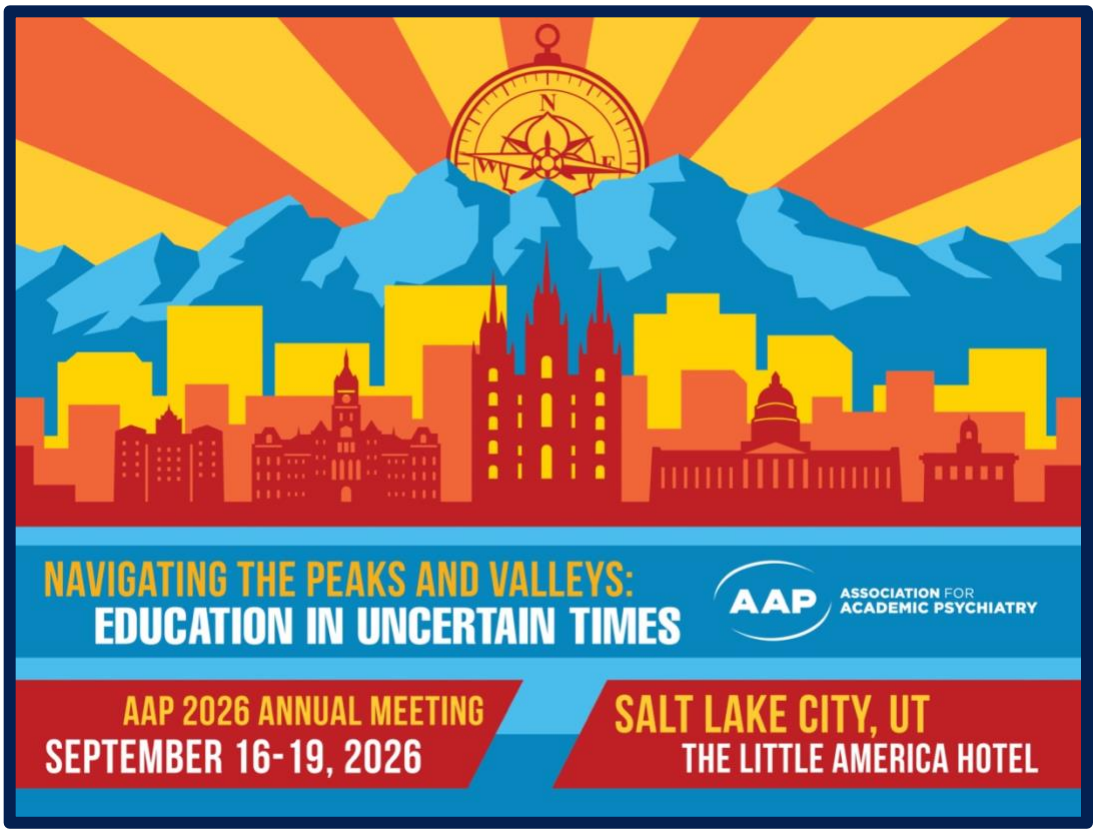



# OFFICIAL PROGRAM

AMERICAN PSYCHIATRIC ASSOCIATION

AAP Association for Academic Psychiatry

**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.

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

Association for Academic Psychiatry

# 2026 Annual Meeting

## Program Planning Committee

***Program Chair***
**Joseph Stoklosa, MD**
MGH/McLean Hospital

***Associate Program Chair***
**Adrienne Gerken, MD**
Thomas Jefferson University

***Poster Selection Subcommittee Chair***
**Meghan Schott, DO**
University of Utah

***Media Session Coordinator***
**Ali Asghar-Ali, MD**
Baylor College of Medicine

***President***
**Michael J. Peterson, MD, PhD**
University of Wisconsin

***Administrative Director***
**Lisa V. Hedrick**
Association for Academic Psychiatry

**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

# 2026 Annual Meeting

## Registration Information

The AAP Annual Meeting Registration Desk is located at the Ballroom Reception, Lobby Level area. 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 15** 2:00 pm – 5:00 pm
*Master Educator, AACDP/AAP Joint Leadership Program and Executive Board Only*

**Wednesday, September 16** 8:00 am – 12:00 pm
*Master Educator, AACDP/AAP Joint Leadership Program Only*
**All Registrants** 12:00 pm – 7:00 pm

**Thursday, September 17** 7:00 am – 3:00 pm

**Friday, September 18** 7:00 am – 5:00 pm

**Saturday, September 19** 7:00 am – 12:00 pm

## Guest Registration for Social Events

Guest(s) of registered attendees are welcome to participate in our Welcome Reception, 7 – 8:30 pm on September 16th at the East Terrace/, 2nd Floor, The Little America Hotel and the Night Out event at The Caffe Molise, 6:00 pm – 9:00 pm on September 17th, as well as an after party at, 9:00 pm – 11:00 pm, September 17th. **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 17, 6:00 pm – 9:00 pm
**The Caffé Molise**
404 S West Temple
Salt Lake City, UT

## Night Out After Party

For those wishing to extend their evening with friends and colleagues a little longer, consider the Night Out After Party – **Caffe Molise**. This year's after party will include karaoke, a variety of table games and a smore station to end your night!

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

# 2026 Annual Meeting

## Educational Program Accreditation

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**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 15, 2026.***

## Presenter Evaluations

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

**Wednesday**
**Thursday**
**Friday**
**Saturday**

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 compete an evaluation for each session you attend.
- **NEW THIS YEAR:** Evaluations will be utilized to help determine invited presentation teams for the 2026 AAP Annual Meeting Encore virtual offering in February. **YOUR FEEDBACK AND OPINIONS ARE NEEDED!**
- Evaluations will be open until **September 30, 2026**.

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

Association for Academic Psychiatry

# 2026 Annual Meeting

**Learning Objectives**

As a result of attending the 2026 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 also attend this conference when they are heavily involved in education at their particular institution.**



## 2027 Annual Meeting

**September 22-25, 2027**

**Indianapolis, IN**

**The Westin Indianapolis**






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

AAP Association for Academic Psychiatry




# CONGRATULATIONS!

## 2026 AAP Award Winners and Fellow & Distinguished Fellow Recipients

Presentation at the AAP Annual Meeting - The Little America Hotel, Salt Lake City, UT - September 16-19, 2026

**AAP Early Career Development Award**
- Vanessa M. Dang, MD, MS, Mayo Clinic, Rochester, MN
- Wayles Haynes, MD, MFA, University of New Mexico Health Sciences Center, Albuquerque, NM
- Brandi Karnes, MD, UTHSC at Houston McGovern Medical School, Houston, TX
- Chloe Leon, MD, FRCPC, University of Toronto/CAMH, Toronto, ON
- Katiuska J. Ramirez, MD, Beth Israel Deaconess Medical Center, Boston, MA
- Keri Ann Stevenson, MD, Carilion Clinic, Roanoke, VA
- Ashley Woolbert, MD, University of Texas Southwestern Medical Center, Dallas, TX
- Sara Zachman, MD, MPH, University of Nebraska Medical Center, Omaha, NE

**AAP Resident Psychiatric Educator Award**
- Simran Ailani, MD, Maimonides Medical Center, Brooklyn, NY
- Kahlo Baniadam, MD, University of Maryland School of Medicine, Baltimore, MD
- Sara Berzingi, MD, Western Virginia University, Morgantown, WV
- Nakai Corral, MD, MEd, University of California – San Francisco, San Francisco, CA
- Jacob Givens, MD, University of Nebraska Medical Center, Omaha, NE
- Serena Heung, MD, University of Washington, Seattle, WA
- Maggie Hulbert, MD, FRCPC, University of Toronto, Toronto, ON
- Craig S. Pearson, MD, PhD, MGH/McLean Hospital, Boston, MA
- An Yi (Annie) Yu, MD, University of Toronto, Toronto, ON

**AAP Lifetime Achievement Award**
- Amin Azzam, MD, MA, University of California – San Francisco, San Francisco, CA

**AAP Roberts Award for Inspirational Mentorship in Academic Psychiatry**
- Shaheen Darani, MD, FRCPC, University of Toronto, Toronto, ON

**AAP Educational Scholarship Award**
- Carmen Kilpatrick, MD, University of California – San Francisco, San Francisco, CA
- Andreea Seritan, MD, University of California – San Francisco, San Francisco, CA

**AAP Master Educator IDEA Fellowship Award**
- Carmen Kilpatrick, MD, University of California – San Francisco, San Francisco, CA
- Nicholas Ortiz, MD, University of Texas at Austin Dell Medical School, Austin, TX

**AAP Medical Student on *Becoming a Doctor* Essay Contest Winners**
- Winner: Caroline Huang, University of Rochester School of Medicine and Dentistry, Rochester, NY
- 1st Runner Up: Nathaniel Takle, BA, MBA, University of Texas Southwestern Medical School, Dallas, TX
- 2nd Runner Up: Mishaal Omer, Case Western Reserve University School of Medicine, Cleveland, OH

**AAP Distinguished Fellow Designation Recipients**
- James Haliburton, MD, EdD, Southern Illinois University, Springfield, IL

**AAP Fellow Designation Recipients**
- Shaheen Darani, MD, FRCPC, University of Toronto, Toronto, ON
- Adrienne T. Gerken, MD, Thomas Jefferson University, Philadelphia, PA
- Eduardo C. Humes, MD, PhD, Faculdade de Medicina da Universidade de São Paulo, São Paulo, Brazil
- Katherine Jong, MD, Seattle, WA
- Badr Ratnakaran, MBBS, Penn State Health Geriatric Psychiatry, Mechanicsburg, PA
- Mark Townsend, MD, MS, University of Texas at Austin Dell Medical School, Austin, TX
- Anne Walsh, MD, University of Maryland St. Joseph Medical Center, Towson, MD

**NEW IN EARLY 2027:**

***AAP ENCORE!***

**Look for more information on the AAP website www.academicpsychiatry.org**

## Educational Program

Notes: (AO) = Author Only

# Wednesday, September 16, 2026

### 12:00 pm - 7:00 pm
### Registration

All Registrants
**Room: Ballroom Reception, Lobby Level**

### 12:30 pm - 1:00 pm
### Feedback Consultation Prep Session

By Invitation Only
**Room: Arizona, Lobby Level**

### 1:00 pm - 2:00 pm
### Pre Meeting Course: From Overwhelmed to Empowered; Strategies for Mastering Conference Attendance

Dr. Phillip Sojka, MD *Kennedy Krieger Institute*
Dr. Anne Walsh, MD *University of Maryland St. Joseph Medical Center*
Dr. Kahlo Baniadam, MD *University of Maryland*

**Room: Idaho, Lobby Level**

**Abstract Description (non-CME session):** Attending medical education conferences can evoke a 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 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 Objective 1:** Describe the challenges and opportunities of medical education conference attendance.
**Learning Objective 2:** List general and advanced strategies for leveraging professional meetings while avoiding common pitfalls.
**Learning Objective 3:** Create an individual definition of conference "success" and associated goals for current and future meetings.

### 2:00 pm - 2:45 pm
### Meet, Mingle, and More

**Room: Ballroom C, Lobby Level**

## 2:45 pm - 4:15 pm
## Concurrent Workshops

**Room: Arizona, Lobby Level**

### Navigating Feedback Across Generations: Building an Educational Alliance

Vinay Parekh, MD *Johns Hopkins University School of Medicine*
Anne Ruble, MD, PhD *Johns Hopkins University School of Medicine*
Anne Walsh, MD *University of Maryland St. Joseph Medical Center*
Brendan Scherer, MD *San Mateo County*
Poojajeet Khaira, MD* *MetroHealth Hospital - Case Western Reserve University*

**Abstract Description:** Feedback is a cornerstone of psychiatric education, yet many educators and trainees report growing discomfort and avoidance around feedback conversations. In rapidly evolving training environments, narratives about generational communication styles can simultaneously illuminate differing expectations and reinforce stereotypes that discourage authentic feedback across cohorts.

Faculty may worry that direct feedback will be perceived as overly critical, while trainees may experience traditional models as evaluative, psychologically unsafe, or disconnected from growth. When filtered through generational labels, these concerns can heighten tension and limit practice-based learning.

Psychiatrists are trained in communication, alliance-building, and meaning-making. Psychotherapy skills – such as validating emotion, negotiating expectations, repairing ruptures, and attending to power dynamics – can be intentionally applied to feedback encounters, transforming them from uncomfortable evaluations into collaborative opportunities for growth across generational lines. Conceptualizing feedback through an "educational alliance," analogous to the therapeutic alliance, offers a shared framework for navigating feedback.

This interactive workshop will examine perceived generational influences on giving and receiving feedback, highlight useful constructs and common misconceptions, and explore how expectations, identity, and hierarchy intersect with generational narratives. Participants will engage in discussion, case-based exercises, and coached role-play to practice using the educational alliance framework to provide and receive feedback. They will adapt familiar psychotherapy skills—validating the stress inherent in hierarchical feedback, using clear language, setting shared time-specific goals, and framing growth as an expectation. Participants will leave with concrete strategies for trainee and faculty development that foster a culture in which effective feedback is viewed as a teachable, improvable skill.

**Objectives:**

**Objective 1:** Describe how generational values, perceived expectations, and evolving training environments shape approaches to feedback and contribute to common misunderstandings.
**Objective 2:** Apply a structured feedback model using psychotherapy-informed communication strategies to build an educational alliance.
**Objective 3:** Develop an action plan to implement more intentional feedback practices in participants' own educational settings

**Thematic Focus:** Assessment, Leadership/Administrative development, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

### Leadership Starts Now, But How? Designing a Leadership Training Curriculum for the Complex Landscape Ahead

Madeline DiGiovanni, MD *Brigham & Women's Hospital*
Mary Shen, MD* *Brigham & Women's Hospital*

Alex Rains, MD* *Brigham and Women's Hospital*
Julia Versel, MD* MSc *Brigham and Women's Hospital*
Margo Funk, MD, MA *Mass General Brigham*

**Abstract Description:** Psychiatry faces tumultuous times as the cultural landscape adapts to the rise of artificial intelligence, evolving political attitudes toward mental health, and ever-progressing advances in our understanding of mental illness. To navigate these shifts, we must consider what leadership looks like in psychiatry; and moreover, how it is developed across career lifespans. To date, there is little consensus on what should be included in leadership development curricula that is specific to psychiatry, and little exploration of possible intersections between the competencies required for psychiatry and leadership alike. In this workshop, we aim to engage participants in an interactive exploration of what leadership means to them as psychiatrists, what learning opportunities exist for leadership development within psychiatry, and which educational components are critical for the development of competent, agile, and culturally diverse leaders in psychiatry moving forward. This workshop is based on an ongoing qualitative study of leadership within psychiatry; methodologically, the workshop will incorporate individual and small-group reflection before breaking into working groups to construct sample syllabi for psychiatric trainee leadership curricula. By the end of the workshop, participants will have identified key objectives for future leadership training initiatives among psychiatric trainees and identified at least one leadership development resource that they can apply to their own settings.

This workshop will bridge multiple priorities of academic psychiatry (curriculum development, teaching strategies, professional development, leadership development) in a culturally contextual and equity-minded way, helping current and future academic psychiatrists navigate the peaks and valleys of uncertain times ahead.

**Objectives:**
**Objective 1:** Describe the intersections and contrasts between psychiatric and leadership competencies.
**Objective 2:** Identify key objectives for future leadership training initiatives among psychiatric trainees that could enhance the competency, flexibility, and diversity of future leaders in psychiatry.
**Objective 3:** Identify at least one leadership development resource that they can apply to their own settings in academic psychiatry.

**Thematic Focus:** Career development, Curriculum development, Diversity, Equity and Inclusion (DEI), Leadership/Administrative development, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Idaho, Lobby Level**

## Cultivating Professionalism Across the Training Continuum: Practical Strategies for a Learned Competency

Inbal Gafni, MD, FRCPC, MSc *University of Toronto, Women's College Hospital*
Deanna Chaukos, MD, FRCPC *University of Toronto Temerty Faculty of Medicine*
Adrienne Tan, MD, FRCPC* *University of Toronto*

**Abstract Description:** The Temerty Faculty of Medicine at the University of Toronto defines Professional Values as “the commitments that we keep to our patients, colleagues, learners, and ourselves—even in challenging situations—to contribute to the psychologically and culturally safe environments necessary for excellent healthcare, education, and collective wellbeing.” Professionalism is a core competency in medical education, yet it is often taught implicitly and assessed inconsistently. Understanding professionalism as an acquired competency, rather than a fixed personal trait, underscores that it can be intentionally taught and nurtured through explicit instruction, role modelling. Because professional competencies are integrative, they develop through learners’ diverse responsibilities, evolving roles, and lived experiences within clinical teams and academic settings. Supporting one’s own wellbeing is also essential to professional identity formation

and sustaining professional behaviors. A thoughtful approach to cultivating professionalism is therefore critical.

This interactive workshop provides faculty with practical, developmentally informed strategies to teach, assess, and remediate professionalism from undergraduate medical education through residency. Participants will reflect on the evolving meaning of professionalism within physician hood and on their own experiences learning, teaching, and receiving feedback on professional behaviors. Using an appreciative inquiry approach, facilitators will elicit effective practices for supporting professionalism, while recognizing personal biases that may limit open discourse within the culture of medicine. Through case based small group discussions, participants will explore professionalism challenges of increasing complexity and consider appropriate strategies for learner support and remediation. The workshop will close with key takeaways and actionable steps to strengthen a culture of professionalism across programs.

**Learning Objectives:**
**Objective 1:** Reflect on the importance and evolving role of professionalism in physician hood.
**Objective 2:** Recognize how medical education cultivates professionalism.
**Objective 3:** Apply effective strategies to teach, assess, provide feedback and remediate professional competencies in learners.

**Thematic Focus:** Assessment, Competencies (including cultural competency and lifelong learning), Curriculum development, Leadership/Administrative development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Sun Valley, 2nd Floor**

## When Concerns Arise: Navigating Fitness for Duty in Trainees

Sarah Baker, MD, MA *University of Texas Southwestern Medical Center*
Keri Stevenson, MD *Carilion Clinic*
Jeffrey Khan, MD *Baylor College of Medicine*
Bernice Yau, MD *University of Texas Southwestern Medical Center*
Juan Sosa, MD *University of Texas Southwestern Medical Center*
Ashley Woolbert, MD *University of Texas Southwestern Medical Center*
Sidarth Wakhlu, MD *University of Texas Southwestern Medical Center*

**Abstract Description:** Throughout their careers, educators may be faced with the task of referring trainees with physical or mental health concerns possibly affecting job performance for fitness for duty (FFD) evaluations. This process often generates stress and anguish, as educators may be concerned about whether FFD is the correct way to support the trainee as well as about the potential legal, training, and license ramifications of the process. Furthermore, the involvement of psychiatry faculty in performing these evaluations often raises concerns about confidentiality and the possibility of bias and conflicts of interest. Trainees may be concerned about the privacy of information shared throughout the FFD process and the future of their careers. There are additional questions about what it means to be “fit for duty” in a training environment, where clinical supervision is meant to mitigate patient safety risks and where there is an expectation of the need to learn and develop to be ready to care for patients independently.

This workshop will explore fitness for duty evaluations from the perspectives of administrators, educators, and forensic psychiatrists who perform these evaluations. We will provide background information about FFD evaluations in medical training and an overview of the evaluation process from the forensic perspective. We will also explore FFD processes at various institutions, considering pros and cons of the various approaches, in order to empower attendees to develop processes that balance trainee privacy, support, and rehabilitation along with GME/UME, legal, and HR concerns.

**Learning Objectives:**
**Objective 1:** Identify common concerns leading to fitness-for-duty (FFD) evaluations in trainees and describe the structure, purpose, and limitations of FFD, including potential bias, systems-level contributors, and legal considerations.
**Objective 2:** Analyze what constitutes "fitness" for a trainee in a supervised training environment versus an independently practicing physician, and explain how supervision, competency milestones, and institutional obligations may shape this distinction.
**Objective 3:** Consider best practices for managing trainees with potential FFD concerns, including documentation strategies, remediation planning, risk mitigation, and collaboration with institutional stakeholders (GME/UME, legal counsel, occupational health, and HR).

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

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Teton, 2nd Floor**

## "Climb Ev'ry mountain, Search High and low": Find Creative Footholds, Everyplace You Go!

Jordan Broadway, MD *Duke University Medical Center*
Miles Christensen, MD, MPH *University of Washington*
Paul Riordan, MD *Durham VA Medical Center (& Duke)*
Rick Peter Fritz Wolthusen, MD, MPP *McLean Hospital*
Sarah Eckstein, MD* *University of Chicago (AO)*
Mountasir El-Tohami, MD *Duke University & Durham VA Medical Center (AO)*

**Abstract Description:** "Creativity requires the courage to let go of certainties." - Erich Fromm.

In psychiatry, we teach our patients to tolerate discomfort. But as educators we often default to "safe" teaching approaches - even when those approaches are no longer appropriate. Creativity is often framed as an innate trait rather than a practical skill, leaving educators uncertain about how to intentionally cultivate it.

Most of the presenters of this workshop didn't identify as being creative, yet they were willing to show up and experiment - precisely what we ask of learners. Spoiler alert - creativity will require vulnerable participation, but you do not need to be an artist! Whether curiosity or reaction formation brings you here - we hope you bring an open mind and a friend!

This workshop reframes creativity as a core educational competency. For educators, creativity increases learner engagement, fosters clinical curiosity, and improves emotional resilience. Creativity allows educators to "cut the Gordian knot" generating novel approaches instead of struggling with inherited constraints. For learners, creativity challenges preconceptions, increases the likelihood of generating solutions, and activates the positive emotions necessary for deep learning.

Attendees will learn to challenge preconceptions about creativity, recognize that teachers should encourage creativity, explore frameworks for intentionally fostering creativity, practice techniques to improve one's own creativity, and discuss prudent limits on creativity in the learning environment. Participants of all self-described creativity levels, from totally nonexistent to mini-"c" or capital-"C" creative types, are invited to come and sit with a little (gentle) discomfort.

**Learning Objectives:**
**Objective 1:** Identify three characteristics that foster creativity that can be cultivated / learned.
**Objective 2:** Examine one model of creativity that challenges common beliefs about creativity.
**Objective 3:** Apply at least one technique (e.g., brainstorming, imaginative exercises, constructive challenging) to increase creative novelty to an ongoing educational project.

**Thematic Focus:** Medical humanities, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Tucson**

### Promoting Disability Inclusion and Implementing Effective Accommodations in the Psychiatric Learning Environment

Andrew Halls, MD *University of California San Francisco*
Hannah Potvin, MD *McLean Hospital*
Mirza Baig, MD* *Baylor College of Medicine*
Erick Hung, MD *University of California San Francisco*
Billy Smith, MD *University of California San Francisco*
Alissa Peterson, MD *University of California San Francisco (AO)*

**Abstract Description:** Navigating the needs of a growing number of medical students, residents, and fellows with disabilities must be a priority to ensure a diverse and culturally adept physician workforce. Studies show that while 27% of Americans report a disability, only 3.1% of physicians identify as having a disability. While data suggests trainee self-reporting of disability status has increased over time, barriers to disclosure and accessing accommodations still persist, with 50.6% of first-year residents who reported a need for accommodation electing not to request them. In fulfilling their obligations to the Americans with Disabilities Act, medical schools and residency training programs are required to implement policies and procedures to help support their trainees. Even so, trainees with disabilities continue to experience barriers to equal access to opportunities, perceive the learning environment less favorably than their non-disabled peers, and commonly face mistreatment, bias, and discrimination.

Medical schools and residency training programs have many opportunities to exceed their legal responsibilities to improve disability inclusion and access, such as expanding and prioritizing resources, clearly communicating accommodation procedures, mediating privacy concerns, supporting intersectional identities, maximizing psychologically safe learning environments, orienting institutional values, implementing reporting systems, and addressing structural concerns to dismantle a culture of ableism. Through several real-world case vignettes, participants in this workshop will identify and address gaps in supporting trainees with disabilities through changes to both the material components (physical and virtual) and the psychosocial components (personal, social, organization, and societal) of learning environments.

**Learning Objectives:**
**Objective 1:** Explain the value of promoting disability inclusion, with consideration of the barriers to equal access experienced by medical students and residents with disabilities.
**Objective 2:** Implement effective disability inclusion interventions and accommodations across the medical education spectrum: the pre-clerkship phase, clerkship phase, transition to residency, and residency.
**Objective 3:** Determine opportunities to foster an institutional culture of disability inclusion, advance equitable communication strategies, shape community norms, and promote social acceptance of disability.

**Thematic Focus:** Diversity, Equity and Inclusion (DEI), Leadership/Administrative development

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

## 2:45pm to 4:15pm

## 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: Wyoming, Lobby Level**

### Enhancing a Child and Adolescent Fellowship Curriculum Using the Context, Input, Process, Product Model: A Comprehensive Assessment of Objectives

Pascale Chrisphonte, MD *Northwell Health Department of Psychiatry*
William Gibbs, MD *Zucker Hillside Hospital (AO)*
Consuelo Cagande, MD *Zucker School of Medicine at Hofstra/Northwell Health (AO)*

**Background:** Little exists in the literature about current standards and practices regarding current practices in designing, implementing, modifying, and evaluating child and adolescent psychiatric (CAP) training curricula. This can pose a challenge when assessing and modifying well-established curricula. When approaching curriculum modification at our child and adolescent psychiatry (CAP) fellowship program, we sought a novel, holistic approach with the question: for established training programs, what frameworks are available and useful in modifying curricula to meet current needs?

**Method:** Using the CIPP model, we have planned and implemented changes within the CAP curriculum. Within context, educational needs include a holistic review of current clinical rotation schedule using ACGME requirements and milestones assessing potential opportunities for diversifying fellow experiences and needs identified through data representing input. Input includes a needs assessment of surveys and interviews. A 16-question survey was sent to 2nd year fellows (CAP2s) (N= 10) and alumni (N=36), regarding strengths, weaknesses, and gaps in the curriculum. Two focus group interviews were conducted with 1st yr fellows (CAP1s) (N=10) and one CAP2s (N=10) exploring their experiences with the curricula. Finally, an 11-question survey was sent to faculty (N=34). Based on this assessment, a curriculum committee developed and implemented improvements representing process, with follow-up surveys and group interviews evaluating changes implemented representing product currently being collected.

**Results:** The initial faculty survey had an 82.3% response rate (28/34), with summarized feedback including seeking a more active learning role for learners in all rotations as well as the benefit of a longitudinal psychotherapy experience starting in 1st year. The fellow/alumni survey had a 50.0% response rate (23/46). While a majority (81.8%) of respondents felt the current curriculum prepared them for clinical practice, qualitative feedback entailed concerns that various areas of the curriculum could be improved, including family therapy, play therapy, and that more case-based learning would be helpful. The data from these surveys and focus groups will be presented in full.

**Discussion:** Using fellow and faculty feedback, we implemented major changes to our fellowship curriculum. Didactics were reframed through a Development, Neuroscience, Assessment, and Treatment (DNA-T) lens, focusing on how psychiatric illness appears across the developmental lifespan. A continuity clinic was added for longitudinal care with direct observation and feedback, and a Pathways of Expertise program was launched to support an individualized learning experience under guided mentorship5. To support these changes, faculty development workshops were held to teach faculty on how to utilize a structured interview scale, provide feedback, and utilize active, evidenced teaching with case-based learning to promote learning and retention.

**Educators' Showcase Category:** Teaching Next Generation/Mentoring

## Educators' Showcase IB

### Donald Wasylenki Education Day: Evolution and Impact of a Longitudinal Faculty Development Program

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

**Background:** Organizational restructuring within a large Psychiatry Department revealed inequities in the recognition of education relative to research. While the Department's Research Day celebrated scholarly excellence, teaching and education lacked a comparable academic forum. In response, the Vice-Chair Education advocated for a dedicated academic day to recognize teaching excellence and

innovation. This led to the inaugural Donald Wasylenki Faculty Development Day (FD) for Teachers and Educators in 2012, later renamed Donald Wasylenki Education Day (DWED). Although education-focused academic days are increasingly common; little is known about their longitudinal significance or organizational impact. Existing literature suggests that sustained, longitudinal faculty development can lead to meaningful and lasting change.

**Method:** This descriptive study examines the evolution, purpose, and impact of DWED over its fifteen-year history. Data sources included thematic analysis of agendas, interviews and email correspondence with former chairs and co-chairs, and annual evaluation data. Evaluation used a developmental approach to identify strengths and areas for improvement over time. Although survey instruments evolved, analysis focused on core elements consistently assessed across years. Quantitative data were analyzed using descriptive statistics, while qualitative feedback was examined thematically.

**Results:** DWED evolved beyond a symbolic affirmation of education as a valued academic pursuit. It increased the visibility and legitimacy of faculty development and education scholarship within the Department. DWED fostered a community of practice among teachers and education scholars, supported professional identity formation, promoted academic career development, and strengthened interdisciplinary collaboration. The program adapted to emerging trends in health professions education and redesigned the poster showcase into an inclusive forum for diverse forms of education scholarship. Attendance increased steadily, evaluations demonstrated high relevance, and participants frequently reported intentions to change practice.

**Discussion:** DWED represents a sustainable, longitudinal faculty development initiative with meaningful individual and organizational impact, underscoring the value of protected academic space dedicated to education.

**Educators' Showcase Category:** Innovation

## Educators' Showcase IC

### Objection, Your Honor! a Structured Curriculum for Resident Testimony in Involuntary Civil Commitment Hearings

David Mancini, MD *University of Maryland*
Shyam Bhatt, MD, MPH* *University of Maryland*

**Background:** Many psychiatry residents often serve as expert and fact witness in involuntary admission hearings yet receive minimal preparation for this critical role at the intersection of medicine and law. Residents often report feeling unprepared to understand legal standards, articulate clinical observations in legally relevant terms or manage aggressive cross-examination. This gap undermines testimony quality, increases resident anxiety, and compromises the hospital ability to meet their burden of proof. Our course addresses this need by providing structured, practice-based education on the legal framework, procedural protections, witness standards, evidence synthesis, and testimony techniques generalizable across states.

**Method:** The course is an interactive curriculum for PGY-2 residents delivered in inpatient psychiatry settings comprises five core modules: (1) Civil Commitment Legal Framework; (2) Procedural Protections and Hearing Conduct; (3) Witness Types and Testimony Standards; (4) Practical Information Gathering and Case Organization; (5) Cross-Examination Techniques and Testimony Skills. Teaching methods include didactic instruction with case examples, interactive discussion, realistic scenario analysis, video illustrations, and skill-building tools.

**Results:** Evaluation includes pre/post knowledge assessments (multiple choice), post-course confidence surveys (5-point Likert scale), and qualitative feedback.

**Discussion:** This curriculum has helped to significantly close a gap in residency education by translating complex legal and adversarial concepts into accessible, clinically relevant practice skills. The curriculum is highly relevant to psychiatry educators across diverse practice settings, as civil

commitment procedures are ubiquitous in U.S. psychiatric care. The modular design enables state-specific adaptation and integration into existing residency curricula. Future directions include behavioral observation of actual IVA testimony and longitudinal outcome tracking.

**Educators' Showcase Category:** Teaching Next Generation/Mentoring

## 4:15 pm - 4:30 pm
## Beverage Break
**Room: Ballroom Reception, Lobby Level & Mezzanine, 2nd Floor**

## 4:30 pm - 6:00 pm
## Concurrent Workshops

**Room: Arizona, Lobby Level**

### A Chorus of Critics: Using Theatre Games to Navigate Self-Criticism
Mollie Marr, MD, PhD* *McLean Hospital*
David Frederick, MD *McLean Hospital*
Craig Pearson, MD, PhD* *Massachusetts General Hospital*
Lianna Karp, MD *Massachusetts General Hospital / McLean Hospital (AO)*

**Abstract Description:** Self-criticism is a common experience across personal and professional domains, especially in novel or uncertain environments. Although often perceived as a motivator, it has been shown to decrease goal attainment, increase symptoms of depression and anxiety, and worsen burnout (Powers et al, 2007; MacBeth, Gumley, 2012; Brewin, Firth-Cozens, 1997). Understanding the universality of self-criticism and the suffering it causes can increase the perception of empathy from others and improve mentalization (Bush et al, 2025). Self-compassion can help individuals navigate self-critical thoughts. Self-compassion has been shown to increase emotional well-being, reduce negative responses to goal disruptions, and decrease procrastination (Neff et al, 2007; Hope et al, 2014; Powers et al, 2011).

