

# 2025 AAP E-POSTER AWARDS

**First Place Overall**

**First Place: Changed Peoples and Adapting Populations (DEI/Addressing Disparities)**

**Systems Thinking in Psychiatric Emergency Care**

**Wayles Haynes, MD**

**University of New Mexico**

### Systems Thinking in Psychiatric Emergency Care

**PRESENTER:**  
**Wayles Haynes, MD MFA**  
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**INTRODUCTION:**  
In the current under-resourced behavioral health environment, psychiatric care increasingly occurs in the emergency setting with research indicating disparities in care for minority patients. 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:**

- 60-minute class for third year psychiatry clerkship students.
- Students applied principles of systems thinking in acute psychiatric care.
- Compared historic and contemporary psychiatric emergency presentations.
- Interactive lecture design fostered discussion and reflection in structurally competent assessment.

## Teaching systems thinking and structural competency in psychiatric emergency care could empower learners to problem-solve and promote system change.

**Class Objectives:** After completing this class learners will be able to:

- Reflect on structurally competent care in psychiatric emergency patient presentations.
- Discuss how system's thinking can impact the care of patients.
- Identify elements of structural competency within historic examples of psychiatric care.

**RESULTS:**  
The class was delivered over the course of two years. Confidence with learning objectives was assessed via a 5-point Likert scale with 96 learners completing the pre-posttest assessment.

- Increased confidence in all learning objectives.
- Normalized gain found of 50%, 49%, and 50%.

**Student Self Report**


- Reinforcing feedback for the engaging teaching style, historic context, and case-based focus.
- Reforming feedback for more discussion time, shorter cases, and more diverse patients.

**Narrative Responses**

**CONCLUSION:**  
This class designed to promote personal reflection and system's thinking in psychiatric emergency care was a success. Students' self-assessment reports confidence gained on all learning objectives. Presenting psychiatric acute care cases within a structurally competent framework could teach learners to recognize how their feelings can drive patient and provider decision-making and promote system change problem-solving.


**Future Steps**

- Apply reforming feedback to revise the class.
- Assess change in behavior and skill.
- Evaluate the class for further scholarship.



Take a picture to download the class slide deck.

Co-Author  
Samira Khalil, MD



**Second Place Overall**

**First Place: Always Adapting (General Education)**

**Teaching Psychiatry Residents Mindfulness Skills to Incorporate into Work to Reduce Burnout**

**Adam Griffin, MD**

**Baylor College of Medicine**

## Teaching Psychiatry Residents Mindfulness Skills to Incorporate into Work to Reduce Burnout

Adam S. Griffin, MD, Shannon Sisco, PhD, Ali Asghar-Ali, MD

**Background**

Burnout affects resident physician health and patient care. Evidence supports teaching mindfulness to reduce burnout. Existing mindfulness curricula for medical residents focus on practices done outside of work.

We developed a curriculum for psychiatry residents with an emphasis on applying mindfulness principles during work tasks.

**Methods**

Initial Teaching Session  
P01 and P02 residents attended a 3-hour workshop consisting of 3 modules. Each module contained didactic teaching, a short meditation, and a role-play scenario followed by a debrief.

3-Month Follow-Up  
30-minute review of content

Surveys  
Assessed mindfulness skills, knowledge, attitudes, and levels of burnout.

**Results**

**Initial Session Post-survey**  
Showed a statistically significant increase in mindfulness knowledge, skills, and attitudes compared to the pre-survey.

**3-Month Survey**  
First-year residents reported no change in burnout while third-year residents reported a statistically significant decrease in burnout.

**6-Month Survey**  
There was a significant negative correlation between mindfulness knowledge and burnout levels.

	Pre-survey	Post-survey	3-Month	6-Month
Mindfulness Knowledge	3.68	4.30*	4.10*	4.50*
Mindfulness Skills	2.67	3.80*	3.67	3.89*
"I have a personal mindfulness practice"	3.2	n/a	4.06*	4.32*
"I practice mindfulness at work"	2.4	n/a	3.8*	4.44*
Burnout P01	4.92	n/a	4.88	2.67
Burnout P02	6.0	n/a	4.71	4.31

**Discussion**

Encouraging early results warrant the expansion and continuation of this study.

