

**Title**

President's Symposium: Advocacy in Action

Primary Category

Advocacy

Presenters

Tracey Guthrie, MD, Brown University

Kiki Kennedy, MD, Yale School of Medicine

Danielle Turnipseed, JD, MHSA, MPP, Association of American Medical Colleges (AAMC)

Educational Objectives

1. Recognize the role of advocacy in promoting the well-being of trainees, patients, and the profession.
2. Utilize communication and collaboration skills to engage stakeholders and influence policy decisions affecting psychiatry training programs.
3. Initiate a plan to enhance advocacy engagement within their roles as psychiatry residency program directors.
4. Apply approaches for integrating advocacy competencies into residency curricula and faculty development.

Abstract

Psychiatry residency program directors play a central role in ensuring that residents advance advocacy within graduate medical education and mental health systems. However, many lack formal training and structured opportunities to develop and model advocacy competencies. This gap limits their ability to integrate advocacy into curricula, engage in policy initiatives, and prepare trainees to address systemic inequities and disinformation in mental health.

Methods:

This educational session will combine brief didactic presentations with interactive exercises to build advocacy knowledge and practical skills.

Participants will analyze challenges in advocacy integration, apply strategies for curriculum development, and utilize communication techniques for stakeholder engagement.



Results:

Participants will appreciate the importance of the role of advocacy in supporting trainees, patients, and programs, and will create individualized action plans to strengthen advocacy engagement within their leadership roles.

Conclusions:

Building advocacy capacity among psychiatry residency program directors promotes educational innovation, advances trainee well-being, and reinforces psychiatry's leadership in shaping equitable, informed mental health policy.

Practice Gap

Psychiatry residency program directors play a critical role in advancing educational quality and can also foster additional professional competencies such as advocacy. Many program directors have limited experience or formal training in advocacy principles and may not be familiar with strategies for incorporating advocacy into residency education. This gap limits program directors' ability to support residents who recognize the importance of advocacy in healthcare and wish to apply practical advocacy strategies to complement the care provided to their patients, communities, and in service to the profession. Addressing this deficit through structured educational initiatives is essential to strengthen resident leadership capacity, support trainee development, and promote advocacy as a core element of professional identity formation in psychiatry. Supporting advocacy knowledge among program directors will drive educational innovation and support psychiatry's broader mission to improve mental health systems and patient care.

Agenda

- Introduction
 - Overview of the Advocacy in Action Presidential Symposium, connection to concurrent workshops, and summary of Kiki Kennedy, MD
- Kiki Kennedy, MD
 - The physician's duty to advocate and approaches to building curricula within residency training.
- Danielle Turnispeed, JD, MHSA, MPP
 - Operational advocacy in healthcare leadership and identifying practical next steps for program directors.
- Danielle Turnipseed – Role Play (10 minutes)
 - Interactive practice session to apply advocacy communication strategies.
- Q&A Session



Scientific Citations

A Psychiatrist's Guide to Advocacy – Vance MC, Kennedy KG, Wiechers IR, Levin S. American Psychiatric Publishing. <https://www.appi.org/Products/General-Interest/Psychiatrists-Guide-to-Advocacy>

Developing an Advocacy Curriculum: Lessons Learned from a National Survey of Psychiatric Residency Programs. Academic Psychiatry (2020) 44:283–288. <https://link.springer.com/article/10.1007/s40596-020-01179-z>

Advocacy Education in Child and Adolescent Psychiatry: Results of a National Survey of Child and Adolescent Psychiatry Fellowship Programs. Academic Psychiatry (2025). <https://doi.org/10.1007/s40596-025-02219-2>

Reflections on Piloting a Health Policy and Advocacy Curriculum for Psychiatry Residents. Academic Psychiatry (2023) 47:667–671. <https://doi.org/10.1007/s40596-023-01781-x>

APA Federal Fly-In 2025. <https://www.psychiatry.org/psychiatrists/advocacy/federal-affairs/federal-advocacy-conference>

**Title**

Funding Graduate Medical Education: Basics and Budgets

Primary Category

Advocacy

Presenters

Jed Magen, DO, MS, Michigan State University

Emily Schnurr, DO, Michigan State University

Sarah Mohiuddin, MD, University of Michigan

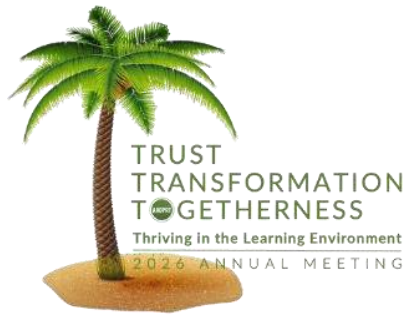
Krystle Graham, DO, Gateway Behavioral Health CSB