This workshop explores self-criticism, starting with focus on the individual experience and expanding to clinical and educational contexts. Participants will explore self-criticism using theatre games from Theatre of the Oppressed and Rainbow of Desire by Augusto Boal (Boal, 1973; Boal, 1994). These games democratize the therapeutic process by engaging everyone as both a participant and observer and promote mentalization. Self-criticism, which is framed as an internalized form of oppression within Theatre of the Oppressed, is explored through play to increase flexibility and openness. Facilitated discussions after each round of theatre games will examine the experience of self-criticism, strategies for approaching critical voices, such as self-compassion, and applications for managing self-criticism across personal and professional contexts. Finally, a short didactic on self-compassion will provide participants with strategies for addressing self-criticism that they can use personally and professionally.

**Learning Objectives:**
**Objective 1:** Apply strategies to examine and understand self-criticism in ourselves and others using theatre games.
**Objective 2:** Examine how self-criticism affects goal attainment, mood symptoms, and burnout.
**Objective 3:** Practice self-compassion as a tool for managing self-critical thoughts (and be able to teach patients/students how to do the same).

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

## All About That BASS - "Because AI Said So"

Andrew Phan, MD* *Swedish Cherry Hill*
Linda Li, MD* *University of Washington*
Natalie Fuller, MD* *University of Washington*
Niharika Padala, MD* *Thomas Jefferson University*
Laurel Pellegrino, MD *University of Washington*
Samuel Dotson, MD *Northeast Georgia Medical Center*
Serena Heung, MD* *University of Washington*

**Abstract Description:** Artificial intelligence (AI) is reshaping how psychiatric trainees learn, reason, and access clinical knowledge. While many residents routinely use AI tools to generate differential diagnoses, treatment plans, and research queries, educators report uncertainty about how to supervise, assess, or respond to AI-informed reasoning, especially given risks of hallucinated data and a decreased emphasis on cumulative experience.

In this workshop, participants will begin by completing a brief AI literacy self-assessment, identifying their current level of experience and confidence. The workshop then transitions into hands-on simulation stations where attendees rotate through role-playing scenarios involving AI-assisted clinical decision-making. Role- play group composition will be mixed across AI literacy levels to promote cross-pollination of perspectives. Scenarios are drawn from common psychiatric controversies and gray zones, intentionally designed to surface tensions between AI-generated recommendations, official treatment guidelines, and clinical experience.

A key focus will be crafting model input (i.e. prompt engineering and chain-of-thought prompting) for nuanced clinical contexts to demonstrate how AI outputs vary depending on framing, assumptions, and constraints. Participants will practice refining prompts and analyzing outputs to better understand model limitations, hallucination risks, and the absence of contextual reasoning.

By the conclusion of the session, participants will have practical tools to (1) assess AI literacy, (2) collaborate in educational settings in proficient AI use, and (3) learn how to engineer prompts for specific clinical scenarios. This workshop provides a skills-based, interactive approach to building AI literacy and translating it into an effective tool for augmenting psychiatric care and education.

**Learning Objectives:**
**Objective 1:** Identify AI-literacy level and how this relates to clinically meaningful AI generated output.
**Objective 2:** Demonstrate collaborative strategies for engaging in AI use in clinical training and education.
**Objective 3:** Apply foundational AI literacy and prompt-engineering principles to teach learners how to critically generate AI output, address limitations, and incorporate AI tools into psychiatric and educational practice.

**Thematic Focus:** Assessment, Career development, Competencies (including cultural competency and lifelong learning), Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Idaho, Lobby Level**

## Navigating the Uncertainty of Career Transitions: Strategies for Thoughtful Change

Marcy Verduin, MD *University of Central Florida College of Medicine*
Joan Anzia, MD *Northwestern University/Feinberg School of Medicine*
John Luo, MD *University of California - Irvine, College of Medicine*

**Abstract Description:** There are times in our careers when we find ourselves facing a planned or scheduled transition (such as end of residency) or simply feeling ready to make a change, either big

or small. Perhaps you are interested in a role with greater leadership responsibility in academic psychiatry. Maybe you would like to shift your balance of clinical and educational effort, with more time spent teaching trainees or on faculty development. You may even be considering leaving academic medicine altogether. Or perhaps you have an external pressure to make a change, such as moving to a new state or region.

Regardless of the reason, how can you approach a potential career transition thoughtfully and intentionally, and what factors should you expect and consider in the process? In this workshop, we will discuss various strategies for career transitions both within and outside of your current institution, including determining your career goals, identifying opportunities, interviewing confidentially, negotiating with your current institution, and managing the transition without burning bridges.

**Learning Objectives:**
**Objective 1:** Evaluate potential career transition opportunities in light of their personal career goals.
**Objective 2:** Apply negotiation strategies to potential career transition opportunities, both within and outside of their current institution.
**Objective 3:** Create a plan for strategically evaluating and applying for opportunities in line with their personal career goals.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Sun Valley, 2nd Floor**

## Not Your Momma's Mindfulness: Psychological Flexibility as an Antidote to Uncertainty

Rimsha Arif, MD* *University of Texas Dell Medical School*
Paul Riordan, MD *Durham VA Medical Center (& Duke)*
Sarah Eckstein, MD* *University of Chicago*
Abigail Driscoll, MD *Duke University Hospital*
Reuben Hendler, MD *McLean Hospital*

**Abstract Description:** A little advice for your next board exam: answer choices involving "always" are nearly always wrong. Why? What's true generally depends upon the context, especially in psychiatry, where uncertainties abound. Yet in teaching, we often find ourselves conveying a message about the right way to interview, diagnose, counsel, and prescribe. How can we prepare our learners for the possibility that, with such uncertainty about the future, what's right today may be wrong tomorrow?

Enter mindfulness – our capacity to notice and respond to reality instead of expectations about reality. In "third wave" behavioral psychotherapies, clinical psychiatry has embraced mindfulness as a source of mental flexibility to navigate the peaks and valleys of our lives. In cognitive psychology, Ellen Langer teaches mindfulness as an intentional process to notice novelty and maintain openness to context and perspective. What might it look like to integrate these approaches for teaching and learning? As artificial intelligence makes finding answers increasingly frictionless, mindfulness offers an antidote to habitual cognition, distraction, and unexamined assumptions.

In this workshop, participants will experience creative techniques for eliciting learners' mindfulness without meditation. We will bring non-judgmental awareness to feedback, make material memorable by evoking wonder and surprise, and appreciate nuance by noticing and engaging with multiple perspectives. We will share our spin on mindful practices proposed in educational scholarship as a jumping off point for you to consider how to help your own trainees learn mindfully, in the classroom and at the bedside.

**Learning Objectives:**
**Objective 1:** Compare and contrast different perspectives on mindfulness and how they relate to learning.
**Objective 2:** Intentionally employ our salience network to foster "flow" states and let go of negative deactivating emotions while teaching and learning.

**Objective 3:** Design contemplative practices that can be integrated into rounds to cultivate curiosity and awe while teaching psychiatry.

**Thematic Focus:** 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 (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Teton, 2nd Floor**

## The Fine Line between Diagnostic Clarity and Error: Clinical Reasoning in Psychiatric Education

Yelu Zhang, MD *Beth Israel Deaconess Medical Center*
Wei-Li Suen, MD *University of Rochester Medical Center*
Kevin Makhoul, MD* *Beth Israel Deaconess Medical Center*
Parinita Aroori, MBBS* *Beth Israel Deaconess Medical Center (AO)*

**Abstract Description:** Psychiatric clinical encounters frequently involve diagnostic ambiguity, overlapping symptom domains, and limited objective data, making clinical reasoning both essential and difficult to teach. Despite its centrality to safe, effective patient care, clinical reasoning in psychiatry is often acquired implicitly through apprenticeship rather than explicitly taught, named, or assessed. This gap leaves trainees vulnerable to cognitive biases, premature diagnostic closure, and overreliance on rigid heuristics—particularly in diagnostically complex cases.

How can educators best help learners appreciate the importance of clinical reasoning and apply these skills effectively in practice? This interactive workshop introduces psychiatry educators to a practical framework for explicitly teaching clinical reasoning using three complementary approaches—deductive, inductive, and abductive reasoning—and demonstrates how these strategies naturally arise in psychiatric practice. Through facilitated, case-based discussion, participants will examine how different reasoning approaches shape diagnostic formulation in two sample inpatient and outpatient settings, including medically complex presentations of catatonia and trauma-related somatic symptoms.

Participants will actively practice identifying and labeling reasoning strategies, reflect on how their own teaching implicitly models clinical reasoning, and develop concrete strategies for incorporating explicit reasoning instruction into supervision, case conferences, and bedside teaching. Emphasis will be placed on empowering participants with adaptable tools to enhance clinical reasoning instruction across diverse training environments, helping them navigate diagnostic uncertainty and support learners in managing the “peaks and valleys” inherent to psychiatric diagnosis and education.

**Learning Objectives:**
**Objective 1:** Describe deductive, inductive, and abductive clinical reasoning approaches and their relevance to psychiatric practice.
**Objective 2:** Identify which reasoning strategies learners are using in two sample clinical vignettes.
**Objective 3:** Apply clinical reasoning frameworks into the teaching of complex or ambiguous psychiatric cases within their own educational settings.

**Thematic Focus:** 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 (ie, instructors/lecturers, assistant professors), Senior faculty (ie, associate and full professors)

**Room: Tucson, 2nd Floor**

## When Loss Shapes Learning: Navigating Grief in Psychiatry Training and Practice

Jordan Hildenbrand, MD* *Emory University School of Medicine*
Martha Ward, MD *Emory University School of Medicine*
Yamamah Ackleh, MD, PhD* *Emory University School of Medicine*
Punita Peketi, MD* *Emory University School of Medicine (AO)*

**Abstract Description:** Many trainees enter psychiatry residency with ideals of helping, healing, and understanding human suffering – yet they often encounter experiences of loss, personal sacrifice, and unique psychological challenges of clinical practice. The overlapping personal and professional griefs encountered in psychiatric training – from patient deaths and cumulative exposure to suffering, to personal losses and the dissonance between ideals and realities – can quietly shape learners' professional identity, clinical encounters, and engagement in education, especially in increasingly uncertain times. Yet such grief is often invisible and under-addressed.

This workshop engages participants in reflection, discussion, and skills practice exploring how to identify experiences of loss, reflect on how this impacts our practice, and use these reflections to best support ourselves, colleagues, and trainees. After brief framing to establish shared language, participants work in small groups using case vignettes and guided prompts to examine how grief manifests adaptively and maladaptively in supervision, team dynamics, patient care, and learning environments. Discussion will highlight how institutional culture, individual variability, hidden curricula, and professional norms influence whether grief is processed, shared, or silenced.

Participants will actively practice trauma-informed, educational strategies, including reflective questioning, supervisory approaches, and program-level practices that make space for grief and move toward growth. Large-group debriefing allows cross-setting sharing of insights, emphasizing transferable strategies rather than site-specific solutions.

By centering interactivity, reflection, and peer learning, this workshop equips participants to recognize overlapping forms of grief, create supportive learning environments, and provide educational anchors that help navigate the peaks and valleys of training amid uncertainty.

**Learning Objectives:**
**Objective 1:** Identify how personal and professional grief intersect in psychiatric providers, including patient loss, dissonance between practice ideals and realities, and missed personal experiences.
**Objective 2:** Practice educational and supervisory strategies to acknowledge and support grief safely and reflectively.
**Objective 3:** Brainstorm program-level approaches to normalize grief and create supportive learning environments for learners.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Wyoming, Lobby Level**

## Educating Psychiatrists for a Changing World - Using an Adaptive Expertise Framework to Enhance Clinical Supervision

Chloe Leon, MD, FRCPC *University of Toronto/CAMH*
Kien T Dang, MD, FRCPC *University of Toronto*
Laura Williams, FRCPC *University of Toronto/CAMH*
Sacha Agrawal, MD, MSc *University of Toronto (AO)*

**Abstract Description:**
Clinical supervision is a cornerstone of health professions education and a key mechanism through which professional identity, clinical reasoning, and patient care skills are developed. However, in the context of increasing patient complexity, rapid technological advances, and a shifting sociopolitical landscape, medical education — including supervision — must evolve to prepare learners not only for current practice, but also for an uncertain and changing future.

This interactive workshop introduces the concept of Adaptive Expertise (AE) and explores how it can be used to enhance clinical supervisory practices to meet the needs of learners working in an uncertain world. AE is a model of expertise in health professions education that emphasizes preparation for future learning. While routine experts solve common problems efficiently, adaptive experts extend beyond routine expertise and are able to generate innovative solutions when faced with new complexity. Drawing on evidence regarding effective clinical supervision in health professions education, as well as educational theory on fostering adaptive expertise, we will provide practical strategies to strengthen and extend existing supervisory practices.

Through reflection on their own supervisory experiences, didactic teaching, role plays, and case-based activities, participants will learn and practice how to apply an AE-informed supervision framework within their specific educational contexts.

By the end of the workshop, attendees will leave with a structured framework to adapt their clinical supervision practices, helping to better equip their learners to navigate uncertainty in a changing world.

**Learning Objectives:**
**Objective 1:** Describe the key principles of effective clinical supervision.
**Objective 2:** Explain how an Adaptive Expertise (AE) framework can prepare learners for future uncertainty.
**Objective 3:** Apply an AE-informed framework to enhance clinical supervision practices in your own educational setting.

**Thematic Focus:** Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

## 6:00 pm - 6:45 pm
## AAP Book Club
**Room: Olympus, 2nd Floor**

## 6:30 pm - 7:00 pm
## Trainee Meet and Greet
**Room: Snowbasin, 2nd Floor**

## 7:00 pm - 8:30 pm
## AAP Welcome Reception
**Room: Uintah, Sawtooth, and East Terrace, 2nd Floor**

# Thursday, September 17, 2026

### 7:00 am - 3:00 pm
### Registration
**Room: Ballroom Reception**

### 7:00 am - 9:00 am
### Continental Breakfast
**Room: Ballroom Reception, Lobby Level**

### 7:00 am - 4:00 pm
### E-Poster (Viewing)
All e-posters are available for viewing.
**Room: Ballroom C, Lobby Level**

### 8:00 am - 9:00 am
### AAP Official Kick-Off Meeting
Meeting Orientation & Fellow & Distinguished Fellow Presentations, Master Educator Certificates, Master Educator IDEA Fellowship Award, Medical Student Essay Award, 2027 Lifetime Achievement Award
**Room: Ballroom A/B/C, Lobby Level**

### 9:00 am - 10:15 am
### Beyond the Kenote: "Wayfinding Together: Anchors and Adaptation in Psychiatric Education"
**Room: Ballroom A/B/C, Lobby Level**

**Moderator:**
Michael Peterson, MD, PhD *University of Wisconsin*

**Discussants:**
Shaheen Darani, MD *University of Toronto*
Samuel Dotson, MD *Northeast Georgia Medical Center*
Kari Wolf, MD *Southern Illinois University*

**Abstract Description:** In this keynote session, we will bring together a panel of three psychiatric educators representing different perspectives, geographic regions, educational institution setting, and career phases in academic psychiatry. This interactive session, moderated by the current AAP President, will engage the audience in responsive activities paired with responses from the panelists to a shared set of questions linked to the Annual Meeting theme. The questions and discussion will reflect on the past, present and future. What are anchors that ground you, challenges in the present terrain, and how will you guide others to the future. Between questions in this moderated discussion, audience members will share their responses through Menti polls, Word Clouds and other interactive forum. Lastly, we will break into small group discussions about “Future Wayfinding” – how we navigate our path forward in psychiatric education. We will close with a brief share back from the small groups and closing thoughts from our panel. As a tangible reminder of the session, we will jointly build a cairn, a physical memorial and trail marker. All participants will be a part of building this marker and will take home a reminder at the end of the session to help us guide our way.

**Learning Objectives:**
**Learning Objective 1:** Describe practices and organizational structures that support development of psychiatric educators.
**Learning Objective 2:** Analyze current challenges and innovations shaping psychiatric education today.
**Learning Objective 3:** Plan strategies to cultivate adaptation to uncertainty for learners and colleagues to enhance their future growth in psychiatric education.

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

## 10:15 am - 10:30 am
## Beverage Break
**Room: Ballroom Reception, Lobby Level & Mezzanine, 2nd Floor**

## 10:30 am - 12:00 pm
## Concurrent Workshops

**Room: Arizona, Lobby Level**

### Go the Distance: Adopting the Athlete's Mindset to Achieve Learning Goals
Vanessa Dang, MD, MS *Mayo Clinic*
Paige Chardavoyne, MD, Med* *Mayo Clinic*
Rob Morgan, MD, PhD *Mayo Clinic*
Andi Murez, MD* *Mayo Clinic*

**Abstract Description:** As a supervisor, have you ever asked a trainee what their clinical goals are, only to receive a blank stare? As a trainee, have you ever felt tackled by the volume of learning, uncertain where to start? Setting goals – and sticking with them – can be hard. But when made with intention, they act as essential guideposts for personal and professional growth, especially during times of uncertainty. How, then, do we coach trainees to become skilled at goal setting and follow-through?

In the sports world, athletes use process, performance, and outcome goals to motivate training. This approach underscores controllable aspects of goals and their value, highlights measure of attainment and promotes frequent assessment of real-world challenges to goal progress. Adapting such a framework to psychiatry training is rife with opportunity.

This interactive workshop draws on concepts from sports psychology and self-regulated learning to propose a new approach to goal setting in psychiatry. This interactive workshop will utilize a combination of didactics, large group discussions, and small group activities. Faculty will explore how to increase their effectiveness as mentors and supervisors through coaching trainee goal development. All participants, including trainees and faculty at all levels, will learn how to set relevant, intentional goals using a structured framework.

**Learning Objectives:**
**Objective 1:** Evaluate the effectiveness of your current goal-setting approach, as a trainee, as a mentor, or as a lifelong learner.
**Objective 2:** Develop psychiatry-related process, performance, and outcome goals.
**Objective 3:** Identify areas of your practice where you can utilize the goal-setting framework discussed today.

**Thematic Focus:** Competencies (including cultural competency and lifelong learning), 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 (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

### Awkwaaaard... Special considerations for autistic trainees: A neuro-affirming approach

Sophia Youn, DO* *Thomas Jefferson University*
Nina Shah, MD* *Temple University Health System*

Skylar Luu, MD* *Rutgers Health New Jersey Medical School*
David Beckmann, MD, MPH *Thomas Jefferson University Hospital*
Stacy Greeter, MD, PLLC *(AO)*

**Abstract Description:** Autistic trainees face unique challenges during their clinical training. Special considerations must be made when providing feedback and developing improvement plans for autistic trainees to foster a psychologically safe and inclusive training environment.

In this workshop, participants will engage with a series of scenarios involving autistic trainees who are experiencing challenges with specific clinical skills, as well as scenarios that highlight trainee strengths. Participants explore special considerations when supervising autistic trainees and develop techniques for providing feedback, strategies for strengthening clinical skills, and leveraging strengths. Through discussion, motivational interviewing techniques, and interactive role-play exercises to address challenging situations (such as de-escalating an angry patient or conducting a psychiatric interview in an overstimulating environment), participants will gain strategies to address rejection sensitivity in ways that encourage learning, engagement, and personal growth. The workshop will also help supervisors brainstorm ways to build on autistic trainees' strengths. Participants will leave with an enhanced understanding of the experiences and challenges of autistic trainees, evidence-informed strategies for building strong supervisory relationships, practical approaches to promoting clinical growth and leveraging trainee strengths, and a greater confidence in providing supportive, neuroaffirmining feedback.

**Learning Objectives:**
**Objective 1:** Identify common strengths and struggles of autistic trainees while understanding your role as a supervisor and the limits of that role.
**Objective 2:** Identify barriers and opportunities in supporting the growth of autistic trainees.
**Objective 3:** Practice motivational interviewing, accommodations, role-play, and strengths-based approaches to support autistic trainees.

**Thematic Focus:** Career development, Competencies (including cultural competency and lifelong learning), Curriculum development, Diversity, Equity and Inclusion (DEI), Leadership/Administrative development, Mentorship, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Idaho, Lobby Level**

## The Digital Mind: Data Organization for the Academic Psychiatrist

Paul Riordan, MD *Durham VA Medical Center (& Duke)*
Andrew Phan, MD* *Swedish Cherry Hill*
David Frederick, MD *MGH Dept of Psychiatry, McLean Hospital*
John Luo, MD *University of California - Irvine, College of Medicine*

**Abstract Description:** Are you feeling overwhelmed navigating the vast and ever-changing landscape of information that you consume? Have you ever gotten lost while searching for that key article for a presentation? Do you need to defend yourself before the promotions board but have forgotten what you did last year? We too have faced these struggles. We are information hoarders who have collected a wealth of data and strive to make sense of it.

Since before the Library of Alexandria, humans have struggled to organize data into information to create actionable and useful products. Even with the aid of computers, according to a Microsoft research study, we spend 76 hours a year looking for misplaced notes and files! That is 2 business weeks of productivity lost searching for information in the valleys of our memories. Fortunately, there is a way to develop a "second brain", a "digital mind" that will help you find your ideas more quickly to regain that lost time and reduce the uncertainty of what you have done. Retrieving information efficiently from your digital mind will allow you to save cognitive processing power for the projects that fuel your passion.

How do we do this? Come to this workshop to learn how to CODE! No prior experience is needed, because CODE (Capture, Organize, Distill, Express) is a meta-principle for creating this second brain developed by Tiago Forte in Building a Second Brain. Learn how to proactively uncertainty by identifying, creating and practicing the habits of digital organization.

**Learning Objectives:**
**Objective 1:** Identify three challenges to effectively organizing one's digital brain.
**Objective 2:** Appraise one's current system of digital organization for strengths and weaknesses.
**Objective 3:** Apply a framework for digital organization to one's own educational projects.

**Thematic Focus:** Teaching/Education: Undergraduate Medical Education, Teaching/Education:

Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other education (non-physician, non-psychiatry, patient/family), Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Sun Valley, 2nd Floor**

## Holding the Weight of Loss: Teaching Grief, Meaning, and Connection in Uncertain times

Megan Gilman, MD *Duke University*
Abigail Driscoll, MD* *Duke University*
McKenzie Pile, BS* *Duke University School of Medicine*
Sarah Eckstein, MD* *University of Chicago, Department of Psychiatry (AO)*

**Abstract Description:** Grief is an inevitable yet often unspoken aspect of medical training. Patient deaths, traumatic clinical encounters, and cumulative losses profoundly affect learners, contributing to emotional distress, burnout, and symptoms of moral injury and posttraumatic stress. Despite decades of literature documenting physician grief, from crying in stairwells to silent suffering shaped by medical culture, formal curricula addressing how to process and teach grief remain limited. This gap has become more pronounced amid current sociopolitical instability, collective trauma, and uncertainty that amplify learners' vulnerability and sense of disconnection.

Drawing on foundational and contemporary literature, this interactive workshop explores grief as both a deeply personal experience and core element of medical education. By understanding how loss following a patient death or bad outcome intersects with identity and meaning, we can address the broader grief many clinicians carry in today's world. Grounded in narrative medicine, acceptance-based frameworks, and trauma-informed educational principles, this session offers practical tools for teaching learners to acknowledge loss while remaining grounded and connected to their purpose. Through reflective writing, guided discussion, and skills-based debriefing practice, participants will leave equipped to model vulnerability, facilitate grief conversations with trainees, and cultivate learning environments where grief is recognized as a shared human experience rather than a personal failure.

**Learning Objectives:**
**Objective 1:** Recognize the impact of patient death, cumulative loss, and societal grief on learners and faculty across training stages.
**Objective 2:** Apply a structured, values-anchored framework to support trainees processing grief while maintaining professional identity and connection.
**Objective 3:** Practice teaching strategies including narrative reflection and facilitated debriefs to normalize grief and promote resilience and protect against compassion fatigue.

**Thematic Focus:** Competencies (including cultural competency and lifelong learning), Medical humanities, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Teton, 2nd Floor**

## Different Peaks, Different Paths: How Culture Shapes Learning and Leadership Development in Psychiatry Education

Poojajeet Khaira, MD* *MetroHealth Hospital - Case Western Reserve University*
Francis Lu, MD *University of California, Davis*
Mary Shen, MD* *Brigham & Women's Hospital*

**Abstract Description:** Psychiatry educators and emerging leaders increasingly navigate uncertainty—clinical, institutional, and societal—while developing their leadership identities within culturally diverse training environments. Cultural background profoundly shapes how individuals conceptualize leadership, authority, communication, and decision-making. However, dominant leadership norms in academic medicine may unintentionally emphasize certain culturally shaped traits (e.g., assertiveness) while undervaluing others (e.g., deference), contributing to self-doubt, misalignment, or under-recognition of leadership potential.

This interactive workshop explores leadership development through a cultural lens, drawing on the lived experiences of presenters at different career stages, including early-career leaders participating in national leadership development programs and a senior leader with extensive leadership experience. Using frameworks from cultural psychiatry, medical education, and cross-cultural leadership theory, participants will examine how cultural values—such as power distance, communication style, and approaches to hierarchy and decision-making—influence leadership identity and perceptions of effective leadership.

Participants will engage in guided self-reflection exercises informed by Erin Meyer's work on cultural dimensions, small-group discussions, and leadership scenarios to explore how their own cultural backgrounds shape their conception of what constitutes a "good" leader. The workshop highlights how leadership development experiences can validate culturally rooted leadership strengths and support the ongoing dialectic between cultural upbringing and evolving professional identity.

Attendees will leave with practical strategies to recognize and promote culturally informed leadership qualities in themselves and others, foster inclusive leadership development environments, and navigate educational "peaks and valleys" with greater cultural humility and adaptability. This session is designed for trainees, educators, and program leaders across career stages.

**Learning Objectives:**
**Objective 1:** Describe how cultural values influence leadership identity, authority, and decision-making in psychiatry education.
**Objective 2:** Reflect on how their own cultural background shapes their leadership style and perceptions of effective leadership.
**Objective 3:** Apply culturally informed strategies to leadership development and mentorship within educational and academic settings.

**Thematic Focus:** Career development, Diversity, Equity and Inclusion (DEI), Leadership/Administrative development

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Tucson, 2nd Floor**

## Facilitating Formative Growth: Innovations in Simulation Education

Latoya Frolov, MD, MPH *UT Southwestern*
Kewchang Lee, MD *University of California, San Francisco*
Sarah Baker, MA, MD *UT Southwestern*
Darlene King, MD *UT Southwestern*
Ashley Woolbert, MD *UT Southwestern*

Carmen Kilpatrick, MD *University of California, San Francisco (AO)*

**Abstract Description:** The use of standardized or simulated patients (SP) has enhanced medical education by ensuring that trainees have exposure to conditions considered fundamental to the rotation. Simulation is increasingly being used in psychiatry, including activities that help trainees recognize and treat conditions such as opioid overdose and neurocognitive disorders. While these activities offer trainees a lower-stress environment to practice clinical skills, they require significant effort and resources to develop, and educators may be overwhelmed by the options for implementation. Furthermore, feedback is a vital component, but these activities can be time-intensive to evaluate if faculty must watch and score encounters themselves. Therefore, considering other methods of providing feedback is key.

Through brief didactics and small and large group discussion, we will provide an overview of the simulation experiences in medical student and resident psychiatry education at two academic institutions, discuss different types of simulations and indications for each, explore the emerging use of artificial intelligence in simulation, and describe various feedback models that can be incorporated into simulation activities, thus demonstrating the agility and innovation that is necessary in education during uncertain times. This workshop will focus on providing educators with the confidence and skills to develop simulation activities that take advantage of the benefits of simulation, including standardized experiences, opportunities for feedback, the use of AI, and methods of identifying trainees who need remediation, while minimizing the frustration associated with the selection of teaching methods and feedback approaches.

**Learning Objectives:**
**Objective 1:** Differentiate between types of simulation experiences and match the level of fidelity to the intended learning objectives.

**Objective 2:** Describe effective approaches for giving and incorporating feedback in psychiatric simulation activities, including the use of structured debriefing models.
**Objective 3:** Apply knowledge gained to design or refine a simulation activity.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

## 10:30 am - 12:00 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: Wyoming, Lobby Level**

### Cultivating Collective Care: A Narrative Medicine Pilot Group for Psychiatry Residents

Tiffany Yu, BHSc* *University of Ottawa*
Athena Ko, MD, MSc* *University of Ottawa Faculty of Medicine*
David Martin, MD *The Ottawa Hospital (AO)*

**Background:** Shared, reflective processing of difficult experiences is important in mitigating burnout. An innovative narrative medicine group was developed for the University of Ottawa Psychiatry Residency Program, with qualitative and quantitative data gathered to examine the effects of this group.

**Methods:** Nine psychiatry residents voluntarily enrolled in four weekly 90-minute group sessions facilitated by an attending psychiatrist and psychiatry resident using narrative medicine with various art modalities. Five interviews were conducted following completion of the group. Qualitative data was analyzed thematically using mixed iterative and deductive themes. Quantitative data was gathered by questionnaires including the Maslach Burnout Inventory (MBI) administered at baseline, week 4 and week 12 after start of group. Results were analyzed descriptively.

**Results:** Themes included (1) individual factors: reduced burnout, decreased isolation, increased fulfillment in work, (2) collective factors: deepened resident relationships, developing peer mentorship, increased resident cohort connections, and (3) patient care factors: increased capacity for listening to patient stories, increased intentionality in patient care. Eight out of nine (88.9%) participants completed baseline and week 4 questionnaires; six (66.7%) completed week 12 questionnaires. MBI scores demonstrated improvement in burnout (19.88 to 12.50) and personal achievement (34.13 to 39.33), with improvements evident at 4 weeks and sustained at 12 weeks.

**Discussion:** This pilot narrative medicine group had a meaningful and sustainable positive impact on residents' burnout, sense of community, and fulfilment in patient care. Limitations include small sample size and selection bias. These findings support further development of similar reflective, group-based approaches to address burnout.

**Educators' Showcase Category:** Innovation

## Educators' Showcase IIB

### Seeing More in the Same Case: Teaching Psychodynamic Thinking to Psychiatry Clerkship Students

Meghana Vagwala, MD* *MGH/McLean*
Ashika Bains, MD, MS Harvard Medical School/MGH
Youjin (Jenny) Jang, BA* *MGH/McLean (AO)*

**Background:** Psychiatric training requires integrating diagnostic accuracy with understanding of patients' inner worlds, interpersonal patterns, and lived experience. While DSM-based diagnosis provides a shared clinical language, it often offers limited guidance for understanding why a patient is suffering or how that understanding should shape care. Psychodynamic formulation addresses this gap, yet medical students frequently experience it as abstract or inaccessible. We developed a case-based didactic for psychiatry clerkship students to introduce psychodynamic thinking as a clinical reasoning skill for patient-centered care.

**Methods:** This interactive session introduces diagnosis versus formulation through live audience polling, brief didactic teaching, and guided case discussion. A core pedagogical strategy involves two structured readings of the same clinical vignette: an initial reading focused on DSM criteria, followed by a second reading attending to latent content, emotional meaning, and defensive patterns. Learners then complete a contrastive management exercise, comparing treatment approaches informed by each reading. Learner-reported understanding was assessed pre- and post-session across four domains: psychiatric diagnosis, defense mechanisms, unconscious drives, and ability to connect with patients. Qualitative feedback was collected.

**Results:** When piloted with psychiatry clerkship students, pre- and post-session polling demonstrated increased learner-reported understanding of defense mechanisms and unconscious drives in all participants, and increased understanding of psychiatric diagnosis in some participants. Qualitative feedback highlighted the clarity, organization, and interactivity of the session.

**Discussion:** This adaptable curriculum introduces psychodynamic thinking in tangible, accessible ways. The two-pass case analysis reframes psychodynamic formulation as an additive clinical tool that complements DSM-based diagnosis rather than an abstract theory.

**Educators' Showcase Category:** Innovation

## Educators' Showcase IIC

### Teaching Brief DBT Skills Coaching to Psychiatry Residents: Outcomes of a Quality Improvement Intervention

Gabriela Diaz Rivera, MD* *University of Puerto Rico*

**Background:** Psychiatry residents frequently manage patients with emotional dysregulation, suicidality, agitation, and interpersonal conflict across clinical settings. Although Dialectical Behavior Therapy (DBT) skills are evidence-based interventions for these clinical presentations, structured training in brief DBT skills coaching is not consistently incorporated into residency education. Consequently, behavioral interventions may be underutilized in routine psychiatric encounters.