This model can be adapted to fit the specific needs of individual years of residency, such as modules for outpatient vs inpatient psychiatry practices.

## Third Place Overall

### First Place: Driving Change (Innovation)

#### 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

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

Stephanie Lushniak BA<sup>1</sup>, Brigid Larkin BS<sup>1</sup>, Vivienne Li BA<sup>1</sup>, Kama Guluma, MD<sup>2</sup>, Kendall Cwik, MS<sup>3</sup>, Alana Iglewicz, MD<sup>1,3</sup>  
<sup>1</sup>UC San Diego School of Medicine, <sup>2</sup>Department of Emergency Medicine, <sup>3</sup>Department of Psychiatry

**BACKGROUND**

- Burnout is a growing concern in medical education<sup>1,2</sup>. Novel, innovative and inexpensive approaches are needed.
- Meaning-making, engagement, and connection are core concepts from psychiatry that may mitigate burnout in medicine<sup>3,4</sup>.
- Meaning in Medicine (MIM) is a lunch-based initiative fostering faculty-student dialogue and connection through storytelling.
- MIM is grounded in principles of positive psychiatry and community-building.

**STUDENT AND FACULTY TESTIMONIALS**

*"MIM has been very valuable in connecting medical students with physicians who remind us of the 'why' behind going into this profession, it helps to ground us."* — Medical Student

*"Not only was the event a great way to get to know a physician on a personal basis (outside of an evaluating scenario), but I appreciated getting to know what decisions and values drove each step of their career timeline. I learned how to craft a work-life balance, in medicine across different stages of training and was able to learn more about how to align personal values with specialty selection."* — Medical Student

*"This was a most welcome opportunity to sit down with students in a casual setting, share my experience and perspective, and discuss student questions regarding a life and career in academic medicine."* — Faculty Member

*"MIM offered a valuable experience to connect with classmates and faculty over a yummy meal. Events like these help build community in med school!"* — Medical Student

**METHODS**

- Anonymous post-session surveys of 118 attendees and 6 faculty speakers
- Assessed perceptions of:
  - Meaning-making
  - Faculty-student connection
  - Burnout mitigation
- Survey format: Likert scale + open-ended feedback

**DISCUSSION & CONCLUSIONS**

- MIM fosters safe spaces for connection and reflection.
- Faculty and students alike benefit from mutual understanding.
- Psychiatric educational frameworks enriched the burnout intervention.
- Peer storytelling may help bridge generational and hierarchical divides in medicine.

**RESULTS**

Medical Student Responses, N=41  
Attending a MIM Session helped to...

Of the 3 faculty respondents...

- 100% strongly agreed that presenting gave them a space to discuss the realities of medicine.
- 100% agreed or strongly agreed that presenting helped them connect with the issues they pursued a career in medicine.
- 100% agreed or strongly agreed that presenting allowed them to relate to and build connections with medical students.
- 67% agreed that presenting helped them mitigate their own potential burnout.

**AIMS**

- Reduce burnout
- Build community
- Learn resiliency-promoting techniques
- Reconnect with meaning in medicine

**MIM INITIATIVE**

- Optional opt-in lunch discussion series for medical students and faculty.
- Faculty share meaningful patient encounters and life reflections with opportunities to engage students in discourse.