Educational Objectives

1. Program leadership will be able to determine the direct and indirect Medicare GME funding for their institution
2. Program leadership will know how to access information on alternative state and Federal funding mechanisms.
3. Program leadership will be able to construct a residency education budget.
4. Program leadership will be able to discuss with department or hospital leadership impacts of Medicaid funding cuts on program and department revenues.

Abstract

Graduate Medical Education programs rely heavily on Medicare GME funding flowing through hospitals. However, Medicaid cuts will impact some programs directly because Medicaid programs in many states provide some funding for GME and other programs indirectly as hospital revenues decrease. Departments of Psychiatry are facing funding cuts for research, clinical care and medical school funding. For program leadership to be most effective, they will need to understand these funding mechanisms as they interact with Chairs, DIO's and in some cases, hospital administrators. Program leadership from an academic medical center, a community-based program and an academic program using community institutions will lead this workshop and present information relevant to each type of program.



The following topics will be discussed:

1. the basics of Graduate Medical Education Funding
 - a. direct GME costs/reimbursement
 - b. indirect GME costs/reimbursement
 - c. caps on house staff numbers and years of training
 - d. how decreases in Medicaid payments will affect hospital and department revenues.
 - e. Medicaid as a funder of large state programs that affect GME
 - f. alternative funding mechanisms: Graduate Medical Education Teaching Health Centers, VAMC's and other state funding.

Practice Gap

Program directors and other program leadership know very little about how programs are financed. They primarily rely on GME offices in some settings or chairs offices in others. Directors of community-based programs have a particularly difficult time finding resources around program financing. Medicare is the primary funder for most residencies, but it is useful for program directors to understand that there are other federal and state mechanisms that may contribute to program funding. Recent generational changes in health care funding by the federal government will impact hospital revenues and will indirectly affect training programs. Other changes mandated by the federal government may have more direct effects.

Agenda

- Thirty- minute presentation on GME funding basics and Medicaid funding cuts
- Small group discussions based on program type-academic medical center, community-based programs, and rural community-based programs.
 - Discussion topics:
 - funding issues
 - how programs are responding to current and projected funding cuts
 - what other information program leadership thinks is needed to manage programs in light of cuts
- Group report out.
- Web based questions to assess understanding of concepts from workshop

Scientific Citations

"What Everyone Needs to Know about GME Finances"

<https://dl.acgme.org/courses/what-everyone-needs-to-know-about-gme-finances>

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Wagner MJ, Frazier HA, Berger JS, Navigating the Rapids: How Government Funds Flow to Graduate Medical Education J Grad Med Educ. 2024 Jun 13;16(3):339–340. doi: 10.4300/JGME-D-24-00378.1

Non-Medicare Funding of Rural GME
https://www.uwmedicine.org/sites/stevie/files/2024-04/Program%20Funding%20slides1_0.pdf 2024

"New AMA resource helps overstretched GME program directors" <https://www.ama-assn.org/education/improve-gme/new-ama-resource-helps-overstretched-gme-program-directors> 2022



Title

Advocacy at the Institutional Level: Using Organizational Lenses to Win Resources for Psychiatry GME

Primary Category

Advocacy

Presenters

Rashi Aggarwal, MD, Zucker School of Medicine at Hofstra/Northwell
Raman Marwaha, MD, Case Western Reserve University/MetroHealth
Anna Costakis, MD, Zucker School of Medicine at Hofstra/Northwell
Anne Ruble, MD, MPH, Johns Hopkins Medical Institutions
Sandra Batsel-Thomas, MD, University of Kentucky

Educational Objectives

1. Identify institutional stakeholders and their priorities relevant to residency program resources.
2. Construct a concise, data-driven advocacy brief that links program needs to institutional priorities (quality, safety, access, compliance, DEI, workforce, wellbeing).
3. Select and use outcome metrics (e.g., ACGME citations, recruitment/retention, clinical productivity, trainee wellbeing, patient access) to strengthen requests.

