early in medical school, and in one longitudinal study, rates of depersonalization never remitted after a spike at the end of the M1 year. Ongoing changes in the healthcare landscape have immense potential to aggravate this pre-existing trend. Exposure to the humanities has been tied to decreased burnout in medical student populations. Art therapy is a field of practice that seeks to merge creativity and psychotherapeutic principles. This makes art therapy a useful modality for building activities to address constructs such as burnout, resilience, and community. In order to address rates of burnout and target the spike in depersonalization at the end of the M1 year, the presenters built an art-therapy-based educational activity focusing on understanding burnout and its precipitants and working in multiple media, including paint, clay, and collage. Two annual cohorts of sessions have been run for medical students, who have voiced high satisfaction with the sessions. Participants in this workshop will have the opportunity to participate in an abbreviated version of one of these art sessions in order to demonstrate the concept and allow participants to build similar sessions at their home institutions. While these activities were designed for medical students, the use of art-therapy-based sessions can have wide applicability for multiple levels of trainees, and this will be discussed during the workshop.

Learning Objectives:

Objective 1: Differentiate between the different components of burnout.

Objective 2: Describe how art therapy principles can be used to enhance trainee well-being.

Objective 3: Design a plan for integrating art-therapy-based activities into their home institutions.

Thematic Focus:

Curriculum Development, Medical Humanities, Teaching Skills/Techniques

Intended Audience:

Junior Faculty or Senior Faculty

11:15 am - 11:30 am

Refreshment Break

11:30 am - 12:30 pm

Room: Rogue

WIP (Work-In-Progress) Sessions

WIPs are meant to be incomplete education related projects which may include curricular innovations, novel teaching methodologies, education research, education related publications. The main goal is for authors to solicit feedback and guidance from attendees.

WIP (Work-In-Progress) Session - Group IA

Enhancing Holistic Residency Selection: Establishing a Rubric for a Culturally Tailored Approach to Psychiatry Residency Recruitment

Dina Perkey, MD, *University of California Irvine*

Carolyn Cookson, MD, *University of California Irvine Health*

Gemma Espejo, MD, *University of California Irvine*

Abstract Description:

Guided by the AAMC Holistic Review Framework™, this work develops a comprehensive rubric for residency recruitment, evaluating applicants based on a broad range of experiences and attributes. The flexible, mission-driven framework assesses applicants through Experiences, Attributes, Competencies, and Metrics (E-A-C-M), integrating academic achievements, personal traits, and life experiences to determine their potential contribution to program goals and institutional missions. By applying this model, residency programs can foster diversity, inclusivity, and a richer learning environment aligned with core values.

Our psychiatry residency program, which is located at a large academic training institution in an urban setting, adapted this framework to meet the community's needs and improve inter-rater reliability. Recognizing the demand for psychiatric services in Spanish, Korean, and Vietnamese in the county, we prioritized applicants fluent in these languages to better serve our diverse patient population. In addition to language skills, we focused on applicants' passion for psychiatry, interpersonal abilities, cultural humility, and commitment to improving mental health care access in underserved communities. We defined a 1-5 scale for each rubric criterion to ensure consistency when evaluating residents capable of meeting the unique needs of our diverse population.

As we refine this process, we seek feedback from other institutions in graduate medical education to optimize our residency recruitment approach, particularly in balancing academic metrics, cultural competencies, and clinical curiosity. Insights from other programs will help enhance our strategy moving forward.

Learning Objectives:

Objective 1: Encourage Interviewer Engagement with the Rating Process: Seek feedback strategies for motivating interviewers to consistently complete the rating forms during the interview process and provide feedback on how to improve the structure and clarity of the forms to facilitate thorough and thoughtful evaluations of applicants.

Objective 2: Balance Academic Metrics with Interpersonal Skills and Curiosity: Reflect on how well the modified selection process integrates applicants' academic performance with their demonstrated curiosity and passion for psychiatry and offer suggestions on how to further refine this balance to align with program goals.