**NEXT STEPS**

- Include residents/fellows as speakers
- Explore tailored burnout interventions founded on positive psychiatry themes
- Expand survey questions to assess long-term impact

**REFERENCES**

- Carroll V, Benney S, Bourgeois C, et al. Mental health and burnout during medical school: longitudinal evolution and correlates. *BMJ Open*. 2019;19(10):e021108. Published 2019 Apr 26. doi:10.1136/bmjopen-2019-021108
- Wells JG, Sidelmann K, Wang L, et al. Sign Systems, Group Dynamics, and Suggested Interventions for Burnout Among Postgraduate Students at a U.S. Medical School. *American Journal of Orthopsychiatry*. 2019;89(1):107-116. doi:10.1097/JOA.0000000000000174
- Engelmann MC. Creating Structured Opportunities for Social Engagement to Promote Well-Being and Avoid Burnout in Medical Students and Residents. *Acad Med*. 2018;93(10):206-209. doi:10.1093/acmed/bmy012
- Shawin NJ, Chhabra J. Finding the Why: Changing the How: Improving the Mental Health of Medical Students, Residents, and Physicians. *Acad Med*. 2016;91(7):1219-1226. doi:10.1093/acmed/bmw001

## Fourth Place Overall

### First Place: Changing Lives (Teaching & Mentoring)

#### The Benefits of Medical Student Involvement in Hospital Policy Review

Rachna Rahul, MD

University of Miami, Miller School of Medicine

**A NEW DIRECTION FOR MEDICAL ETHICS CURRICULUMS**

Rachna Rahul MPH, Giselle De La Rua  
 UNIVERSITY OF MIAMI  
 MILLER SCHOOL OF MEDICINE

**Introduction**

- Ethics curriculums in medical schools are structured around three objectives: knowledge, habituation, and action<sup>1</sup>.
- Traditional methods fail to provide sufficient exposure to the practical application of these principles<sup>2</sup>.
- The clinical environment's time constraints limit in-depth ethical discussions, leaving students underprepared for the complexities of real-world ethical decision-making.
- Involving medical students in hospital policy review addresses this gap by providing hands-on experience in navigating ethical challenges and interdisciplinary collaboration.

**Process Flow Diagram**

**Reflection**

**Positives**

- Engaging with stakeholders ensured that diverse perspectives were considered in the review process
- Bridging gaps in ethics education and preparing future leaders in healthcare

**Negatives**

- Balancing academic responsibilities with policy review tasks can be demanding for students
- Negotiating complex legal and ethical terminology required significant guidance

**Goal of Innovation**

Hospital policies standardize medical processes and empower physicians to make the necessary decisions to steward our scarce resources. The primary objective of this initiative is to enhance medical students' ethics education by involving them in hospital policy review to encourage an applied understanding of the impact of hospital policies on complex medical decision-making.

**Outcomes**

- ✓ Quicker policy review turnarounds
- ✓ Increased perspective on complex medical decision making
- ✓ Increased exposure to interdisciplinary medical teamwork
- ✓ Future benefit of experienced policy reviewers

**References**

- Carroll V, Benney S, Benney S, et al. (2017). How can we know that ethics education practices are real? *Acad Med*. 92(10):1419-1426.
- Anderson, M., Johnson, A., Frank, C., et al. Ethics education to support ethical competence training in healthcare: an integrative systematic review. *BMC Med Ethics* 23, 40 (2022). <https://doi.org/10.1186/s12914-022-00730-2>
- Moskowitz, S. (2022, March 22). *Healthcare policy: What is it and why is it important?* U.S. News - University of St. Augustine for Health Sciences. <https://www.usnews.com/healthcare/policy>

# Honorable Mention: Changed Peoples and Adapting Populations (DEI/Addressing Disparities) Educating Medical Students on Immigrant Health and Trauma-Informed Care through a Dual-Purpose Session

Julia Gillan

Rutgers Robert Wood Johnson Medical School

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

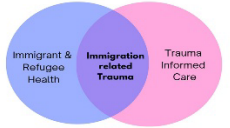
Julia Gillan, BS<sup>1</sup>, Betsy Mathew, MD<sup>1,2</sup>, Jessica Occhiogrosso, MD<sup>1</sup>, Nathalia Arias Alzate, MD<sup>2</sup>, Kristen Coppola, PhD<sup>1</sup>, Karen W. Lin, MD, MS, FAAPF<sup>1,2</sup>