Abstract

Program directors often receive limited training in how to secure resources within complex health systems. This interactive workshop equips psychiatry GME leaders with practical tools to understand organizational decision-making and to advocate effectively using Bolman and Deal's Four Frames: Structural, Human Resource, Political, and Symbolic.

Effective advocacy begins with understanding how your organization works and how different leaders may favor particular frames. We will review the roles and decision pathways of key stakeholders such as Department Chair, DIO/GME leaders, CFO/finance, and CMO. We will discuss how to tailor advocacy to their priorities. There will be a brief primer that introduces the Four Frames: Structural (processes, policies, metrics, compliance), Human Resource (people, wellbeing, professional growth,



culture), Political (stakeholders, power, alliances, trade-offs), and Symbolic (mission, meaning, stories, rituals). Panelists will share examples of successful advocacy, highlighting which frames strengthened their arguments.

In small groups, participants will use a structured worksheet to develop a real resource request drawn from their own programs. They will:

- Define the structural case, including metrics, accreditation/compliance, and the budget pathway.
- Identify human impacts, including wellbeing, workload, retention, and DEI considerations.
- Plan a political strategy, including stakeholders, champions, trade-offs, and pilot designs.
- Craft a symbolic narrative, including mission alignment, a signature story, and a visibility plan.

Participants will leave with a Four Frames handout, a frame-switching worksheet, and a concrete action commitment. By teaching program directors to read their organizations and advocate through multiple lenses, this workshop supports effective advocacy in psychiatric education and enables durable, institutionally aligned wins for trainees and programs.

Practice Gap

Program directors increasingly face growing accreditation requirements, workforce needs, and trainee wellbeing priorities amid constrained institutional resources. Effective advocacy within one's own institution (department, hospital, health system, and GME office) is essential to secure staffing, protected time, clinical space, educational infrastructure, and wellness supports. While PDs are skilled educators and clinicians, many receive limited formal training in strategic, data-driven, relationship-centered advocacy. This workshop provides a practical toolkit aligned with academic medicine realities to help PDs build compelling cases, navigate institutional structures, and achieve durable wins for their programs and trainees.

Agenda

- Introduce the Panel (5 min)
- Understanding your organization (10 min)
- Presenters share successful advocacy examples using the framework (30 min)
- Small Groups develop their own real-life ask and map items to each frame (30 min)
- Large Group discussion and wrap-up (15 min)



Scientific Citations

Bolman LG, Deal TE. Reframing Organizations: Artistry, Choice, and Leadership. 7th ed. San Francisco, CA: Jossey-Bass; 2021.

Shortell SM, Kaluzny AD. Health Care Management: Organization Design and Behavior. 6th ed. Albany, NY: Delmar; 2006.

Shanafelt TD, Noseworthy JH. Executive leadership and physician well-being: nine organizational strategies to promote engagement and reduce burnout. Mayo Clin Proc. 2017;92(1):129-146.

Kotter JP. Leading Change. Boston, MA: Harvard Business Review Press; 2012.

AAMC. Leading Change in Academic Medicine: A Resource for Department Chairs and Program Leaders. Association of American Medical Colleges; 2019.
<https://www.aamc.org>

Varkey P, et al. Organizational culture in health care: a review of the literature. Medical Care. 2007;45(1):S31-S38.

**Title**

Advocacy in Action: Social Justice and Community Engagement in Academic Psychiatry

Primary Category

Advocacy

Presenters

Ailyn Diaz, MD, Penn State College of Medicine

Ahmad Hameed, MD, Penn State University, Hershey Medical Center

Arya Soman, MD, Wellspan Health Program

Peter Ureste, MD, University of California, Riverside School of Medicine

Educational Objectives

1. Describe how collaborative leadership can advance advocacy and engage program leaders in recruitment and retention of psychiatric residents.
2. Identify how virtual and statewide initiatives can reduce barriers in psychiatry recruitment.
3. Apply principles of social justice and community engagement to program development.
4. Create a concrete advocacy plan to support recruitment and retention of residents.

