



Title

Engaging Gen Z trainees: Building Trust to Optimize the Learning Environment

Category

Career Stage | Future TD/ATD

Presenters

Bini Moorthy, MD, University of Missouri-Kansas City School of Medicine
Ronke Babalola, MD, MPH, Hackensack Meridian Health - University Medical Center
Jennifer Ferrer, MD, Kaiser Permanente Southern California Program
Anuja Mehta, MD, University of Central Florida/HCA Graduate Medical Education Consortium (Greater Orlando) Program
Narpinder Malhi, MD, Christiana Care Health System

Educational Objectives

This workshop aims to equip program directors and faculty with the knowledge and strategies needed to effectively engage Generation Z trainees, who are now entering residency programs. Gen Z brings unique characteristics of digital nativity, emphasis on social support, prioritization of wellness, and preference for work life balance that differ from the traditional expectations of medical training. Effective communication strategies can mitigate the erosion of trust due to mismatch between Gen Z and faculty workplace priorities.

1. Describe key characteristics of Gen Z learners and how these shape their expectations of the clinical learning environment and program leadership
2. Examine barriers and facilitators of trust in residency and fellowship training
3. Apply evidence-based communication and leadership strategies for fostering trust with Gen Z trainees
4. Develop an action plan to strengthen program culture and improve trust dynamics between trainees and faculty

Abstract

Generation Z, defined as individuals born between 1997 and 2012, are now entering residency training. They are known for growing up with technology, valuing social support, showing confidence, and wanting recognition. At the same time, they may have an aversion to negative experiences and dislike critical feedback. While not every individual embodies these traits, common generational patterns are shaping today's



training environment. (Lerchenfeldt et al., 2021)

These values often differ from the traditional culture of residency training, which has focused on long hours, viewing medicine as a calling, and delaying personal gratification. Many Gen Z trainees, instead prioritize wellness and work–life balance, seeing residency more as a job. A disparity in expectations between Generation Z trainees and faculty and program leaders from other generations, such as Generation X or Millennials, may at times contribute to frustration, erosion of trust, and interpersonal conflict. (Elanga et al., 2023)

It is therefore essential for leadership and faculty to recognize generational perspectives, be open and transparent, and encourage communication. By respecting Gen Z's values while fostering their professional growth, programs can build trust, strengthen the learning environment, and ensure residents' success both during training and in their future practice.

By openly addressing these issues, programs can transform potential conflicts into opportunities for growth, creating supportive learning environments that value generational diversity, strengthens trust, and promotes professional development of trainees during residency.

Practice Gap

Residency training has traditionally emphasized structural hierarchy, face-to-face communication, and classroom-based teaching. In contrast, Generation Z trainees value work-life balance, personal well-being, technology-driven communication, and collaborative learning. These differences can enrich the training environment but may also create tension if program leaders lack the skills to engage effectively. Without proactive strategies, misalignment of expectations can lead to frustration, mistrust and disengagement.

This workshop is designed to equip faculty and program leaders with tools to connect meaningfully with Gen Z trainees. Participants will explore strategies for effective communication, aligning expectations, and fostering collaboration. Through brief didactic sessions, and case-based group discussions, presenters will explore challenges and share practical approaches to bridge the generational gap.

Agenda

- 1-10 minutes: Presenter introduction and brief didactic on traits and characteristics of Gen Z trainees that have a relevant impact on the clinical learning environment of residency and fellowship training.



- 10-15 minutes: Seek audience input of common challenges encountered while working with Gen Z trainees.
- 20-35 minutes: Small group discussion using specific case scenarios of Gen Z trainees and faculty experiencing frustration leading to erosion of trust
- 40-50 minutes: Large group discussion of take home points
- 50-65 minutes: Brief didactic on bridging the communication and expectations barrier between Gen Z trainees and faculty to foster mutual trust and positive program culture.
- 70-80 minutes: Large group Q/A and sharing of best practices
- 85-90 minutes: Workshop evaluation