<sup>1</sup>Rutgers Robert Wood Johnson Medical School, Piscataway, NJ; <sup>2</sup>Department of Family Medicine and Community Health, RWJMS, New Brunswick, NJ

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### Background

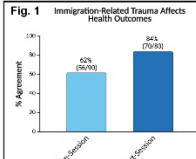
- Over 89% of US adults report having experienced at least one traumatic event in their lifetime.<sup>1</sup>
- Trauma history is especially prevalent among immigrant populations, and is associated with higher rates of PTSD, anxiety, depression, and chronic pain.<sup>2-4</sup>
- 31.3% of the New Brunswick, NJ residents were born outside of the US, as of the 2020 US Census.<sup>5</sup>



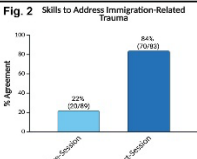
**Research Objective:**  
Develop and evaluate a trauma informed care session for medical students centered on immigration-related trauma to provide a practical and applicable education program in both areas.

### Results


**Fig. 1** Immigration-Related Trauma Affects Health Outcomes



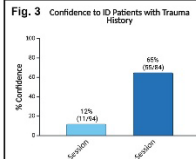
**Fig. 2** Skills to Address Immigration-Related Trauma



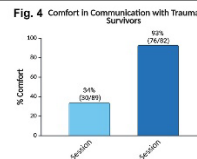
**Fig. 5** Medical students' agreement (92%, 68/74) that this dual-purpose session should be included in the required curriculum.



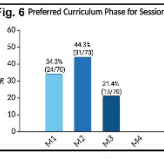
**Fig. 3** Confidence to ID Patients with Trauma History



**Fig. 4** Comfort in Communication with Trauma Survivors



**Fig. 6** Preferred Curriculum Phase for Session



### Methods

Developed a one-hour session including:

- General Trauma Informed Care (TIC) principles - including types of trauma (including immigration-related trauma), screening for trauma, and trauma informed history taking and physical exam.
- Immigrant and Refugee Health information - including data about our specific community's immigration statistics and how immigration-related trauma can affect health.
- Application of above skills to an immigration-related trauma patient case.

Session was delivered to primarily first and third year medical students.

In total, n = 96 anonymous pre-session surveys and n = 85 post-session surveys were collected using Qualtrics. Data analyzed with Excel and SAS OnDemand.

### References

1. McMillen, B. O. et al. (2019). Trauma history and PTSD in the United States. *Journal of Interpersonal Violence*, 34(1), 57-67.

2. Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *Psychological Bulletin*, 98(2), 66-107.

3. Cohen, J. A. et al. (2017). Immigrant trauma and mental health outcomes among adults: A review of the literature. *Journal of Immigrant and Minority Health*, 23, 1003-1020.

4. Lin, K. W. et al. (2015). Immigrant and refugee mental health: Epidemiology and practice. *Psychiatric Services*, 66(11), 1185-1192.

5. U.S. Census Bureau. (2020). *2020 Census of the United States*. Washington, DC: U.S. Government Printing Office.

### Conclusion

**Significance:** This dual-purpose session effectively integrated educational goals related to both TIC and immigrant health - providing medical students with practical, applicable skills.

- Future directions include adding more interactive practice such as role plays and practice with standardized patients.
- TIC sessions in different schools can be focused on other areas of application that are relevant to the local patient population.

# Honorable Mention: Changing Lives (Teaching & Mentoring)

## Mindful Munch: Trainees as Community Educators in High School Classrooms

Michelle Won, MD

University of California - Irvine

UC Irvine

**Mindful Munch:**  
Trainees as Community Educators in High School Classrooms

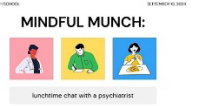
Michelle Won, MD, Evelyn Lee, MD, Lauren Schooner, MD, Gemma Espejo, MD  
University of California Irvine School of Medicine, Department of Psychiatry and Human Behavior

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### Introduction

Providing mental health education in school-based settings is evidenced to be impactful for promoting student wellness. However, delivery in a school based setting is limited by time, cost, and need for training. There exists a unique opportunity for psychiatry trainees to develop and teach mental health curricula in the school based setting, which helps trainees gain teaching skills and impact the community in a positive way.