Objective 3: Enhance Diversity and Inclusion in Residency Recruitment: Explore strategies to strengthen the recruitment process in terms of diversity, inclusion, and cultural humility, providing feedback on how to improve the assessment of applicants' potential contributions to a mission-driven, inclusive learning environment.

WIP (Work-In-Progress) Session - Group IB

Improving the Education of Non-Psychiatric Residents in Addiction Psychiatry

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

Abstract Description:

One unfortunate change psychiatrist's have had to adapt to is increasing morbidity and mortality from substance use disorders (SUDs) and overdoses. Psychiatrists alone cannot meet the high need for SUD treatment, and it is increasingly important to collaborate with and educate professionals from other specialties in this field of care. Our institution's addiction psychiatry hospital consultation-liaison service regularly incorporates resident/fellow rotators from internal medicine, family medicine, and pain management to care for patients experiencing alcohol and opioid withdrawal and various SUDs. This presents a unique opportunity for collaboration with non-psychiatric specialties, requiring intentional effort to maximize educational value during trainees' brief rotations. Yet there has been no formal curriculum developed to educate these rotators. To investigate the need for such a curriculum, we implemented pre- and post-rotation surveys to assess trainees' baseline and post-rotation knowledge of and attitudes toward SUD treatment, as well as to invite feedback on their educational experience. Preliminary survey results show that after their rotation, trainees expressed markedly increased subjective confidence in managing alcohol and opioid withdrawal and use disorders, slightly more positive attitudes toward treating patients with SUD, and feedback requesting more didactic instruction during the rotation. Survey data will be collected for another 4-5 months and analyzed to determine how to best proceed with improving the educational experience. In the meantime, our team seeks feedback to not only to refine the pre- and post-rotation surveys, but also to improve our education of non-psychiatrists in addiction psychiatry, an increasingly important field in an ever-changing world.

Learning Objectives:

Learning Objective 1: Refine questions to effectively assess pre- and post-rotation knowledge of and attitudes toward SUD treatment among non-psychiatric trainees,

Learning Objective 2: Develop methods to educate non-psychiatric trainees in managing common hospital SUD-related scenarios, such as alcohol and opioid withdrawal, and

Learning Objective 3: Discuss best practices for collaborating with and educating non-psychiatric trainees in caring for patients with SUDs amid the ongoing substance use epidemic.

11:30 am - 12:30 pm

Room: Henry

WIP (Work-In-Progress) Sessions

WIPs are meant to be incomplete education related projects which may include curricular innovations, novel teaching methodologies, education research, education related publications. The main goal is for authors to solicit feedback and guidance from attendees.

WIP (Work-In-Progress) Session - Group IIA

CPD in Psychiatry for HepCNetwork Multidisciplinary Teams: Identifying Needs and Barriers to Engagement and Evaluation Feedback

Noha Abdel Gawad, MD, FRCPC, *University of Toronto*

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

Abstract Description:

Mental health services are especially important for patients with hepatitis C(HCV) given its neuropsychiatric associations[1], and the overlapping psychosocial risk factors between psychiatric patients and HCV[2]. To improve the care delivered by community multidisciplinary teams, a psychiatry-hepatology educational offering was launched in 2021, and a series of eighteen psychiatry teaching sessions were delivered between 2021-2024. The teaching topics for 2021 were selected by the PI-Psychiatrist, and a needs assessment was sent out at the end of the year to gather participant feedback regarding relevance and impact on clinical practice. For subsequent years, participants were polled in January on several topics, and the top four choices were selected for that year's curriculum. Throughout this pilot, a clear need for psychiatry Continuing Professional Development (CPD) emerged. The major challenge has been limited post-session survey completion with only 0-3 participants responding on average. Although responses are usually positive, they are too few to generalize and cannot confirm the impact of this teaching on clinical practice. We attempted to incentivize the teams to complete the surveys through email reminders and explanations of how feedback can enhance teaching[3], without improvement in the response rate. Additionally, we found that attendance data does not directly correlate with topics of interest in a consistent way. For example, the teaching on psychosis had the lowest attendance (4 participants), despite being the highest ranked topic in 2023. Conversely, three people voted for 'delirium and dementia' in 2024, yet the session had 11 attendees. We aim to conduct a barriers assessment to explore barriers to provide feedback and attendance.