Scientific Citations

Diena Dwidienawati, Yosef Pradipto, Lilik Indrawati, & Dyah Gandasari. (2025). Internal and external factors influencing Gen Z wellbeing. *BMC Public Health*, 25. <https://doi.org/10.1186/s12889-025-22124-5>

Benjamin Holden Schnapp, Trudi Cloyd, Nicholas D. Hartman, Tiffany Moadel, Sally A. Santen, & Michael Gottlieb. (2022). Avocado toasted: Mythbusting “Millennials,” “Generation Z,” and generational theory. *AEM Education and Training*, 6. <https://doi.org/10.1002/aet2.10757>

Narcisse Elenga, & Guha Krishnaswamy. (2023). A new generation of physicians—The Generation Z. Are you ready to deal with it? *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.1015584>

Benítez-Márquez, M. D., Sánchez-Teba, E. M., Bermúdez-González, G. J., & Núñez-Rydman, E. S. (2022). Generation Z Within the Workforce and in the Workplace: A Bibliometric Analysis. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.736820>

Shorey, S., Chan, V., Rajendran, P., & Ang, E. (2021). Learning styles, preferences and needs of generation Z healthcare students: Scoping review. *Nurse Education in Practice*, 57. <https://doi.org/10.1016/j.nepr.2021.103247>



Sarah Lerchenfeldt, Stefanie M. Attardi, Rebecca L. Pratt, Kara E. Sawarynski, & Tracey A. H. Taylor. (2020). Twelve tips for interfacing with the new generation of medical students: *iGen. Medical Teacher*, 43, 1249–1254.
<https://doi.org/10.1080/0142159x.2020.1845305>

**Title**

New Training Director (NTD); Nuts and Bolts

Primary Category

Career Stage | New Training Director

Presenters

Lindsey Pershern, MD, Baylor College of Medicine

Educational Objectives

1. Differentiate roles and responsibilities of training directors
2. Discuss regulatory agencies relevant to GME and effectively access resources for program accreditation requirements and board certification standards
3. Utilize peer and experienced mentors for support and knowledge transfer
4. Access AADPRT resources effectively to address common TD challenges.

Abstract

Graduate medical education (GME) programs in psychiatry are complex and require many of the individuals who lead them. Training directors and their teams are responsible for a breadth of tasks to reach the ultimate goal of producing the next generation of board-certified physicians while supporting the academic community as a whole through education, clinical care, advocacy, and scholarship. New training directors (NTDs) are particularly in need of professional development and community. Similar to medical school, the information and scope of the job can feel like “drinking from a water hose” at the beginning. Supporting NTDs is critical due to increased levels of burnout and the mounting administrative burden of managing a GME program. From the most recent data provided by ACGME from 2020-2021 data, Psychiatry was within the top 4 specialties in highest percentage of program turnover, set at 17.3%. (1) In addition, Psychiatry training director mean length of tenure in the director role has been decreased over the past 5 years, indicating higher levels of burnout and pressures that need focus and mitigation. The number of psychiatry programs is increasing in response to expanding GME funding and workforce shortages. Many new programs are in community settings where there may be fewer internal GME resources for new training directors. Membership in AADPRT provides access to a depth and breadth of experience to support those who are new in their roles. Through participation in the NTD programming at the annual meeting and throughout the year, NTDs will have access to training in the basics and beyond, but also connection with peers and experienced mentors for consultation and support.



Agenda

- 00:00- 00:05 – Participants will arrange in NTD peer mentoring groups and presenters will be introduced
- 00:05-00:25 – Presentation of ACGME nuts and bolts by ACGME leadership
- 00:25-00:40 – Presentation of ABPN nuts and bolts by ABPN leadership
- 00:40-00:50 - Presentation of priorities of collaboration of TDs, ATDs and Pas
- 00:50 – 00:65 – Small groups will discuss case vignettes on the following themes:
 - Chief resident training and management
 - Working effectively with leadership (chair/Vice Chair/DIO)
 - Support/Advocacy/Relationships with teaching faculty
 - ACGME survey, AFIs, citations
- 00:65-00:85 – Town Hall Q&A
- 00:85 – 00:90 – Conclusions and wrap-up

Scientific Citations

Accreditation Council for Graduate Medical Education. ACGME Data Resource Book 2022-2023. https://www.acgme.org/globalassets/pfassets/publicationsbooks/2022-2023_acgme_databook_document.pdf. Accessed 1 Sept 2025.