Abstract

Psychiatry has a responsibility not only to treat illness but also to address inequities in mental health care. Advocacy rooted in social justice and community engagement is essential to support marginalized patient populations and to prepare future leaders. One such initiative is that of a statewide community of psychiatric leaders, which formed a learning collaborative for psychiatric program directors to advance advocacy goals in recruitment and retention of psychiatric residents. This community of practice strengthened pipelines for disadvantaged trainees, supported faculty in developing advocacy skills, and fostered collaborative problem-solving across institutions. Other initiatives presented include a monthly learning collaborative on social justice and an annual psychiatry residency virtual fair designed to create equitable access for disadvantaged medical students to connect with general psychiatry programs. By reducing barriers related to geography, cost, and information gaps, the initiative ensures



that students from all backgrounds could explore psychiatry as a career. This workshop will translate lessons from advocacy initiatives into practical strategies for integrating social justice and community engagement to improve residency retention and recruitment of medical students and existing psychiatric residents from underprivileged backgrounds. Participants will engage in structured exercises to design advocacy projects that directly support structurally disadvantaged medical students and residents.

Practice Gap

Traditional recruitment processes often disadvantage medical students from geographically isolated, resource-limited, or underrepresented backgrounds. Without innovative approaches, psychiatry risks losing talented applicants who could serve diverse patient populations. Underrepresented populations face disproportionate psychiatric illness, systemic barriers, and limited access to care. There is also sufficient evidence suggesting that having access to psychiatrists of the same diverse background can lead to better mental health outcomes due to improved communication and trust. Program directors who actively advocate for equitable recruitment, community engagement, and patient-centered initiatives can potentially help in closing the practice gap to recruit and retain resource-limited psychiatric residents.

Agenda

Format (90 minutes)

- Introduction (10 min): Framing advocacy in psychiatry through social justice and community engagement. Overview of cross program initiatives, such as a learning collaborative with emphasis on social justice and virtual recruitment initiatives.
- Small group (15 min): Small groups discuss advocacy challenges in supporting limited resources of psychiatric residents (e.g., barriers in recruitment, language access, stigma reduction) in their own programs.
- Large group (10 min): Reporting back to larger group. Large group discussion about encountered challenges in their own programs.
 - Guiding questions:
 - How do we integrate advocacy into residency training without overwhelming competing priorities?
 - What advocacy strategies best address inequities in patient access and care?
 - How can programs build authentic community engagement while training residents to lead in advocacy?



- Workshop Exercise – “Advocacy Blueprint” (25 min):
 - Teams design an advocacy project focused on supporting resident recruitment and retention with attention to social justice, fairness, and community engagement.
 - Guiding questions:
 - What inequity or barrier is most pressing in your setting?
 - How can social justice principles guide your response?
 - What forms of community engagement could strengthen impact?
 - How will you track outcomes?
- Debrief & Large-Group Sharing (15 min):
 - Teams present blueprints; facilitators highlight strategies that can be scaled.
- Wrap-Up (10 min):
 - Participants commit to one advocacy step at their institution.
 - Discussion of key takeaways.
- Feedback (5 min)

Scientific Citations

Diaz, A.D., Passley-Clarke, J. Comment on “What We Are Allowed to Say: Academic Freedom and Teaching Racial Disparities in Psychiatric Education”. *Acad Psychiatry* (2025). <https://doi-org.ezaccess.libraries.psu.edu/10.1007/s40596-025-02223-6>

Hubbard A, Sudler A, Alves-Bradford JE, Trinh NH, Emmerich AD, Mangurian C. Building a Diverse Psychiatric Workforce for the Future and Helping Them Thrive: Recommendations for Psychiatry Training Directors. *Child Adolesc Psychiatr Clin N Am*. 2024 Jan;33(1):57-69. doi: 10.1016/j.chc.2023.06.007. PMID: 37981337.

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Patel M, Chahal J, Simpson AIF. Teaching Advocacy Through Community-Based Service Learning: A Scoping Review. *Acad Psychiatry*. 2022 Apr;46(2):238-247. doi: 10.1007/s40596-021-01411-4. Epub 2021 Mar 18. PMID: 33738761.

Rafla-Yuan E, Jadhav M, Peace MA, Willing L. Advocacy in Psychiatry. *Focus (Am Psychiatr Publ)*. 2025 Jul;23(3):298-306. doi: 10.1176/appi.focus.20250003. Epub 2025 Jul 1. PMID: 40599964; PMCID: PMC12207497.