Learning Objectives:

Learning Objective 1: learn whether others have had similar challenges in gathering evaluation feedback from healthcare professionals and multidisciplinary teams,

Learning Objective 2: explore what barriers others have encountered to gathering feedback, to generating in-session engagement (virtually), and to attendance where there was an expressed need, and

Learning Objective 3: describe solutions that have been successful for similar challenges, and methods that have been helpful in evaluating the clinical impact of CPD teaching.

WIP (Work-In-Progress) Session - Group IIB

Using Artificial Intelligence to Adapt a Suicide Risk Assessment Workshop Based on Medical Student Feedback

Paige Chardavoyne, MD, MEd, *Mayo Clinic*

Amanda Liewen, MD, *Medical College of Wisconsin*

Adrienne Parnon, MBA, *Medical College of Wisconsin (AO)*

Abstract Description:

Participating in the suicide risk assessment workshop is required for the core psychiatry clerkship. Since the workshop's inception in July 2023, we have collected feedback about the students' experiences. Students have reported that the workshop improves their knowledge and comfort by managing suicidality, along with their attitudes regarding suicide.

We have received feedback regarding challenges with the workshop interview style. To keep students engaged throughout the standardized patient (SP) interviews, students go around the room asking the SP questions. Recently, one student noted that, "I liked the SP situations, but it was so unrealistic and awkward to switch asking questions in a circle." Others have noted challenges with obtaining a thorough history, staying organized, and feeling comfortable asking sensitive questions in the large group interview setting.

To address this feedback in a way that would be feasible from a cost and time perspective, we worked with the institution's Office of Educational Improvement to develop an artificial intelligence (AI) primer exercise for students to complete independently before the in-person workshop. This AI primer exercise involves an online chat between the medical student and an AI patient presenting with suicidal ideation. We developed this using a standardized patient script and AI ChatClinic®. Following the AI primer exercise, students list a differential diagnosis, write a risk assessment, and recommend disposition for the AI patient. Our topic follows the annual meeting theme of "Adapting to Change" as it is an example of curriculum modification following medical student feedback and considering technological advancements.

Learning Objectives:

Learning Objective 1: Discuss ways in which AI-based simulation exercises have been either successfully or less successfully integrated into the medical student curriculum,

Learning Objective 2: Recommend ways in which our AI-based simulation exercise could be optimized to support and empower medical student learners during the in-person workshop, and

Learning Objective 3: As this workshop continues to evolve over time, which techniques can be utilized to continually assess the workshop to ensure that it does not become cumbersome and lose value.

WIP (Work-In-Progress) Session - Group IIC

Mentors' and Mentees' Perspectives: Lessons Learned from a Department-Wide Mentorship Program in Psychiatry

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

Shaheen Darani, MD, *Temerty Faculty of Medicine, University of Toronto (AO)*

Sarah Vo, B.Sc., *University of Toronto (AO)*

Ziyi Xiao, Others, *University of Toronto (AO)*

Mary Jane Esplen, PhD, *University of Toronto (AO)*

Abstract Description:

The has launched a Mentorship Program since September 2021 as part of its 2020-2026 strategic plan to facilitate sharing of expertise, self-reflection, and career growth among junior and senior faculty members. A program evaluation strategy using self-administered online questionnaires is integrated in the Mentorship Program. The objective of this project was to conduct a short-term evaluation to assess program uptake, collect feedback and experience of mentors and mentees in the Department's Mentorship Program. Two parallel online questionnaires were developed, one for mentors and one for mentees. The inclusion criterion required participation in the Mentorship Program for at least six months. Both questionnaires collected data on key areas, including professional characteristics, mentorship experience, goals and expectations with the Mentorship Program, wellness and work-life balance, equity and diversity, and personal demographics. A total of 299 faculty members were invited to participate in the questionnaires. So far, we received a 20% response rate, where 30 mentors and 29 mentees completed their respective questionnaires. They were generally satisfied with the Mentorship Program. To 89% mentors, their expectation with the Mentorship Program was to facilitate career growth of more junior faculty; and to 74% mentees, their mentorship goal was to gain career guidance and to expand their professional networks. Both mentors and mentees reported that lack of time was the most common challenge. By gathering insights from mentors and mentees, the can improve overall delivery, resources, training, and tools, as well as ongoing program evaluation of the Mentorship Program.

Learning Objectives:

Learning Objective 1: Learn from the audience their insights pertaining to their experience in a mentorship program, if applicable,

Learning Objective 2: Develop a creative approach in analyzing our data received from mentors and mentees, and

Learning Objective 3: Critically appraise the evaluation approach that we planned for measuring perceived behavioral changes following engagement in a mentorship program.

11:30 am - 12:30 pm

Room: Louis

WIP (Work-In-Progress) Sessions

WIPs are meant to be incomplete education related projects which may include curricular innovations, novel teaching methodologies, education research, education related publications. The main goal is for authors to solicit feedback and guidance from attendees.

WIP (Work-In-Progress) Session - Group IIIA

Cultivating Belonging and Connectedness to an Academic Community: Evaluation of a Clinician Teacher Peer Mentorship/Community of Practice Group in a Large

Shaheen Darani, MD, *Temerty Faculty of Medicine, University of Toronto*

John Teshima, MD,M.Ed, FRCPC, *University of Toronto (AO)*

Mary Jane Esplen, PhD, *University of Toronto (AO)*

Certina Ho, PhD, RPh, *University of Toronto (AO)*

Lisa Fiksenbaum, PhD, *University of Toronto (AO)*

Tracy Sarmiento, MD, FRCPC, *University of Toronto (AO)*

Jovana Martinovic, MD, *University of Toronto (AO)*

Background:

Clinician teachers occupy crucial roles yet often face inadequate mentorship in developing their academic careers. Peer mentorship/communities of practice (CoP) offer an alternative model of support. Literature on CoP focuses on clinician scientists with little attention to clinician teachers. A needs assessment in our showed clinician teachers felt isolated/had less mentorship access. To address gaps in mentorship in faculty development, and local gaps, we implemented/evaluated a clinician teacher CoP.

Methods:

A clinician teacher mentorship/CoP was launched in a large Canadian Psychiatry Department for psychosocial support, professional identity formation, and skill development. Group process and content self-evolve, co-facilitated by mid/senior and junior faculty. Sessions are virtual, offered monthly. Content includes promotion, feedback, negotiation/self-advocacy, supporting trainee wellness. Process incorporates best practices; sessions are interactive, incorporating adult/case learning. Evaluation of participant experience involved quantitative surveys/qualitative interviews. Surveys included closed/open questions, administered 1 year post. Descriptive statistical techniques were used for survey analysis, open questions/interviews were analyzed thematically.

Results:

The CoP has reached 96 faculty through 20 sessions. Participant numbers varied from 3 to 23/session. Sessions were well-received; participants “strongly agreed/agreed” format was interesting/engaging (95%), group program was excellent (95%), greater sense of connectedness to academic community (84%),

improved understanding of career needs (79%), supported academic life/learning new teaching strategies (95%). Qualitative data showed faculty valued: sharing of experiences, validation; role socialization, format/leadership.