**Methods:** This 8-week quality improvement project delivers weekly 5-minute “DBT Skill of the Week” micro-teaching sessions during resident didactics. Skills include STOP, TIPP, Wise Mind, Paced Breathing, Opposite Action, DEAR MAN, and PLEASE. This project is designed as a low-burden, sustainable educational intervention that integrates psychotherapy skills into daily psychiatric practice. By increasing resident competence and comfort with DBT skills coaching, this initiative has the potential to enhance patient emotional regulation, improve crisis management, and promote structured behavioral interventions across clinical settings. Residents are encouraged to coach at least one DBT skill per week in any clinical setting. Outcome measures include pre- and post-intervention Likert-scale surveys assessing resident confidence. Data will be analyzed descriptively, with trends assessed using run charts.

**Results:** Data collection is ongoing. Post-intervention surveys and documentation tracking will conclude in August 2026. Results will be presented at the September 2026 conference.

**Discussion:** This initiative evaluates a low-burden, scalable model for integrating brief psychotherapy skills into everyday psychiatric practice. Findings will inform the feasibility and sustainability of micro-teaching as a strategy to enhance behavioral intervention competence within residency training.

**Educators’ Showcase Category:** Teaching Next Generation/Mentoring

## 12:00 pm - 1:30 pm

## AAP Career Development Lunch

**Room: Ballroom A/B/C, Lobby Level**

## 1:30 pm - 3:00 pm
## Concurrent Workshops

**Room: Arizona, Lobby Level**

### How to Say No: Aligning Opportunity, Mentorship, and Values Across Academic Career Stages

Rishab Chawla, MD* *UTHealth*
Anne Walsh, MD *University of Maryland St. Joseph Medical Center*
Brandi Karnes, MD *UTHealth Science Center at Houston McGovern Medical School*

**Abstract Description:** A pervasive hidden curriculum in academia suggests that taking on additional opportunities is essential to building momentum in the formative years of an academic career, while declining opportunities may be perceived as lack of seriousness or commitment. Turning down chances to teach, publish, mentor, or lead can feel professionally risky. For trainees, saying no may be interpreted as disinterest or lack of initiative, while for more early- and mid-career faculty, it may raise concerns about building a promotion-ready portfolio. Conversely, saying yes to every

opportunity can contribute to burnout in a field that continually blurs the boundary between professional and personal life. Over time, indiscriminate acceptance of professional roles can

contribute to role overload, diminished effectiveness, and misalignment with one's professional goals and values.

This 90-minute interactive workshop will equip participants with practical tools to critically appraise potential opportunities and thoughtfully navigate decisions of when to say yes or no. Presenters will utilize a combination of brief didactics, audience polling, small-group exercises, and role-play. Through applying the INSPIRE and "Fame, Fortune, and Fun" frameworks, participants will write their mission statement and gain more clarity into factors to consider when taking on new academic projects or opportunities. Participants will leave the workshop knowing how and when to gracefully decline when presented with opportunities that do not align with their goals. This workshop ultimately emphasizes saying no as an invaluable skill (rather than a personal shortcoming) that develops across one's academic career and professional identity formation.

**Learning Objectives:**
**Objective 1:** Analyze the benefits and risks involved in taking on additional professional opportunities as one's progress through a career in academic psychiatry.
**Objective 2:** Formulate career mission and vision statements that can be readily referenced when considering pursuing an opportunity.
**Objective 3:** Evaluate how mentorship can inform decisions to accept or decline additional projects or opportunities.

**Thematic Focus:** Career development, Mentorship

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

## When Life Happens: Faculty Approaches to Supporting Psychiatry Trainees through Personal Adversity

Nisha Shah, MD *Medical College of Wisconsin*
Colleen Manak, MD *Medical College of Wisconsin*
Elina Drits, DO *Northwell Health*
Martina Peralta, DO* *Medical College of Wisconsin (AO)*

**Abstract Description:** Psychiatry trainees frequently experience significant personal life stressors during residency and fellowship, including illness, caregiving responsibilities, family transitions, and loss. These experiences are highly prevalent and associated with burnout, depression, and attrition. Despite this, trainees often report inconsistent or insufficient faculty support, while faculty cite uncertainty about boundaries, equity, confidentiality, and limited administrative resources as barriers to intervening.

This interactive workshop will review current evidence on the prevalence and impact of trainee life challenges and explore systemic and interpersonal barriers to effective faculty support. Drawing on graduate medical education research, wellness scholarship, and faculty development literature, presenters will highlight best practices for supporting trainees while maintaining professionalism, fairness, and compliance with regulatory frameworks. Through case-based discussion and reflective exercises, participants will address both individual trainee needs and responding to events that affect an entire cohort.

By the end of the session, participants will leave with an evidence-informed, adaptable framework and concrete strategies they can implement within their own training programs to support trainee well-being, promote resilience, and strengthen learning environments during periods of personal adversity.

**Learning Objectives:**
**Objective 1:** Identify common personal life stressors experienced by psychiatry trainees and

recognize systemic, interpersonal, and regulatory barriers that limit faculty support of trainees during personal life challenges.

**Objective 2:** Apply evidence-informed strategies to support individual trainees and cohorts experiencing or shared stressors.
**Objective 3:** Develop an actionable, program-specific framework for responding to trainee life challenges while maintaining professionalism and regulatory compliance.

**Thematic Focus:** Competencies (including cultural competency and lifelong learning), Leadership/Administrative development, Mentorship, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Idaho, Lobby Level**

## Traversing the Terrain of Educational Leadership in Academic Psychiatry

Daniel Gih, MD *University of Nebraska Medical Center*
Kim-Lan Czelusta, MD *Baylor College of Medicine*
Kristi Kleinschmit, MD *University of Utah*
Ann Schwartz, MD *Emory University School of Medicine*

**Abstract Description:** Many academic psychiatrists serve as educational leaders within departments (e.g., clerkship, preclinical, residency, and fellowship directors), and an increasing number of junior and mid-career faculty assume informal or formal leadership roles early in their careers. The work is essential to the academic department's operational and strategic success. Educational leaders have varying experience with evaluations and surveys, expectation management, budgets, faculty development, and quality improvement. While these are essential leadership responsibilities, these skills are rarely taught explicitly or longitudinally.

Often, academic psychiatrists are asked to assume educational leadership positions for which they have had limited formal preparation and mentorship. Educational leaders are expected to address interpersonal conflicts, manage competing interests, and provide support for learners and faculty. While some organizations (e.g., AADPRT) offer programs to orient first-time program directors to their new roles, there are few programmatic opportunities for faculty at all career stages to develop, refine, and adapt their leadership skills as their roles expand or evolve.

In this interactive workshop, four vice chairs of education will share brief reflections on their personal educational leadership journeys, including transitions into leadership, common missteps, and lessons learned. The session will emphasize mentorship, peer learning, and practical skill-building, offering participants opportunities to engage in structured case discussions, reflect on their own leadership contexts, and build shared strategies and resources. Cases will be intentionally designed to apply to a broad range of roles, from emerging leaders to senior education administrators, highlighting both the challenges and joys of educational leadership.

**Learning Objectives:**
**Objective 1:** Examine the scope and evolution of the educational leadership roles in academic psychiatry, including formal titles and informal leadership responsibilities.
**Objective 2:** Develop strategic opportunities for leadership by aligning personal strengths and interests with departmental and institutional priorities across different career stages.
**Objective 3:** Apply core leadership skills such as relationship building, perspective taking, compromise, prioritization, negotiation, and escalation to problem-solve effectively in common educational leadership scenarios.

**Thematic Focus:** Career development, Leadership/Administrative development, Mentorship, Teaching Skills/Techniques

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Sun Valley, 2nd Floor**

## Finding the Signal in the Noise: Teaching Frameworks for Diagnostic Uncertainty

Serena Heung, MD* *University of Washington*
Andrew Phan, MD* *Swedish Cherry Hill*
Miles Christensen, MD, MPH *University of Washington*
Stacey Wildermuth, MD, MS* *University of Washington*
Linda Li, MD* *University of Washington*

**Abstract Description:**
In a world with instant access to information, choosing to sit with uncertainty can be uncomfortable. Instead of using labs or imaging to diagnose, Psychiatry utilizes an imperfect, evolving DSM written by experts doing their best to capture the human experience rather than provide absolute truth. Tension arises when diagnostic uncertainty confronts healthcare systems that prioritize definitive diagnoses, rapid decision-making, and protocolized treatments. How can clinicians learn to model thoughtful clinical reasoning in the face of uncertainty while fighting the pressure of medical systems driven by diagnostic clarity and medications?

Throughout each stage of training, medical trainees construct internal models to navigate the uncertain world of psychiatry. Rather than hearing explicitly, learners often speculate about how attendings reason through formulating diagnoses, weighing risks/benefits, and selecting treatments. Conversely, attendings may infer trainees' clinical reasoning quality through proxies such as confidence, speed, or accuracy rather than through structured assessment of thought processes.

Our workshop bridges this gap by providing concrete frameworks to make clinical reasoning visible, assessable, and teachable. Participants will explore concept mapping and diagnostic hierarchies as alternatives to absolute diagnoses. We empower facilitators to help learners accelerate their development by modeling the thought processes that become second nature over time. By equipping doctors-in-training with systems of thinking that embrace diagnostic uncertainty and weigh risks/benefits of different interventions over a reductionist focus on a single best diagnosis and treatment, the future of psychiatry will be better equipped to adapt to an ever-evolving clinical landscape.

**Learning Objectives:**
**Objective 1:** Integrate diagnostic concept mapping as a teaching tool to elucidate the process of formulating hypotheses and clinical reasoning.
**Objective 2:** Assess the quality of learners' clinical reasoning using structured criteria that emphasize process over correctness.
**Objective 3:** Compare diagnostic concept mapping and clinical algorithms to identify appropriate use cases, strengths, and limitations in clinical teaching.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Teton, 2nd Floor**

## What Could Go Wrong? Tools for Difficult Conversations when Stakes and Emotions Are High

Sumru Bilge-Johnson, MD *Akron Children's Hospital NEOMED*
Julia Shekunov, MD *Mayo Clinic*
Ashley Walker, MD *University of Oklahoma School of Community Medicine*
Zhongshu Yang, MD, PhD *Kaiser Permanente San Jose*
Christine Bartow, MD *University of Texas at Austin Dell Medical School (AO)*

**Abstract Description:** Across academic medicine, program directors and core faculty routinely engage in difficult conversations. These include delivering sensitive feedback, addressing professionalism concerns, supporting distressed learners, and repairing miscommunication under pressure. Very few faculty have received formal training in holding these crucial conversations, yet they are expected to begin doing so early in their career. This interactive workshop equips early

career faculty with essential skills for crucial and difficult conversations, such as the three critical questions to ask before engaging and how to shift a conversation away from an adversarial conversation toward a learning conversation. During this workshop, participants will assess their communication style under stress and learn about the importance of self-monitoring and reflection-in-action. The workshop also introduces key negotiation theories and elements of negotiation, with opportunities to practice these skills through discussion of simulated videos and roleplay. Particular focus will be given to navigating conversations that arise in complex academic environments where competing demands, limited time, and high expectations can intensify emotions and strain communication. Developing these skills early can lead to greater career success, improved job satisfaction, and better long-term physician retention.

**Learning Objectives:**
**Objective 1:** Identify your communication style under stress.
**Objective 2:** Apply a structured framework to plan and conduct difficult conversations in academic medicine, including how to articulate needs, how to stay in dialogue when upset, and how to speak persuasively.
**Objective 3:** Demonstrate effective negotiation skills that will be useful in difficult conversations.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors)

**Room: Tucson, 2nd Floor**

## Build Your Own AI Avatar – an Experiential Workshop to Create an Avatar for Teaching and Assessment

Kari Wolf, MD *Southern Illinois University School of Medicine*
Andrew Primous, MA *Southern Illinois University School of Medicine*
Richard Selinfreund, PhD *Southern Illinois University School of Medicine*
Ashima Datey-Chakrabarty, MD *Southern Illinois University School of Medicine*
Kalyan Kandra, MD *Southern Illinois University School of Medicine*
Laura Molony, MD *Southern Illinois University School of Medicine*

**Abstract Description:**
*Background / Rationale*
Psychiatry education relies heavily on communication, therapeutic alliance, cultural/contextual awareness, and nuanced language behaviors that are difficult to teach and assess consistently across learners and training settings. Traditional approaches—including standardized patients and direct faculty observation—are effective but resource-intensive and challenging to scale. Recent advances in generative artificial intelligence make it possible to create AI-driven avatars that can engage learners in realistic, unscripted psychiatric conversations while capturing detailed behavioral data. These AI avatars offer a novel, flexible approach to teaching, practicing, and assessing communication skills across undergraduate, graduate, and continuing medical education.

***Workshop Purpose***
This highly interactive workshop provides participants with a hands-on experience in building their own AI avatar for use in teaching and assessment. Participants will learn how to design an AI avatar's clinical persona, emotional tone, and communication boundaries, and how to align avatar responses with specific educational objectives in psychiatry. The workshop emphasizes practical application, focusing on how AI avatars can be safely integrated into curricula for skills practice, formative assessment, and learner feedback rather than high-stakes evaluation.

***Significance***
This workshop equips psychiatry educators with practical skills to create and deploy AI avatars as scalable teaching and assessment tools. By empowering participants to build and test their own avatars, the session demystifies AI technology and provides a concrete framework for enhancing communication skills education across the continuum of psychiatric training.

**Learning Objectives:**
**Objective 1:** Describe the educational advantages and limitations of AI avatars in psychiatry teaching and assessment.
**Objective 2:** Design an AI avatar with defined clinical context, communication style, and learning objectives.
**Objective 3:** Identify how AI-generated learner–avatar interactions can be used to support formative assessment of communication behaviors and explore strategies for integrating AI avatars into UME, GME, CME, and interprofessional education settings.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Wyoming, Lobby Level**

## IDEA Committee Workshop on Diversity, Inclusion, and Equity in Medical Education and GME: Past, Present, and Future

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 *Penn State Health*
Tolulope Odebunmi, MD, MPH *University of Minnesota*

**Abstract Description:** Over the past 5 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.” The June 2023 Supreme Court decision ending affirmative action in colleges and universities, while interpreted narrowly by the Biden Departments of Justice and Education, is 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 impact on medical education and GME in psychiatry. For example, in May 2025, the LCME eliminated its DEI accreditation standard and in September 2025, the ACGME eliminated its DEI accreditation standard. The AAMC Group on Diversity and Inclusion (GDI) has been renamed the Group on Collaboration, Engagement, and Community (GCEC).

Next, presenters will present how their 5 departments of psychiatry and training programs (from California, Pennsylvania, Minnesota, Canada) have coped with these changes including the concept of “belonging, inclusive excellence, collaboration, engagement, and community 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 discussion 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.

**Learning Objectives:**
**Objective 1:** List how DEI in medical education and GME in psychiatry has been impacted by changes in accreditation, federal and state legislation, the 2023 Supreme Court decision ending affirmative action, and Presidential executive orders.

**Objective 2:** Recognize methods both in medical school and GME in psychiatry to uphold the mission-driven values of belonging, inclusive excellence, collaboration, engagement and community to eliminate health disparities.
**Objective 3:** Formulate plans of action at their own departments to advance belonging, inclusive excellence, collaboration, engagement and community for health equity.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

### 3:00 pm - 4:00 pm
### Communications Committee Meeting
**Room: Sinclair, Lobby Level, Lobby Level**

### 3:00 pm - 4:00 pm
### Poster Subcommittee Meeting
**Room: Wyoming, Lobby Level, Lobby Level**

### 3:00 pm - 4:00 pm
### IDEA Committee Meeting
**Room: Idaho, Lobby Level**

### 3:00 pm - 4:00 pm
### Membership Committee Meeting
**Room: Arizona, Lobby Level**

### 3:00 pm - 4:00 pm
### Career Development Committee
**Room: Sun Valley, 2nd Floor**

### 3:00 pm - 4:00 pm
### Trainee Engagement Committee Meeting
**Room: Flagstaff, 2nd Floor**

### 3:00 pm - 4:00 pm
### Medical Humanities Committee Meeting (by invitation only)
**Room: Teton, 2nd Floor**

### 3:00 pm - 4:00 pm
### Master Educator Committee Meeting (by invitation only)
**Room: Tucson, 2nd Floor**

### 5:00 pm - 6:00 pm
### Master Educator Graduate Reception (by invitation only)
**Room: Snowbasin, 2nd Floor**

**6:00 pm – 9:00 pm**
**AAP Night Out Event**
**Caffé Molise**

**9:00 pm – 11:00 pm**
**AAP Night Out After Party**
**Caffé Molise**

# Friday, September 18, 2026

**7:00 am - 11:30 am**
**E-Posters (Viewing)**
E-Posters are available for general viewing until 11:30 am.
**Room: Ballroom C, Lobby Level**

**7:00 am - 5:00 pm**
**Registration**
**Room: Ballroom Reception, Lobby Level**

**7:15 am – 9:00 am**
**RPE Awardee and Committee Breakfast**
By Invitation Only Table Assignment
**Room: Ballroom A/B/C, Lobby Level**

**7:15 am - 9:00 am**
**Breakfast Service**
Pre-registration required.
**Room: Ballroom A/B/C, Lobby Level**

**8:30 am - 9:45 am**
**AAP Breakfast Assembly and Awards (***pre-registration is required)*
**Room: Ballroom A/B/C, Lobby Level**

All AAP registrants are invited to join us for a seated breakfast to learn more about AAP and cheer on our 2026 awardees! Poster Session Awardees Early Career Development Award Resident Psychiatric Educator Award Roberts Award

**9:45 am - 10:00 am**
**Beverage Break**
**Room: Ballroom Reception, Lobby Level & 2nd Floor Foyer**

**10:00 am - 11:30 am**
**Concurrent Workshops**

**Room: Arizona, Lobby Level**

## Anchoring to the Evidence: Incorporating Active Learning and Artificial Intelligence into Biopsychosocial Journal Clubs

Samuel Dotson, MD *Northeast Georgia Medical Center*
Gopal Amin, DO* *Northeast Georgia Medical Center*
Salankara Bandyopadhyay, DO* *Northeast Georgia Medical Center*
Andrew Halls, MD *University of California San Francisco*
Crystal Herrera, MD* *Northeast Georgia Medical Center*
DeJuan White, MD *Emory University Department of Psychiatry*

**Abstract Description:** Multiple converging forces from artificial intelligence (AI) to political pressures are creating increased uncertainty about the skill's future psychiatrists need for long-term career success. When taught well, Practice-Based Learning and Improvement (PBLI) can anchor professionals with research literacy and critical thinking skills despite a rapidly evolving evidence-base. Unfortunately, the primary instructional tool for PBLI–the journal club (JC)–often devolves into dry, abstract discussions of limited clinical relevance. This workshop therefore aims to empower teachers to create engaging, evidence-based alternative JC formats.

Following a brief needs assessment using Ogle's KWL framework (Know, Wonder, Learned), participants receive a concise didactic introduction to published JC formats. The workshop then progresses through three interactive exercises. The first focuses on biology by examining whether lamotrigine is effective for the core symptoms of borderline personality disorder using a competitive word-search game to compare opposing studies. The second exercise turns to psychology, where participants engage in an AI-assisted debate examining the common factors model of psychotherapy. The final exercise uses a case vignette to personalize complex socio-structural interventions targeting health inequities. Participants analyze how a fictional patient might qualify for trials on housing first and individual placement and support (employment first).

Throughout the workshop, participants engage in structured think–pair–share reflections and explore how to adapt the content for their programs. Each segment incorporates a different low-cost, publicly available AI tool to support busy medical educators. The workshop concludes with a guided group discussion, allowing participants to share experiences and practical strategies from diverse institutional contexts.

**Learning Objectives:**
**Objective 1:** Design engaging journal club experiences that teach critical thinking and research literacy, rather than just content from individual articles.
**Objective 2:** Incorporate active learning strategies into journal clubs, including gamification, debate, and patient narratives.
**Objective 3:** Utilize readily accessible artificial intelligence tools to efficiently generate instructional content for journal clubs, such as podcasts, data infographics, and case vignettes.

**Thematic Focus:** Competencies (including cultural competency and lifelong learning), Curriculum development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

## Beyond the Handshake: Networking as a Skill in Academic Psychiatry

Jai Ahuja, MD* *Prisma Health*
Anish Laul, MD* *University of Miami/Jackson Health System*
Harshita Vullaganti, MD* *Kamineni Academy of Medical Sciences and Research Centre*

Kaushal Shah, MD, MPH, PhD* *Massachusetts General Hospital & Harvard Medical School (AO)*
Rohit Chandra, MD *Harvard Medical School (AO)*

**Abstract Description:** Networking is widely recognized as essential for accessing research opportunities, residency mentorship, fellowship pathways, and national leadership in academic

psychiatry, yet it is rarely taught as a structured or actionable skill. Medical students, residents, and international medical graduates are frequently advised to “network more” without explicit instruction on how professional relationships are initiated, sustained, or ethically developed over time. Consequently, brief digital, conference-based, and clinical interactions often fail to translate into longitudinal professional connections.

This highly interactive, skills-based workshop reframes networking as a teachable professional competency through experiential learning. Participants begin with a timed “cold email gameshow,” during which they have four minutes to draft a concise outreach message emphasizing advice-seeking and value addition. Submissions are reviewed through facilitated group critique, supported by handouts outlining core principles of effective cold emailing, rapid triage of outreach strategies, and professional digital presence. The session then transitions to conference networking through small-group elevator pitch development and role-play scenarios, followed by guided discussion of follow-up strategies that convert brief encounters into sustained professional contact. In the final activity, “The Networking Autopsy,” participants analyze scripted communication sequences that culminate in failed professional relationships. Participants identify points of breakdown, diagnose common errors, and learn the value of timing, restraint, and ethical framing. Didactic content is intentionally limited, with emphasis placed on rehearsal, failure analysis, and application.

Designed for learners across training stages, this workshop makes the hidden curriculum of professional networking explicit and equips participants with practical tools to build ethical, longitudinal professional relationships in psychiatry.

**Learning Objectives:**
**Objective 1:** Describe how professional relationships in academic psychiatry are initiated, sustained, and ethically developed over time.
**Objective 2:** Apply evidence-informed strategies for effective digital and in-person networking, including cold outreach, conference interactions, and longitudinal follow-up.
**Objective 3:** Analyze common failure points in professional networking interactions and revise communication to improve timing, value framing, and ethical intent.

**Thematic Focus:** Career development, Competencies (including cultural competency and lifelong learning), Leadership/Administrative development, Mentorship, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors)

**Room: Idaho, Lobby Level**

## Promoting Professionalism in Education: Nurturing Trainees to Become Trustworthy and Thriving Psychiatrists

Jeana Benton, MD *University of Nebraska Medical Center Department of Psychiatry*
Daniel Gih, MD *University of Nebraska Medical Center*
Ashlyn Rasmussen, BS* *University of Nebraska Medical Center (UNMC)*
Charlotte Ritchie, MD* *Stanford University School of Medicine*
Dana Raml, MD *University of Nebraska Medical Center*

**Abstract Description:**
Successful residency training effectively transforms eager medical students into independent practicing physicians. The journey to becoming a psychiatrist encompasses both acquiring clinical skills and cultivating attitudes and behaviors that demonstrate accountability to patients, society, and the medical profession. Professionalism is a crucial competency in this training process. While it is frequently cited as a basis for disciplinary actions, its definition and application can be ambiguous for learners, who are expected to understand it intuitively, as well as for education leaders responsible for teaching and assessing it. To address this issue, professionalism development should be introduced early in a structured and standardized manner. This workshop explores strategies for communicating professionalism expectations and establishing thresholds for professional conduct. Once a professionalism framework is established, it can be reinforced by peers, site directors, and leaders. Proactive interventions and early identification of risks (e.g., loneliness) may be necessary to prevent

future challenges (Keiner 2024) and promote trainees' well-being while aligning training with accreditation and program objectives. By reframing professionalism as a developmental challenge, we can more effectively support the formation of future psychiatrists' professional identities and foster a culture of accountability and resilience throughout training.

**Learning Objectives:**
**Objective 1:** Define the key responsibilities within professionalism, and how these responsibilities impact education and future practice.
**Objective 2:** Develop strategies for positive modeling of professionalism, assessing professionalism in trainees, and remediation of professionalism concerns when needed.
**Objective 3:** Create a structured framework for teaching professionalism that utilizes mentorship, principles of wellness, and professional development activities.

**Thematic Focus:** Competencies (including cultural competency and lifelong learning), Curriculum development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Sun Valley, 2nd Floor**

## From Information Overload to Information Use: Strategic Dissemination of Information in Academic Training Programs

Yezarni Wynn, MD *St. Michael's Hospital*
Celine Prell, MD* *University of Toronto*
Kien T Dang, MD, FRCPC *University of Toronto*
Michael Wong* *University of Toronto*
Beverly Guan, MD, FRCPC* *University of Toronto (AO)*
Monisha Basu* *University of Toronto (AO)*

**Abstract Description:** All academic training programs rely on the effective dissemination of institutional policies and procedures to trainees, faculty and administrative staff. In the context of postgraduate medical education (PGME) programs, information is typically relayed from central program leadership to local leadership at training sites, then to individual supervisors. Central program leadership and local leadership are also responsible for relaying information to resident leadership, who then communicate with individual trainees. Many programs experience challenges with the dissemination process, including information overload, variable awareness and uptake, inconsistent interpretation and implementation, and inequitable access to information. Although email remains the predominant communication modality in academic programs, evidence from medical education, implementation science, and knowledge translation literature suggests that passive dissemination strategies alone are insufficient to promote understanding, engagement, or consistent policy enactment.

In this workshop, we will incorporate brief didactic teaching, small-group exercises, and applied PGME-specific examples to help participants examine the impact of structural barriers and learn how dissemination strategies can be thoughtfully designed and optimized. Core concepts include identifying segmented audiences (residents, faculty, program leaders), tailoring messages based on role and relevance, multi-channel communication and dissemination strategies, and evaluation of dissemination effectiveness. Strategies developed in this workshop have potential applicability across diverse educational settings, including other residency programs, undergraduate medical education, fellowship training, and more.

This session is particularly relevant for PGME leaders, program directors, and clinician teachers/educators working within large or geographically distributed training programs who are seeking evidence-informed approaches to improve the dissemination and implementation of policies and procedures.

**Learning Objectives:**

**Objective 1:** Analyze common barriers to the effective dissemination and uptake of information within academic settings.
**Objective 2:** Evaluate key audiences for information dissemination and select appropriate communication channels to effectively reach each audience.
**Objective 3:** Identify clear and actionable communications adapted to specific audiences to maximize understanding and engagement.

**Thematic Focus:** Leadership/Administrative development

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Teton, 2nd Floor**

## Scaling the Summit of Workshop Design: Building Sessions that Engage and Deliver

Anne Walsh, MD *University of Maryland St. Joseph Medical Center*
Sean Blitzstein, MD *University of Illinois at Chicago*
John Luo, MD *University of California - Irvine, College of Medicine*
Marcy Verduin, MD *University of Central Florida College of Medicine*

**Abstract Description:** You have an idea, a deadline, and an audience. Maybe even a catchy title if you're lucky. But how do you turn that spark into a successful workshop, especially when designing sessions can feel like scaling a summit in uncertain terrain? Clinician-educators often encounter steep learning curves, false starts, and shifting conditions. How do you define learning objectives, pace a session to balance content with interaction, and select strategies that keep learners engaged from ascent to descent?

Like a well-planned climb, a successful educational workshop requires preparation and reliable anchors. Effective workshops create momentum while providing stable footing – space for participants to explore concepts, practice skills, and learn from one another, while remaining structured enough to guide learners through peaks of insight and valleys of uncertainty. Yet many clinician-educators receive little formal guidance in how to design such sessions.

This interactive, practical workshop introduces participants to the core elements of effective workshop design, including developing focused learning objectives, selecting interactive teaching strategies, and using a lesson plan to guide delivery. Emphasis is placed on application rather than lecture, with participants actively designing their own workshop using guided exercises, small-group discussion, and peer feedback. Time is reserved for reflection and troubleshooting across experience levels.

This session will benefit trainees and junior faculty, as well as experienced educators seeking a structured framework to teach or mentor others in workshop design. Participants will leave with a drafted abstract, learning objectives, and lesson plan, and a commitment to submit an abstract for AAP 2027.

**Learning Objectives:**
**Objective 1:** Generate at least 3 learning objectives using the 5 components of effective learning objectives.
**Objective 2:** Select and align at least 3 learner-centered interactive teaching strategies with workshop content and intended audience.
**Objective 3:** Draft a sample lesson plan for a successful workshop.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Wyoming, Lobby Level**

## The Next Generation of ACGME Requirements: Navigating Tensions Shaping the Future of Training in Psychiatry

Melissa Arbuckle, MD, PhD *Columbia Department of Psychiatry*
Anna Kerlek, MD *The Ohio State University*
Omair Abbasi, MD, FAPA *Memorial Healthcare System*
Rebecca Lundquist, MD *TriHealth*

**Abstract Description:** Psychiatry residency education is at an inflection point. Workforce shortages, evolving models of care, advances in treatment, and growing interest in competency-based education have generated calls to modernize training. While there is broad agreement that residency education should evolve, programs face finite curricular time, faculty expertise, and institutional resources. The challenge is no longer whether change is needed, but how to implement meaningful change in ways that are educationally sound, feasible, and sustainable. To inform potential revisions to the Accreditation Council for Graduate Medical Education (ACGME) psychiatry residency training requirements, the Association of Directors of Psychiatric Residency Training (AADPRT) convened a task force to review current requirements, survey program directors nationally, and develop recommendations.

This interactive workshop will engage participants in the same implementation challenges encountered by the task force. Using national survey findings as a foundation, participants will work in small groups to analyze real-world educational dilemmas reflecting tensions between educational priorities and implementation realities, including workforce preparation, competency-based education, psychotherapy training, and emerging areas of psychiatric practice. Participants will focus on how shared educational goals can be translated into achievable, sustainable approaches within real-world residency programs as the landscape of residency training continues to evolve.

**Objective 1:** Describe key findings from the AADPRT national survey and task force recommendations regarding potential revisions to psychiatry residency training requirements.
**Objective 2:** Analyze common tensions between educational priorities and the practical realities of implementing curricular change.
**Objective 3:** Identify strategies for actualizing innovations in residency education that balance educational value with feasibility.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

## 10:00 am – 11:30 am

### Educators' Showcase IIIA

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: Wyoming, Lobby Level**

## Efficacy of AI-Driven Tools for Teaching Clinical Reasoning in Psychiatry

Alice Hou, MD* *Case Western Reserve University/University Hospitals*

**Background:** Clinical reasoning is a core competency for psychiatry trainees, which include psychiatric assessment, differential diagnosis, and treatment planning. Artificial intelligence (AI) tools are increasingly being integrated into people's lives as well as into medical education. Despite potential disadvantages, AI offers novel approaches to teaching clinical reasoning, and this review aims to assess the efficacy of AI-driven tools for teaching clinical reasoning to psychiatric trainees.

**Methods:** The review was conducted in accordance with PRISMA guidelines, with an initial

systematic search using PubMed, PsycINFO, and Scopus databases for studies published from inception to 2026. Search terms included (medical students OR trainees OR psychiatry residents) AND (AI OR machine learning OR ChatGPT) AND (education OR teaching).

**Results:** The search found 1247 papers, of which 17 studies met inclusion criteria. This included 8 papers that studied large language models/chatbots, 5 papers that studied clinical decision support systems, 2 studied intelligent tutoring systems, and 2 studied natural language processing tools. Seven studies showed improved diagnostic accuracy, and 5 showed improved reasoning quality on validated measures.

**Discussion:** AI tools show promise for teaching psychiatric clinical reasoning through case generation, feedback, and deliberate practice. However, the evidence base remains minimal, with only 17 studies meeting rigorous criteria. AI appears best positioned as an adjunct to traditional teaching, not a replacement.

**Educators' Showcase Category:** Innovation

## Educators' Showcase IIIB

### Brought to Life: Integrating Video-Vignettes into Group-Based Learning in Psychiatry Pre-Clinical Curriculum

Marina Malcolm, BA* *Geisinger Commonwealth School of Medicine*
Jessica Goldhirsh, MD *Geisinger Commonwealth School of Medicine (AO)*
Youngjin Cho, PhD *University of Georgia School of Medicine (AO*)

**Background:** Student feedback suggested that the diagnostic acumen developed during pre-clinical years for psychiatric conditions was uniquely difficult to translate to their clinical rotations. They found real-life behaviors to be inadequately captured in traditional written vignettes. Given the benefits of using video patient simulation in mental status exam skill training, we piloted using video-vignettes of psychiatric presentations as the basis for NBME-style multiple choice questions in group-based learning sessions.