**Title**

Building the Physician-Advocate: Integrating Advocacy into Psychiatry Training

Primary Category

Advocacy

Presenters

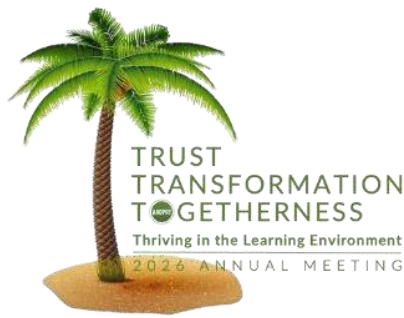
Kai Anderson, MD, Central Michigan University College of Medicine
Ana Ozdoba, MD, Albert Einstein College of Medicine/Montefiore
Khadijah Watkins, MD, MPH, Massachusetts General Hospital
Ravi Shankar, MD, University of Kentucky

Educational Objectives

1. Differentiate among multiple levels of physician advocacy (patient-centered, community-based, and policy-level).
2. Analyze examples of advocacy curricula implemented in psychiatry residency and fellowship programs.
3. Design a draft advocacy curriculum or action plan tailored to their home institution.
4. Identify and evaluate common challenges to incorporating advocacy training and formulate strategies to address these barriers

Abstract

Advocacy is increasingly recognized as a fundamental component of physicians' professional identity. The Association of American Medical Colleges (AAMC) has emphasized that physicians should "advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being". Within psychiatry, the Accreditation Council for Graduate Medical Education (ACGME) explicitly incorporates advocacy into systems-based practice, underscoring the expectation that trainees learn to advocate not only for individual patients but also for improvements to the broader systems of care. Despite this mandate, many residency training programs have struggled to create sustainable advocacy curricula. Program directors and faculty often report limited prior experience with advocacy, uncertainty about how to teach advocacy skills, and concerns about competing curricular demands.



This gap risks leaving trainees without structured opportunities to develop as physician-advocates.

This interactive workshop is designed to address this need. We will begin with a conceptual framework defining multiple levels of advocacy, ranging from patient-centered and community-based efforts to state and national policy engagement. We will then highlight concrete examples from four psychiatry residency and fellowship programs that have successfully integrated advocacy into their curricula, drawing on models such as a physician resident and faculty run advocacy group highlighting diverse advocacy and community partnership initiatives. We will share a model of an advocacy curriculum and outline the steps to develop an advocacy curriculum including conducting a needs assessment, establishing clear learning objectives aligned with ACGME competencies and developing a structured sequence of didactics and experiential opportunities.

The workshop will actively engage participants through facilitated breakout groups. Each group will design a draft “advocacy action plan” tailored to their institutional context. These plans will guide participants in identifying collaborators (e.g., faculty, community organizations, professional societies), defining feasible advocacy initiatives, and locating educational opportunities for residents and fellows. Groups will also consider strategies to assess outcomes, including resident engagement, skill acquisition, and impact on patient care.

The session will conclude with a large-group dialogue that surfaces challenges common across training environments—such as limited faculty expertise, competing curricular priorities, institutional hesitancy, and resource constraints. Together, we will brainstorm creative solutions and share lessons learned, with the goal of equipping participants with both the confidence and the tools needed to advance advocacy education within their own programs.

By the end of this workshop, participants will be able to:

- compare and contrast advocacy at multiple levels relevant to psychiatry training,
- evaluate successful models of advocacy curricula,
- create an initial advocacy action plan suited to their own setting, and
- anticipate and evaluate common barriers to implementation. Attendees will leave with practical strategies, shared resources, and a network of colleagues committed to fostering the next generation of physician-advocates.



Practice Gap

Advocacy is increasingly recognized as a fundamental component of physicians' professional identity. The Association of American Medical Colleges (AAMC) has emphasized that physicians should “advocate for social, economic, educational, and political changes that ameliorate suffering and contribute to human well-being”. Within psychiatry, the Accreditation Council for Graduate Medical Education (ACGME) explicitly incorporates advocacy into systems-based practice, underscoring the expectation that trainees learn to advocate not only for individual patients but also for improvements to the broader systems of care.

Despite this mandate, many residency training programs have struggled to create sustainable advocacy curricula. Program directors and faculty often report prior limited experience with advocacy, uncertainty about how to teach advocacy skills, and concerns about competing curricular demands. This gap risks leaving trainees without structured opportunities to develop as physician-advocates.