Discussion:

A CoP for clinician teachers can provide a safe environment to improve faculty's understanding of career/academic needs/role and promote sense of connection to their academic community.

Learning Objectives:

Learning Objective 1: Discuss strategies to support sustainability of the community of practice,

Learning Objective 2: Review how to optimize ongoing evaluation of the community of practice, and

Learning Objective 3: Explore strategies to engage clinicians teachers the community of practice has not reached.

WIP (Work-In-Progress) Session - Group IIIB

Unpacking the Flipped Classroom: A Qualitative Study on the Faculty and Learner Perspectives regarding Challenges in Flipping the Psychiatry Residency Classroom.

Kalyan Kandra, MD, FAPA, *Southern Illinois University*

Praneetha Vennam, MPH, *Center for Clinical Research, Southern Illinois University*

Background:

Medical education models have recently shifted from traditional lecture-based methods to more interactive, learner-centered approaches. Among active teaching methods, the Flipped Classroom model has gained significant attention but can present unique challenges for educators and learners. Understanding these challenges can be helpful for enhanced implementation of the Flipped Classroom model.

Objectives:

This Work-in-Progress study explores faculty and learner perspectives on challenges faced while implementing the Flipped Classroom model. The data will help structure a learner-centered curriculum, thereby increasing student engagement. It will also give faculty better insights into adequate implementation of the flipped classroom model. Findings from the study can help residency programs overcome the challenges and develop better curricula using the flipped teaching model.

Methods:

Faculty members and learners actively engaged in the flipped classroom model are chosen by selective sampling. The primary data collection methods will be individual semi-structured interviews and focus group discussions. Thematic analysis will identify, analyze, and report patterns within the data. Relevant software will facilitate the coding and theme identification process.

Preliminary Findings:

Our pilot studies show that faculty value the flipped model but struggle with content creation, time management, and student engagement. Residents report inconsistent engagement, inadequate pre-class preparation, and prefer traditional teaching for

certain topics. Both groups seek structured guidance and institutional support to improve the flipped teaching model.

Conclusion:

This study would help understand the challenges faced by faculty and learners while implementing flipped models of teaching and provide a platform for better implementation by working on the challenges.

Learning Objectives:

Learning Objective 1: Bring to the attention of participants that Flipped method of teaching can present with unique challenges and update them on faculty and learner perspectives regarding these challenges,

Learning Objective 2: Present that data gathered from the study can help residency programs overcome the challenges and develop better curricula using the flipped teaching model, and

Learning Objective 3: Receive feedback and additional input from learned colleagues regarding suggested changes to the protocol and innovative ideas for successful implementation of the research project.

Riding the Tide of Change: Evaluation of Faculty-Wide Unconscious Bias Training One Year following Implementation

Nikhita Singhal, MD, *University of Toronto*

Shaheen Darani, MD, *Temerty Faculty of Medicine, University of Toronto*

Amy Gajaria, MD, FRCPC, *Centre for Addiction and Mental Health, University of Toronto*

Certina Ho, PhD, RPh, *University of Toronto (AO)*

Maydianne Andrade, PhD, *University of Toronto (AO)*

Fiona Rawle, PhD, *University of Toronto Mississauga (AO)*

Shekina Plowman, RN, *University of Toronto (AO)*

Abstract 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. DEI or unconscious bias training was often criticized for failing to demonstrate sustained impact on behaviour and practice change – the higher Kirkpatrick's educational outcome levels. To address this challenge, we developed, implemented, and evaluated the impact of an unconscious bias workshop for faculty our . The objective of this project is to assess behavior and/or practice changes (if any) one year after the workshop.

We conducted a qualitative study, adopting critical realism with Mezirow's Transformative Learning Theory. We invited faculty for semi-structured interviews to understand their learning gains (or not) from their participation in the unconscious bias workshop a year ago. Participants' demographic information was collected via an online survey. Interview recordings were transcribed verbatim, coded (both deductive and inductive), and thematically analyzed through an iterative process.