West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med*. 018;283(6)516–29.

Macaluso M, Houston LJ, Kinzie JM, Cowley DS. Graduate Medical Education in Psychiatry: From Basic Processes to True Innovation. Switzerland: Springer, 2022. DOI: 10.1007/978-3-031-00836-8

Psychiatry Milestones 2.0. Accreditation Council for Graduate Medical Education. 2021. <https://www.acgme.org/globalassets/pdfs/milestones/psychiatrymilestones.pdf> Accessed 1 Sept 2025.



Title

Together in Growth: Early Career Lessons and the Road to Academic Promotion

Primary Category

Career Stage | Early Career

Presenters

Raman Marwaha, MD, Case Western/Metro Health Medical Center

Rashi Aggarwal, MD, Zucker School of Medicine at Hofstra/Northwell

Sumru Bilge-Johnson, MD, Northeast Ohio Medical University

Silvina Tonarelli, MD, Texas Tech University Health Sciences, El Paso

Tolu Odebunmi, MBBS, MPH, University of Minnesota

Educational Objectives

1. Identify common challenges faced by new psychiatry residency training directors and strategies for addressing them.
2. Describe best practices for building program leadership and scholarship in the educational portfolio
3. Develop a personalized action plan for sustainable leadership and academic promotion.

Abstract

The role of a psychiatry residency training director is both rewarding and demanding, requiring leaders to manage complex responsibilities while shaping the future of the psychiatric workforce. Stepping into this position brings immediate challenges, including balancing administrative oversight, supporting residents in their professional and personal development, engaging faculty, and meeting institutional and accreditation expectations. For many new training directors, the steep learning curve can feel overwhelming, and there is often little structured preparation or mentorship to ease the transition.

At the same time, long-term career considerations can be unintentionally sidelined. The pressing demands can often leave little space for reflection on how daily efforts as a training director—curriculum design, mentoring, faculty development, wellness initiatives, and program innovations—can and should be documented to support academic promotion. Many early career leaders find themselves years into the role without a clear strategy for aligning their work with institutional promotion criteria, and some may feel discouraged or uncertain about where to begin. For those from



historically underrepresented groups, additional barriers related to gender, race, or ethnicity can further complicate access to mentorship, recognition, and advancement.

This session will address both the “here and now” and the “what comes next” of residency training leadership. In the first segment, seasoned program directors will share candid reflections on lessons learned in their early years. Faculty will highlight common pitfalls in communication, documentation, and leadership skills, including challenges in setting priorities, managing time effectively, and balancing the often competing needs of residents, faculty, and institutions. Presenters will also discuss strategies that helped them build confidence, establish credibility, and foster collaborative relationships, offering participants practical insights they can apply immediately in their own roles.

The second segment will shift focus toward long-term career development. Through a workshop-style approach, participants will learn how to build and maintain an educational portfolio that accurately captures the breadth of their work as training directors. Facilitators will provide examples of how to frame program innovations, resident outcomes, faculty mentorship, and scholarly contributions in ways that align with institutional promotion pathways. Attention will also be given to strategies for overcoming common barriers to advancement, including navigating unfamiliar promotion criteria, identifying mentors and sponsors, and advocating for recognition of educational leadership.

By integrating the themes of trust, transformation, and togetherness, this session emphasizes that early career leadership is not only about surviving the initial years but also about thriving in a way that lays the foundation for a sustainable and rewarding career. Participants will leave with both reflective insights and actionable tools—practical guidance for their immediate responsibilities as well as concrete strategies for documenting achievements, building an educational portfolio, and charting a clear path toward academic promotion and long-term growth.