**Methods:** Videos depicting patient actors in one-on-one interview style framing were sourced from Martin et al's (2020) open-access resource and multiple-choice questions were designed from them. A Likert scale poll was distributed to students which covered measures of critical thinking, perceived cognitive flexibility, diagnosis presentation, and belief in video usefulness for future psychiatry rotation with space for narrative comments. We compared overall exam score and sub-scores on video-related content from academic years 2024 and 2025. Polling of students on usefulness following their psychiatry rotation will be collected throughout the next year.

**Results:** Average overall exam scores and all four content subsection scores increased from academic year 2024 to 2025. 27 of 114 students responded. 96.3% agreed the videos prompted critical thinking. 62.9% agreed that they noted cognitive flexibility. 100% agreed the videos helped with diagnosis presentation. 88.9% agreed that they believed the videos will help them in their clinical rotations. Major themes in the narrative feedback were: positive reaction to integration (82%), need for changes in content delivery (71%), and difficulty level of video-associated questions (29%).

**Discussion:** Overall, we feel this intervention is superior to the previous method. Students had overwhelmingly positive reactions to video-associated questions in workshop sessions while exam scores across all domains increased. Moving forward, we have scripted videos for personality disorders with plans to expand this novel model for 2026 sessions to explore longitudinal impacts on clinical readiness.

**Educators' Showcase Category:** Innovation

## Educators' Showcase IIIC

### Improving Psychiatry Residents' Knowledge and Confidence Prescribing Hiv Pre-Exposure Prophylaxis (PrEP): A Pilot Study of the Psychprep Curriculum

Samuel Bunting, MD, MS *Albert Einstein College of Medicine*

**Background:** People with severe mental illnesses (SMI) and/or substance use disorders (SUD) are disproportionately impacted by HIV. Pre-exposure prophylaxis (PrEP) is >99% effective in preventing HIV, however, prescription remains low, especially among people with SMI/SUD. Clinicians' knowledge is a commonly cited barrier to PrEP expansion. Training about PrEP prescription is not common in psychiatry residency, despite multiple areas of overlap with routine psychiatric care.

**Methods:** We developed and pilot tested an interactive, case-based curriculum (30-min) about PrEP prescription for psychiatry residents (PsychPrEP). The PsychPrEP curriculum simulates real-world PrEP prescription across multiple psychiatric care settings. Residents encounter three fictional patients over sequential visits and make simulated clinical decisions to prescribe oral or long-acting injectable (LAI) PrEP. A pre/post-curriculum survey assessed PrEP knowledge and prescribing confidence, as well as evaluation of the curriculum. Residents from four programs across the U.S. participated in the pilot study.

**Results:** A total of 85 psychiatry residents participated in the pilot test of the PsychPrEP curriculum. Mean knowledge of PrEP increased from 57.1% to 89.5% correct. Mean confidence prescribing PrEP on our scale increased from 23.6 to 45.8 (p<001), controlling for year in training. In evaluation, 94% of residents found the curriculum was useful (94%), relevant (91%), fun (91%), and worth their time (95%).

**Discussion:** The case-based, psychiatrist-focused PsychPrEP curriculum is a simple, feasible, and acceptable approach to integrate training about PrEP prescription within psychiatry residency education to close an important gap in care. This session will demonstrate the curriculum and engage in small-group discussion to further refine and expand implementation.

**Educators' Showcase Category:** Innovation

## 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 2026 Onsite Meeting App.
**Room: Ballroom C, Lobby Level**

## 101. A Three-Year Review of the Department of Psychiatry Mentorship Program: Focus on Mentorship Groups in Supporting Faculty Academic Roles and Social Identity

Certina Ho, PhD, RPh *University of Toronto*
Shaheen Darani, MD *Temerty Faculty of Medicine, University of Toronto*

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

**Background:** A unique aspect of the Department of Psychiatry Mentorship Program was the creation of mentorship groups that support specific academic roles and needs of underrepresented and equity-deserving faculty. The objective of this project was to conduct a three-year review of the events offered by the mentorship groups.

**Methods:** We retrieved mentorship group events and evaluations data in 2022-2025 and analyzed the number of offerings, attendees, topics discussed, and feedback collected from participating faculty members.

**Results:** In 2022, all faculty members were invited to join any of the 7 mentorship groups: "Clinician Scientists/Investigators"; "Clinician Teachers"; "PhD/Status-Only Faculty"; "International Medical Graduates"; "LGBTQ2S+"; "Uplifting Women and Underrepresented Genders in Academia", and its subgroup, "Racialized Women's Mentorship Group". The groups determined their meeting formats (mostly virtual), event frequencies (4-10 times/year), and topic(s) discussed per session. A total of 39, 20, and 26 mentorship events were offered in 2022-23, 2023-24, 2024-25, respectively. Attendance at each event ranged from 5-46 faculty members, with an accumulative total of 1,228 attendees/counts in 3 years. Topics discussed include academic promotion, dealing with rejections, physician/learner wellness, and giving effective feedback, etc. Of the 85 events, we received 23 evaluations. The opportunity to network, meet, share, hear from, and discuss informally with

colleagues with similar academic roles and social identity during these mentorship sessions was most valued by group members.

**Discussion:** Faculty engagement in mentorship groups has been consistent since its inception. A broader reach to more faculty members will help support navigation in their academic and clinical career pathways.

## 102. Lights, Camera, Education: Leveraging 'the Pitt' to Create Psychological Safety in Discussing Professional Challenges during Residency Training

Sonia Kumar, DO* *Northwell John T. Mather Memorial Hospital*
Yechan Lee, MD* *Northwell Health John T. Mather Memorial Hospital*
Jenna Taglienti, MD *Northwell Health John T. Mather Memorial Hospital (AO)*
Joanna Stanczak, MD *Northwell (AO)*

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

**Background:** Current residency education ineffectively addresses challenging professional situations, particularly around substance use, workplace violence, and trauma among healthcare professionals. Traditional didactic approaches often lack both processing space for difficult experiences and relatable contexts. This educational gap is particularly concerning given the high rates of physician substance use, workplace violence, and PTSD. Our initiative leverages the Emmy-awarded medical drama "The Pitt" as an innovative tool to bridge theoretical knowledge with practical application, thereby filling these deficiencies.

**Methods:** The curriculum utilizes selected episodes from "The Pitt" (HBO Max) in 90-minute sessions to facilitate discussions among healthcare professionals on workplace violence, wellness, and substance use. Each session combines scene viewing, guided discussion, and practical application specifically addressing real-world scenarios such as approaching suspected colleague impairment, navigating hierarchical challenges, and fostering psychological safety in training. Additional focus is placed on institution-specific policies and resources including anonymous reporting procedures, and available wellness resources. The curriculum specifically incorporates scenes depicting healthcare worker trauma, substance use challenges, and workplace violence to facilitate meaningful discussions about real-world scenarios.

**Results:** Implementation of this curriculum has demonstrated significant engagement from residents. Feedback indicates enhanced comfort in discussing sensitive professional topics through the lens of fictional scenarios. Residents report improved understanding of institutional resources and increased confidence in addressing colleague impairment. The media-based format has proven particularly effective in promoting open dialogue about challenging situations that affect approximately 10-15% of physicians. The structured discussions have led to increased awareness of available support systems and improved understanding of appropriate intervention strategies for colleagues in distress.

**Discussion:** This innovative approach bridges teaching between theory and application. Resident feedback confirms the effectiveness of using contemporary media to facilitate difficult conversations, with participants noting enhanced problem-solving abilities for real-world challenges. The format provides a reproducible model that can be easily adapted by other residency programs. The curriculum's success suggests that media-based teaching can effectively create psychological safety while maintaining professional relevance, particularly when addressing sensitive topics such as substance use, workplace violence, and healthcare worker PTSD.

## 103. A Community of Practice Approach to Enhancing Psychiatry Resident Safety

Martha Vargas, MD *University of California San Francisco*
Carmen Kilpatrick, MD *University of California San Francisco (AO)*

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

**Background:** Psychiatry residents experience disproportionately high rates of patient-initiated verbal harassment, threats, and physical assault, yet usually receive limited formal training in de-escalation, institutional safety protocols, or post-incident support. Prior educational interventions are frequently limited to narrow trainee groups or non–psychiatry-specific contexts. Guided by experiential learning theory and communities of practice, we designed a curriculum that centers cross-PGY peer learning, shared experience, and institution-specific safety procedures.

**Methods:** We implemented a required two-hour workshop for PGY-1 through PGY-4 psychiatry residents in August 2025. Residents were assigned to mixed–training-year small groups to promote mentorship and shared learning. The curriculum consisted of three case-based modules addressing verbal assault, escalation to physical threat, and physical assault. The curriculum incorporated role-play, facilitated small group discussion, an online privacy activity, and step-by-step review of institutional protocols. Learners completed anonymous pre- and post-surveys assessing perceived preparedness, confidence, and familiarity with safety procedures.

**Results:** Twenty-five residents participated; 19 completed the pre-survey and 12 completed the post-survey. Agreement increased across all six survey items. Awareness of institutional protocols for managing verbal assaults (31.6% to 91.7%, p = .002) and physical assaults (31.6% to 91.7%, p = .002) showed the largest gains. Residents strongly endorsed the mixed-PGY format, with 91.7% agreeing it enhanced learning.

**Discussion:** This workshop improved psychiatry residents' awareness of safety protocols, increased confidence in responding to escalating patient behaviors, and fostered cross-PGY mentorship. A community of practice–based, case-driven approach appears effective for addressing both technical and cultural dimensions of trainee safety.

## 104. Implementation Outcomes of Fuerte: Facilitator-Reported Feasibility, Acceptability, and Task Completion in a School-Based Intervention

Samar Shaqour, BS* *University of California San Francisco*
Madeera Mian* *University of California San Francisco (AO)*
Ariana Diaz, BA *University of California San Francisco (AO)*
William Martinez, PhD, ABPP *University of California San Francisco (AO)*

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

**Background:** Latinx newcomer youth (LNY) face elevated risk of trauma-related symptoms and barriers to mental health care. Using facilitator reports, we evaluated implementation outcomes of Fuerte, a culturally adapted, school-based group mental health intervention for LNY (feasibility, task completion, adaptations, and determinants).

**Methods:** Mixed-methods analysis of 47 groups delivered in San Francisco public schools (2023-2025). Two facilitators co-led each group and completed REDCap surveys after seven modules. Quantitative items captured task completion and adaptations. Open-ended responses were double-coded and analyzed thematically; pre-consensus agreement was 89.2% (κ=0.80), with discrepancies resolved by discussion or third-coder decision (N=7).

**Results:** Survey completion by ≥1 facilitator averaged 91.5% (83.0-100%; N=39-47 groups/module). Among groups with ≥1 survey submitted, completion of all planned module tasks averaged 56.0% (45.5-64.1%). "Other" tasks were endorsed 12.4% (2.1-27.7%). Adaptations were common: ≥1 module was delivered across sessions in 46.8% of groups, and 57.4% reported combining modules. Introductory, structure-building content was most often delivered across multiple sessions, whereas modules on affect identification, health literacy, and coping skills were most frequently combined. Determinants affecting implementation were primarily student-level (attendance/engagement), followed by school-level constraints (time limits, competing demands, staff and space difficulties), and less often facilitator-level factors (adjustment-period factors). Facilitators also reported strong student interest and engagement.

**Discussion:** Facilitator-reported outcomes indicate feasible school delivery with moderate task completion and patterned adaptations. Determinants can guide facilitator training and school-aligned

workflows to support scalable, culturally responsive mental health delivery while preserving core components.

## 105. Leveraging Medical Education to Shape Medical Students' Misconceptions about Race

Ashley Andreou, MD, MPH* *Columbia University/ New York State Psychiatric Institute*

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

**Background:** Undergraduate medical education frequently fails to explicitly address the systemic drivers of health inequities. This pedagogical silence often allows students to rely on biological essentialism to explain racial differences in health outcomes. When curricula do not define race as a social and political construct, they inadvertently reify it as a natural, genetic category. Such misconceptions are not merely academic errors. They permeate clinical reasoning and facilitate the persistence of race-based medicine, which can lead to misdiagnosis and the perpetuation of health disparities. To address this, we implemented an anti-racism curriculum for first year medical students. Our objective was to transition student understanding from a biomedical framework of race toward a structural competency framework. By naming racism rather than race as the root cause of health inequities, we sought to equip future physicians with the critical consciousness necessary for equitable practice. This project highlights the necessity of early intervention in undergraduate medical training to dismantle the foundational biases that students bring into the clinical environment.

**Methods:** This study utilized a pre- and post-intervention survey design to evaluate a longitudinal anti-racism curriculum within the first year of medical school. Of 207 students in the cohort, 196 completed the post-curriculum survey (95% response rate), administered during protected class time. The intervention began with summer readings on the intersection of race and science, followed by faculty-led small group discussions. Subsequent components included a formal lecture on local racial health disparities and the historical role of structural racism in medical practice, and interactive sessions focused on power dynamics and institutional community partnerships. To measure impact, we administered a validated institutional survey at two time points; pre- and post-intervention responses were collected as separate cross-sectional samples rather than paired responses. The instrument assessed student beliefs regarding the biological basis of race and the drivers of health disparities using Likert scales, and an open-ended question asked students to define race in their own words. We employed deductive thematic analysis to categorize definitions into biological, social, and political themes; shifts were analyzed with chi-squared tests.

**Results:** The intervention yielded significant conceptual shifts in how students define and utilize the concept of race. Definitions of race in biological or genetic terms decreased from 16% to 7% ($p = .01$), definitions of race as a social construct rose from 39% to 52% ($p = .01$), and definitions identifying race as a political category increased from 0.5% to 10% ($p < .0001$). Quantitative data mirrored these qualitative findings: the proportion of students believing race has a significant biological or genetic basis dropped from 43% to 10% ($p < .0001$), and the proportion stating that biological differences play no role in racial health disparities more than doubled, from 22% to 52% ($p < .0001$). While students' comfort discussing race remained largely unchanged, students' perception of the academic environment as conducive to open dialogue improved significantly ($p = .001$). These results suggest that a targeted, structurally focused curriculum can successfully challenge deeply held misconceptions within a single academic year.

**Discussion:** Our findings suggest that undergraduate medical training can serve as a powerful site for deconstructing biological essentialism. By shifting the focus from innate difference to structural power, students began to recognize race as a tool of social and political categorization. This conceptual transition is a critical prerequisite for mitigating physician bias and addressing the actual drivers of health inequity. The increase in political and social definitions indicates that students can move beyond superficial acknowledgments of diversity toward a more nuanced understanding of structural racism. Furthermore, the improvement in the perceived academic climate is vital. A culture that encourages honest, rigorous discussion of race allows for the self-reflection required to address systemic oppression in healthcare. While this study was conducted at a single site, the results provide a scalable model for other medical programs. Future research should investigate whether these early conceptual shifts translate into more equitable clinical decision-making during the clerkship years and

beyond. Ultimately, integrating structural competency into the foundational years of medical school is an essential step toward training a more just generation of physicians.

## 106. Empowering Bilingual Healthcare Providers: Interpreter Certification to Advance Health Equity and Professional Development

Mariana Ortiz, BS* *Penn State COM (AO)*
Evelyn Marin* *Penn State COM (AO)*
Andrew Yeich, MD* *Yale-New Haven Medical (AO)*
Inginia Genao, MD *Penn State COM (AO)*

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

**Background:** About 9% of the US population has limited English proficiency; nearly two- thirds of this population identify as Hispanic/Latino. Language barriers contribute to health disparities and reduced access to quality healthcare. Interpretation services play a crucial role mitigating these barriers, especially in psychiatry where communication is foundational to the development of a therapeutic alliance. Medical students often act as ad hoc interpreters; however not all bilingual medical students have the language proficiency in medical Spanish and training to interpret effectively. Medical students at Penn State College of Medicine uniquely collaborate with the Literacy Council of Lancaster-Lebanon, who support international medical graduates (IMG) while pursuing medical certification in the US.

**Methods:** Participants consisting of six IMGs, one physician assistant, and three medical students began a 2-phase Spanish interpreter program through the Certification Commission for Healthcare Interpreters (CCHI). Phase 1: Medical Interpreter 40-hour training course. Proof of language proficiency via Language Testing International was required for the course. Phase 2: Pass both CCHI professional and language specific exams.

**Results:** IMGs completed English proficiency examination. All participants completed Spanish language proficiency examination and the 40-hour training course. Among IMGs, three completed certifications, one passed the written CCHI exam, and one oral exam retake is scheduled. Among students, two completed certifications, and one is scheduled to take the written exam.

**Discussion:** This program fostered a mutually beneficial partnership: both groups gained valuable skills and opportunities that lead to improved patient communication and outcomes. Medical students helped IMGs navigate the residency application process to help reduce barriers to improve chances of success.

## 107. Landscape of Parental Leave Electives in U.S. Psychiatry Residency Programs

Annie Griebie, MD* *University of Minnesota Medical School*
Varun Dabade, BA* *University of Minnesota Medical School (AO)*
Tolulope Odebunmi, MD, MPH *University of Minnesota (AO)*
Lucia Ray, BA* *University of Minnesota Medical School (AO)*

**Poster Category:** General/NOS

**Background:** While U.S. residency programs are required to offer residents six weeks of paid parental leave, longer paid maternity leaves are associated with decreased postpartum depression and burnout, increased breastfeeding duration, and higher satisfaction with parenthood. Many have developed electives to increase the time spent with new children, although data about these electives in psychiatry residency programs is limited. Thus, we sought to describe the prevalence, format, and attitudes toward parental electives in psychiatry residency programs across the U.S.

**Methods:** A survey was sent to psychiatry programs via the American Association of Directors of Psychiatric Residency Training (AADPRT) email listserv and advertised via posters at the AADPRT and American Psychiatric Association conferences. A qualitative analysis was performed examining program characteristics and parental elective existence, attitudes, and clinical elements.

**Results:** Thirty-one AAMC psychiatry residency programs completed the survey. Of these, 16% reported offering a specific elective extending parental leave. 42% have a general elective that trainees can tailor to this need. Leaders in over half of these institutions indicated a desire for a specific parental leave elective. The greatest challenges anticipated by program leaders without a specific elective included financial constraints, perceived fairness among trainees, and ability to meet GME requirements.

**Discussion:** Our study demonstrated a desire among many psychiatry residency programs to implement a parent-specific elective though several logistic barriers exist. Future efforts should focus on evaluating how programs have overcome these challenges to promote widespread adoption of these curricular innovations.

## 108. Departures and Disruptions: Utilizing Kern's Model of Curriculum Development to Navigate Local Uncertainty in Consultation-Liaison Psychiatry Didactics

Benjamin Dralle, MD* *Mayo Clinic School of Graduate Medical Education*
Vanessa Dang, MD, MS *Mayo Clinic (AO)*
David Fipps, DO *Mayo Clinic (AO)*

**Poster Category:** General/NOS

**Background:** As patient medical complexity rises, robust consultation-liaison psychiatry (CLP) training has become increasingly important for psychiatry residents. However, CLP lags behind other subspecialties in developing national didactic curricula. Our local PGY-2 CLP curriculum has faced additional disruptions due to faculty departures, the COVID-19 pandemic, and shifting outpatient clinic requirements. These challenges mirror national variations in faculty availability and curricular infrastructure.

**Methods:** To address these uncertainties, we applied the first four steps of Kern's curriculum development model. A general needs assessment included a scoping review of CLP education methods, followed by a targeted needs assessment using surveys of prior learners and CLP faculty. We are developing curriculum goals and objectives through structured consensus-building and selecting educational strategies based on learner needs and local feasibility.

**Results:** Key findings from the scoping review will be presented. Fourteen of twenty-one (67%) PGY-3 and PGY-4 residents completed the targeted needs assessment survey. Residents prioritized early instruction in capacity assessment, psychopharmacology, distress and medical illness, and neurocognitive disorders. Additional areas of interest included agitation management, sleep disorders, and eating disorders. Most preferred in-person didactics (93%) with strong support for recording sessions (86%). Learners also described a perceived "hidden curriculum" shaping their CLP experience. Faculty surveys were analyzed for similar themes. Updated curriculum topics, goals, objectives, and teaching strategies will be shared.

**Discussion:** By applying an established curriculum development framework, we transformed local challenges into an opportunity to build a learner-centered CLP curriculum. We present our process and outcomes to support educators navigating similar uncertainties.

## 109. Evaluating medical students' rates of suicide risk assessment on observed structural clinical examinations in the third-year psychiatry clerkship

Alexis Cacioppo, MD*, *Columbia University*
Brittany Goldstein, MD *The University of Chicago (AO)*
Samuel Chen, MSc* *The University of Chicago (AO)*
Shivani Kumar, MD *The University of Chicago (AO)*

**Poster Category:** Innovation

**Background:** Suicide is a leading cause of death and a serious public health problem. Many psychiatry clerkships aim to prepare third-year medical students ("students") to assess and address suicidality. Using Kern's Model, a needs assessment identified a need for more skills-based didactics

in the psychiatry clerkship, leading to a new lecture on psychiatric emergencies. To assess the impact of this intervention, this study evaluates rates of suicide risk assessment during observed structured clinical examinations (OSCEs), before and after implementing the new lecture.

**Methods:** Students' rates of suicide risk assessment were compared over two academic years, before and after implementing the new lecture. The presence of a suicide risk assessment was measured with a binary item during students' participation in two of three OSCEs. Descriptive statistics were performed to calculate rates of suicide risk assessment.

**Results:** Rates of suicide risk assessment were compared for students before (n = 150) and after (n = 133) the implementation of the lecture. On all three OSCEs, students screened for suicidality at similar rates before and after implementing the lecture (OSCE 1: 100% before vs. 98.5% after; OSCE 2: 100% before vs. 100% after; OSCE 3: 100% before vs. 100% after).

**Discussion:** Though the rates of suicide risk assessment were similar before and after the intervention, the binary assessment of this competency limits the comprehensive evaluation of students' skills. These results support the need for more in-depth evaluation of students' ability to perform safety assessments during the third-year psychiatry clerkship.

## 110. Developing a Psychodynamic Psychotherapy Curriculum and Supervision Framework in a Community-Based Child and Adolescent Psychiatry Fellowship

Richard Ly, MD *Samaritan Health Services*
Stephanie Lee, DO, MS* *Good Samaritan Regional Medical Center*
Carl Fleisher, MD *Stratus Mental Health Center (AO*)

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

**Background:** Psychodynamic psychotherapy training in Child and Adolescent Psychiatry (CAP) fellowship varies widely, particularly in community-based programs where faculty expertise and structured curricula may be limited. In times of educational uncertainty, marked by fluctuating resources, shifting clinical demands, and evolving trainee needs, programs must adapt to maintain high-quality psychotherapy education. At the Samaritan Health Services CAP fellowship in Corvallis, Oregon, a teaching gap was identified in developmentally informed psychodynamic psychotherapy training and supervision. This project aimed to strengthen fellows' skills by creating a locally responsive curriculum and supervision model grounded in national training standards.

**Methods:** A comprehensive needs assessment was conducted among Child and Adolescent Psychiatry (CAP) fellows and faculty to identify gaps in psychodynamic psychotherapy knowledge, skills, and supervision resources. Findings informed the development of an eight-part foundational didactic series aligned with ACGME requirements and drawing primarily on AACAP and AADPRT educational materials. The curriculum was intentionally structured around core mechanisms of therapeutic change in psychodynamic psychotherapy, including the therapeutic relationship, affect exploration, interpretation, and working with defenses. Each session incorporated principles of deliberate practice, emphasizing active skill development through structured engagement exercises, small-group activities, and role-play scenarios designed to strengthen clinical application. Alternative pathways, including manualized approaches such as Regulation Focused Psychotherapy for Children (RFP-C) and Mentalization Based Therapy for Adolescents (MBT-A), as well as potential collaboration with regional psychoanalytic institute, were considered but deferred based on preferences, immediate needs, and feasibility. A group therapy supervision model was implemented to support integration of psychodynamic concepts into fellows' ongoing clinical work. Pre and post training surveys assessed anticipated use of psychodynamic concepts in future practice.

**Results:** The didactic series and group supervision model were well received by fellows. Survey data demonstrated a marked increase in anticipated frequent use of psychodynamic psychotherapy concepts among CAP fellows, rising from 50 percent before the training to 100 percent post training. Participants also provided positive qualitative feedback highlighting the value of the deliberate practice components, noting that structured engagement exercises and role-play activities enhanced

their confidence and ability to apply psychodynamic concepts in clinical encounters. Identified potential next steps include developing faculty capacity for psychodynamic supervision, assessing feasibility of individual therapy supervision, and exploring partnership with the state psychoanalytic center.

**Discussion:** This project illustrates how community-based programs can navigate educational uncertainty by grounding psychodynamic psychotherapy curriculum development in local needs, leveraging available expertise, and building sustainable supervision structures. The initiative highlights the importance of adaptability, mentorship, and resourcefulness, which are essential for psychiatrist educational faculty working through the peaks and valleys of training environments. Strengthening psychodynamic psychotherapy education in CAP fellowships requires ongoing collaboration, partnerships, and faculty development. This model may be useful for other programs seeking to enhance psychotherapy training despite limited local resources.

## 111. A Novel, Multidisciplinary Geriatric Addictions Elective: Overview of Phase 1 Needs Assessment

Maggie Hulbert, MD* *University of Toronto*
Laura Rivera, MD, MPH, BSc* *University of Toronto (AO)*

**Poster Category:** Innovation

**Background:** Substance use disorders (SUDs) are increasing among older adults (OAs). Older adults using substances have unique needs distinct from younger adults due to numerous changes, including changes in physiology, cognition, and function. Despite a clear and growing need for health care providers trained in caring for OAs with SUDs, there are few, if any, such training opportunities available in Canadian postgraduate medical education. We are conducting a multi-step education project to develop a novel Geriatric Addictions clinical elective to try and address this gap, starting with a Phase 1 needs assessment.

**Methods:** The needs assessment will target healthcare and community workers across several disciplines that care for this population (Addictions, Family Medicine, Geriatrics, Geriatric Psychiatry), and people with lived experience (PWLE). Recruitment is conducted on convenience sample basis. Staff physicians will be interviewed using individual semi-structured interviews, while all other groups will be evaluated using a virtual focus group format. Transcripts will be analyzed to identify themes.

**Results:** Recruitment is currently underway for participants and focus groups/semi structured interviews are anticipated to run over Summer 2026, concluding by September 2026. Anticipated results from the needs assessment include themes of managing complexity, health systems barriers, and low confidence from clinicians in treating older adults due to either their age, their substance use disorder, or both.

**Discussion:** Through identifying perceived knowledge gaps and training priorities as articulated by staff physicians, trainee physicians, community workers, and PWLE, this project will develop an educational experience grounded in diverse perspectives.

## 112. Creating and Implementing a Direct Observation Tool using Entrustable Professional Activities and Milestones to Assist in Resident Assessment and Feedback

Melissa Arbuckle, MD, PhD *Columbia University*
Margaret Hamilton MD *Columbia University/New York State Psychiatric Institute (AO)*
Scott Campbell, MD *University of Pennsylvania (AO)*

**Poster Category:** Innovation

**Background:** In 2014, the ACGME introduced the Milestones to support developmental assessment of residents. However, their use can be cumbersome, and ratings may rely more on subjective impressions than on direct observation. To address this challenge, we developed a mobile-friendly tool that allows faculty to quickly evaluate a resident's performance on a specific clinical task using a

focused set of milestones.

**Methods:** We created a list of “mini-observable tasks” that residents and fellows routinely perform during normal clinical work. Tasks were generated through brainstorming and review of psychiatry sub-competencies. Generative AI was used to draft evaluation forms that included 3–5 relevant sub-competencies with clearly differentiated milestone Abstract Description’s linked to each task and customized for residents or fellows. Forms were reviewed to ensure alignment with current ACGME milestones and revised to address AI-generated inaccuracies. Entrustable Professional Activity (EPA) levels were incorporated into each evaluation, and surveys were implemented in Qualtrics.

**Results:** The tool was piloted at four programs (2 residency programs and 2 fellowships). Between September 2025 and March 2026, 32 faculty members completed 148 direct observations on 29 residents and 6 fellows. Eighteen of the mini observations were assessed at least once. Preliminary feedback suggests the tool is easy to use and requires minimal time, though it introduces a new workflow that participants sometimes forget to initiate.

**Discussion:** These early results suggest the approach is feasible and may support more frequent, task-based feedback. Ongoing efforts focus on expanding use, faculty development, and evaluating whether real-time observations can complement or replace end-of-rotation evaluations.

## 113. Effectiveness of Online vs. Face-to-Face Psychotherapy Supervision for Trainees

Alice Hou, MD* *Case Western Reserve University*

**Poster Category:** Innovation

**Background:** Psychotherapy supervision is a core aspect of training in psychiatry and other mental health professions. It is imperative for the development of clinical competence, nuanced practice, and patient-centered care. Though traditionally conducted in person, the expansion of remote technologies during the COVID-19 pandemic led many training programs to use tele supervision instead. This systematic review evaluates the effectiveness of online psychotherapy supervision compared with traditional face-to-face supervision, and identifies advantages and disadvantages associated with each method.

**Methods:** The review was conducted in accordance with PRISMA guidelines, with an initial systematic search using PubMed, PsycINFO, and Scopus databases for studies published from inception to 2026. Search terms included (tele supervision OR online supervision OR psychotherapy training) AND (trainees OR residents).

**Results:** The search found 742 papers, of which 61 articles met criteria for full-text review, but only 18 met all inclusion criteria. Among the final studies, 14 found comparable outcomes between the two methods in trainee satisfaction, perceived learning, and supervisory alliance. Seven studies found advantages of online supervision, including time and location flexibility, and nine reported disadvantages, citing reduced nonverbal communication cues and barriers in technology and access.

**Discussion:** Current evidence suggests that psychotherapy supervision may produce educational outcomes comparable to face-to-face supervision for trainees. This study was limited by its reliance on self-reported responses from trainees. Future research should utilize more objective, standardized competency measures in reporting.

## 114. Psychiatric Grand Rounds: A Relic of the Past or a Relevant Modern Tool?

Ashlyn Rasmussen, BS* *University of Nebraska Medical Center*
Daniel Gih, MD *University of Nebraska Medical Center (AO)*

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

**Background:** Centuries ago, Grand Rounds debuted as a form of bedside learning for attending physicians and trainees alike. However, as time marches on, the format of Grand Rounds has

evolved from the bedside to the auditorium and, sometimes, only over the virtual world of a computer screen. There has been very little research on psychiatric Grand Rounds regarding their history, financial considerations, institutional differences, and merit in modern psychiatric training and professional development.

**Methods:** A literature review consisting of words related to psychiatric Grand Rounds will be performed. 7 years of University of Nebraska Medical Center's Psychiatric Grand Rounds data will be summarized, including variables such as the number of speakers (internal vs. external), event attendance, and financial expenses, and data trends will be visualized using t-tests and chi-squared tests.

**Results:** Results will evaluate how Psychiatric Grand Rounds are utilized across different institutions, analyzing the merits and drawbacks of factors such as financial costs, environmental impact, participant engagement rates, and burnout reduction. Expected results are that live psychiatric Grand Rounds benefits, such as enhancing participant connectivity, fostering psychiatric faculty and trainee development, and reducing burnout, outweigh potential drawbacks and costs.

**Discussion:** While the expected result is that Psychiatric Grand Rounds continue to have educational and professional merit, further data analysis will be needed to confirm this. If true, this shows how psychiatry should continue to implement grand rounds into education and department culture.

## 115. Rebuilding Early Exposure to Psychiatry: Development and Implementation of PsychLE, a Structured Shadowing and Mentorship Program for Pre-Clerkship Medical Students

Celine Prell, MD* *University of Toronto*
Certina Ho, PhD RPh *University of Toronto (AO)*
Beverly Guan, MD, FRCPC *University of Toronto (AO)*
Michael Wong, MD *(AO)*
Vikita Mehta, BA, BSc* *University of Toronto (AO)*
Anita Shah, MD* *Western University (AO)*

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

**Background:** Early exposure to psychiatry supports clinical skill development, career exploration, and equitable access to mentorship. At our institution, a structured psychiatry shadowing program (PsychLE) was discontinued in 2019, resulting in limited and uneven access to early psychiatry experiences for pre-clerkship learners. In response to learner-identified gaps and educator interest, we redeveloped and relaunched PsychLE as a structured, department-wide early exposure and mentorship program.

**Methods:** Program design was informed by a mixed methods needs assessment involving 20 medical students and 25 educators (residents and faculty), which identified strong demand for structured psychiatry shadowing, opportunities to practice interviewing and mental status examination skills, and access to career mentorship. PsychLE offers organized shadowing across diverse clinical settings, including inpatient, outpatient, emergency, forensic, and psychotherapy contexts. Mentors were recruited department-wide, and pre-clerkship students were enrolled through a centralized and transparent application process. Program coordination, learner–mentor matching, and scheduling were managed centrally to promote equity and scalability. Planned evaluation includes learner satisfaction, self-reported skill development, and perceived impact on career exploration.