We reached our recruitment target of 12 faculty participants. Themes emerging from preliminary analysis revolve around facilitators and barriers to change, workshop effectiveness, sustaining impact, and moving from awareness to action. This study shows how educators can design, implement, and evaluate an equity-focused workshop for faculty in a large department that has sustained impact on behavior

and practice changes; we anticipate our findings will provide valuable information on facilitators and barriers of organizational/behavioral change related to DEI in academic medicine.

Learning Objectives:

Learning Objective 1: Appraise feedback on our approach to educational program evaluation of our department-wide unconscious bias education program,

Learning Objective 2: Obtain feedback on our proposal for next steps to build on this initiative, and

Learning Objective 3: Identify ways in which our findings could be applied to improve DEI education more broadly within the current DEI environment.

11:30 am - 12:30 pm

Room: Richard/Charles

WIP (Work-In-Progress) Sessions

WIPs are meant to be incomplete education related projects which may include curricular innovations, novel teaching methodologies, education research, education related publications. The main goal is for authors to solicit feedback and guidance from attendees.

WIP (Work-In-Progress) Session - Group IVA

Empowering Future Healthcare Providers: Evaluating the Impact of a Student-Led Mentorship Program

Marie Bernard, BS, *University of Nebraska Medical Center*

Rebecca Williams, B.A., *University of Nebraska Medical Center (AO)*

Jacob Owens, BS, *University of Nebraska Medical Center (AO)*

Thomas Clare, BS, *University of Nebraska Medical Center (AO)*

Daniel Gih, MD, *University of Nebraska Medical Center (AO)*

Brooke Fitzpatrick, B.A., MPH, *University of Nebraska Medical Center (AO)*

Therese Mathews, NP, PhD, *University of Nebraska Medical Center (AO)*

Jessica Semin, MPH, RN, *University of Nebraska Medical Center (AO)*

Abstract Description:

The Accreditation Council for Graduate Medical Education requires psychiatry trainees to recognize how social determinants of health influence diagnoses. In an increasingly virtual curriculum, especially in undergraduate medical education (UME), cultivating face-to-face interaction with at-risk populations is crucial to acquiring familiarity with these determinants. This study aims to evaluate and expand upon the impact of a mentorship program at the University of Nebraska Medical Center on trainees' competence and comfort in addressing social determinants of health.

Fostering the Future is a service-learning program run by students to help at-risk youth in Omaha. Its coach program connects student volunteers with foster youth aged 16-24 through skills workshops and social events, offering a unique opportunity to serve and learn from this marginalized population and the community agencies supporting them. Longitudinal surveys track the coach program's effect on volunteers' cultural understanding and ability to serve vulnerable populations. Studies show that student-run free clinics substantially boost students' skills and dedication to serving underserved communities. We hypothesize that participation in

the Fostering the Future mentorship program will similarly improve students' knowledge of challenges faced by vulnerable groups, awareness of resources, and confidence in serving these groups. The elevated suicide risk and mental health problems among foster youth underscore the critical need to nurture this skillset in future psychiatrists.

We aim to provide UME students with firsthand experience working with vulnerable populations and prepare them to integrate their proficiency into graduate medical education. This community-serving activity could support a vulnerable population and better serve learner needs.

Learning Objectives:

Learning Objective 1: Conceive additional opportunities to enhance students' professional development through the mentorship program,

Learning Objective 2: Identify barriers to program adoption at other institutions, and

Learning Objective 3: Develop a strategic plan for sustainable scalability.

WIP (Work-In-Progress) Session - Group IVB

Designing a Disaster Psychiatry Curriculum for Psychiatry Residents

Zelde Espinel, MD, *University of Miami*

James Shultz, MS, PhD, *University of Miami*

Abstract Description:

As disasters become more frequent and complex, the need for psychiatrists trained in disaster response continues to grow. From hurricanes and wildfires to pandemics and armed conflict, these crises often lead to profound mental health consequences for individuals and communities.