Practice Gap

Becoming a program director or associate program director is a significant leadership transition, yet there is often little formal training to prepare physicians for these roles. While the ACGME requires a minimum of three years of specialty experience, appointments are sometimes made when a candidate meets programmatic needs but lack the required duration. New program directors frequently encounter challenges such as limited leadership or administrative experience, difficulties with negotiation, and conflict resolution. At the same time, they are tasked with balancing the complex



demands of managing trainees, supporting faculty, and maintaining their own clinical duties.

Early career program directors often overlook or delay attention to their own academic promotion pathways. Even when aware, they may feel overwhelmed or discouraged from pursuing advancement due to competing responsibilities. For individuals from historically underrepresented groups, additional barriers related to gender, race, or ethnicity may further hinder opportunities for academic growth and recognition.

Agenda

- 00:00 – 00:05 (5 min) Welcome and Introduction
- 00:05 – 00:35 (30 min) Part I: Panel – Things I Wish I Knew When I Started as a Psychiatry Residency Training Director
 - Panelist Reflections, discussing common pitfalls in communication, documentation, and leadership with case scenarios
- 00:35 – 00:55 (20 min) Part II: Workshop – Building an Educator Portfolio for Academic Promotion
 - Foundations of the Educational Portfolio including what counts as educational scholarship and leadership, aligning activities with institutional promotion criteria and using Real-world examples of successful portfolios
- 00:55 – 01:15 (20 min) Interactive Small Group/Individual Exercise including Mapping current program director activities to portfolio domains and Identifying gaps and strategies for documentation
- 01:15 – 01:30 (15 min) Audience Q&A and key take home points: Practical next steps for thriving as a training director and advancing academic promotion

Scientific Citations

Williams, L. Being a Program Director in a Mental Health Training Program - A Candid Reflection. *Contemp Fam Ther* 46, 349–360 (2024). <https://doi.org/10.1007/s10591-023-09690-9>

McKenzie, J.B., Cardella, L., Gluzman, E. et al. Academic Promotion in Psychiatry.



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Venkataraman S, Nguyen M, Boatright D. Barriers to Advancement—Unequal Opportunities in Academic Promotion Based on Race, Ethnicity, and Gender. *JAMA Netw Open*. 2024;7(11):e2445971. doi:10.1001/jamanetworkopen.2024.45971

Shadan, M., Shalaby, R.H., Ziganshina, A. et al. Integrating portfolio and mentorship in competency-based medical education: a Middle East experience. *BMC Med Educ* 25, 36 (2025). <https://doi.org/10.1186/s12909-024-06553-1>



Title

Using Innovation, Ingenuity and Mentorship for Midcareer Professional Promotion

Primary Category

Career Stage | Mid-Career

Presenters

Shirley Alleyne, MBBS, Lakeland Regional Health Program

Isheeta Zalpuri, MD, Stanford University School of Medicine

Arden Dingle, MD, University of Nevada-Reno

Kitty Leung, MD, University of Florida College of Medicine-Jacksonville

Educational Objectives

- Participants will utilize a reflective process to identify their academic interests, and associated opportunities within their institution and externally.
- Participants will develop a career advancement plan.
- Participants will list potential academic collaborators, mentors, and academic opportunities to promote their career advancement within their institution and externally.
- Participants will analyze potential barriers to the success of their academic advancement plan.

Abstract

BACKGROUND: The 21st century midcareer academic psychiatrist is often a clinician educator who carries significant clinical and teaching roles, while juggling the taxing personal responsibilities of midlife. Their numerous time-consuming tasks frequently lead to inadequate engagement in scholarly activities necessary for promotion. Scholarly publications and grant writing are often viewed as less urgent than the provision of clinical services and the preparation for scheduled lectures. Furthermore, mid-career psychiatrists may pivot to clinical work and teaching because they are trained to be more competent in these areas. However, scholarly publications and grant proposals are generally more highly favored in promotion and are often the casualties of busy mid-career psychiatrists. The plight of midcareer faculty is further illuminated as community psychiatry residency programs proliferate, where faculty are predominantly clinician educators with immense clinical responsibilities, and limited access to formal research opportunities, and career mentorship. This workshop will demonstrate how the



midcareer academic psychiatrist can leverage, technology, teamwork, and mentorship to become more competent and prolific in scholarly publications and grant writing, ultimately increasing their potential for promotion.