Agenda

Workshop Agenda (90 minutes)

1. Differentiating Advocacy Levels in Psychiatry (5minutes)
 - Overview of advocacy at the patient, community, and policy levels
 - Developing physician advocates.
 - Framing advocacy as a core professional responsibility
2. Models of Advocacy in Psychiatry Training (40 minutes)
 - Partnerships with Community-Based Organizations (5minutes)
 - Modeling a Resident-Faculty Advocacy Group (5 minutes)
 - Designing of a Physician-Advocate Curriculum (25 minutes)
 - Collaborating in National and Regional Advocacy Opportunities (5 minutes)
3. Small Group Activity: Developing Your Own Advocacy Curriculum Strategy (15 minutes)
 - Participants draft an action plan for their home institution.
4. Large Group Debrief (10 minutes)
 - Sharing key strategies, insights, and proposed initiatives
5. Challenges and Solutions in Advocacy Training (10 minutes)
 - Identifying common barriers and brainstorming strategies
6. Final Discussion and Q&A (10 minutes)
 - Open forum for reflection, questions, and next steps



Scientific Citations

Mathias C, Sandoval J, Noble S. Reflections on Piloting a Health Policy and Advocacy Curriculum for Psychiatry Residents. *Academic Psychiatry*. 2023;47(6):667-671. PMID: 37052781. <https://pubmed.ncbi.nlm.nih.gov/37052781/>

McQueen M, Richardson L. Teaching Health Advocacy: A Systematic Review of Education Interventions for Postgraduate Medical Trainees. *Academic Medicine*. 2020;95(4):644-656. PMID: 31702691. <https://pubmed.ncbi.nlm.nih.gov/31702691/>

Van der List J, Blumberg D, Li S-T, Gambill L. Demystifying the Op-Ed: Novel Group Writing Workshop to Improve Upon Existing Pediatric Advocacy Training. *Academic Pediatrics*. 2022;22:346-348. PMID: 34455100. <https://pubmed.ncbi.nlm.nih.gov/34455100/>

Vance M, Kennedy K. Developing an Advocacy Curriculum: Lessons Learned from a National Survey of Psychiatric Residency Programs. *Academic Psychiatry*. 2020;44(3):283-288. PMID: 31950369. <https://pubmed.ncbi.nlm.nih.gov/31950369/>

Weaver J, Fluker C. Advocacy Toolkit for Physicians in Training. AAMC; 2024. <https://ow.ly/YFhO50Uap1v>

**Title**

Empowering Educators for Change: Advocacy Strategies at the State and Federal Levels to Advance Psychiatric Education

Primary Category

Advocacy

Presenters

Erin Crocker, MD, University of Iowa Hospitals & Clinics
Laura Willing, MD, Children's National Medical Center
Karen Jacobs, DO, Cleveland Clinic Foundation
Micael Troub, American Psychiatric Association
Trip Standord, American Psychiatric Association

Educational Objectives

1. Describe current state and federal policy issues that directly affect medical education in.
2. Apply practical advocacy skills—including policy messaging, legislator engagement strategies, and organizational partnership building—to advance medical education priorities.
3. Develop a personalized advocacy action plan linked to a specific educational initiative or policy challenge within their local or institutional context.

Abstract

Psychiatry educators play a critical role in preparing the future behavioral health workforce, yet their expertise is often underutilized in shaping state and federal medical education policy. The U.S. faces growing mental health workforce shortages and rising learner distress, while educational innovation is constrained by misaligned funding, evolving accreditation standards, and political pressures on academic environments. These challenges underscore the essential need for psychiatry educators to serve as proactive advocates to ensure supportive, well-resourced training systems that can meet patient and community needs.

This interactive workshop will equip participants with foundational knowledge and examples to effectively influence psychiatric education at the state and federal levels. We will review the current medical education policy landscape, including key legislative and regulatory levers that impact psychiatric workforce expansion, graduate medical



education financing, and novel training programs. Facilitators will highlight real-world examples where educator advocacy has led to measurable improvements in training opportunities.

Participants will discuss the principles of strategic communication and community-engaged advocacy. These include crafting concise policy messages grounded in evidence and trainee experience, identifying policymaker priorities and windows of opportunity, and leveraging institutional and organizational resources.

The workshop will also address common opportunities and barriers to advocacy at the state and federal levels. Attendees will be introduced to advocacy toolkits and partnership pathways through academic societies, local coalitions, and national organizations such as the American Psychiatric Association. Participants will create individualized advocacy action plans by identifying one medical education issue in their home setting and mapping feasible first steps toward impact.

By strengthening the advocacy capabilities of psychiatry educators, this workshop aims to directly impact the policy conditions that shape the future psychiatric workforce and the learning environments necessary for high-quality, patient-centered care.