**Results:** During the initial launch, 40 resident and staff psychiatrists were recruited as mentors, and 46 pre-clerkship medical students enrolled. Mentor participation spanned multiple subspecialties, providing broad exposure opportunities. Program implementation was completed successfully, with sufficient mentor capacity to meet learner demand.

**Discussion:** The relaunch of PsychLE demonstrates the feasibility of restoring structured, equitable early exposure to psychiatry through centralized coordination and faculty engagement. Ongoing evaluation will inform program refinement and support future education scholarship.

## 116. Building a Psycho-Oncology Curriculum for Psychiatry Residency: A Learner-Informed Needs Assessment and Modified Delphi Consensus Approach

Heidi Kiziah, MD* *University of Miami / Jackson Health System (AO)*
Maria Rueda-Lara, MD, FAPA *University of Miami Miller (AO)*
Omar Munoz Abraham, MD *University of Miami (AO)*
Zelde Espinel, MD *University of Miami (AO)*
Adela Buciuc, MD* *Yale (AO)*

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

**Background:** Psycho-oncology addresses the psychiatric, psychosocial, and behavioral dimensions of cancer care, requiring psychiatrists to manage complex psychological, medical, and existential challenges across the cancer trajectory. Despite its clinical importance, structured psycho-oncology education remains limited in psychiatry residency training. At our institution, PGY-2 residents complete a psycho-oncology rotation; however, learning occurs primarily through case-based supervision without a standardized curriculum. Guided by Kern's six-step model, we initiated a systematic curriculum development process.

**Methods:** As part of Steps 1 and 2 of Kern's framework, a resident survey assessed learning preferences, engagement with current didactic formats, and attitudes toward active learning. To identify the most clinically relevant topics, we will conduct a modified Delphi consensus process involving consultation-liaison psychiatry faculty, residents, and advanced practice providers, who will rate and prioritize high-stakes psycho-oncology clinical scenarios across iterative rounds until consensus is reached.

**Results:** Survey findings indicated limited engagement with traditional lecture-based teaching and strong preference for short, multimedia, and interactive content. These findings informed the development of pilot microlearning modules for the rotation. The Delphi process will identify and prioritize core competencies for curriculum integration.

**Discussion:** Combining Kern's framework with Delphi methodology provides a systematic approach to identifying essential psycho-oncology competencies for psychiatry trainees. This process will inform a structured, learner-centered curriculum and may offer a replicable model for programs seeking to strengthen training in the psychiatric care of patients with cancer.

## 117. Teaching to Teach: Using Medical Student Feedback to Improve First-Year Psychiatry Resident Education

Flora Jin, BA* *University of California San Francisco*
Nakai Corral, MD, MSEd* *University of California San Francisco (AO)*
Carmen Kilpatrick, MD *University of California San Francisco (AO)*
Florence Ebem *University of California San Francisco (AO)*

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

**Background:** Residents begin teaching medical students early in training, often without formal preparation. Effective clinical teaching requires psychological safety, clear expectations, active involvement, and timely feedback. Although our 2-hour PGY-1 “Teaching to Teach” curriculum was well received, we sought to better understand how medical students experience resident teaching and use that feedback to strengthen first-year resident educator development.

**Methods:** An anonymous survey was distributed to medical students who completed the psychiatry rotation. Thirty-nine students responded. Likert-scale questions assessed the learning environment, involvement in care, feedback, and teaching structure. Open-ended responses explored areas for improvement. Findings will inform revisions to our experiential PGY-1 teaching curriculum delivered during introductory didactics.

**Results:** Students rated residents highly for creating a psychologically safe learning environment (mean 4.82/5), encouraging questions, and allowing them to lead interviews. Most reported that

debriefing after patient encounters occurred often or very often. However, key teaching behaviors occurred less consistently. Twelve of 38 students reported that residents asked them to explain their differential diagnosis only sometimes. Real-time corrective feedback and clear expectation-setting were also frequently reported as occurring only sometimes. Open-ended responses emphasized a desire for more structured teaching, clearer expectations, and more specific feedback, particularly brief focused debriefing after interviews.

**Discussion:** While residents are viewed as supportive and engaged teachers, structured feedback and expectation-setting are less consistent. Incorporating these findings into early resident development allows targeted practice in real-time feedback, structured debriefing, and clear goal setting, strengthening teaching skills early in training and better aligning education practices with student learning needs.

## 118. Peaks and Valleys of Burnout in the Medical Profession

Madhavi-Latha Nagalla, MD *Western Michigan University*
Serena Karlov, MD* *Western Michigan University*

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

**Background:** Burnout is a widespread issue across medical training and practice. In addition to teaching medical knowledge, it is essential to foster curiosity and adaptability—especially as medical evidence rapidly evolves. Identifying periods when learners are most vulnerable to burnout allows educators and institutions to implement targeted support, thereby helping trainees remain engaged, resilient, and better equipped to provide high-quality patient care and contribute meaningfully to the field.

**Methods:** We conducted a cross-sectional survey disseminated via institutional email to medical students, residents, fellows, and attending physicians using REDCap. The survey included questions assessing experiences with burnout, associated symptoms, coping strategies, and the timing of burnout throughout training and professional practice.

**Results:** The response rate was 18.21% [ 108/593]. Of 108 respondents (64 medical students, 22 residents, 22 attendings), 87% (56 students, 21 residents, 17 attendings) reported experiencing burnout since starting medical school. The highest proportion of burnout was reported during period of attending level practice- 13/17 attendings (76%) followed by 35 of 94 respondents [ 37.2%] for M2 year and 28 of 80 respondents [35%] for M3 year. All the attendings in the 1-5 years of practice reported that this period was the time when they experienced the most burn out.

**Discussion:** The number of respondents especially with a breakdown for each level of training limits the validity and reliability of the results. M2, M3 burnout may stem from clinical rotation pressures and residency applications. Elevated burnout among attendings may relate to increased responsibility especially during early years of transition and disillusionment with systemic barriers. Future work can focus on understanding more definite causes for burn out at various levels of training. Role of faculty development and advocacy training to decrease burn out amongst attendings can be explored.

## 119. From Medical Student to Advocate: Training Future Physicians to Screen for Human Trafficking

Tanha Shah, MD*, *Detroit Medical Center/Wayne State University*
Michelle Kosso, BA, MS *Wayne State University, School of Medicine (AO)*
Diane Levine, MD *Wayne State University (AO)*
Tehmina Shakir, MD *Wayne State University (AO)*

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

**Background:** Human Trafficking (HT) is a critical public health crisis. Underreporting of HT necessitates the importance of clinical vigilance. HT curricula in undergraduate medical education is necessary to prepare future physicians to recognize the signs, identify patients, and locate resources for patients who are being trafficked.

**Methods:** The core curriculum was given to a graduating medical school cohort during the transition to residency course. The curricula included a large group lecture by a faculty with content expertise followed by a small group case-based session. An anonymous pre and post survey questionnaire assessed immediate education in student confidence and preparedness.

**Results:** 192 students attended the session, with a response rate of 96%. When asked about recognizing the signs of HT, 49% responded with strongly agree or somewhat agree on the presurvey compared to 92% on the post survey. When asked about ability to screen patients 41% responded with strongly agree or agree on the pre-survey compared to 88% on the post survey. Students were asked if they knew of resources to assist trafficked patients, 36% responded with strongly agree or agree on the pre-survey compared to 89% on the post survey.

**Discussion:** HT lectures and case-based studies improve student preparedness in screening and locating resources. Curricula developed surrounding HT can help many vulnerable patients who are at risk as not addressing HT is a missed opportunity to save many lives and families.

## 12:10 pm - 12:15 pm
## E-Poster Award Presentation
Please support and celebrate the E-Poster presenters!
**Room: Ballroom C, Lobby Level**

## 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: Ballroom C, Lobby Level**

### 201. Facilitating Adaptive Expertise Development through Targeted Faculty Development for a Low-Fidelity Simulation in Medical Education
Certina Ho, PhD, RPh *University of Toronto*
Justin Lee* *University of Toronto (AO)*
Anna Nguyen, BSc *University of Toronto (AO)*
Lu Gao, MD, FRCPC *University of Toronto (AO)*

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

**Background:** A low-fidelity simulation – deteriorating patient scenario (DPS) seminar – was implemented to facilitate development of adaptive expertise in medical students. DPS seminar is a complex educational intervention that requires tutors to provide the simulation while managing learning environment and facilitating learner reflection. The objective of this project was to address areas of improvement identified in past DPS seminar student evaluations through a targeted faculty development (FD) intervention.

**Methods:** The 1.5-hour targeted FD session was implemented in 2022 to align with adaptive expertise instructional principles. Tutors were provided guidance on identifying comfort with uncertainty and cognitive integration as learning objectives; integrating productive struggle/failure in a safe learning environment; and structuring post-seminar debrief to facilitate deeper understanding of the clinical reasoning made in the simulation. Learners completed MD Program standard evaluation form. An unpaired t-test was used to compare student evaluations pre- and post-FD.
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**Results:** We received 145 student evaluations between 2019 and 2021-2024, a response rate of 11.2%. When comparing the pre-FD scores (2019 & 2021, n=80) to post (2022-24, n=65), there was a significant improvement in the overall seminar (3.99 to 4.65 out of 5, $p>0.001$) and tutor scores (4.21 to 4.77 out of 5, $p<0.001$). Student evaluations reflected a positive experience with tutor preparedness, stimulation of enthusiasm, promotion of a positive learning environment, and ability to ask effective questions and provide clear explanations.

**Discussion:** FD can be leveraged not only to address quality improvement opportunities but also foster adaptive expertise development in low-fidelity simulation-based medical education.

## 202. Enhancing Forensic Psychiatry Education through Mock Trial Implementation in Residency Training

Sonia Kumar, DO *Northwell*
Christopher Kim, DO* *Northwell Mather Hospital (AO)*
Asaf Hiltzik, MD* *Northwell (AO)*
Joanna Stanczak, MD* *Northwell (AO)*

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

**Background:** Psychiatric residents traditionally learn forensic psychiatry passively, leading to a significant practice gap. They lack hands-on experience in legal proceedings, expert testimony, patient rights, Treatment Over Objection (TOO), and retention petitions. Practical experience in medication selection, monitoring, and balancing efficacy with human rights is also missing. This educational intervention addresses these deficiencies through structured experiential learning.

**Methods:** The curriculum comprised a two-session module. Session, one presented a complex clinical case (catatonic, refusing treatment, retention, medication over objection), supported by evaluations and legal documents. Session two involved full mock trial proceedings, with residents rotating roles as treating psychiatrists, expert witnesses, and various legal counsels.

**Results:** Resident feedback via MedHub evaluations showed significant educational impact. Residents reported improved understanding of involuntary treatment's legal basis and retention. The interactive format provided experience defending clinical decisions under cross-examination and practical knowledge in medication selection and monitoring. Mock proceedings enhanced understanding of patient rights, ethical implications, and diverse stakeholder perspectives. The experience also improved their ability to articulate medical decision-making and strengthened documentation understanding for legal proceedings.

**Discussion:** The mock trial format effectively bridges the theory-practice gap in forensic psychiatry education. This approach addresses multiple practice gaps by providing hands-on experience in legal proceedings, medication selection, and patient rights. Resident feedback demonstrated enhanced confidence in court responsibilities, improved understanding of legal-psychiatric interfaces, and better appreciation for involuntary treatment complexity. This curriculum promises to be a standardized tool for residency programs to strengthen forensic psychiatry training, especially in patient rights, medication selection, and legal testimony.

## 203. Practicing the Mental Status Exam Through Film and Television: An Interactive Teaching Strategy

Carmen Kilpatrick, MD *University of California San Francisco (AO)*

**Poster Category:** Innovation

**Background:** Understanding the mental status exam (MSE) is challenging for early learners, who are expected to observe and describe complex behaviors before substantial clinical exposure. Traditional instruction often relies on didactics or patient encounters, limiting opportunities for repeated practice and shared observation. Educational strategies grounded in deliberate practice may support development of foundational observational skills in a structured, low-stakes environment.

**Methods:** A 60-minute interactive session was developed for pre-clinical medical students enrolled in a psychiatry elective. Curated film and television clips were used to support deliberate practice of core MSE skills. Learners were guided through each domain of the MSE by viewing short clips and sharing structured observations in a large-group format. Learning objectives emphasized distinguishing observation from interpretation and attending to subjectivity and bias. Clips were intentionally selected to avoid portrayals of diagnosable mental illness, allowing learners to build confidence with

observation without the added complexity of labeling pathology.

**Results:** No formal outcome measures were collected for this pilot session. Informal verbal feedback was overwhelmingly positive. Learners described the session as engaging and approachable and reported that comparing observations across peers clarified the distinction between objective Abstract Description: and interpretation. Many noted that familiar film and television clips made the material memorable and lowered the perceived intimidation of learning the MSE.

**Discussion:** This pilot suggests that film- and television-based teaching may provide an engaging, psychologically safe environment for deliberate practice of foundational MSE observation skills before clinical patient encounters. Future iterations will incorporate formal learner evaluation to assess educational impact and guide curricular refinement.

## 204. Navigating Challenging Clinical Encounters: A Structured and Reflective Skills-Based Curriculum for Third Year Medical Students

Elise Bennett, MD *Geisinger*
Allison Bailey, MD *Geisinger Medical Center (AO)*

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

**Background:** Challenging clinical encounters are common in healthcare and are linked to physician distress and burnout. Medical learners frequently encounter these situations, yet training in emotional processing and complex communication is inconsistent. We propose that structured education integrating reflection, systems awareness, and evidence-based communication can enhance professionalism and emotional competence.

**Methods:** In 2022, we developed a replicable curriculum for third-year medical students on a psychiatry clerkship addressing structural determinants of health, patient-centered communication, and clinician wellbeing. During a monthlong seminar, facilitators guide learners in analyzing challenging encounters using a four-part model examining patient, physician, environment, and systems-related factors. Students discuss emotionally charged scenarios, apply the model, and practice targeted communication strategies and facilitated debriefing. Feedback is collected through clerkship evaluations.

**Results:** Evaluations from the 2024–2025 academic year were positive. Students identified the seminar as a strength of the psychiatry clerkship, emphasizing a supportive space to process difficult encounters and practical tools for navigating complex interactions. Several students recommended expansion across clerkships.

**Discussion:** A longitudinal, discussion-based curriculum integrating reflection, systems-level analysis, patient-centered communication, and wellness education is a well-received approach to preparing medical students for emotionally complex clinical care. This adaptable model addresses a critical gap in undergraduate medical education.

## 205. Posters with Purpose: Promoting Mental Health Awareness through Cultural Celebration

Genesis Leon, MD* *University of California Irvine*
Austin Buck, MD* *University of California Irvine*
Gemma Espejo, MD *University of California Irvine*

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

**Background:** Diversity, Equity, and Inclusion efforts are important in creating spaces where people feel valued and supported. Studies have found that creating inclusive learning environments can improve clinical learning environments for all learners (Smith 2024). However, evidence-based strategies to improve diversity, equity and inclusion in the biomedical workforce remain poorly understood and underused (Boatright 2022). Initiatives to improve diversity and awareness of their resident body led to an overall improvement in cultural competency for all trainees (Smith 2024). Residents developed an initiative highlighting mental health in diverse communities while also celebrating their heritage months, such as Hispanic Heritage month, Black History Month, and

Women's history month.

**Methods:** Psychiatry residents created informational posters for cultural heritage months. A physical copy was displayed in the workroom and an electronic version provided to faculty and residents. Content included mental health statistics, influential figures, community businesses, and local events. Posters included a QR code to an American Psychiatric Association resource page with additional group-specific mental health information. Informal narrative feedback was gathered through comments and engagement by residents and faculty.

**Results:** Narrative feedback from the residents and faculty demonstrated a positive response. Residents and faculty emphasized that the posters help highlight mental health disparities within different communities while also promoting cultural competency and engagement.

**Discussion:** This initiative validates that residents can play a role in promoting inclusivity and increasing cultural awareness through creative efforts by combining mental health education with cultural celebration. Future initiatives include incorporating formal feedback and further expanding representation across cultural groups.

## 206. Developing Recommendations for Lived Experience Engagement in a University Department: Strengthening an Academic Commitment

Carmen Wiebe, FRCPC *University of Toronto*
Holly Harris, BA, MA* *University of Toronto (AO)*
Amer Burhan *University of Toronto (AO)*
Lisa Hawke *University of Toronto (AO)*
Sharon Yeung* *University of Toronto (AO)*
Vincent Tang, MD* *University of Toronto (AO)*
Samantha Wells *University of Toronto (AO)*
Sophie Soklardis, PhD *University of Toronto (AO)*

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

**Background:** In the context of post-secondary mental health education, engaging people with lived experience of accessing psychiatric services (PWLE) can enhance the quality, relevance, and impact of curriculum and programming; however, this is rarely done in a formal manner. To address this gap, a university Department of Psychiatry established a working group of faculty and residents to collaboratively develop recommendations for the involvement of PWLE in departmental educational activities. This initiative and resultant recommendations are part of the department's commitment to advancing institutional and pedagogical opportunities for PWLE.

**Methods:** Over the course of one year, the working group co-produced terms of reference and a comfort agreement, conducted a literature review and environmental scan regarding PWLE engagement, and carried out qualitative interviews with 9 psychiatrists, faculty members, program leads, residents, and PWLE/service user educators who were involved in current and past PWLE-engaged education initiatives. The interviews were designed to understand the motivation for engaging PWLE, how to engage PWLE in an equitable and meaningful way, and the organizational commitment and activities required to facilitate meaningful engagement. The working group then undertook collaborative thematic analysis and has developed associated recommendations

**Results:** We developed recommendations which will serve as useful guidelines for preventing tokenism and co-optation, while fostering the conditions for sustainable and meaningful engagement of PWLE across departmental activities.

**Discussion:** We identified barriers to our process, such as lack of compensation, as well as facilitators, such as values-based intentionality. We encourage other health-related departments to consider engaging with their communities to implement meaningful involvement of PWLE.

## 207. New Psychiatry Programs: Analysis of ACGME Accreditation Over Past 10 Years

Alexandra Whoriskey, MD *New York Medical College*

David Bennett, PhD *Drexel University (AO)*
Karim Ghobrial-Sedky, MD *Family Health Centers of San Diego (AO)*

**Poster Category:** General/NOS

**Background:** There is a significant psychiatrist shortage occurring in the United States, with 9-11.3 psychiatrist/100,000 patients. Rural areas in particular face severe shortages (3.4/100,000 in some areas). There is a growing need for psychiatrists due to increasing patient populations and need for services – both for general psychiatrists and subspecialists - amidst the retirement of many late-career psychiatrists. Increasing resident training through new programs and/or expansion of current residency training slots is a major goal for the profession. The aim of this study is to assess new program developments and their characteristics during the past 10 years.

**Methods:** The Accreditation Council for Graduate Medical Education (ACGME) – Public website was reviewed for data regarding new program accreditation occurring from 2016 to 2025. Additionally, the program directors' academic backgrounds were analyzed.

**Results:** Among 165 newly approved psychiatry programs over the last 10 years (n=738 residency slots), Florida (n=20), California (n=19), New York (n=18), Texas (n=12) and Pennsylvania (n=11) had the highest number of new programs. In comparison, Colorado, Montana, Mississippi, Tennessee, Oklahoma, Delaware, Iowa, Kentucky, Nebraska and Louisiana each had one new program. Washington State, DC, Wyoming, Utah, New Mexico, Kansas, Vermont, Rhode Island, Minnesota and Hawaii had no new programs. Among the new programs, most program directors were MDs (n=145) while the rest were DOs (n=20). In addition, analysis of the last 5 years showed 66.7% of program directors were American graduates, the largest group were general psychiatrists (31.0%) with child and adolescent being the most common fellowship at 29.9%, and 60.9% were males. Most programs were community based (n=42; 48.3%) or university-based programs (n=29; 33.3%) and least common were university affiliated (n=16; 18.4%).

**Discussion:** There is a significant recent increase in the number of psychiatry residency programs and the associated trainee numbers. The increase has primarily been in large population states (e.g., Florida, California, and New York). Further research is needed to see if the recent expansion in residency programs will be adequate in meeting the rising needs, particularly in rural areas.

## 208. Relative Predictive Value of COMLEX, USMLE, and Medical Degree Type on First In-Training Examination Scores across Specialties

Salankara Bandyopadhyay, DO* *Northeast Georgia Medical Center*
Samuel Dotson, MD *Northeast Georgia Medical Center*

**Poster Category:** General/NOS

**Background:** The growth of DO students in the Match and the transition to a single match system in 2020 increased the need for residency programs to compare MD and DO applicants who complete different licensing examinations. Prior studies show USMLE Step 2 CK and COMLEX Level 2 CE scores are closely linked and offer a conversion formula, but questions persist about its accuracy. Evidence is also limited on how well either score predicts in-training exam performance.

**Methods:** We analyzed COMLEX Level 2 CE (n=110), USMLE Step 2 CK (n=316), and first-year ITE (n=306) scores from residents at Northeast Georgia Medical Center. Models were fitted using linear regression, and a distributional model (GAMLSS) was incorporated when needed given normality assumption violation. We assessed the accuracy of Barnum's conversion formula in estimating CK-equivalent (CK-e) scores, evaluated the predictive value of COMLEX, USMLE, and CK-e scores for ITE performance, and examined whether degree type added further information regarding expected ITE scores.

**Results:** Barnum's conversion method consistently underestimated CK scores (β 0.65, 95% CI 0.35-0.96). Both COMLEX (β 0.54, 95% CI 0.37-0.72) and USMLE (β 0.46, 95% CI 0.33-0.58) scores predict ITE performance equally well. DO graduates scored approximately one-half standard deviation lower on first ITE compared with US MD graduates (β 0.39, 95% CI 0.06-0.72) and international medical graduates (IMGs, β 0.49, 95% CI 0.22-0.76). This finding was robust after adjusting for

licensure exam score, indicating that degree type contains added value when estimating initial ITE score.

**Discussion:** COMLEX and USMLE scores are both predictive of ITE performance, though existing conversion formulas should be used cautiously. Degree type may contribute additional explanatory value for initial ITE scores beyond exam scores alone, warranting further investigation.

## 209. Using Large Language Models for Educational Grant Review

Andreea Seritan, MD *University of California San Francisco*
Nick Wadsworth *University of California San Francisco (AO)*
Abigail Phillips, MD *University of California San Francisco (AO)*
Ann Poncelet, MD *University of California San Francisco (AO)*

**Poster Category:** Innovation

**Background:** Large language models (LLMs) are increasingly used in health professions education and research. The University of California, San Francisco Academy of Medical Educators Innovations Funding Program provides intramural grants for innovations in health professions education. 40-50 letters of intent are received annually, from which 25-30 teams are invited to submit proposals. Each proposal is reviewed by 3 reviewers. Program leaders summarize reviewer comments. This project explored the feasibility and effectiveness of a custom-built AI assistant for summarizing reviewer comments.

**Methods:** In 2024, we piloted using a secure generative AI interface to summarize reviewer comments. We developed prompts through an iterative process (two independent reviewers reviewed 10 proposals each). Next, we compared the LLM output to the feedback compiled by program leaders manually and noted discrepancies. The second phase of the project took place from May to November 2025. Based on lessons learned in the pilot phase, we used an LLM via custom built software to automate and standardize two parts of the workflow: early checks on proposal submissions (e.g., word count, timeline) and later, automatically summarize reviewer comments using section-based instructions (e.g., strengths, weaknesses, timeline, budget). Multiple iterations took place, using the 2024-2025 cycle reviews for training (n = 26 proposals), with successive improvements. Using the final model, we compared the LLM output to human-generated summaries and rated specificity on a 1-3 Likert-type scale (1 = more, 2 = as, 3 = less specific than human summary). We noted any conflicting or missing information, misinterpreting reviewer comments, or “hallucinations” (incorrect inferences).

**Results:** Reviews for 23 proposals were analyzed. The specificity score was 2.3±0.5, showing good alignment of LLM and human-generated summaries. The LLM missed important reviewer comments (n=7); did not reconcile contradicting comments (n=6); "hallucinated" (n=2); misinterpreted comments (n=1); and overemphasized minor comments (n=2).

**Discussion:** LLMs hold promise for the meta-review of educational grant proposals. The LLM output should be carefully reviewed to avoid bias or misinformation. Future steps include improving strategies to prioritize feedback based on relative comment importance.

## 210. Student-led, Student-valued: Assessing the Impact of Student-Crafted, Skill-Based Didactics in the Third-year Psychiatry Rotation

Samuel Chen, MSc* The *University of Chicago*
Matthew Milleman, MD *The University of Chicago (AO)*
Kristen Jacobson, PhD *The University of Chicago (AO)*
Kenneth Wang* *(AO) The University of Chicago (AO)*
Alice Bai* *(AO) The University of Chicago (AO)*
Shivani Kumar, MD *The University of Chicago (AO)*

**Poster Category:** Innovation

**Background:** To meet growing uncertainty in psychiatric education, we empowered students to guide their own curriculum. Beginning in 2024, we launched a student-led didactic creation process following Kern's Six Step Model. The result: two case-based didactics for the MS3 psychiatry rotation, teaching three student-requested skills: trauma-informed care (TIC); acute suicidality management (ASM); and patient de-escalation (PD).

**Methods:** We distributed pre-rotation, post-didactic, and post-rotation surveys to all third-year students. Surveys tracked attitudinal changes using Likert scales to measure: stress around using each skill; confidence using each skill; perceived importance of each skill; and relevance of each skill for promoting health equity.

**Results:** Participation varied across surveys (pre-rotation: 50; post-didactic: 32; post-rotation: 28). Many noted no past skill exposure (TIC: 25% / ASM: 50% / PD: 37.5%). Initially, the majority reported little or no confidence applying skills (62% / 79% / 62%), and somewhat or high stress levels (18.8% / 43.8% / 45.8%). Post-didactic, confidence improved significantly across all three skills, though stress only decreased for ASM. Most (>80%) noted somewhat or high importance and somewhat or high relevance for health equity across all skills, pre- and post-didactic.

**Discussion:** Student-led didactics improved confidence in skills seen as near-universally important and relevant to health equity. Only the skill with an associated OSCE post-rotation saw a drop in stress (ASM), indicating a need for more longitudinal PD and TIC education. The next generation of student-leaders will continue to shape their own education by creating 1) a de-escalation OSCE, and 2) a longitudinal, cross-specialty TIC curriculum.

## 211. Psychiatry for the non-Psychiatrist: Developing Practical, High-Yield Psychiatry Curriculum for Internal Medicine Residents

Demetra Pantelis, DO, MPH* *University of South Florida*

**Poster Category:** Innovation

**Background:** While internal medicine residents frequently encounter psychiatric concepts during their hospital-based rotations, psychiatric topics comprise only 4% of the American Board of Internal Medicine (ABIM) board exam questions. These questions mostly pertain to outpatient psychiatry concepts. During their experience on hospital wards, internal medicine residents frequently have patients with psychiatric concerns and often do not receive educational opportunities to help prepare them for managing these conditions in the hospital setting. We saw this as an opportunity to develop interdisciplinary educational opportunities to help educate our internal medicine colleagues on psychiatric concepts they frequently encounter.

**Methods:** We developed a series of didactic-style lectures that were presented to internal medicine residents during inpatient rotations. Some topics covered include delirium, management of acute agitation, psychiatric legal statuses in Florida, psychiatric emergencies, and catatonia. With each lecture, residents completed a pre and post-test that assessed not only their content knowledge but also their confidence in answering questions.

**Results:** The results show a statistically significant increase in both content knowledge and clinical confidence after residents participated in lectures. For example, for a question related to delirium prognosis, there was a 47% increase in correctness after the lecture, and average clinical confidence in answering the question increased by 1.0 (from 3.65 to 4.65, $p<.001$) on a 5 point Likert scale. This trend is observed for all topics discussed.

**Discussion:** Our hope is that with ongoing implementation of these learning opportunities for internal medicine residents, we can continue to provide valuable psychiatric knowledge that is practical and high-yield for their hospital-based experiences.

## 213. Modernizing ADHD Training: A Novel AI-Augmented Curriculum Addressing the Adult ADHD Competency Gap in Psychiatry Residency

Russell Cook, BS* *Rutgers Robert Wood Johnson Medical School*

Drashya Shah *Rutgers Robert Wood Johnson Medical School (AO)*
Daniel Lam* *Rutgers Robert Wood Johnson Medical School (AO)*
Abigail Gulchin* *Rutgers Robert Wood Johnson Medical School (AO)*
Om Panda* *Rutgers Robert Wood Johnson Medical School (AO)*
Jason Mintz, MD*, Robert Wood Johnson Medical School (AO)*

**Poster Category:** Innovation

**Background:** ADHD is often taught within pediatric contexts in psychiatric residency, yet adult ADHD arises through childhood persistence and late identification of unrecognized cases. Adult ADHD affects 3–5% globally, with up to 25% of adult outpatients remaining undiagnosed. Junior clinicians report low confidence (2.43/10), and 87.5% report no prior experience. Adult ADHD commonly presents with executive dysfunction, emotional dysregulation, and psychiatric comorbidity. Stimulant prescribing in adults carries underemphasized DEA Schedule II regulations and monitoring. To address this educational gap, we developed a multimodal curriculum integrating didactics, stimulant informed consent training, faculty debriefing, and AI-supported large language model (LLM) patient simulation.

**Methods:** We designed a four-part curriculum for PGY-2 psychiatry residents: (1) adult ADHD didactics; (2) video-modeled stimulant informed consent; (3) LLM-driven virtual patient; and (4) faculty debriefing. Residents completed pre/post assessments of knowledge, confidence, attitudes towards AI, and usability.

**Results:** Eight PGY-2 psychiatry residents completed the curriculum. Knowledge scores improved significantly from 5.1 to 8.4/10 ($p = 0.008$). Composite confidence increased from 2.58 to 4.05/5 (p

**Discussion:** This pilot demonstrates the feasibility of an AI-augmented curriculum that improved resident knowledge and confidence in adult ADHD assessment and management. AI-supported simulation was well accepted as a scalable supplement to traditional residency education. Future work will evaluate implementation and expand AI-assisted simulation to additional psychiatric conditions.

## 214. Ontologies in Psychiatry Teaching: What Is It? Why? How?

Eduardo Humes, MD, PhD *Faculdade de Medicina, Universidade de Sao Paulo*
Lucas Tokeshi, MD *Faculdade de Medicina, Universidade de Sao Paulo (AO)*

**Poster Category:** Innovation

**Background:** Ontologies are philosophically grounded frameworks of categories used to articulate and systematize concepts within a specific domain. Unlike simple mental maps, they provide a semantically structured approach that ensures both human agents and artificial intelligence interpret concepts with consistent logic.

Modern psychiatric education faces a dual challenge: the significant global burden of mental disorders and a pedagogical gap where purely biological perspectives fail to capture the field's complex, humanistic roots. As psychiatry often lacks a known pathophysiological substrate, many students struggle to integrate multifactorial aspects, ranging from subjective distress to clinical specifiers, into a cohesive diagnostic rationale.

To address this learning gap, we propose using ontologies as a learning tool. Ultimately, ontologies can bring information technology and medical education closer together, providing future healthcare professionals with the sophisticated tools necessary to navigate the psychiatric complexity.

**Methods:** We showcase the application of ontologies, as conceptually structured databases, to add semantic meaning to psychiatric data. We modeled a preliminary ontology to map the clinician's diagnostic rationale in Major Depressive Disorder, highlighting the clinical logic used for medical students teaching.

**Results:** Ontologies provide a graphical visualization that helps students recognize relationships among entities, including disease severity and elements that may influence the manifestation of disorders. Unlike traditional mental maps, ontologies offer a deeper, semantically systematized approach that ensures data consistency and reliability. This structure facilitates the identification of knowledge gaps and logical structuring failures by both students and teachers. Also, it reproduces diagnostic logic in AI-driven teaching environments and may help the development of future technological products.

**Discussion:** Ontologies are promising tools for enhancing healthcare education by providing a structured framework for complex scenarios. They can facilitate comprehension of complex relationships in psychiatric disorders and support the development of more flexible digital educational tools. Academic research is needed to evaluate the long-term impact on clinical training and to expand these models across a broader range of mental health conditions.

