AADPRT 2024 Meeting at a Glance - DRAFT

Monday, 2/26/24	Programming	Leader/Speakers	Abstract or program description
5:00 - 7:00 pm	Steering Committee Dinner Meeting (committee members only)	Randon Welton	
Tuesday, 2/27/24	**Programming**	**Leader/Speakers**	**Abstract or program description**
8:15 - 9:15 am	Steering Committee Breakfast Meeting (committee members only)	Randon Welton	
9:30 am - 4:00 pm	Executive Council Meeting and Lunch (council members only)	Randon Welton	
1:30 - 6:30 pm	AADPRT Meeting Registration		
3:30 - 4:00 pm	PA (Coordinator) Planning Committee Meeting (committee members only)		
4:00 - 5:00 pm	PA (Coordinator) Committee Chairs Meeting (committee members only)	Krystal Hernandez	
4:15 - 6:15 pm	Assistant/Associate Training Directors (ATD) Caucus Meeting	Andrew Hunt	In this session, we will survey ATDs regarding their roles, tasks, concerns, and career development. We will discuss variation in the ATD role at diverse programs. We will identify common concerns, appreciate the challenges we are all experiencing, and identify the opportunities for support with the goal of success in the ATD role. To facilitate an open and candid discussion, only ATDs will be permitted to attend the ATD Caucus meeting.
5:30-6:30 pm	PA (Coordinator) Welcome Event		
5:30 - 6:45 pm	Rookie Reception: Welcome to the AADPRT Family (First time attendees, except trainees)	Rashi Aggarwal, Sandra Batsel-Thomas	
7:00 PM	Member/PA Member Networking Dinners (*AADPRT members only*)		Cost not covered by AADPRT. We'll contact you to choose a restaurant from pre-selected restaurant list February, 2024.
Wednesday, 2/28/24	**Programming**	**Leader/Speakers**	**Abstract or program description**
7:15 am - 6:00 pm	AADPRT Meeting Registration		
7:30 - 9:00 am	Breakfast		
7:30 - 9:00 am	New Training Director (NTD) Breakfast and Programming	Lindsey Pershern	The New Training Director (NTD) symposium provides an opportunity for new training directors to connect with NTD peers from other programs and NTD mentors with years of experience in their role/s in small groups. NTDs will be oriented to the AADPRT organization and its resources, navigation of the AADPRT annual meeting and connection to AADPRT leaders, peers and mentors. Mentor group goals will be support and skill-building in leadership/management skills, personal wellness/time management strategies, common challenges and resources for support.
7:30 am – 5:00 pm	Exhibitors		
7:45 - 9:00 am	PA (Coordinator) Breakfast and Symposium: Welcome and Orientation	Juliet Arthur, Roopali Bhargava, Lora Goudreau	
7:45 - 9:00 am	Regional Representatives Committee Meeting #1 (regional representatives only)	Sandra Batsel Thomas	
7:45 - 9:00 am	Organizational Equity Committee Meeting (committee members only)	Ana Ozdoba	
7:45 - 9:00 am	Triple Board/AACAP Committee Meeting (committee members only)	Amy Kim, Amy Meadow	
7:45 - 9:00 am	Workforce Committee Meeting (committee members only)	Tanya Keeble	
9:15 - 10:45 am	Plenary: Welcome | Keynote Speaker: Jeffrey Katzman, MD	Rashi Aggarwal, Jeffrey Katzman Moderator: Consuelo "Chi-chi" Cagande	*Bringing Improvisation to Life: Experiences to Address Loneliness, Facilitate Resilience, and Enhance our Everyday Experiece* : This presentation will underscore three forces facing trainees: potential hazards and limitations imposed by the pathway to psychiatric training, the current understanding of loneliness and its identification as an epidemic, and the growing need for resilience training in the clinical workforce, particularly among trainees. The COVID pandemic of the past three years has exacerbated these forces, leaving a need to consider potential active interventions. Improvisational theater and its background guidelines have been used progressively in the workplace – from Fortune 500 companies to medical education, and examples of these will be introduced. We will explore how improvisation can be used to "unscript" ourselves a bit, to enhance the clinical encounter, to facilitate an experience of connection in the world, and to enhance our experience of resilience in a progressively uncertain world.