Despite this increasing demand, psychiatry residency programs lack a standardized curriculum that addresses the unique challenges of disaster psychiatry. This initiative aims to bridge that gap by equipping psychiatry residents with essential knowledge and practical skills to navigate disaster scenarios effectively. The curriculum will provide a comprehensive overview of disaster types and their psychosocial impacts, along with evidence-based strategies for assessment and intervention across a range of crisis settings. A key focus will be on early interventions, such as Psychological First Aid. Another critical component will address the mental health needs of disaster responders and healthcare workers, incorporating training in Stress First Aid, a structured framework designed to support individuals coping with high-stress environments. We plan to integrate this curriculum into PGY-1 and PGY-4 didactics while also offering adaptable refresher lectures based on immediate needs. To enhance learning, we will incorporate case-based discussions and tabletop exercises.

This curriculum will equip trainees with the tools to address the challenges of disasters and extreme events by enhancing both personal and provider preparedness while intervening to support the mental health needs of disaster survivors. Input from psychiatry attendings and residents will be valuable for refining this curriculum to optimize trainee education and real-world application.

Learning Objectives:

Learning Objective 1: Identify measures to assess the curriculum's effectiveness,

Learning Objective 2: Identify teaching strategies that enhance trainee engagement and skill development, and

Learning Objective 3: Elicit feedback and recommendations from audience members that may include their own experiences in disasters.

WIP (Work-In-Progress) Session - Group IVC

Reviving PsyCLE? an Opportunity for Pre-Clerk Mentorship and Clinical Exposure to Psychiatry

Anita Shah, BS, *Western University*

Celine Prell, MD, *University of Toronto*

Kien T Dang, MD, FRCPC, *University of Toronto (AO)*

Vikita Mehta, B.A., BS, *University of Toronto (AO)*

Beverly Guan, MD, FRCPC, *University of Toronto (AO)*

Certina Ho, PhD, RPh, *University of Toronto (AO)*

Abstract Description:

The University of Toronto offered the PsyCLE program until 2019, which provided preclerk students with structured clinical exposure to psychiatry. However, there is currently no opportunity for students to gain structured mentorship and clinical exposure to psychiatry aside from shadowing arranged by students. Our goal is to re-institute the PsyCLE program in the 2025-2026 academic year. Existing literature, though limited, suggests pre-clerkship observership programs have numerous benefits including improved knowledge, increased confidence, and increased interest in specialties. Our program is based on the previous PsyCLE program and other similar programs at UofT. First, we will conduct a needs assessment utilizing survey data to determine our priorities for PsyCLE. We will then recruit participants via email, interest group meetings and social media. Each pre-clerkship medical student will be matched with a resident or staff psychiatrist mentor. Students will arrange 3 half days of observerships with their mentor over 6 months, booked through the existing UofT online platform. Prior to starting, students will attend an orientation session and receive relevant orientation materials. Mentors will also receive general information about the program. We will gather and implement feedback after completion of the program to improve future cycles. We recognize feedback from the previous PsyCLE program was limited. We hope that providing a certificate and formal recognition for participation after completion of feedback will provide additional incentive to participate and engage with feedback surveys. We anticipate PsychLE will increase interest in psychiatry, improve knowledge and foster increased clinical confidence.

Learning Objectives:

Learning Objective 1: Elicit specific ideas for questions to include in feedback surveys to objectively measure program efficacy,

Learning Objective 2: Discuss ideas for relevant topics to include in orientation materials for students and mentors, such as specific learning goals for students (i.e. learn how to do an MSE) and specific discussion topics for mentors, and

Learning Objective 3: Brainstorm other potential platforms / avenues to reach out to students and mentors and identify potential incentives that may increase recruitment.