METHODS:

The workshop will begin with two eight-minute focused presentations on 1. The general standard scholarly promotion by stages inclusive of weightings of various types of scholarly works and 2. Resources typically available within institutions and through national organizations.

The participants will be broken into 3 small groups, and the facilitators will rotate between the groups in three rotations.

“The Twofer”; Capitalizing on each Scholarly Work

Participants will be asked to identify a clinical initiative in which they have precepted residents or other learners in the last academic year. Facilitators will use a rubric and a handout template to assist participants in identifying the scholarly merit of their initiative from a clinical and educational standpoint from a CV documentary perspective, and ways to capture the initiative in a scholarly presentation or publication. (20 mins) (2 Facilitators)

The Power of the Collective: Teamwork Makes the Dream Work

Using a rubric and a template participants will be asked to identify potential advocates, mentors, and colleagues with shared academic interests inside and outside of their institution. The list generated would then be utilized to develop collaborative scholarly projects, and working in teams (inclusive of resident and medical students) to increase scholarly products, and decrease publication burden. Additionally, participants will be guided through the process of identifying local, regional and national resources to support their scholarly work. (20 mins, 2 facilitators)

Working Smarter Not Harder

The facilitator will use a clinical research idea generated by the group and systematically demonstrate how artificial intelligence and other technological tools can be leveraged from research idea conceptualization to publication to increase the precision and efficiency of the process. (15 mins) (1 facilitator)

Transitions between groups (5 Mins total allocated)



Wrap Up

Summarization of key take home points from each breakout group, and dissemination of resource handout sheet and workshop templates for future use. (10 minutes)

Practice Gap

Academic psychiatrists are required to demonstrate robust, continuous scholarly productivity through academic presentations, publications, and acquisition of competitive grants, however psychiatry residency training primarily focuses on developing psychiatrists' clinical skills leaving them inadequately prepared for the tasks of academia. Additionally, in most psychiatry residency training programs midcareer faculty members are clinician educators and meticulous guidance, structured mentorship, and formal networking to facilitate their academic promotion is often inadequate, or absent. The plight of midcareer faculty is further illuminated as community psychiatry residency programs proliferate, whose faculty are predominantly clinician educators with immense clinical responsibilities, and limited access to formal research opportunities and career mentorship. This workshop proposes providing guidance to midcareer psychiatrists to utilize their clinical experiences, technology (Including AI) and networks to increase academic productivity and promotion.

Agenda

- Introduction of the Workshop participants (4 minutes)
- Two eight-minute presentations on
 - 1. Standard scholarly promotion by stages inclusive of weightings of various types of scholarly work and
 - 2. Resources typically available within institutions and through national organizations. (16 mins)
- Breakout Groups (60 mins total)
- Wrap Up (10 mins)

Scientific Citations

Paradis, K. C., Kerr, E. A., Griffith, K. A., Cutter, C. M., Feldman, E. L., Singer, K., ... & Jaggi, R. (2024). Burnout among mid-career academic medical faculty. *JAMA network open*, 7(6), e2415593-e2415593.



Tamarelli, C., Baumhauer, J., Fay, B., Malas, N., & Schultz, H. (2023). Publishing on a shoestring: understanding barriers, challenges, and unique opportunities to academic productivity in psychiatry. *Current Psychiatry Reports*, 25(8), 327-335.