Practice Gap

Psychiatry educators are uniquely positioned to advocate for high-quality medical education that meets the mental health needs of diverse populations. However, most educators receive little to no formal training in state and federal policy processes or in how to influence medical education legislation, accreditation standards, or funding structures. This lack of preparation contributes to missed opportunities to engage policymakers on critical issues such as workforce shortages, mental health competencies, equity in training environments, and learner well-being. Educators often feel uncertain about how to translate frontline teaching experience into policy impact, navigate advocacy restrictions within institutions, or build coalitions with professional organizations and community stakeholders. Creating a structured educational opportunity to develop effective advocacy skills will empower psychiatry educators to become influential voices in shaping the future of medical education and better support trainees, patients, and health systems.

Agenda

1. Overview of advocacy strategies to advance psychiatric education at the state and federal levels
2. Reflections from three institutions on advocacy efforts
3. Small group activity to create an individualized advocacy action plan.



Scientific Citations

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Kirch DG. GME Financing and Mental Health Workforce Needs. JAMA. 2019;322(20):1993–1995.

Goldhamer ME, Martinez-Lage M, Black-Schaffer WS, Huang JT, Co JP, Weinstein DF, Pusic MV. Reimagining the clinical competency committee to enhance education and prepare for competency-based time-variable advancement. J Gen Intern Med. 2022;37:2280–2290.

Hauer KE, Edgar L, Hogan SO, Kinnear B, Warm E. The science of effective group process: lessons for clinical competency committees. J Grad Med Educ. 2021;13(Suppl):59.

Karpinski J, Fantaye AW, Hendry P, Wiesenfeld L, Whiting S, Lochnan H, Wood TJ, Kitto S. Implementation, operationalization, and optimization of clinical competency committees in postgraduate training programs: a scoping review. Acad Med. 2025;10–97.

Lloyd RB, Park YS, Tekian A, Marvin R. Understanding assessment systems for clinical competency committee decisions: evidence from a multisite study of psychiatry residency training programs. Acad Psychiatry. 2020;44:734–740.

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Vennemeyer S, Kinnear B, Gao A, Zhu S, Nattam A, Knopp MI, Warm E, Wu DT. User-centered evaluation and design recommendations for an internal medicine resident competency assessment dashboard. Appl Clin Inform. 2023;14:996–1007.

**Title**

Advocacy Through Discord: Strategies for Taking a Position without Imposition

Primary Category

Advocacy

Presenters

Kenneth Hardy, PhD, Eikenberg Institute for Relationships

Educational Objectives

1. Describe a conceptual framework for advocacy that distinguishes taking a clear position from imposing one's views on others in polarized or contentious contexts.
2. Apply practical communication strategies to engage in advocacy while preserving relational trust and respect across differing perspectives.
3. Reflect on and practice responding to real-world advocacy scenarios in GME settings using approaches that balance ethical commitment, professionalism, and dialogue.

Abstract

In today's world, marked by intense political polarization and division, the boundaries between right and wrong, moral and immoral, and ethical and unethical have become increasingly blurred. As a result, the traditional approach of remaining 'neutral' is no longer practical for leaders and practitioners. Instead, it is essential to move beyond politically correct neutrality and engage in advocacy, even amidst discord. This didactic-interactive workshop is designed to provide participants with practical strategies for taking a clear position without imposing their views on others or impeding relational engagement. Participants will be provided with a conceptual framework and practical tools for promoting effective advocacy, while also respecting differing perspectives—thus capturing the true spirit of advocacy through discord.

Practice Gap

Graduate medical education trainees increasingly encounter situations in which social, political, and ethical issues directly affect patient care, learning environments, and institutional culture. While advocacy is recognized as a core professional responsibility, many residents and fellows feel ill-prepared to engage in advocacy when disagreement



or polarization is present. Traditional training often emphasizes neutrality or avoidance, leaving trainees without practical strategies for articulating values, setting boundaries, and sustaining relationships across differences. This gap results in missed opportunities for meaningful advocacy, moral distress, and disengagement. There is a need for structured educational experiences that equip trainees with frameworks and skills to take principled positions while maintaining respect, dialogue, and professional relationships amid discord.

Agenda

- Introduction
- The role of Advocacy
- Impediments to effective advocacy
- Strategies for effective advocacy and constructive engagement

Scientific Citations

Hubinette, M., Hafferty, F. W., & Essén, A. (2024). Refracting the concept of physician advocacy using the social contract lens: Reconsidering what advocacy means and why it matters in medical education. *MedEdPublish*, 14, Article 210.
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