**MINDFUL MUNCH:**



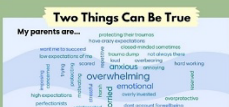
**Hello!**




**Academic Wellness**



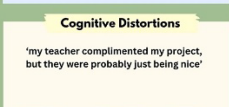
**Two Things Can Be True**



**What to Expect**



**Cognitive Distortions**



### Results

High school students provided narrative feedback emphasizing the value of having a safe, conversational, and judgment-free space to ask questions about mental health at school.

School counselors and teachers noted students found trainees relatable due to their age, gender identity, and cultural background.

Trainees valued the opportunity to adapt their communication styles and think creatively about how to present difficult psychiatric concepts in age-appropriate and culturally sensitive ways.

### Methods

General psychiatry residents and child psychiatry fellows developed an age-appropriate, creative presentation with curricula developed from common questions encountered in clinical settings.

Interactive presentations were held during lunchtime at local high school campuses (n=3, suburban settings), providing a space to clarify misconceptions, answer student questions, and demystify the mental health treatment process.

### Discussion & Future Directions

This initiative demonstrates a crucial role trainees can play in improving mental health literacy in schools while also developing teaching skills.

Future directions include formalization and expansion of curriculum to diverse community settings.

### References

Zhang, Q., Wang, J., & Nitzel, A. (2021). School-based mental health interventions targeting depression or anxiety: A meta-analysis of rigorous randomized controlled trials for school-aged children and adolescents. *Journal of youth and adolescence*, 52(1), 189-207.

Zhang, Q., Wang, J., & Nitzel, A. (2023). School-based mental health interventions targeting depression or anxiety: A meta-analysis of rigorous randomized controlled trials for school-aged children and adolescents. *Journal of youth and adolescence*, 52(1), 189-207.

# Honorable Mention: Changing Lives (Teaching & Mentoring)

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

Lucia Ray

University of Minnesota

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

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Briana Clifton, BA<sup>1</sup>  
Jeremiah Atkinson, MD<sup>1</sup>  
Tolulope Odebumni, MBBS, MPH<sup>1</sup>  
<sup>1</sup>University of Minnesota Department of Psychiatry and Behavioral Sciences

**Background & Introduction**

- 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."
- Based on this model, engaging in self-reflection and feedback can increase understanding of self and others and strengthen interpersonal relationships.

**Methods**

- A 90-minute exercise based on the Johari window was incorporated during PGY2 orientation for the past three years.
- After introducing the Johari window, residents were randomly assigned a co-resident to reflect on their strengths and provide direct face to face feedback to their peer.
- Residents were sent a survey in 2025 evaluating the impact of the exercise on intra-cohort connectedness, sense of self, and feelings of impostor syndrome and burnout.

### The Johari Window

	Known by self	Unknown by self
Known by others	Open area	Blind area
Unknown by others	Hidden area	Unknown area

Arrows: Feedback (Blind to Open), Self-disclosure (Hidden to Open)

**Results**

- 40% of residents reported they are **somewhat likely** and 60% reported they are **very likely** to recommend the Johari window exercise to a peer at a different institution.

Reflections from residents:

- "I think it helped me better understand how my peers view me, and that they see some strengths that I don't see."
- "Helped me share more info about a part of me that is important that others don't know."

**Discussion**

- Residents reported positive experiences with the Johari window exercise with positive impacts on cohort connectedness, self-awareness, impostor syndrome, and sense of readiness for PGY-2 year.
- This study was limited by surveying residents at a single program and low response rate, likely due to survey fatigue.
- In future years, response rate may be improved by administering the survey immediately after the Johari window activity.