## 215. Plug-And-Play Neuroscience: A Modular, Scalable Curriculum for Psychiatry Training

Jeffrey Woods, MD* *University of Texas at Austin Dell Medical School*
Djibril Moussa, MD *Amoud University*

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

**Background:** Neuroscience education in psychiatry is often limited by insufficient faculty time/expertise and low resident engagement with traditional didactics. These challenges are amplified in elective settings with variable learner goals and constrained resources.

**Methods:** NNCI developed a neuroscience curriculum consisting of a modular, plug-and-play repository of educational resources and a pre-curated 16-session course (“BRAIN”) that can be delivered in full or adapted to individual learner needs. Several pilot projects at institutions in Houston, Pakistan, Somaliland, and Indonesia demonstrate the versatility of the resources. One presenter’s iteration in Houston was implemented as a peer-led, in-person elective for six PGY-4 psychiatry residents at a library, requiring minimal faculty effort beyond indirect supervision appropriate for senior trainees. Another presenter’s iteration in Somaliland, consisted of a 12-week psychiatric neuroscience course for family medicine residents in a low resource setting.

**Results:** The format fostered high engagement and sustained participation across the elective. Residents reported strong interest and perceived relevance of neuroscience content when delivered in a learner-driven structure. The curriculum was feasible to implement with minimal faculty time and no specialized neuroscience expertise.

**Discussion:** This adaptable model overcomes key barriers to neuroscience education in psychiatry by reducing faculty burden while increasing learner engagement. Its modular design allows scalability across residency programs with varying resources and expertise. It is being adapted in diverse international contexts. If selected for Educator Showcase, we will demonstrate the curriculum’s resources and workflows in an interactive, plug-and-play format to highlight ease of adoption and customization.

## 216. An International Mentor-Mentee Matching Program: What We Learned after Two Years of Implementation

Kahlo Baniadam, MD* *University of Maryland*
Shaheen Darani, MD *University of Toronto*
Jesse Markman, MD, MBA *University of Washington*
Certina Ho, PhD, RPh *University of Toronto*
Andreea Seritan, MD *University of California San Francisco*

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

**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. Assessing Resident Perspectives on Child and Adolescent Psychiatry Training in Adult Residency

Charity Gikura, MD* *University of California Los Angeles Olive View*

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

**Background:** Child and adolescent psychiatrists remain in short supply in the United States and globally, contributing to delays and disparities in access to timely care for childhood mental health and developmental conditions. In the United States, adult psychiatry residency programs require only two months of child and adolescent psychiatry (CAP) exposure, which limits training in developmentally informed psychiatric care. Proposed strategies to increase developmentally informed education in adult residency and encourage further training in CAP include accelerated or combined training pathways and greater integration of CAP experiences within general psychiatry residency programs.

**Methods:** An anonymous, 12-item Likert scale survey was distributed to residents across all four years of a general adult psychiatry residency program assessing perceived quality of CAP supervision and exposure, attitudes towards developmentally informed practice, and factors that might increase residents' interest in CAP training.

**Results:** 20 out 27 (74%) of residents completed the survey. Approximately 50% agreed that they had received adequate exposure to and supervision in CAP during their residency training. Only 30% reported that their interest in CAP increased as a result of their training experiences to date, and 15% reported an interest in CAP fellowship. 100% of residents, however, agreed that adult psychiatric diagnoses are best understood within a neurodevelopmental framework.

**Discussion:** These results illustrate a dichotomy: although all residents endorsed the importance of developmentally informed diagnostic skills, their child clinical experiences had a seemingly negative effect on their decision to pursue further training in CAP. These findings have implications for the training of developmentally informed general psychiatrists and increasing recruitment to CAP.

## 218. Building a Neuroimaging Curriculum for Psychiatry Residents through Game-Based Learning (GBL)

Deborah Gurfinchel, MD* *University of Miami/ Jackson Health System*
Elizabeth Crocco, MD *University of Miami*
Adela Buciuc, MD* *Yale (AO)*

Heidi Kiziah, MD* *University of Miami / Jackson Health System (AO)*
Anish Laul, MD* *University of Miami/Jackson Health System (AO)*
Jamie Odzer, MD* *University of Miami/Jackson Memorial Hospital (AO)*
Reem Ezzeddine, MD* *University of Miami/Jackson Health System (AO)*
Alan Alvarez de Sotomayor, MD* *University of Miami/Jackson Health System (AO)*
Zelde Espinel, MD *University of Miami (AO)*

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

**Background:** Neuroimaging is an ACGME-mandated competency in psychiatry training, yet formal instruction is inconsistently integrated across residency programs, leading to variable trainee preparation. A needs assessment of PGY-4 residents (N=10) revealed a significant training gap: 90% felt their training was insufficient, although 90% agreed neuroimaging is important for psychiatric evaluation and clinical decision-making. Baseline self-efficacy was low, with 60% reporting being “not at all competent” identifying normal CT anatomy, 70% for MRI, and 80–90% for advanced imaging modalities. To address this gap, we developed a neuroimaging curriculum based on Miller’s Pyramid of Clinical Competence to move learners from foundational knowledge toward applied diagnostic reasoning (“knows how” and “shows how”). A literature review found no prior use of game-based learning (GBL) for neuroimaging education in psychiatry residency.

**Methods:** Using Kern’s six-step framework, we implemented an eight-session GBL neuroimaging curriculum during PGY-4 didactic time. Activities reinforced neuroimaging knowledge, image interpretation, and clinical reasoning through interactive cases and educational games. Outcomes included pre/post assessments of knowledge, self-efficacy, attitudes, acceptability, and feasibility.

**Results:** All six PGY-4 residents completed the curriculum. Neuroimaging knowledge improved from 80.8% to 92.5% (d=0.96, p=0.047). Self-efficacy showed the greatest improvement, increasing from 2.71 to 4.18/5.0 (d=2.29, p=0.002). Attitudes toward neuroimaging education also improved significantly (3.81 to 4.60/5.0; d=3.12, p=0.001). Acceptability and feasibility ratings were uniformly high.

**Discussion:** This project demonstrates that a structured, game-based neuroimaging curriculum is feasible, well accepted, and associated with improvements in knowledge, confidence, and attitudes. These findings support broader integration of neuroimaging education within psychiatry residency training.

## 219. Teaching Self-Directed Learning in Residency: A Scoping Review

Caleb Porter, MD* *Mayo Clinic*
Nicholas Allen, MD *Mayo Clinic*

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

**Background:** Self-directed learning (SDL) is regarded as a core skill for physicians, supporting the development of lifelong learning habits. While the Accreditation Council for Graduate Medical Education (ACGME) emphasizes the importance of SDL within residency training, the construct remains inconsistently defined across medical education literature. This inconsistency obfuscates how residency programs meaningfully measure competency in SDL or appropriately integrate SDL training into their curricula. To address this gap, we conducted a scoping review to examine how SDL has been defined, assessed, and incorporated into residency training worldwide.

**Methods:** We conducted a scoping review following established methodological frameworks. Searches were performed across major databases, and references were managed using Covidence to streamline the review process. A total of 6,273 abstracts were screened, yielding 29 studies that, ultimately, met inclusion criteria. Articles were reviewed to extract definitions of SDL, strategies for teaching SDL, and measures used to evaluate SDL skill acquisition.

**Results:** Data extraction and analysis are ongoing. Preliminary findings reveal a lack of cohesive definitions of SDL, wide variability in how programs describe and implement SDL, and limited efforts to systematically evaluate the development of SDL skills within residency education.

**Discussion:** Our preliminary review suggests that despite widespread endorsement of SDL as a critical component of successful resident training, residency programs lack standardized approaches to defining, teaching, and measuring SDL. These findings highlight the need for greater consensus on core SDL competencies and the development of evidence-based frameworks to guide residency curricula to foster lifelong learning habits necessary to navigate an ever-expanding medical landscape.

## 1:00 pm - 2:30 pm
## Concurrent Workshops

**Room: Arizona, Lobby Level**

### What to Do When a Learner Is Threatened and How Educators Can Prepare

Carmen Kilpatrick, MD*, University of California San Francisco*
Martha Vargas, MD *University of California San Francisco*
Poojajeet Khaira, MD* *MetroHealth Hospital - Case Western Reserve University*

**Abstract Description:** Learners caring for patients in clinical psychiatry settings routinely face uncertainty and vulnerability, including exposure to patient threats that they are often unprepared to manage. These threats may include expressions of future violence in response to limit setting, intimidation, or statements aimed at undermining a learner's professional standing, such as threats of legal action or interference with training progression. Even when infrequent, such encounters can have an outsized impact on learners' sense of safety, confidence, and professional identity.

Available data suggest these experiences are common. In a multi-institutional survey of U.S. psychiatry residency programs, most residents reported having been threatened or physically intimidated by patients. Although comparable data on medical students are limited, students are routinely exposed to similar clinical environments and patient interactions as residents. Across training levels, however, many clerkships, residency programs, and clinical sites lack shared frameworks or clear guidance for anticipating, responding to, and learning from these events.

This interactive workshop is designed to help educators prepare for an inevitable but inconsistently addressed aspect of psychiatric training: supporting learners when patient threats arise. Through case-based small-group discussion and skills practice, participants will explore anticipatory strategies, in-the-moment supervisory responses, and post-incident support that promote learner safety and contribute to a shared culture of safety across clinical training environments.

**Objective 1:** Demonstrate effective in-the-moment supervisory responses to a learner who has been threatened by a patient.
**Objective 2:** Describe anticipatory strategies to reduce risk for learner threats in clinical training environments.
**Objective 3:** Integrate learner safety principles into educational structures and practices to strengthen preparedness for patient threats.

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

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

### Narrative Strategies for Engaging the Unfamiliar: Teaching Psychodynamic Theories Through Greek Mythology

Craig Pearson, MD, PhD* *MGH/McLean*
Youjin (Jenny) Jang, MD* *MGH/McLean*
Sheridan Chappelle, MD* *Harvard Medical School, Massachusetts General Hospital*

Meghana Vagwala, MD, MSc* *MGH/McLean*
Diana Stern, MD *MGH/McLean*
Ashika Bains, MD, MS *Harvard Medical School/MGH (AO)*

**Abstract Description:** “Psychodynamic concepts are essential to psychiatric practice, yet trainees often find them abstract and difficult to grasp. This workshop demonstrates an innovative approach using narrative engagement with classical mythology to make psychodynamic principles more accessible. By having learners first analyze familiar stories before introducing theoretical framework, educators create bridges between classic narratives, psychoanalytic theory, and clinical practice. This approach employs adult-learning principles including personal experiences as resources, supporting intrinsic motivation, and immediate applicability of methodology.

Participants will experience this teaching method firsthand: engaging with stories, connecting to psychodynamic concepts, and applying insights to patient narratives. The workshop opens with participants sharing childhood myths or fairy tales and exploring their psychological themes, modeling how story-based discussions create engagement and reveal learners' existing frameworks. A brief didactic introduces the Oedipus myth and its historical functions in Greek culture, followed by an interactive retelling that invites emotional and analytical responses. We then explore how Freud's Oedipus complex emerged from attention to narrative patterns.

In small groups, participants examine a clinical vignette, identify psychodynamic themes, and consider how the patient's narrative echoes known stories. Groups will also develop their own teaching applications using narratives identified in the icebreaker.

The workshop concludes with a large-group discussion about implementing narrative-based teaching across educational contexts. Participants will leave with concrete strategies for using stories to teach psychodynamic concepts in ways that enhance engagement, deepen psychological understanding, and honor the narrative nature of both psychiatric theory and clinical practice.

**Learning Objectives:**
**Objective 1:** Design teaching sessions that use narrative engagement with classical stories to introduce psychodynamic concepts.
**Objective 2:** Apply a three-stage pedagogical framework (story engagement → theoretical connection → clinical application) to their own educational contexts.
**Objective 3:** Identify narrative patterns and psychodynamic themes across multiple contexts (mythology, psychoanalytic theory, and patient cases).

**Thematic Focus:** Medical humanities

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Idaho, Lobby Level**

## Prep Your Meeting Like A Pro: A Skills-Based Workshop

Tara Chandrasekhar, MD *Duke University*
Tatiana Bierut, MD* *Duke University*
Rick Peter Fritz Wolthusen, MD, MPP *McLean Hospital*
Paul Riordan, MD *Durham VA Medical Center / Duke*
Aishwarya Rajagopalan, DO *Duke University (AO)*

**Abstract Description:** Are you resigned to attending poorly run meetings, which lead to cycle of more bad meetings? Do you often think “this meeting could’ve been an email?!” If so, you are not alone. Organizational psychology research shows that ineffective meetings undermine team functioning through diffusion of responsibility, decision paralysis, and erosion of trust. In psychiatry, much of our collaborative work occurs in structured meetings, clinical rounds, treatment planning, case conferences, faculty meetings, and didactic sessions, yet effective meeting planning and facilitation skills are rarely taught. Instead, we often repeat the same bad habits modeled by others.

This workshop disrupts the cycle by drawing on techniques and best practices for meetings from Steven G. Rogelberg's text: "The Surprising Science of Meetings: How You Can Lead Your Team to Peak Performance." Rather than eliminating meetings, we can learn to harness their potential to enhance our clinical, research, and education meetings. If you currently lead meetings or plan to do so in the future, or you are tired of attending meetings that repeat the same faulty patterns, this workshop is for you!

Workshop participants will be introduced to the PREP (prepare, run, end, prepare) framework to address common challenges and identify practical solutions. Through guided reflections and small group exercises participants will practice skills to enhance meeting engagement, including developing an effective meeting agenda, learning micro-engagement and facilitation techniques, and reviewing a template for seeking feedback. After attending this workshop, learners will be empowered to lead effective meetings in their own context.

**Learning Objectives:**
**Objective 1:** Contrast common pitfalls with evidence-based practices for effective meeting design and facilitation.
**Objective 2:** Practice facilitation strategies that enhance active participant and shared ownership.
**Objective 3:** Apply principles of the PREP framework (prepare, run, end, prepare) to an upcoming meeting.

**Thematic Focus:** Career development, Competencies (including cultural competency and lifelong learning), Leadership/Administrative development, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Sun Valley, 2nd Floor**

## Healthy Irreverence in Teaching: Staying Grounded, Human, and Engaging Learners

Sam Blizzard, MD* *University of Washington*
Jordan Broadway, MD *Duke University Medical Center*
James Lee, MD *University of Washington*
Miles Christensen, MD, MPH *University of Washington*

**Abstract Description:** Have you ever heard a colleague respond to a minor frustration with an exaggerated humorous remark? Or a patient who follows a vulnerable disclosure with a self-deprecating comment? After a deep and tragic interview, has your team ever transitioned to cracking jokes at the expense of themselves or the system? Irreverence is broadly understood as a deliberate choice not to take serious topics too seriously and is widespread in the world of medicine and medical education. Unfortunately, many educators have never received instruction on how to employ a healthy sense of irreverence thoughtfully, ethically, or skillfully in teaching environments.

In a specialty defined by serious mental illness, trauma, and self-harm, irreverence can feel counterintuitive or unsafe. Yet, learners and teachers are human, and humor often arises naturally in response to sustained exposure to emotional turmoil. Reconciling professionalism with authenticity- and gravity with humanity- can be challenging, particularly in educational settings where power, vulnerability, and role modeling are ever-present.

In this workshop, participants will explore their own comfort level with irreverence in interactions with patients, co-workers, and learners through facilitated reflection and clinical vignettes. Together the group will examine irreverence's power to connect, normalize emotions, and enhance learning – and when it risks harm or exclusion. Particular attention will be paid to "no go zones" and developing recovery skills when our attempts at levity fall flat. Participants will leave with a practical framework for engaging in healthy irreverence in their teaching and the tools to utilize this mature coping skill with intention.

**Learning Objectives:**
**Objective 1:** Define irreverence, identify pros and cons of intentional use of irreverence in clinical teaching settings.
**Objective 2:** Identify personal comfort with irreverence in clinical teaching.
**Objective 3:** Practice irreverence in small groups and implement recovery skills.

**Thematic Focus:** Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Teton, 2nd Floor**

## Reinforcing the LGBTQ+ umbrella during interview season in a hostile climate

Emrys Fonseca, MD, MS *Mayo Clinic*
Morgan Faeder, MD, PhD *University of Pittsburgh School of Medicine*
Brendan Scherer, MD *San Mateo County*
Mar Dominguez, MD* *University of Pittsburgh Medical Center*
James Haliburton, MD, FAPA *Southern Illinois University*

**Abstract Description:** The current adversarial sociopolitical landscape challenges the rights and acceptance of LGBTQ+ people, increasing minority stress and structural stigma for this population. This stress affects not only patients but also trainees and faculty, particularly when seeking jobs in medicine, in general, and in psychiatry in particular. Due to these changes, physicians applying for positions at all levels must consider how to identify work environments that suit their needs as physicians and as queer people. Departments must also engage in thoughtful analysis of their environment to create supportive workplaces that provide environments and opportunities for this population to thrive while also being authentically transparent about the institutional culture and associated available supports and barriers.

This interactive workshop provides participants on both sides of the application process an opportunity to examine their needs and existing supports. Through guided reflection, peer discussion, and small and large group discussion, participants will explore strategies to navigate the interview process. By the end of this session, participants will have begun to formulate a pathway to guide themselves and/or others in navigating this vital though challenging occupational terrain.

**Learning Objectives:**
**Objective 1:** Recognize the scope of the problem and how the landscape has changed for queer applicants in medicine/psychiatry at all levels of training/experience.
**Objective 2:** Analyze the effects of minority stress and institutional stigma on the recruitment process.
**Objective 3:** Begin evaluating your institution's culture and approach to recruitment, support, and retention for queer-identified applicants and staff.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Tucson, 2nd Floor**

## Making Implicit Bias Explicit: Social Scientific Tools for Medical Educators

Elizabeth Madva, MD *Massachusetts General Hospital, Harvard Medical School*
David Beckmann, MD, MPH *Thomas Jefferson University Hospital*
Bernard Sarmiento, MD, MBA* *MGH/McLean*
Tamara Grinberg, BA* *Sidney Kimmel Medical College, Thomas Jefferson University*

**Abstract Description:** Medical educators have long recognized the importance of implicit bias—the automatic attitudes and associations that might operate outside conscious awareness—in shaping both clinical care and medical education. It is well-established that implicit bias influences interpersonal interactions, institutional practices, and even educational outcomes, including how learners engage with and absorb material. Specific tools and strategies for identifying and addressing implicit biases in us, others, and educational systems, however, can feel elusive.

This workshop draws on insights from social psychology and philosophy to provide medical educators with practical, evidence-based tools for understanding and addressing implicit bias. The session will begin with a conceptual overview led by [name redacted], a professor of philosophy specializing in implicit bias, with extensive experience facilitating implicit-bias-focused trainings across medical, academic, organizational, and criminal legal system settings. Participants will then engage in a lively, interactive, group-based demonstration of an Implicit Association Test (using a neutral, non-threatening topic) to illustrate core concepts of implicit bias. Through brief didactics and facilitated small- and large-group discussions, participants will explore examples of how implicit biases may shape learning environments and educational interactions at their own institutions. The workshop will then introduce the application of a growth-mindset framework and present four empirically supported strategies to promote inclusion and cooperation. Participants will reflect on how these tools can be applied within their institutions and will leave the workshop with concrete strategies and actionable next steps for fostering more inclusive and effective educational environments.

**Learning Objectives:**

**Objective 1:** Describe key concepts from social psychology and philosophy that explain how implicit bias operates at individual and systems levels, particularly within medical education.
**Objective 2:** Identify examples of bias and environmental cues in learning and clinical settings that shape perceptions of belonging and inclusion.
**Objective 3:** Practice applying social scientific tools and strategies to foster more inclusive and equitable educational spaces.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Wyoming, Lobby Level**

## Leadership In Academic Medicine

Shaheen Darani, MD *Temerty Faculty of Medicine, University of Toronto*
John Teshima, MD, BSc, FRCPC Med *University of Toronto*
Rachel Russo, MD *San Diego VA, UC San Diego*
Adriane dela Cruz, MD, PhD *The University of Texas Southwestern Medical Center*
Gregory Dalack, MD *University of Michigan (AO)*

**Abstract Description:** Leadership in academic and clinical settings plays a central role in shaping learning environments, influencing organizational systems, and fostering career growth within academic psychiatry. Yet faculty are often invited or expected to assume leadership roles without formal training or structured mentorship. While many faculty bring interpersonal skills and clinical expertise to these positions, gaps in systems-level leadership development can leave emerging leaders without the frameworks or confidence needed to navigate new responsibilities effectively.

This introductory workshop is designed to support participants in exploring fundamental concepts of leadership in academic medicine and provide opportunities to explore their own leadership potential. The session invites participants to consider how leadership aligns with their career goals, while offering a practical and structured approach to identifying next steps in leadership development. Being an effective leader can magnify our impact as educators on the individuals and communities that we serve. Participants will be introduced to leadership frameworks from the academic medicine literature and will engage in guided self-reflection and peer discussion to contextualize reasons to pursue leadership, leadership models within their own professional experiences. Through interactive activities, participants will begin to identify leadership strengths, areas for growth, and existing or

potential supports within their professional environments. The workshop emphasizes leadership as a skill set that can be learned, refined, and sustained over time. Participants are encouraged to view leadership development as an integral and adaptable component of an academic psychiatrist's career pathway.

**Learning Objectives:**
**Objective 1:** Summarize the core concepts and frameworks of leadership in academic medicine iincluding self-development, core values, communicating purpose, accountability, and change management within organizational culture.
**Objective 2:** Describe the benefits of pursuing leadership in an academic psychiatrist's career pathway.
**Objective 3:** Reflect on their own leadership strengths and areas for development and develop an individualized action plan for the next step on their leadership path.

**Thematic Focus:** Career development

**Intended Audience:**
Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

## 2:30 pm - 3:00 pm
## AAP Local Tasting Break
**Room: Ballroom Reception, Lobby Level**

## 3:00 pm - 4:30 pm
## Concurrent Workshops

**Room: Arizona, Lobby Level**
### Making Professionalism Teachable in Psychiatry: Boundaries, Disclosure, and Fair Assessment
Sami Sabbah, MD, BSc* *University of Toronto*
Liisa Johnston, MD, FRCPC, Med *CHEO*
Athena Ko, MD, MSc* *University of Ottawa Faculty of Medicine*
Philippe Hwang, MB, ChB, MSc* *University of Ottawa Faculty of Medicine*
Bronwyn Thomson, MD, BSc, FRCPC *CHEO*

**Abstract Description:** Professionalism concerns in psychiatry training are common and difficult to address because they sit at the intersection of therapeutic boundaries, power dynamics, team-based care, and stigma around help-seeking. North American residency literature suggests three recurring gaps: (1) the influence of hidden curriculum, "minimum standards", and local norms on professionalism education, (2) a focus on rules-based teaching rather than real-life grounded reasoning, and (3) evaluation of professionalism is often inconsistent and/or implicit. Additionally, evidence shows that competence committee decisions regarding professionalism can be unreliable, and residents may avoid disclosure due to perceived professional consequences, making help-seeking itself a professionalism and patient-safety concern.

This interactive workshop is designed to make professionalism easier to discuss, teach, and evaluate in psychiatry. Firstly, participants work through brief scenarios including patient boundary gray zones, training-environment professionalism, and clinical accountability, and physically position themselves along a spectrum from "unprofessional" to "professional." Small-group discussion will focus on how unspoken norms shape decisions. Secondly, participants will view short cases involving common psychiatry boundary situations, apply basic clinical reasoning, and practice writing a structured professionalism report. Finally, groups review the same professionalism report from different roles (e.g., supervisor, peer, program leadership) to see how judgments change. The session concludes with a "reliability checklist" for professionalism assessment. Participants leave with a shared way of

talking about professionalism, a structure for documenting concerns, and practical tools to clarify and standardize professionalism assessments. This workshop is intended for psychiatry residents, faculty, and program leaders.

**Learning Objectives:**
**Objective 1:** Contrast professionalism concerns that warrant formal reporting with those best addressed through coaching or support, with explicit attention to disclosure, help-seeking, and mental health in psychiatry training.
**Objective 2:** Apply a psychiatry-specific boundary framework (therapeutic frame, transference, countertransference) to ambiguous clinical and training-environment scenarios, moving beyond rule-based judgments.
**Objective 3:** Evaluate other participants' professionalism assessments by applying a reliability checklist (data sources, narrative quality, and pattern recognition).

**Thematic Focus:** Assessment, Career development, Competencies (including cultural competency and lifelong learning), Curriculum development, Diversity, Equity and Inclusion (DEI), Leadership/Administrative development, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

## Gold In, Gold Out: Engineering Better Prompts to Maximize AI in Psychiatric Education

Phillip Sojka, MD*, Kennedy Krieger Institute*
Hyungjin Kim, MD, MSc* *University of California San Francisco*
Paulo Marcelo Gondim Sales, MD, MS *SUNY Health Sciences Center at Brooklyn, Ally Psychiatry Florida*
John Luo, MD *University of California Irvine Medicine*

**Abstract Description:** Psychiatric educators are facing growing uncertainty created by rising clinical complexity, documentation expectations, and constraints to time and cognitive bandwidth. Generative AI and large language models offer a tool to manage these demands, yet their value depends on how well they are used. What is often missing is not technical expertise, but a clear, teachable approach to crafting prompts that consistently bring out the best in AI systems. This workshop introduces effective prompt engineering for anyone who hopes to guide AI tools toward reliable and useful output.

We begin with a brief overview of published literature on prompt engineering in health care, followed by live demonstrations that reveal how small, thoughtful edits can transform the usefulness of AI responses. We then introduce a practical, learner friendly framework for prompt engineering that shows how educators can shape AI output to reduce common errors and improve effectiveness.

From there participants collaborate on an exercise that breaks down prompt engineering into manageable steps. Using a challenging case submitted by the audience, we will model real time reasoning with an AI “co-presenter” so participants can watch the iterative process of prompt engineering unfold. Ample time will be given for attendees to practice in a hands-on way, supported by faculty who help them design prompts tailored to their own needs.

Attendees will leave with personalized prompts they can adapt for their own teaching, supervision, or scholarly work. More importantly, they will leave with a clear framework that helps them use AI with confidence and flexibility.

**Learning Objectives:**
**Objective 1:** Describe prompt engineering and how large language models interpret structure, constraints, and context.
**Objective 2:** Apply a three-part prompt engineering framework to iteratively refine LLM responses for psychiatric teaching, clinical reasoning, and educational tasks.

**Objective 3:** Create a personalized prompt “scaffold” that can be adapted for future use in curriculum development, supervision, scholarly writing, or clinical education.

**Thematic Focus:** Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Idaho, Lobby Level**

## Which Peak to Climb? Choosing an Advanced Educational Pathway in Uncertain Times.

Richard Ly, MD *Samaritan Health Services*
Lillian Houston, MD*, Southern Illinois University*
James Haliburton, MD, FAPA *Southern Illinois University*
Peter Ureste, MD *University of California Riverside (AO)*

**Abstract Description:** Clinician educator psychiatrists increasingly navigate uncertainty in academic promotion, evolving teaching expectations, and expanding leadership roles. Advanced educational pathways, including formal graduate degrees in health professions education (such as MHPE, MEd, and MACM, etc.) and professional development programs such as AAP’s Master Educator Certificate, offer distinct opportunities to deepen teaching expertise, strengthen scholarly identity, and build leadership capacity. Graduate degrees provide formal academic credentials and structured curricula, while AAP’s Master Educator Certificate offers psychiatry-specific experiential learning grounded in practical skill development, reflection, and community building.

This interactive workshop equips participants to make informed decisions about which pathway best fits their professional goals and institutional context. Through guided reflection, peer discussion, small group activities, and the use of a structured values-based decision framework that is inclusive of diverse and equitable considerations, attendees will examine the strengths and limitations of each option. By the end of the session, participants will be able to differentiate key features of advanced educational pathways, clarify personal and professional values that shape their choices, and develop an individualized learning plan that outlines concrete next steps towards a values-aligned educational pathway.

**Learning Objectives:**
**Objective 1:** Analyze key features, strengths, and limitations of AAP’s Master Educator professional development certificate and formal educational graduate degrees relevant to psychiatric educators.
**Objective 2:** Apply a values-based decision framework to evaluate the benefits and tradeoffs of various advanced educational pathways for the participant’s own professional growth.
**Objective 3:** Develop an individualized learning plan that aligns personal values, career goals, and institutional context with an appropriate advanced educational pathway.

**Thematic Focus:** Career development, Teaching/Education: Continuing Medical Education

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Sun Valley, 2nd Floor**

## Focusing on Teaching Psychotherapy while Navigating the Ups and Downs of Hospitalization

Giang Nguyen, MD*, University of Washington*
Lily Assaad*,* PhD *University of Washington*
Alexis Carnduff, MD* *University of Washington*

Yasmine Johnson, MD* *University of Washington*
Jiranut Sukomol* *University of Washington*

**Abstract Description:** Consult-liaison and inpatient psychiatry services are characterized by the peaks and valleys of clinical demands. New and complex consultations or admissions displace time for formal psychotherapy education. Additionally, inpatient teams have learners of different levels, and educators often find it difficult to have a “one-size-fit-all” approach to psychotherapy education. As a result, psychotherapy teaching is frequently deprioritized. However, our workshop provides a framework that allows psychotherapy education to be broken down into digestible pearls that can be integrated by all levels of learners to advance patient care.

First, we highlight three tools that are quick to use and complement the strengths of inpatient and CL services to teach psychotherapy. First, modeling is a practical method for educators to demonstrate psychotherapeutic approaches in challenging patients. Second, since team members are all in the room with the patients, brainstorming allows everyone to share observations, reflections and possible interventions. Finally, formative feedback can be delivered right after patient encounters, so learners can use it immediately. These features create rich opportunities for experiential learning.

Based on trainees’ skill level, we can apply these tools and create fulfilling teaching experiences. For less experienced trainees, brainstorming, modeling, and feedback can be used to teach how to engage with patient and gather information. For the next level of learners, these tools can be used to help develop clinical formulations. For advanced trainees, these tools can teach psychotherapy interventions. Our approach demonstrates how psychotherapy teaching can be efficient and effective in the hospital setting.

**Learning Objectives:**
**Objective 1:** Understand the strengths of teaching psychotherapy interventions in the hospital setting.
**Objective 2:** Apply modeling, group brainstorming and feedback as tools for psychotherapy education.
**Objective 3:** Develop an “menu” of educational experiences that participants can readily teach learners based on their skill level.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Teton, 2nd Floor**

## Reverse Bullying: The Uncertainty of Teaching and Training When the Teacher Doesn't Have Safe Space

Molly Wimbiscus, MD *Cleveland Clinic*
Khushbu Shah, MD, MPH *Northwestern University. Lurie Children's Hospital*
Ayan Sanyal, MD, MPH *Cleveland Clinic Foundation*
Sumru Bilge-Johnson, MD *Akron Children's Hospital NEOMED*
Geraldine Fox, MD *University of Illinois-Rockford Campus (AO)*

**Abstract Description:** Medical training exists at the intersection of education and employment. While contemporary medical education increasingly emphasizes psychological safety and trainee wellness, residency is also a workplace characterized by inevitable uncertainty, role change, evaluation cycles, and escalating responsibility. These demands are core developmental conditions through which physicians learn adaptability, professionalism, and tolerance of ambiguity.

Reverse bullying (or upward aggression) describes conditions in which trainees persistently escalate grievances, publicly undermine supervisors, and seek institutional validation rather than skill acquisition. The “Age of Uncertainty” is marked by social polarization, emotional reasoning, external and immediate validation, and distress intolerance. Upward aggression in medical training is amplified by anonymous feedback systems, flattened hierarchies, and cultural assumptions that education is transactional. The belief that training must conform to the learner’s perceived needs and comfort

thresholds can detract from the mission of education and also confound passionate educators. We will explore historical perspectives of high-fidelity apprenticeship models, feedback processes, intergenerational learning traditions, the values and risks of personalized mentorship, and trainee confidentiality paired with unprotected mentor status. Demoralization of the “victim” can be reduced by reflexive and preventive support systems (avoiding the “bystander” effect). Through real, deidentified case studies, we will explore legal, ethical, psychological, personal and professional risks, harms, growth formation and resolution resulting from upward aggressive events for a career medical educator.

Institutions and educators must reaffirm that medical education is not transactional but developmental. Rebalancing psychological safety with performance expectations requires structured feedback, consistent leadership messaging, and cultural clarity about the purpose of training.

**Learning Objectives:**
**Objective 1:** Understand phenomenology of reverse bullying (upward aggression) and grievance identity in medical training.
**Objective 2:** Reflect on professional and personal experiences related to reversed bullying and the roles and responses of “upstanders” within professional networks.
**Objective 3:** Develop skills including upward management, containment strategies, compassionate boundary setting, and consistent, constructive feedback that preserve psychological safety while reinforcing professional development and accountability in staff and trainees.