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**Title**

The Truth about Lies: Navigating Deception in Residency Training

Primary Category

Career Stage | Late Career

Presenters

Antonia New, MD, BA, Icahn School of Medicine at Mount Sinai

Krystle Graham, DO, Gateway Behavioral Health CSB

Aaron Lupp, MD, Henry Ford Allegiance Health

Juan Sosa, MD, UT Southwestern Medical Center

Educational Objectives

The workshop aims to assist training leadership and faculty to better understand and manage professionalism lapses involving deception in residency trainees. Presenters will aim

1. to clarify the ethical, clinical, educational, and organizational implications of deception
2. offer concrete frameworks for prevention, response, and remediation for these types of professionalism lapses.
3. provide an interactive workshop where participants may reflect on their current procedures to deal with these events and also develop strategies they may implement in their own programs.

Abstract

Deceptive behaviors by trainees have the potential to erode trust, damage morale, compromise patient care, and expose programs to risks. Professionalism lapses may be difficult to detect, are uncomfortable to address, and may vary in response. How residency programs address these events may have a profound effect on the program and the trainee. Prevention and early detection of these lapses are important to detect patterns and to provide an opportunity to educate, remediate trainees with recurrent events. In severe cases, an equitable and standardized framework is key to minimize the risks to the program and to ensure adequate review of all data to make the best choice for the trainee and the training program. In very rare cases, professionalism lapses may lead to dismissal of residents. This can be a traumatic and anxiety provoking experience for the resident involved, for the faculty and for the program



director(s). It also often has wider impact on the program more broadly.

While the ACGME professionalism milestones do not directly address deception, a Level 1 milestone requires the resident “to recognize that one’s own behavior in a professional setting affects others” and to “demonstrate knowledge of core ethical principles”. Deception represents a severe failure of professionalism because it fundamentally violates a core ethical principle of honesty, integrity, and trustworthiness.

Using realistic vignettes (fictionalized to protect privacy), the workshop will illustrate different types of deceptive behavior such as repeated sick calls, leaving early with vague excuses, misreporting of clinical tasks, among others. In small breakout groups, participants will discuss how to approach each scenario and decide when to intervene, how to frame conversations, and when to escalate further. Attendees will be introduced to a structured response framework detailing how to approach these events including the initial discussion, promotion of reflection, remediation plans, documentation, prevention strategies, and further escalation if needed. Large group debrief will allow participants to further explore different approaches, pitfalls, and best practices. The workshop will allow participants to leave with a potential checklist of policy approaches they may adopt in their own programs.

Practice Gap

Professionalism lapses involving deception (i.e., falsely reporting clinical tasks, misrepresenting supervision, falsification of duty hours, fabrication of information, among other) can occur in residency training. Program leadership and supervising faculty may lack consistent policies or frameworks for recognizing and managing these events. Without a clear framework, responses to these events may lead to inconsistent or punitive events and may not promote reflection or growth. This presents a gap between the expectation that residents should adhere to adequate standards of honesty and integrity; and the practical tools that programs might use to support, remediate, or discipline trainees when these events occur.

Agenda

- Welcome and Introductions (5 minutes)
- Didactic sections:
 - Framing Deception (10 minutes)
 - Professionalism and Ethical Practice in Psychiatry (10 minutes)
 - Approaches to Professionalism Lapses (10 minutes)
 - Workshop section (40 minutes)



- Introducing the vignettes and workshop goals
- Small breakout groups with each group analyzing and discussing a vignette
- Large group debrief and discussion
- Review of concrete takeaways, reflections, and Q&A (15 minutes)

Scientific Citations

Sibbald M, Sheth U, Last N, Keuhl A, McPherson I, Wojkowski S, Bakker D, Rowland P. Professionalism lapses in health professions training: Navigating the 'Yellow Card' moments for transformative learning. *Med Educ.* 2025 Apr;59(4):418-427.