**References**

- Luft, J. and Ingham, H. (1955). The Johari window, a graphic model of interpersonal awareness. Proceedings of the western training laboratory in group development. Los Angeles: University of California, Los Angeles.

How did the Johari window exercise impact your residency cohort's **connectedness**?

How did the Johari window exercise impact your **self-awareness**?

How useful was the Johari window exercise to decrease feelings of **impostor syndrome**?

How useful was the Johari window exercise as a tool to **prevent burnout**?

How useful was the Johari window exercise as a tool to increase your **sense of readiness to move to PGY-2 year**?

How likely are you to **recommend the Johari window exercise** to a peer at a different residency program?

# Honorable Mention: Changing Lives (Teaching & Mentoring)

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

Katherine Skowronski

University of Toronto

### Curriculum Development in the Azrieli Brain Medicine Fellowship: A Multi-Phase Approach to Address Interdisciplinary Learning Needs

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Azrieli Brain Medicine Fellowship Program<sup>1</sup>, McMaster University Medical Centre<sup>2</sup>, Sunnybrook Research Institute<sup>3</sup>, Sunnybrook Health Sciences Centre<sup>4</sup>

#### Introduction

**Brain Medicine** is an emerging interdisciplinary field that takes a symptom-based approach to complex brain disorders involving lows or more symptoms across affect, behavior and/or cognition.

The Azrieli Brain Medicine Fellowship Program is an innovative competency-based fellowship that aims to train brain medicine experts who come from multiple specialties or origins.<sup>1</sup>

This project sought to create an **evidence based didactic curriculum** based on the following principles:

- High-yield
- Provides expert-level knowledge in Brain Medicine
- Adaptable to diverse neuroscience training backgrounds

#### Results

**Questionnaires and Focus Group**

Staff Preferences	Content	Fellow Preferences
<b>Desired Topics:</b> Affect Behavior Cognition	<b>Anatomy Topics:</b> Functions of the motor pathways Impact of systemic diseases	<b>Desired Topics:</b> Sensation Perception Arousal
<b>Anatomy topics:</b> General neuroanatomy Functions of lobes Fundamental neuroanatomic structures	<b>Imaging skills:</b> Identify regions of neuroanatomical structures Interpret nuclear medicine scans	<b>Anatomy topics:</b> Common pathology patterns
		<b>Imaging skills:</b> Identify normal anatomic common types of pathology, atrophy patterns, interpretation of MRI

#### Pilot

**Figure 2:** The flow diagram of the 24-week curriculum of the fellows program.

July	August	September	October	November	December
Neuroanatomy	CFP	Journal club	Seminar 1 (Sensation)	Seminar 2 (Cognition)	Journal club
Pathology 3 (Affect)	Pathology 4 (Movement)	Journal club	Pathology 5 (Perception)	Pathology 6 (Arousal)	Journal club

#### Methods

Using the **Thomas et al. Curriculum Development Model** alongside the **ADIE framework**, the following questions were explored:

- What **content** should be included to best supplement clinical experiences?
- What **educational methods** are most effective?
- What is the optimal **frequency and duration** of educational activities?

#### Discussion

- Consensus responses between stakeholders for the curriculum.
- Discussions with all groups supports the need for a flexible and responsive curriculum for each cohort.
- Discussions between groups suggest the need for further understanding of discrepancy between staff and fellow assessment of knowledge needs.
- Focus on practical clinical and theoretical skills spanning brain medicine specialties.
- Recorded lectures, self-directed PBL, and mix of in-person/virtual sessions to reduce in-person contact.
- Limitations: small sample size, curriculum has not yet been tested, involving trainees of varied career or brain medicine specialties.

#### Conclusion

The interdisciplinary nature of brain medicine requires a flexible curriculum that includes condensed essential learning and regular team learning.

#### References

1. Luft, J. and Ingham, H. (1955). The Johari window, a graphic model of interpersonal awareness. Proceedings of the western training laboratory in group development. Los Angeles: University of California, Los Angeles.