**Thematic Focus:** Career development, Competencies (including cultural competency and lifelong learning), Diversity, Equity and Inclusion (DEI), Leadership/Administrative development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education, Teaching/Education: Other education (non-physician, non-psychiatry, patient/family)

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Tucson, 2nd Floor**

## Putting the “Super" in Supervision: Supporting Trainees (and Attendings!) in Developing Core Skills in Supervision

Colleen Cowperthwait, PhD *Duke University*
Christopher Ramsay, MD *Duke University*
Molly Fessler, MD* *Duke University*
Tyson Pankey, MPH, PhD *Duke University*
Christopher Luccarelli, MD* *Duke University/Durham VA Medical Center (AO)*

**Abstract Description:** Psychiatry supervision is often conceptualized primarily in the context of psychotherapy; however, both residents and attending physicians engage in formal and informal supervision across a wide range of clinical settings. Residents function as both supervisors and supervisees throughout training, yet structured education in supervision is neither required by ACGME nor routinely included in psychiatry residency curricula. Embedding supervision training may better prepare residents for their roles as learners, educators, and future attending physicians, while supporting ethical practice and professional development. As psychiatry responds to generational shifts, evolving informational tools, and increasing educational uncertainty, revisiting foundational supervisory skills can provide grounding for both trainees and faculty.

This 90-minute interactive workshop introduces evidence-based approaches to supervision for psychiatry residents and attending physicians. Participants will reflect on their experiences as supervisors and supervisees, review core supervision paradigms and roles, and engage in guided practice applying evidence-based supervisory strategies. A central component of the workshop involves creating a structured “supervision contract” for a current supervisory relationship, clarifying goals, expectations, feedback processes, and roles. This session is designed to strengthen supervisory competence across clinical contexts and support sustainable, ethical psychiatric education during times of change.

**Learning Objectives:**
**Objective 1:** Describe the role of the supervisor in ensuring ethical practice and supporting professional development and clinical skill acquisition.
**Objective 2:** Compare formats, levels, and paradigms of supervision and identify appropriate applications across clinical and educational contexts.
**Objective 3:** Apply skills in outlining goals, setting clear expectations, and providing constructive feedback that promotes learning.

**Thematic Focus:** Competencies (including cultural competency and lifelong learning), Curriculum development, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors)

**Room: Wyoming, Lobby Level**

## When Mentorship Goes off Course: Navigating Mismatch, Repair, and Transition

Mary Shen, MD, MSc* *Brigham and Women's Hospital*
Aakanksha Singh, MD, MBBS* *Christiana Care*
Nandita Gupta, MD* *Community Health Network*
Avni Shah, DO* *Christiana Care*

**Abstract Description:** In times of uncertainty (ie, shifting funding landscapes, evolving educational structures, and changing professional expectations), mentorship is increasingly essential for both trainees and faculty. While effective mentorship can provide stability and professional guidance, mentorship mismatches are common and often difficult to identify early. Power dynamics, implicit expectations, and structural constraints (e.g., limited mentor availability) may impede open communication, leaving individuals without clear frameworks to recognize misalignment or navigate challenges constructively. As a result, many mentorship relationships suffer from diminishing benefit, missed opportunities for recalibration, or avoidable relational strain.

This interactive workshop uses a case series approach to examine common mentorship mismatches in academic psychiatry and to provide participants with actionable tools to navigate these challenges across the trajectory of educational and professional development. Through cases, participants will learn how to navigate difficulties in mentorship regarding communication, productivity, boundaries, and accountability.

The workshop will focus on scenarios in which mentoring relationships go awry, including mismatched productivity expectations, situations in which career goals and trajectories diverge, and resolving tensions and disagreements. Participants will practice strategies for recalibrating expectations, addressing ruptures, and determining when a mentoring relationship can be repaired versus when it should be respectfully concluded. Special attention will be given to how to end a mentor–mentee relationship without damaging professional relationships or future opportunities. Through brief didactics, small-group case discussions, and role-play with feedback, participants will leave with practical conversation frameworks, language scripts, and a resource guide to support mentorship across career stages in uncertain times.

**Learning Objectives:**
**Objective 1:** Identify core elements of effective mentor–mentee relationships and recognize early indicators of misalignment that may emerge during periods of professional uncertainty.
**Objective 2:** Apply practical strategies to navigate common mentorship challenges, including mismatched productivity expectations, evolving career goals, and differences in values or priorities.
**Objective 3:** Practice structured communication approaches to recalibrate, redefine, or thoughtfully conclude mentorship relationships, preserving professionalism, trust, and long-term professional connections despite changing circumstances.

**Thematic Focus:** Career development, Leadership/Administrative development, Mentorship

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

## 4:45 pm - 6:45 pm

## Media Session *(light snacks will be served)*

**Room: Arizona, Lobby Level**

## 4:45 pm – 5:15 pm

## Promoting Inter-Program Collaboration Among Psychiatry Residents through Film

Ethan Faries, MD* *The University of Texas Health Science Center at Houston*
Jannie Matar, MD* *Baylor College of Medicine*
Jeffrey Khan, MD *Baylor College of Medicine*

**Abstract Description:** Film can act as a cultural anchor, a fixed point that provides orientation in uncertain times. As residents from neighboring psychiatry programs, we share a common clinical path, however interaction between our programs is scarce. We sought to find commonality in these trying times through an inter-program, resident-led film club. Watching films provides the opportunity to bond over an aesthetic experience, explore concepts in psychiatry, and expand our network of support. We focused on films that are culturally significant and have a depth of psychological meaning to support deeper conversations and grow a sense of community between the residencies. At our first event, we screened Ingmar Bergman's Wild Strawberries (1957), a film about an elderly man coming to terms with the relationships he's formed in life. We discussed notable psychiatric themes including Erikson's stage of Disparity vs. Ego Integrity, the psychoanalytic significance of the dream sequences, and the changes in cognitive functioning associated with aging. Psychiatry residents from both programs attended, and psychology interns also joined, adding an interdisciplinary component to the event. Our events have become a mix of film-screening, discussion of interesting papers in psychiatry, reflection on patient experiences, and socialization. For our session, we will show a scene from Wild Strawberries and facilitate a discussion with references to existing literature to interactively model our program. We'll follow with a discussion of ways that this initiative can be incorporated at your program to foster collaboration in various settings.

**Learning Objectives:**
**Objective 1:** Examine the utility of film in inter-program psychiatric resident education.
**Objective 2:** Analyze film content and frame discussion in psychiatric theory and clinical experiences for trainees.
**Objective 3:** Appraise how this model may be applicable to their institution in order to encourage collaboration among multiple psychiatric residency programs.

**Format:** Desktop

## 5:15 pm – 5:45 pm

## Truth and Dare: What Confessional Poets Teach About Depression

Mitchell Cohen, MD *Thomas Jefferson University*
Johanna Beck, MD *Thomas Jefferson University (AO)*
David Beckmann, MD, MPH *Thomas Jefferson University (AO)*
Adrienne Gerken, MD *Thomas Jefferson University (AO)*
Jenna Pastorini, MD* *Thomas Jefferson University (AO)*
Tamara Grinberg, BA* *Thomas Jefferson University (AO)*

**Abstract Description:** The confessional poets of mid-twentieth century America stretched accepted poetic structure, convention, and content boundaries to allow more nuanced and unvarnished exploration of inner life. As a result of the power of this poetic form to express emotional depth, their work points at core elements of both the experience and neuroscience of severe depression. This presentation focuses on poems by John Lowell, Sylvia Plath, Anne Sexton, and John Berryman, each treated for severe depressive illness, three dying by suicide. The presentation features excerpts from their work, including recorded readings and contextual imagery. For learners interested in the lived experience of major depression, the following elements emerge with unique impact: existential isolation, guilt, rumination, intense and blunted emotions, meaninglessness, self-absorption, morbid preoccupation, suicidal thoughts, mood cycling, and loss of external frame of reference. These

themes are then understood through the lens of contemporary neuroscience of major depression, including associated changes in reward circuits, the subgenual cingulate cortex, and the default mode network, all conveyed with clear schematic visuals. Learners appreciate how the inspiring candor and effort expended in writing these poems eases the intensity of reading them, just as happens for clinicians when patients courageously share difficult experiences. The confessional poets' evocative Abstract Descriptions of depressive illness makes the suffering of depression especially vivid and accessible. Combining the poems' descriptive candor with summary images of neural changes underlying the anguish, marries art and science, promotes learner engagement, and facilitates simultaneously learning the subtleties of depressive phenomenology and leading pathophysiologic theories.

**Learning Objectives:**
**Objective 1:** List some writers from the American school of confessional poetry, note their known history of mood disorder, and describe the sociocultural context in which they lived and wrote.
**Objective 2:** Identify subtle aspects of the experience of depression made especially vivid and accessible through specific works of confessional poets.
**Objective 3:** Link depressive features shared by the poets with pathophysiologic mechanisms and describe how learning them in this paired fashion strengthens educational impact.

**Format:** Desktop

## 5:45 pm – 6:15 pm
## Symptoms
Eduardo Humes, MD, PhD *Faculdade de Medicina, Universidade de Sao Paulo*

**Abstract Description:** “Symptoms” (available at https://youtu.be/zuNCZ9Uqmg8), by Eduardo Humes, is a six-minute-long short film that explores how symptoms of psychiatric distress manifest over the course of a single day in the life of a medical student. The film was produced in collaboration with final-year students from undergraduate programs in Multimedia Production and Animation Design.

The film was developed for use in a variety of educational settings and may serve as a teaching tool to address depressive symptomatology, psychiatric morbidity among physicians and physicians-in-training, and the normalization of psychological symptoms within medical culture. In addition, it can facilitate discussions on the impact of mental distress on patient care, professional functioning, and adaptive and maladaptive coping mechanisms. The chosen visual language, pace, soundtrack, and structure and delivery of dialogue were deliberately designed to reiterate these educational goals.

The original Portuguese version received an award at the 2025 Brazilian Congress of Psychiatry and has been used in undergraduate medical education at the Faculdade de Medicina, Universidade de São Paulo, Brazil, as well as at scientific conferences and other structured educational activities. It has also been used by colleagues in discussions at State Boards, namely in Salvador, Bahia. Its use reinforces the affective component of learning, enhancing audience engagement and promoting greater retention of core educational content.

**Learning Objectives:**
**Objective 1:** Consider the importance of creating layers of knowledge as they create a media product for education.
**Objective 2:** Identify how to address non-verbal symptoms in media and facilitate learners' perception and emotional bonding.
**Objective 3:** Use a new tool for discussing more personal and sensitive topics with students and residents.

**Format:** Desktop

## 5:45 pm – 6:15 pm

### Teaching Medical Students About Interviewing Patients with Trauma Using Online Videos

Chloe Leon, MD, FRCP(C) *University of Toronto/CAMH*

**Abstract Description:** The psychiatry curriculum for 3rd year medical students at our institution is broad covering a wide range of topics from mood/anxiety, psychosis, substance use disorders, delirium, dementia, child psychiatry, personality disorders, and trauma-related disorders. The curriculum is delivered through clinical exposure concurrent with small group weekly seminars, which cover the major psychiatric topics through case-based learning. Trauma-informed care is a theme throughout the entire MD curriculum, and this is covered for the clinical clerks through a CBL session entitled 'Trauma and Opioid Use Disorder'. This is case of an individual who experienced a frightening incident at work, that triggered memories of childhood abuse. The case teaches students about responses to trauma, the impact of childhood adversity, and how maladaptive coping with substances are common. A video series was developed to highlight this case, discuss complexities and to demonstrate unique clinical skills that students can use when interviewing a patient who has experienced trauma

**Learning Objectives:**
**Objective 1:** Describe value of supplementing case-based learning with videotaped role play.
**Objective 2:** List pros and cons of using asynchronous materials to teach complex topics.
**Objective 3:** Use validation when working with patients who have experienced trauma.

**Format:** Desktop

### 6:45 pm - 10:30 pm
### AAP Meet and Eat *(pre-registration required. Meet group in lobby)*

## Saturday, September 19, 2026

### 7:00 am - 8:00 am
### Breakfast and Coffee Service
**Room: Mezzanine, 2nd Floor**

### 7:00 am - 12:00 pm
### Registration
**Room: Ballroom Reception, Lobby Level**

### 8:00 am - 9:30 am
### Concurrent Workshops

**Room: Arizona, Lobby Level**

### Shaping Tomorrow's Academic Psychiatrists: Practical Strategies for Resident Scholarship

Ann Schwartz, MD *Emory University*
Gregg Robbins-Welty, MD, MSc *Emory University*
Thomas Heinrich, MD *Medical College of Wisconsin*
Dustin DeMoss, FAPA, MSc *John Peter Smith Health Network*

Kinnari Ruikar, MD *Emory University*

**Abstract Description:** Exposure to scholarly activity during residency is essential for professional development, academic identity formation, and ultimately, patient care. The ACGME requires programs to provide a curriculum that advances residents' understanding of research principles and facilitates meaningful participation in scholarly activity. However, the definition of scholarly activity is intentionally broad and varies across programs, encompassing activities such as organized clinical discussions, journal clubs, conferences, quality improvement projects, and the preparation and presentation of case reports.

Despite its importance, integrating scholarly activity can be challenging due to limited research exposure, lack of mentorship, insufficient funding or technical support, gaps in research skills, and competing clinical demands.

This interactive workshop highlights practical, scalable strategies to foster a culture of scholarship and increase resident engagement. Initiatives include writing workshops, structured mentorship, quality improvement curricula, and guidance on developing and publishing case reports. We will also explore specialized scholarly tracks, such as medical education tracks designed to help residents develop the skills needed to become effective teachers and future medical education scholars. In addition to case reports as an accessible entry point, the workshop emphasizes broader longitudinal structures and supports that build confidence, reinforce clinical learning, and promote ongoing academic participation.

Through didactic content and interactive small-group activities, participants will explore methods to integrate scholarly activity into residents' daily professional lives, aligning ACGME requirements with long-term academic and career development. Attendees will leave with actionable strategies to enhance scholarly productivity and support the growth of academic psychiatry.

**Learning Objectives:**
**Objective 1:** Evaluate ACGME scholarly activity requirements to identify and categorize the wide range of activities that meet these standards.
**Objective 2:** Analyze common barriers to resident scholarly engagement and recognize program-level structures, such as mentorship models, quality improvement curricula, and specialized scholarly tracks, that promote sustained academic development.
**Objective 3:** Apply practical, scalable strategies to increase resident involvement in scholarship, including writing workshops, case report development, quality improvement projects, and longitudinal scholarly supports.

**Thematic Focus:** Career development, Mentorship, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

## Become an Effective Mentee: Aligning Values and Practical Skills in a Changing Profession

David Ney, MD* *Children's Hospital of Philadelphia*
Sarah Qadir, MD* *Hospital of the University of Pennsylvania*
Samuel MacLeon*, MD* Mount Sinai Hospital*
Stuart Karimi, BA *Thomas Jefferson University*
Quincy Shuda*,* MD* *Children's Hospital of Philadelphia*
Adrienne Gerken, MD *Thomas Jefferson University Hospital (AO)*
Johanna Beck, MD*, Thomas Jefferson University (AO)*
Victoria Sanders, BS* *Sidney Kimmel Medical College (AO)*

**Abstract Description:** Although mentorship is foundational to academic psychiatry, skills for being an effective mentee are rarely taught explicitly. This interactive workshop centers on the micro-skills and

reflective practices that empower mentees to engage more intentionally and productively in the mentor-mentee relationship.

During this session, participants will explore the value and opportunities of being a mentee and examine how seeking mentorship may evolve across training stages. Interactive components, including a “Mentee Values Card Sort” based on principles from Acceptance and Commitment Therapy, will help participants clarify their individualized priorities as mentees, identify possible barriers to mentorship, and develop strategies to overcome these. Through guided discussion and case-based exercises, attendees will consider how professional interests, personal values, shared backgrounds, and career uncertainties shape the search for appropriate mentorship.

During interactive didactics and activities, participants will learn and practice micro-skills fundamental to being an effective mentee and delve into common mentee roles and pitfalls. Small- and large-group case discussions will highlight mentee challenges (e.g., giving and receiving feedback, setting shared goals, or managing missed commitments) and facilitate collective problem-solving. This workshop will conclude with a mentee action plan to outline steps for identifying mentors, clarifying expectations, and maintaining effective communications to sustain mentorship.

By session’s end, participants will have a framework to intentionally seek and cultivate mentor-mentee relationships aligned with their evolving professional identities. Most applicable to students and trainees, this workshop highlights the mentee role as proactive and vital to a thriving culture of mentorship in academic psychiatry.

**Learning Objectives:**
**Objective 1:** Identify personal mentee values and goals to guide mentor selection across training stages.
**Objective 2:** Recognize common barriers to effective menteeship and formulate strategies to address them.
**Objective 3:** Demonstrate core mentee micro-skills for effective mentorship, including identifying mentors, cultivating the relationship, and strengthening accountability.

**Thematic Focus:** Career development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical students, residents, or fellows

**Room: Idaho, Lobby Level**

## Play with Purpose: Gamification Strategies for Educating in Psychiatry

Christopher Ramsay, MD *Duke University*
Katherine Stiles, MD* *Duke University*
Temitope Ali. MD* *University of Washington*
Michael Goncalves, MD* *Duke University*

**Abstract Description:** The landscape of medical education has changed drastically in the last decade with the advent of novel educational resources. Particularly, the rise of artificial intelligence has cultivated an educational frontier full of uncertainties, highlighting a need to level-up learner engagement. “Gamification”, or the incorporation of game-like elements to enhance learning, has increasingly gained traction in medical education. These elements may include leaderboards, points, badges, or other game-inspired components. Research on gamification is still nascent but does suggest it may be an effective strategy to keep learners engaged; the impact of gamification on learners’ cognitive, behavioral, and affective outcomes may depend on the specific game elements used. Thoughtful integration of gamified elements with specific educational goals and target audiences may be the key to enhancing learning acquisition and retention. This is particularly important in medical training, where making knowledge more durable can better support patient care outcomes.

This workshop aims to teach students, residents, and attending psychiatrists about the principles of gamification in education, its advantages over traditional methods, and its feasibility in application. The session begins with an overview of the foundations of gamification and commonly used game

elements, followed by a direct comparison of traditional and gamified teaching methods using the same topic. Participants will then work in teams to design and deliver lessons incorporating the gamification elements discussed and demonstrated. The workshop concludes with a large-group discussion to reflect on these experiences and consider how gamification strategies could be integrated into their individual teaching styles and educational contexts.

**Learning Objectives:**
**Objective 1:** Identify common elements of gamification used in adult education.
**Objective 2:** Contrast gamified teaching to non-gamified teaching.
**Objective 3:** Construct these elements into a newly designed gamified lessons to foster integration beyond the workshop.

**Thematic Focus:** Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Sun Valley, 2nd Floor**

## From Imposter to Educator: Finding Your Teaching Voice in Busy Clinical Settings

Aakanksha Singh, MD, MBBS* *Christiana Care*
Jai Ahuja, MD* *Prisma Health*
Poojajeet Khaira, MD* *Case Western Reserve University*
Raman Marwaha, MD, FAPA *Case Western Reserve University*
Narpinder Malhi, MD, MBA *ChristianaCare*

**Abstract Description:** Psychiatry residents and early-career physicians (ECPs) identify teaching medical students as a fundamental professional responsibility and gain educational benefits from teaching. In core clerkship and sub-internship, residents function as primary educators and professional role models. However, their commitment to teaching is often limited by barriers such as time constraints, high cognitive load, brief patient encounters, and performance evaluation pressures, which often limit the feasibility of traditional educational approaches. These challenges are frequently compounded by imposter syndrome, particularly among interns, junior residents, and ECPs, which creates a climate characterized by reduced confidence, limited visibility, and decreased willingness to assume active teaching roles.

This interactive, skills-based workshop addresses two key-barriers to effective clinical teaching: imposter syndrome and lack of practical time-efficient teaching strategies. Using experiential learning, participants first engage in a structured Jenga-based exercise that externalizes individual and systemic contributors to imposter syndrome. Through facilitated debrief, participants identify common cognitive patterns and structural factors that undermine teaching confidence and review evidence-informed strategies to address these barriers at both the individual and systemic levels.

In the second component, participants learn “teaching on the fly” through live skits grounded in real-world clinical scenarios. Participants will apply brief, learner-centered microteaching techniques that integrate seamlessly into busy clinical care. By the end of the workshop, participants will understand the barriers to teaching on the fly, boost their confidence in their educator role, and receive QR-coded handouts outlining practical teaching for use across all training levels and clinical settings.

**Learning Objectives:**
**Objective 1:** Differentiate and analyze internal and external factors, including impostor syndrome and systemic barriers, that impact learner engagement and educator confidence in clinical teaching.
**Objective 2:** Evaluate and apply evidence-informed strategies to address self-doubt and develop a supportive learning environment for both learners and educators.
**Objective 3:** Apply and perform at least one adaptive “teaching on the fly” technique to integrate effective learner education into busy clinical encounters.

**Thematic Focus:** Career development, 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 (i.e., instructors/lecturers, assistant professors)

**Room: Teton, 2nd Floor**

## Trail Markers for Turbulence: Adaptive Leadership Skills for Course, Clerkship, and Program Directors

Zhongshu Yang, MD, PhD *Kaiser Permanente San Jose*
Brendan Scherer, MD *San Mateo County*
Rohini Paul, DO* *University of California San Francisco*
Tammy Duong, MD *University of California San Francisco (AO)*

**Abstract Description:** Psychiatric educators often find themselves in leadership roles, whether as course directors, clerkship directors, or program directors. However, educators often have little to no prior training in leadership skills prior to stepping into these roles. Identifying both one's leadership style and key team members are crucial steps to success in leadership. Additionally, adaptive leadership is key to navigating difficult transitions, such as the loss of an integral team member, which can create instability. Navigating the complex landscape of regulatory bodies (LCME, ACGME, ABPN, state medical boards) and medical school/healthcare system leadership adds further complexity.

In this workshop, participants will also assess their own education team model and engage in case vignette discussion designed to enhance their skills with the adaptive leadership model, as well as practicing how the VUCA (Volatility, Uncertainty, Complexity, Ambiguity) framework provides guiding principles during crisis management.

Maintaining a clear shared vision, having a structured framework, and implementing dynamic leadership models are key to developing adaptive teams that are prepared to navigate the increasing complexities of psychiatry education, such as generational gaps, burnout, resident unionization, and the sociopolitical environment.

**Learning Objectives:**
**Objective 1:** Create a conceptual map of their educational team, identifying key parties to ensure shared vision and clarity for managing changes.
**Objective 2:** Explain and differentiate the origins, principles, and core practices of the Adaptive Leadership Model and the VUCA framework, and analyze how these leadership approaches empower autonomy, maintain team cohesion, and support adaptive responses to challenges.

**Thematic Focus:** Leadership/Administrative development

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Tucson, 2nd Floor**

## Anchors in the Storm: Fortifying Educators and Learners through Burnout, Change, and Setbacks

Michael Donath, MD *University of California Los Angeles -Olive View*
Wayles Haynes, MD *University of New Mexico*
James Lee, MD *University of Washington*
Nikhita Singhal, MD, FRCPC* *University of Toronto*
Marsden Livingston, DO* *University of New Mexico*

**Abstract Description:** Workforce shortages, constant curricular changes, rising learner distress, and sociopolitical uncertainty have become the turbulent backdrop of medical education — this can easily make trainees and educators feel like ships lost at sea. S.O.S calls for “more resilience” feel inadequate — or even alienating — when the stressors are more often systemic, chronic, and unrelenting. Perhaps there is a different lifeline: sustaining educators and learners by strengthening anchors rather than demanding constant personal adaptation.

In this context, anchors are the values, relationships, structures, and practices that provide stability when conditions are rocky, torrid, and unpredictable. Like anchors tethering ships to safe harbor, these anchors secure trainees and educators to emotional safety. Anchors allow for both stability and flexibility against the raging quell of tempests unknown.

In this workshop, participants will learn to distinguish between burnout, moral distress, and normal adaptive strain — and how each call for different responses. In guided personal reflection, participants will strengthen the anchors that are holding true, identify those anchors that have eroded, and brainstorm goals to fill the gaps that leave educators and learners vulnerable during change. This workshop will normalize common educational setbacks — failed initiatives, learner crises, conflicts with leadership, and loss of meaning in teaching — and will explore how recovery, repair, and meaning-making can be modeled in psychologically safe ways. Through collaborative, interactive exercises, participants will leave with a shared language for sustainability and concrete, low-burden interventions they can implement as we chart a course into the next sea of uncertainty.

**Learning Objectives:**
**Objective 1:** Differentiate burnout, moral distress, and adaptive strain in academic psychiatry education.
**Objective 2:** Identify personal, relational, and institutional anchors that promote sustainability for educators and learners.
**Objective 3:** Design one small, feasible intervention to strengthen an anchor within their own educational context.

**Thematic Focus:** Career development, Competencies (including cultural competency and lifelong learning), Diversity, Equity and Inclusion (DEI), Leadership/Administrative development, Mentorship, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching/Education: Continuing Medical Education

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Wyoming, Lobby Level**

## Peaks and Valleys of Wellness in Digital Era

John Luo, MD *University of California – Irvine*
Sean Blitzstein, MD *University of Illinois at Chicago*
Suzanne Murray, MD *University of Washington*

**Abstract Description:** Digital wellness evokes many thoughts as to its meaning and importance. Are digital tools such as e-mail and electronic health records or devices such as laptops and smartphones ways to help us save time so that we can focus on our lives offline and off devices? Or are they part of the very problem we have with technology as our relationship with these tools and devices has become intertwined with daily living and intrinsically vital to our personal and professional lives and physical and mental health?

This interactive workshop will engage attendees with an assessment of our dependency on technology. Participants will engage in small group discussions using screening tools in the evaluation of provided case scenarios. A large group report will identify if there will be a consensus or differing opinions in the assessment. After a brief didactic session regarding available interventions to improve technology use boundaries, participants will return to the case scenarios to recommend specific strategies in their small groups. Attendees will then engage in a pair and share exercise to

practice how to have that digital wellness conversation and implement motivational interviewing to impart change. Finally, a large group discussion will devise system-level recommendations.

Some attendees may be more advanced with incorporation of technology for use at work/leisure while others may impart knowledge and wisdom regarding the healthy relationship to have with digital devices and tools. Workshop participants will be able to ensure that technology is a tool for productivity and not a source of distress.

**Learning Objectives:**
**Objective 1:** Analyze and evaluate whether technology use has led to stress, anxiety, and burnout.
**Objective 2:** Implement and recommend strategies and interventions to restore balance in use of technology.
**Objective 3:** Apply this knowledge in creating individual and system-level change to promote digital wellness.

**Thematic Focus:** Assessment, Competencies (including cultural competency and lifelong learning), Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

## 9:45 am - 11:15 am
## Concurrent Workshops

**Room: Arizona, Lobby Level**

### Curiosity in the Age of Checklists: Preserving Wonder in Medical Education

Joshua Coleman, DO* *Baylor College of Medicine*
Vivian Wang, MD *Baylor College of Medicine*
Anita Sumali, BS* *Texas A & M University*
Shelley Rote, MD *Baylor College of Medicine*
Hayley Lange, DO, MPH, MS* *Baylor College of Medicine (AO)*

**Abstract Description:** While competency-based education has brought important structure and accountability to medical training, its emphasis on standardization—through high-stakes testing, rigid competency metrics, and efficiency-driven clinical environments—may inadvertently suppress learner curiosity. Trainees are often rewarded for demonstrating competence over exploring uncertainty and prioritizing algorithmic decision-making over genuine inquiry. These pressures span training levels and may establish patterns that erode lifelong learning, professional fulfillment, and physician well-being. This tension is reflected in national frameworks: the AAMC Core Entrustable Professional Activities for Entering Residency emphasize observable tasks and reliability, while the ACGME Core Competencies prioritize measurable domains such as patient care, medical knowledge, and systems-based practice. Neither explicitly naming curiosity as a professional capacity.

Yet curiosity remains both essential and teachable. Emerging literature highlights curiosity as foundational to professionalism, clinical reasoning, patient care, and well-being, while also demonstrating how clinical workload and evaluative cultures can burden learners and dampen inquiry. This loss is particularly consequential in psychiatry, where clinical excellence depends on tolerating ambiguity, engaging patient narratives, and generating nuanced hypotheses beyond algorithmic solutions.

This interactive workshop will equip participants with concrete strategies to foster curiosity despite systemic constraints. Through facilitated reflection, small-group discussion, and practical exercises, attendees will identify contextual barriers to curiosity and practice approaches such as modeling inquiry in supervision, reframing competency expectations to reward questioning, and creating psychologically safe learning environments.

Participants will leave with an actionable toolkit to promote curiosity at individual, curricular, and institutional levels—supporting the development of future psychiatrists and clinicians who remain adaptive, reflective, and lifelong learners.

**Learning Objectives:**
**Objective 1:** Identify systemic and individual factors that impede curiosity in medical education and assess which barriers are most relevant within participants' own clinical teaching contexts.

**Objective 2:** Analyze the relationship between clinical curiosity and key outcomes in learner well-being, professional satisfaction, and patient care quality.
**Objective 3:** Design and implement at least three practical techniques to model and reinforce curiosity behaviors during clinical teaching encounters.

**Thematic Focus:** Assessment, Competencies (including cultural competency and lifelong learning), Medical humanities, Teaching/Education: Undergraduate Medical Education, Teaching/Education: Postgraduate Medical Education, Teaching Skills/Techniques

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Flagstaff, 2nd Floor**

## Breaking Barriers, Building Resilience: Navigating Psychiatry Residents through Patient Suicide

Heidi Stahl, MD* *Kaiser Permanente Oakland Medical Center*
Alex Maben, MD* *Kaiser Permanente Oakland Psychiatry Residency Program*
Kristi Kleinschmit, MD *University of Utah*
William Graft, MD* *Medical College of Wisconsin*
Jennifer O'Donohoe, MD *University of Utah*
Vimala Vijayaraghavan, MD* *Texas Tech University - El Paso*
Jorge Luis Sotelo, MD *Memorial Healthcare System (AO)*
Cassandra Balson, MD* *Medical College of Wisconsin (AO)*

**Abstract Description:** Background: Patient suicide is a profoundly challenging event for psychiatry residents, impacting emotional well-being, clinical confidence, and professional identity. Institutions play a critical role in preparing trainees for this outcome and providing structured support afterward. However, approaches vary widely, and many programs lack formalized protocols. Keeping with the theme of this year's conference, Navigating the Peaks and Valleys, this workshop will help attendees shift challenging territories into conquerable ones.

**Objective:** This interactive workshop, intentionally led by co-presenters representing several training programs across the nation, will equip attendees with practical, evidence-informed strategies for supporting residents before and after patient suicide, promote peer-learning on normalizing discussion of this sensitive topic, and build cross-institutional connections for ongoing resource sharing.

**Methods:** This 90-minute session will combine brief didactic framing with highly interactive components. Participants will engage in small-group discussions analyzing institutional responses and resource gaps. Role-play simulations will provide experiential learning on conducting post-suicide debriefs and communicating support. A collaborative strategy-mapping exercise will allow attendees to compare resources across institutions and brainstorm best practices. Participants will collaborate on finding solutions to possible barriers and challenges. Live polling and resource exchange will facilitate discourse and sharing throughout the session. The session will conclude with individual action planning to translate insights into concrete interventions.

**Expected Outcomes:** Attendees will leave with actionable strategies addressing clinical, emotional, and systemic aspects of patient suicide with psychiatry residents, a deeper understanding of peer and

institutional approaches, and new professional connections to sustain collaboration beyond the conference.

**Learning Objectives:**
**Objective 1:** Analyze and assess strategies for navigating patient suicide (clinical, emotional, and systemic aspects) with psychiatry residents.

**Objective 2:** Formulate techniques to hold normalizing conversations around this challenging topic with psychiatry residents by utilizing skills gained through peer-learning and group discussions.
**Objective 3:** Design frameworks for how an intervention could realistically be integrated into a psychiatry residency training program by utilizing knowledge gained from cross-institutional discourse, connection-building, and resource-sharing.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Idaho, Lobby Level**

## Positioning Residents and Early Career Psychiatrists for Success in Leadership Roles

Rachael Groh, MD* *University of California - Irvine*
Nicole Maynard, MD* *University of California - Irvine*
Mahta Baghoolizadeh, MD *University of California - Irvine*
Gemma Espejo, MD *University of California - Irvine*

**Abstract Description:** Each year, eager residents stepping into the chief resident role are faced with the daunting task of learning to lead while simultaneously mastering new responsibilities, often with little formal leadership training. Though incoming chief residents may feel familiar with some of the needs of the program based on their experiences as a junior resident, they will also be stepping into a new and uncertain landscape of henceforth unrecognized institutional complexity. Given the time-limited nature of the position, it is essential that chief residents can approach this transition masterfully and efficiently if they wish to maximize their impact.