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Title

Embracing “Senior” Titles with Hope and Anticipation

Primary Category

Career Stage | Late Career Stage

Presenters

Shashank Joshi, MD, Stanford University
Geri Fox, MD, MPE, University of Illinois Chicago
Josepha Cheong, MD, University of Florida
James Lomax, MD, Baylor College of Medicine
Eugene Beresin, MD, Harvard School of Medicine

Educational Objectives

1. Describe common challenges that the career advancement process presents to lifelong academicians and educators (“Lifers/ Later Stage Academics”)
2. List strategies for maintaining mental, physical and spiritual health as part of overall wellbeing as aging physicians
3. Discuss how to recruit, mentor and retain diverse faculty who will become leaders of the future

Abstract

“To know how to grow old is the master-work of wisdom, and one of the most difficult chapters in the great art of living.” Henri Amiel (1874)

This experiential workshop will focus on the impact of becoming the “Senior_____ (Professor, Educator, Consultant, Faculty)” on our professional, personal, and spiritual lives. It is intended to provide a forum for participants to reflect on significant events and experiences that are shaping us and the ways we are facing the aging process. The primary framework for our discussion will be drawn from the works of Erik Erikson and George Vaillant, who view aging as a series of developmental challenges: Generativity vs Stagnation, Keeper of the Meaning vs Rigidity, and Integrity vs. Despair (see references). The social-emotional tasks associated with each of these include taking care others (especially the next generation – and making efforts to recruit, mentor and retain diverse & engaged faculty that will provide future leadership), preserving previous traditions and cultural achievements, & developing wisdom and spiritual depth--- while also working to reshape ones that have proven hierarchical and fraught with inequities and a lack of inclusiveness.



We will invite participants to consider the following questions:

1. What developmental challenges are you facing most acutely at the moment?
2. How are these challenges influencing your work as a program director?
 - a. What changes have you seen in your approach to your role?
 - b. What aspects of the role are the most difficult for you as you get older?
 - c. What strategies have you developed for staying engaged in the demands of the program director role?
 - d. What has proven helpful or difficult in recruiting an inclusive, diverse class of residents?
3. What plans are you making to evolve and/or transition out of the program director role?
4. What barriers/resistances are you encountering in yourself as you witness your aging process unfold? What can you do to address these?
5. What discoveries (positive and negative) are you making about the aging process? What is the most surprising thing you've had to learn?
6. What are you doing to preserve your personal and professional resilience? What do you do to mitigate or prevent burnout?
7. Among your aging mentors and predecessors, whose example are you most inspired by? Whose are you most turned off by? What mentors have you known that have been progressive in furthering diversity, equity, inclusion, and justice?
8. What are your plans, if any, for future mentoring and teaching? What comes next for you? How do you feel you can remain generative?
9. Are you considering doing things you have put off for a long time, e.g. music, art, reading, travel? How would these be integrated into your life as you make the transition?
10. Do you view "retirement" as leaving the field? Will there be other ways of contributing to the field as you leave your current role?



Practice Gap

Since Erik Erikson introduced his conceptual framework on the life cycle, the final stages of which include “Generativity vs Stagnation” and “Integrity vs. Despair,” new research from positive psychology has expanded on this work and demonstrated its relevance to health and resilience in later life. George Vaillant (1993) added a stage called “Keeper of the Meaning”, between “generativity” and “integrity”. Whereas generativity focuses on the care of individuals, keeper of the meaning is less selective and focuses on wisdom and justice. However, little has been written about how career medical educators adapt over time to their roles and to their own aging process. Moreover, there is little opportunity in most academic institutions to learn about these issues through frank and open discussions with colleagues. A new focus on wellbeing, resilience, and prevention of burnout are pertinent to personal and professional transitions, with a growing literature regarding this phase of development.

Agenda

90 min:

- Introductions and Agenda (participants will choose one of 4 circles to join as their Late Career discussion group) --15 min.
- Each group will meet for 50 minutes and discuss questions listed in the Abstract. This will be led by each facilitator
- The final 20 minutes will be used to share major themes from each group and 1-3 strategies / take-home points to apply immediately
- There will be 5 min. for feedback at the very end

Scientific Citations

Plotnick LH, et al. (2022) Engaging Retired Physicians as Educators: Motivations and Experiences of Participants in a Novel Educational Program; *Academic Medicine*; Vol 97 (12),1841-1846 (6)

Badahdah AM, et al (2020). The psychological well-being of physicians during COVID-19; *Psychiatry Res.* 2020 Jul; 289: 113053

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