Similarly, early career psychiatrists entering formal leadership roles often face the challenge of balancing new responsibilities and expectations while learning to navigate unfamiliar organizational systems and collaborating with colleagues who possess longer institutional memory.

Using a framework based on “The First 90 Days” by Michael D. Watkins, the workshop will help chief residents and early career psychiatrists develop a framework to proactively and methodically address challenges and establish early success when moving into a new leadership role. The workshop will cover techniques for establishing clear role expectations, eliciting meaningful feedback from superiors, navigating the transition from peer to supervisor, building a support network of key stakeholders, and effective prioritization to achieve impactful early wins.

Whether one has already begun their transition into a new leadership role or aspires to move into leadership in the coming years, this workshop will benefit both budding leaders and those who mentor them.

**Learning Objectives:**
**Objective 1:** Participants will gain a deeper understanding of the challenges and potential pitfalls that are common in transitions into leadership roles.
**Objective 2:** Participants will learn and practice utilizing the STARS Model, a framework for rapidly assessing the current needs of an organization and appropriately matching strategy to situation.
**Objective 3:** Participants will develop a personalized framework of actionable items that can be applied in their own leadership trajectory.

**Thematic Focus:** Career development, Leadership/Administrative development, Mentorship

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors)

**Room: Sun Valley, 2nd Floor**

## From Moral Injury to Moral Courage: Navigating Uncertainty in Psychiatric Training

Nandita Gupta, MD* *Community Health Network*
Angela Liu, MD* *Columbia University*
Avni Shah, DO* *Christiana Care*
Aakanksha Singh, MD, MBBS* *Christiana Care*

**Abstract Description:** During these uncertain times, psychiatrists increasingly face not only burnout, but a deeper form of hurt referred to as moral injury. Moral injury occurs when individuals feel pressured, often by external forces, to act in ways that violate their deeply held values. In psychiatric education, such pressures include structural inequities within medicine, resource limitations, hierarchical training environments, and increasing institutional constraints related to policy, regulation, and funding. These conditions create ethical “valleys” in which trainees and faculty may feel silenced, conflicted, or complicit in practices misaligned with their values.

Moral injury is not experienced uniformly. Trainees and educators from underrepresented backgrounds may feel heightened distress as they witness systemic injustices while simultaneously facing greater personal and professional risk when speaking out. Without structured opportunities to name and process these experiences, moral injury can erode professional identity, undermine trust in training institutions, and contribute to disengagement and attrition from the field.

An essential educational response to moral injury is the cultivation of moral courage at both individual and institutional levels. Moral courage refers to the capacity to act in alignment with ethical values despite potential personal, professional, or political consequences. In educational settings, moral courage is fostered through mentorship networks, peer support, and organizational cultures that support structural empowerment and shared governance.

Through brief didactics, presenter narratives, Visual Thinking Strategies, and case-based small-group discussion, this interactive workshop will equip participants with the tools to identify moral injury and generate individual- and institution level strategies to cultivate moral courage within psychiatric training programs.

**Learning Objectives:**
**Objective 1:** Define and identify moral injury and moral courage in the setting of psychiatric training.
**Objective 2:** Analyze how race, identity, and power dynamics intersect to shape the moral injury experiences of psychiatry trainees.
**Objective 3:** Develop individual- and institution-level strategies to address moral injury and cultivate moral courage in the setting of psychiatric training.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Teton, 2nd Floor**

## The Power of Peers: A Guide to Building Mentoring Networks, Group Peer Mentoring, and Mentoring Programs

Erin Malloy, MD *University of North Carolina at Chapel Hill*
Laura Cardella, MD *University of Rochester School of Medicine and Dentistry*
Adriane dela Cruz, MD, PhD *The University of Texas Southwestern Medical Center*

**Abstract Description:** Uncertainty and change impact faculty in academic medicine in numerous ways. Administrative demands, clinical workload, challenges in research funding, meeting the needs of learners, and life events can compromise well-being, leading to stress and burnout. While mentoring has been associated with positive effects on burnout in healthcare systems (1), developing mentoring relationships that rely on finding a "fit" with a single mentor can be challenging. Mentoring network approaches that leverage multiple mentors to meet the array of mentee needs can improve access to mentoring. Including peers and "near peers" in mentoring networks provides benefits and support (2). Peer mentoring groups can improve knowledge, skills, and attitudes in career advancement for faculty in academic medicine (3,4,5), and foster connections, promote professional development, and improve well-being (6). Features of effective group peer mentoring have been explored (6,7), as has scaling up group mentoring in a psychiatry professional society, a large academic psychiatry department, and spanning multiple academic medical centers (6,8). This workshop is designed for faculty at all career stages and those in leadership roles who are interested in expanding mentoring approaches to include peers and to empower faculty to create mentoring networks. The role of group peer mentoring in expanding mentoring networks to meet professional development needs and to manage expected and unexpected change will be emphasized. Participants will learn how to create and sustain peer mentoring groups, and ways that group mentoring can be implemented in departments, professional societies, and across institutions.

*Supporting references available if needed.

**Learning Objectives:**
**Objective 1:** Draft a personal mentoring network map that includes current and potential mentors and consideration of peers and near-peers as mentors.
**Objective 2:** Evaluate approaches to include group peer mentoring in building mentoring networks for trainees and faculty at all career stages to promote professional development and well-being in academic medicine careers.
**Objective 3:** Implement key components and strategies in developing and sustaining peer mentoring groups as part of mentoring networks within academic medicine settings.

**Thematic Focus:** Career development, Mentorship

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Tucson, 2nd Floor**

## From Passive to Playable: Transforming Psychiatry Didactics with Interactive Gamification and Artificial Intelligence (AI)

Lillian Houston, MD *Southern Illinois University*
James Haliburton, MD, FAPA *Southern Illinois University*
Praneetha Vennam, MDS, MPH *Southern Illinois University*
Kalyan Kandra, MD *Southern Illinois University (AO)*

**Abstract Description:** Traditional didactic lectures in Graduate Medical Education (GME) often struggle to compete for resident attention, leading to passive learning and limited knowledge retention. Educational research suggests that active learning modalities, particularly those utilizing "Testing Effect and Active Recall", significantly improve long-term retention. Gamification is a proven strategy to operationalize these cognitive principles, yet many psychiatry faculty lack the practical experience to implement these tools effectively.

This interactive workshop utilizes an "Experiential Learning" framework. Moving beyond theory, participants will step into the role of the learner to experience two distinct gamified modalities applied to core psychiatry topics, followed by a guided deconstruction of the pedagogical design.

The session features two high-energy workstations:

**1.**The Team-Based Competition: Participants will engage in a collaborative, tiered-point game module. This segment demonstrates how categorical gaming fosters peer-teaching and consensus-building.

**2.**The Individual Quiz Challenge: Participants will complete a rapid response module. This segment demonstrates how individual, speed-based quizzing provides immediate feedback, identifying learner misconceptions in real-time.

To ensure these tools are practical for busy faculty, the presenters will also introduce valid, reliable, and cost-effective Artificial Intelligence (AI) workflows. These tools are designed to streamline content creation and ensure questions meet clinical standards. By "playing" first and "analyzing" second, attendees will gain a visceral understanding of gamification's impact on motivation.

**Learning Objectives:**
**Objective 1:** Analyze the impact of gamification on learner engagement and knowledge retention by participating in simulated psychiatric didactic modules.
**Objective 2:** Evaluate the specific pedagogical utility of Team-Based gaming (Peer Learning) versus Individual Quiz-Based gaming (Individual Assessment) to determine the appropriate application for different curricular needs.
**Objective 3:** Design their own gamification techniques based on the workshop principles and AI integration.

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

**Intended Audience:** Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

**Room: Wyoming, Lobby Level**

## Hold 'Em, Fold 'Em, Walk Away, or Run?: Deciding How and When to Choose a Career Pivot in Academic Psychiatry

Eitan Kimchi, MD *University of Chicago*
Anne Walsh, MD *University of Maryland*
Katy LaLone, MD *Oak Street Health, Case Western Reserve University*
Meghan Schott, DO*, University of Utah*
Geraldine Fox, MD*, University of Illinois - Rockford Campus (AO)*

**Abstract Description:** Academic psychiatry celebrates qualities such as perseverance, resilience, and grit, yet offers clinicians limited guidance on how to decide when persistence is no longer adaptive and becomes counterproductive. In increasingly uncertain professional environments, unexamined persistence can contribute to burnout, moral distress, and stalled career development. Drawing on principles from Annie Duke's Quit and organized around a four-part decision framework inspired by Kenny Rogers' "The Gambler", this workshop reframes evaluating when to quit as an appropriate, rational, and teachable professional skill rather than a failure of resilience.

This interactive workshop will focus on common professional decision points in academic psychiatry. Brief didactic segments will introduce core concepts related to decision-making under uncertainty, followed by facilitated individual and group activities that allow participants to apply a structured framework for determining when to hold, fold, walk away, or run.

Participants will leave with practical tools for evaluating persistence versus pivoting, greater confidence in making values-aligned decisions under uncertainty, and strategies for modeling intentional career decision-making in their own professional roles, including leadership and mentorship situations. By normalizing quitting as a professional competency, this workshop aims to support healthier career trajectories and more sustainable academic environments across diverse psychiatry settings.

**Learning Objectives:**
**Objective 1:** Identify cognitive, cultural, and identity-based barriers to adaptive quitting in academic psychiatry.

**Objective 2:** Apply a structured decision-making framework to evaluate when to persist, quit, or change course in academic roles, leadership positions, and career paths.
**Objective 3:** Develop explicit pre-commitment criteria to guide future professional decisions under uncertainty.

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

**Intended Audience:** Medical students, residents, or fellows, Junior faculty (i.e., instructors/lecturers, assistant professors), Senior faculty (i.e., associate and full professors)

## 11:15 am - 11:30 am
## Refreshment Break
**Room; Mezzanine, 2nd Floor**

## 11:30 am - 12:30 pm
## 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.

**Room: Flagstaff, 2nd Floor**
## WIP (Work-In-Progress) Session - Group IA
### Teaching Collaborative Care in Uncertain Times: Developing Longitudinal, Team-Based Leadership across Training Pathways
Tiwalola Osunfisan, MD *Henry Ford Hospital*
Andy Jan, MD* *Stanford University (AO)*

**Abstract Description:** As healthcare delivery becomes increasingly complex and uncertain, psychiatric education must prepare trainees to function as effective collaborators and leaders within team-based, population-focused models of care. While Collaborative Care has been implemented within Henry Ford Health since 2017, structured educational integration across trainee pathways has continued to evolve. Since 2022, an adapted implementation of the AIMS Collaborative Care curriculum has been embedded across multiple stages of training, including the medical psychiatry clerkship, second-year psychiatry elective, and a fourth-year elective in virtual primary care, perinatal, and pediatric collaborative care settings. While AIMS provides six foundational reading modules, this initiative emphasizes translating evidence-based content into applied learning within real-world interprofessional teams.

The Collaborative Care experience is delivered through a largely virtual model, engaging approximately 18 care managers/ therapists and 3-7 psychiatric consultants across diverse virtual clinical settings, reflecting the distributed and resource-variable nature of contemporary integrated care. Beyond psychiatric knowledge, the curriculum intentionally develops leadership competencies essential for navigating uncertainty, including consultative communication, leadership self-efficacy, team building, role clarity, and shared decision-making. Pre- and post-Behavioral Health Integration (BHI) surveys of the trainees demonstrate improvements in learner confidence, communication, and readiness for team-based care across training levels.

As primary care settings manage substantial psychiatric comorbidity, often comprising 25–50% of patient presentations, key questions remain regarding how best to ensure equitable, longitudinal access to Collaborative Care education. This Work-in-Progress seeks feedback on optimal curricular structure and sequencing to support sustainable, leadership-focused training for both psychiatry and primary care residents within virtual, interprofessional care models.

**Learning Objectives:**
**Learning Objective 1:** I will like feedback on: How can Collaborative Care education be structured as a longitudinal component of psychiatry training from early residency through advanced stages to ensure equitable access to leadership and consultative skills, particularly for residents pursuing subspecialty pathways such as child psychiatry?
**Learning Objective 2:** How might a longitudinal Collaborative Care experience for primary care residents (PGY-1 through PGY-3), delivered largely through virtual interprofessional teams, be designed to build practical psychiatric competence, consultative confidence, and leadership skills relevant to real-world practice?
**Learning Objective 3:** Given the well-recognized gap in leadership training across medical school and residency, which educational outcomes most meaningfully and feasibly capture leadership and team-based readiness in Collaborative Care training, particularly for dissemination across institutions and systems with variable resources?

**Nature of the Work:** Curriculum

**Room: Flagstaff, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IB

## Preparing the Next Generation of Clinician Scholars: Lessons Learned from Clinician Scholar Program in Psychiatry Residency

Certina Ho, PhD, RPh *University of Toronto*
Kathleen Sheehan, MD, DPhil, FRCPC *University of Toronto*
Hamer Bastidas-Bilbao, PhD *University Health Network (AO)*

**Abstract Description:** In 2021, the Department of Psychiatry launched the Clinician Scholar Program (CSP) to support residents engaged in educational research, quality improvement, and other creative professional activities. The objective of this project was to share our CSP experience and present our four-year program outcome data. To guide program development, an environmental scan was conducted in 2020 to identify similar programs at our academic institution. A needs assessment with faculty and residents was also conducted in 2021. These efforts contributed to the development of a logic model to guide program evaluation and continuous quality improvement of the CSP.

Our environmental scan and needs assessment highlighted the importance of dedicated research time embedded within clinical training and the need for mentorship and curriculum to assist with residents' career development. These elements were incorporated into the CSP curriculum. Since inception, the CSP program has grown from one, four, five, to eight residents enrolled annually between 2021 and 2025, respectively. CSP residents' scholarly work spans across various domains and 19 faculty members have been engaged as supervisors. Over 100 outputs, including publications and presentations, were delivered. Four CSP residents have completed the program. One graduate is currently a doctoral candidate, with five more enrolled in graduate studies and advanced training. There is both a need for and an interest in supporting the development of academic psychiatrists conducting innovative research and scholarship. The CSP provides a blueprint for how to build a

successful and sustainable academic stream that is integrated within a five-year psychiatry residency training.

**Learning Objectives:**
**Learning Objective 1:** Learn from the audience their insights pertaining to their training and/or experience in educational research, quality improvement, and other creative professional activities.
**Learning Objective 2:** Develop a creative approach in presenting and disseminating our CSP program outcomes data.
**Learning Objective 3:** Critically appraise the evaluation approach that we have deployed for the CSP and how the CSP curriculum can be evolved.

**Nature of the Work:** Curriculum

**Room: Flagstaff, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IC

### Looking Back from Transition to Practice by Early Career Psychiatrists: Implications to Curriculum and Continuing Professional Development

Certina Ho, PhD, RPh *University of Toronto*
Michael Mak, MD, FRCPC *University of Toronto* (*AO)*

**Abstract Description:** In 2023, we conducted a national environmental scan of senior psychiatry residents to explore their perception of the Royal College of Physicians and Surgeons of Canada Transition-to-Practice (TTP) competencies. However, it was unclear how TTP competencies were aligned with perceived priorities of early career psychiatrists (ECPs) as they navigate their new roles. This project is aimed to determine why and how certain skills/proficiencies are perceived as the most/least valuable to psychiatry residents during their transition to practice and the implications to curriculum and continuing professional development (CPD). Residents who graduated in 2021-2024 (ie, ECPs) were invited to participate in semi-structured interviews. Participants were presented with the list of Royal College TTP competencies and asked to reflect on their most/least valuable competencies, and to share their perceived gaps in current TTP competencies (if any). Interviews were audio recorded, transcribed, and analyzed with a combination of deductive and inductive thematic approaches. Fourteen interviews were conducted. Participants identified practice management, management of the business aspects of an independent practice and navigating regulatory college complaints' policies as top priorities. Social media training, professionalism, evaluating costs of treatments, and participation in quality improvement projects were cited as less important. Identified gaps in TTP competencies included jurisdictional considerations, physician wellness, and supervision of trainees. Participants preferred informal, flexible, and practice-based CPD opportunities. Educators may consider re-prioritizing curricular coverage on TTP competencies. Areas determined by ECPs as valuable but not captured by TTP competencies reflect unmet needs, and development of CPD resources may be needed going forward.

**Learning Objectives:**
**Learning Objective 1:** Learn from the audience their insights pertaining to their training and/or experience in educational research, quality improvement, and other creative professional activities.
**Learning Objective 2:** Develop a creative approach in presenting and disseminating our CSP program outcomes data.
**Learning Objective 3:** Critically appraise the evaluation approach that we have deployed for the CSP and how the CSP curriculum can be evolved.

**Nature of the Work:** Curriculum

**Room: Sun Valley, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IIA

### Exploring Normal in Psychiatry: Developing a Model Curriculum for PGY4 Residents

Jennifer Harris, MD *University of Texas Southwestern*
Adam Brenner, MD *University of Texas Southwestern*

**Abstract Description:** An essential task of the physician is being able to differentiate what is pathological from normal. We assume that trainees can identify what constitutes normal emotions and cognition and understand how individuals normally function in relationships and communities. However, on one side, psychiatrists face pressure to overdiagnoses and overprescribe, and on the other side we face critiques about the validity of our diagnosis and treatment. In order to maintain the ongoing integrity of our profession, we need to establish what is normal in psychiatry.

We have developed a model curriculum to lay a foundational framework regarding what constitutes normal in psychiatry. Other medical specialties establish the normal structure and function of an organ system before examining how processes break down in pathophysiology. This curriculum similarly establishes what is the normal structure and function of emotions, cognition, personality, and relationship. Some of the themes of this curriculum examine the wide variation in what constitutes normal behavior, how norms are culturally defined, and how what constitutes abnormal or disordered reflects an inability to adapt and function in a particular environment.

This model curriculum incorporates ideas from affective psychology, philosophy, anthropology, history, and neuroscience, and has been presented to three PGY4 classes at two psychiatry residency programs, with preliminary research data. This curriculum aims both to equip trainees to better navigate discussions with patients, as well as develop long term critical thinking to address the changes and future challenges in psychiatry.

**Learning Objectives:**
**Learning Objective 1:** Discuss the importance of including the topic of normality within psychiatric curriculum in order to address the challenges to the validity of our field.
**Learning Objective 2:** Solicit feedback from attendees regarding the content of model curriculum, and overlap with existing residency curricula.
**Learning Objective 3:** Identify ways in which the principles of normal structure and function, and adaptation to the environment, can be incorporated throughout the full residency curricula.

**Nature of the Work:** Curriculum

**Room: Sun Valley, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IIB

## Mindfulness in Uncertain Times: A Work-in-Progress Mindfulness Curriculum for Outpatient Child Psychiatry

Sara Bharwani, EdD *Creighton University*
Marie Kallay* *Creighton University (AO)*
Robert Brock, BS* *Creighton University (AO)*
Sam Tabet* *Creighton University (AO)*
Patrick McGonagle* *Creighton University (AO)*
Emily Hochstetler, MD *Creighton University (AO)*

**Abstract Description:** Mindfulness, defined as intentionally paying attention to present-moment experience with openness and non-judgment, has moved from its contemplative roots into mainstream U.S. healthcare. Evidence supports mindfulness-based interventions for a range of pediatric and caregiver mental health concerns, yet practical guidance for integrating these strategies into routine outpatient child psychiatry care remains limited. This work-in-progress describes an ongoing effort to translate the evidence base into equitable, developmentally appropriate, and clinically feasible practices for children and their caregivers.

An interdisciplinary mindfulness workgroup is currently conducting a structured literature review to inform two parallel aims: (1) development of an evidence-based curriculum for clinicians that addresses how to identify children and families most likely to benefit from mindfulness-based strategies, select appropriate interventions, and teach these strategies collaboratively to children and caregivers; and (2) creation of a concise, pragmatic manual to support implementation in diverse outpatient psychiatry settings. Particular attention is being paid to issues of access, cultural humility,

caregiver burden, and structural factors that may influence engagement with mindfulness practices, in alignment with diversity, equity, and inclusion principles.

This interactive work-in-progress session invites attendees to contribute their clinical wisdom, educational expertise, and lived experience to help refine curricular priorities, manual content, and implementation strategies. By fostering dialogue and collaboration, this project aims to build a community of scholars and clinicians committed to advancing mindful, equitable, and family-centered care in child and adolescent psychiatry.

**Learning Objectives:**
**Learning Objective 1:** Co-generate concrete, actionable steps for designing an innovative, evidence-informed curriculum that prepares clinicians to teach mindfulness-based strategies to children and their caregivers in outpatient psychiatric settings, with attention to feasibility and equity.

**Learning Objective 2:** Critically inform the content and structure of a practical mindfulness manual by identifying key elements clinicians need, including strategies for recognizing children and caregivers most likely to benefit and selecting developmentally and culturally responsive mindfulness practices.
**Learning Objective 3:** Cultivate a collaborative community of clinicians and educators interested in mindfulness at the intersection of psychiatry, education, and DEI, with the goal of improving access to and impact of family-centered mental health care.

**Nature of the Work:** Curriculum

**Room: Sun Valley, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IIC

### Anchoring Clinical Reasoning Education in Uncertain Times: A Global Collaboration in Psychiatry and Medicine

Gordon Donnir, MD *University of New South Wales*

**Abstract Description:** Clinical reasoning (CR) underpins diagnostic accuracy and safe psychiatric practice, yet it remains variably taught and often implicit in undergraduate medical education. In psychiatry—where diagnostic uncertainty, contextual complexity, and cognitive bias are common—this gap is particularly consequential. Diagnostic error continues to contribute substantially to preventable harm, highlighting the need for educational approaches that provide learners with stable cognitive anchors amid uncertainty.

A multi-institutional, international collaboration (Australia–United States) to design and pilot an explicit, evidence-informed clinical reasoning education initiative embedded within medical school psychiatry training, with integration of general medicine principles. Partner institutions include UNSW Sydney, the University of Notre Dame Australia, the University of California San Francisco, and the University of Alabama at Birmingham.

Guided by Kern's six-step curriculum development framework, the initiative is being implemented through weekly case-based "clinical reasoning masterclasses" during psychiatry clerkships, supported by faculty development workshops and shared teaching guides. Educational strategies include think-aloud reasoning, structured problem representation, illness scripts, and explicit psychiatric formulation frameworks.

The initiative is in an exploratory, design-thinking phase with informal implementation at one Australian clinical campus under the lead author's clinical leadership. Formal outcome data are pending; however, early anecdotal faculty feedback highlights strong demand for shared language, structure, and assessment approaches for CR teaching. Students report increased clarity regarding expectations for diagnostic thinking and case formulation.

This work positions explicit clinical reasoning education as an educational anchor in uncertain times, with relevance to diagnostic equity, national wellbeing, and the sustainability of health systems through safer and more efficient clinical decision-making.

**Learning Objective 1:** attendees to share a case study of efforts to embed clinical reasoning education in undergraduate psychiatry through national and/or international collaboration and explore practical steps taken and how they evolved.
**Learning Objective 2:** attendees to discuss preliminary strategies and conceptual frameworks used to guide CR curriculum design, with emphasis on their adaptability across diverse educational contexts.
**Learning Objective 3:** Solicit insights from U.S.-based psychiatry educators on effective, context-sensitive approaches to CR teaching and assessment that could inform curriculum development elsewhere particularly in Australia.

**Nature of the Work:** Curriculum

**Room: Teton, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IIIA

### How to Conduct and Talk About Research in the time of Misinformation: Practical Guide for Psychiatry Residents

Marina Lentskevich, MD* *Case Western Reserve University*
Molly McVoy, MD *Case Western Reserve University*
Akshaya Sivaji, MD* *Case Western Reserve University (AO)*

**Abstract Description:** Background: Research incorporation into psychiatry residency depends on programs' resources and residents' interests. Acquiring research skills in residency is increasingly important due to a growing amount of online misinformation. Modern research skill exposure should include information on both conducting and talking about research.

**Curriculum:**

**Session A**, "How to Start", an asynchronous online module with visuals, will focus on: Identifying topic of interest and PI; Forming a research question and designing a study; Submitting an IRB proposal.

**Session B**, "How to Finish", an asynchronous online module with visuals, will focus on: Conducting literature reviews and patient-facing research; Support available for data analysis; Scientific writing; Research dissemination.

**Session C**, "How to Talk About It", a discussion session, will focus on: Discussing research with patients; Approaches to explaining EBM to patients.

**Data Collection:** Residents' completion of either online modules and/or participation in the discussion session, as well as subsequent research involvement, will be recorded. Pre- and post-intervention questionnaires assessing attitude towards research will be administered. Quantitative data will be analyzed in a blinded fashion, and qualitative data will be pooled to ensure anonymity.

**Discussion:** We will create a non-mandatory curriculum to provide practical guidance on conducting research, while drawing emphasis on the current unique obstacles. Our goal is to support the interested residents in overcoming the feeling of being "stuck". In the current anti-science climate, where federal agencies publish lists of prohibited words and topics, it is essential for us to support residents in finding their scientific voices.

**Learning Objectives:**
**Learning Objective 1:** Identify gaps in curriculum as related to practical guidelines of conducting research.
**Learning Objective 2:** Identify gaps in curriculum as related to Session C, discussion of EBM with patients.
**Learning Objective 3:** Identify potential areas of improvement in data collection.

**Nature of the Work:** Curriculum

**Room: Teton, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IIIB

### From Feedback to Framework: Standardized Supervision Model in Psychiatry Residency

Mehreen Khan, MD *John Peter Smith Health Network*
Bailey Baker, MD* *(AO) John Peter Smith Health Network*
Matei Panturu, DO *John Peter Smith Health Network (AO)*

**Background:** Supervision is a cornerstone of residency, influencing physician development and patient care, and is closely monitored by the ACGME through resident feedback. To strengthen supervision quality, our psychiatry residency program implemented a structured supervision model incorporating weekly protected supervision time, defined clinical objectives, and a supervision log. This study examines how residents' perceptions of supervision changed after six months under this model, focusing on satisfaction, feedback, and support.

**Objective:** In response to concerns about supervision, program leadership introduced a structured supervision model with weekly objectives, scheduled feedback sessions, and resident-completed supervision logs confirmed by faculty. Residents completed a survey before implementation assessing perceptions of mentorship, supervision quantity, feedback accessibility and timeliness, and the importance of supervision. The same survey will be administered after six months to evaluate the model's impact.

**Methods:** Nine PGY-2 psychiatry residents with at least six months of inpatient experience participated. Interns and upper residents were excluded due to inconsistent inpatient exposure. The model required at least one hour of weekly supervision separate from clinical duties. Weekly objectives included interview skills, documentation, clinical decision-making, literature review, treatment guidelines, and mock clinical skills exams. Surveys included Likert-scale items and two free-response questions, completed anonymously pre- and post-implementation.

**Analysis:** Composite perception scores will be compared using paired t-tests, with secondary item-level analyses and thematic review of qualitative responses.

**Conclusion:** Despite a small sample size, improved post-survey scores could suggest that structured supervision is a feasible approach to enhancing resident supervision, consistent with prior literature on structured clinical assessments.

**Presenter Learning Objective 1:** Explore other's experiences related to residency training and challenges/triumphs with supervision.
**Presenter Learning Objective 2:** Learn how to improve upon the methodology of this project.
**Presenter Learning Objective 3:** Source ideas on how the work we are doing can be applied more efficiently and on a larger scale.

**Nature of the Work:** Educational Method

**Tucson, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IVA

## An International Mentor-Mentee Matching Program: What We Learned After Two Years of Implementation

Kahlo Baniadam MD *University of Maryland/Sheppard Pratt*
Shaheen Darani, MD *Temerty Faculty of Medicine, University of Toronto*
Certina Ho, PhD, RPh *University of Toronto*
Jesse Markman, MD, MBA *University of Washington*
Andreea Seritan, MD *University of California San Francisco*

**Abstract Description:**
***Introduction/Objectives***
The Association for Academic Psychiatry (AAP) launched a Mentor-Mentee Matching Program (MMMP) in 2023 for sharing expertise, self-reflection, and academic growth among AAP members. The objective was to conduct a two-cohort evaluation, seeking feedback from participants to improve the delivery, resources, training, and tools for the MMMP.

**Methods:** Mentors were paired with mentees who indicated interest in the MMMP via an online survey prior to the AAP annual meeting. Mentor-mentee pairs were invited to connect in person at the AAP annual meeting. An online questionnaire was administered to participants one-year post-MMMP to collect feedback on their experience. Participants were asked about their perceived value, frequency and nature of their meetings, and recommendations to improve the MMMP.

**Results;** In 2023, there were 22 mentors and 13 mentees, resulting in 13 pairs. Of those 26 participants, 9 mentors and 10 mentees responded to the 2024 questionnaire. In 2024, there were 17

mentors and 13 mentees, resulting in 13 pairs. Six mentors and 4 mentees responded to the 2025 questionnaire. Most pairs met at the AAP annual meeting, followed by virtual meetings throughout the year. Qualitative feedback was positive for the MMMP; participants described enhanced understanding of mentorship, appreciated space to discuss their academic interests, and set career goals.

**Discussion:** Participation and engagement in the MMMP were sustained after one year. The number of mentors volunteering for the program is encouraging, as no mentee was unmatched. Future delivery and evaluation of the MMMP should focus on increasing enrollment and ongoing sustainability.

**Learning Objectives:**
**Learning Objective 1:** Understand what further steps should be taken to improve the program, increase participation rates, and maintain sustainability for mentor-mentee pairs.
**Learning Objective 2:** Get feedback about what additional research methods can be used to acquire more data, such as focus groups or interviews.
**Learning Objective 3:** Facilitate discussion about other forms of mentorship programs, accompanying resources for mentors and mentees, and how a professional organization can best leverage the range of expertise of members to foster academic growth.

**Nature of the Work:** Research Project

**Room: Tucson, 2nd Floor**

## WIP (Work-In-Progress) Session - Group IVB

## AID: Advancing Inclusive Dialogues—Strengthening Emotional Intelligence Across Residents, Fellows, and Faculty at Local and National Levels

Puja L Chadha, MD *University of California - Davis*
Kate Richards, MD *University of California - Davis*

**Abstract Description:** Emotional intelligence (EI) is foundational to effective medical practice. It shapes relationships, builds trust, and supports efforts to address persistent inequities in healthcare while also protecting against burnout. As healthcare grows more complex, with rising acuity and widening disparities in outcomes, the need for accessible EI education has become increasingly urgent. Yet such training remains fragmented and reactive rather than proactive across medical education, residency training, and faculty development.

Advancing Inclusive Dialogues (AID) is an innovative professional development curriculum created with trainees and faculty for those seeking a practical, human-centered approach to navigating challenging conversations and conflict in healthcare settings. AID is currently offered as a fully asynchronous program with interactive modules and structured self-assessment exercises. It is accredited by the American Board of Psychiatry and Neurology, the Accreditation Council for Continuing Medical Education, the American Psychological Association, and American Board of Internal Medicine. Data demonstrates the curriculum effectively equips participants with skills that enhance emotional awareness, contextual thinking, and meaningful connection. Guided practice and reflective learning support participants' capacity to engage in difficult dialogues, understand group dynamics, and cultivate inclusive learning environments that promote high-quality patient care and learner well-being.

After being used widely for faculty development, we are exploring ways to implement AID more broadly into graduate medical education. WIP participants will discuss anticipated barriers and proactive implementation strategies with a focus on demand, funding, accessibility, and reach. Further adaptations for residency educators will include emphasis on professional development, feedback, and power dynamics in graduate medical education.

**Learning Objective 1:** Explore feedback from attendees on demand and funding for AID as a professional development series for trainees and faculty alike in a standardized curriculum.

**Learning Objective 2:** Obtain feedback on the work from other expert educators on concrete ways for inclusion of AID into graduate medical education and faculty development curriculum including modality and accessibility.
**Learning Objective 3:** Gain insight into colleague programs and experiences of how AID can have larger reach and impact within graduate medical education and faculty development both nationally and locally within their specific institutions and training models.

**Nature of the Work:** Curriculum

## 12:30 am - 1:30 pm
## AM Feedback Session

**Room: Wyoming, Lobby Level**