10:45 - 11:10 am	Coffee and Conversation with Jeffrey Katzman, MD	Jeffrey Katzman	
10:45 -11:10 am	Coffee Break		
11:00 am - 12:50 pm	PA (Coodinator) Symposium	Juliet Arthur, Roopali Bhargava, Lora Goudreau	
11:00 am - 12:00 pm	Administrator Resilience in Challenging Situations	Kate Kilbane, Akhil Anand	In December, 2022, my Program Director of 16 years decided to leave our hospital system. She was also the PI for a $2.8M HRSA grant for the program. Challenges included recruiting a new PD boarded in Addiction Psychiatry and a new PI for the grant. Creative solutions included discussions and negotiating with all 3 academic medical centers to create a city-wide expansion of the program necessitating 1) An MOU for a faculty member from one of the other institutions to be credentialed as our PD and 2) Multiple PLA's for the additional institutions and new community sites. Enhancements included longitudinal (12 month) outpatient clinics for each fellow; field trips to residential facilities, sober living, affordable living housing, homeless shelters, and diversion centers; collaborative didactics sessions with addiction medicine and addiction psychiatry trainees; significant increase in faculty supervisors.

12:05 -12:25 pm	Year of the Life of a Program Coordinator	Eric Montenegro	Will focus on the development and utilization of a Program Coordinator Guide and an associated timeline in Excel. The Guide and timeline have been created specifically for Northwestern Medicine Psychiatry Residency and Fellowship program coordinators. This guide is designed to assist new program coordinators in their role and serve as a reference for program veterans. The materials provide detailed insights into the responsibilities, deliverables, and deadlines by month, offering a step-by-step guide to successfully navigating the year as a program coordinator.
12:30 - 12:50 pm	Removing Barriers: A Collaborative Approach to Residency Training and Recruitment	Reanna Benedict, Lisa Blandin, Scott Klenzak	20-minute workshop to provide an example of a creative solution to a rural, community program's issue with ACGME program requirements, marketing, community outreach, and retention. The program is currently in the implementation phase of a state-wide residency/fellowship traveling symposium for psychiatry and subspecialties.
11:15 am - 12:45 pm	Workshop Session #1		
	A Switch in Time Saves Nine (Hundred Emails): Curriculum Management Strategies for Busy Program Directors	Andrew Hunt, Sindhu Idicula, Javier Ponce-Terashima, Margaret Musso, Chandler Hicks	An often overlooked aspect of residency program didactic training is the year-round cumbersome process of curriculum management, delivery, and continuous improvement. The subject of curriculum management in undergraduate medical education has been developed (Changiz et al, 2019), and incorporated into accreditation standards (LCME, 2023), but remains unaddressed in the graduate medical education literature. We have created and utilized multiple innovative strategies to efficiently manage a robust, sophisticated, and evolving curriculum, with a particular emphasis on organizational software and automations. These strategies increase management efficiency and keep stakeholders coordinated and focused on content development and innovative initiatives. The work of curriculum automation ultimately saves substantial hours and effort for the all-important human tasks of education. The workshop will begin by helping program directors self-assess their stage of development in terms of curriculum design, and describe the ways they operationalize continuous improvement, feedback gathering, technology and automation. We will then share strategies from several programs, utilizing basic to more advanced technological solutions. These strategies will be showcased with the idea of generating opportunities for program development, and demonstrating the advantages and costs that go along with implementing technology in terms of time, energy, and money. Topics covered will include: 1)Automations, 2)Feedback Process, 3)Block and Thread Structure/leadership, 4)Teams, 5)Materials management, 6)Continuous innovation, and 7)Communication and Policy Development. We will engage learners in an activity to demonstrate the efficiency impact of automations in vivo utilizing two different platforms from two different programs. Next, we will provide templates and materials for programs to use in their own process of development that will remain publicly accessible. After presented material, we will convene discussions of programs with similar developmental stages to discuss strategies that they use or could improve upon. We will provide an opportunity for each program leader to create an action plan to improve curriculum management at their program. Lastly, we will convene the whole audience in question and answer, troubleshoot resource needs, and obtain feedback. Utilizing a team-based approach and multiple automations to develop, deliver, and manage a residency curriculum has led to continuous innovation and the development and maintenance of a large-scale, high-quality curriculum. Curriculum management techniques are essential to preserve and emphasize the human aspects of teaching and learning in residency training.
	Bias in Letters of Recommendation: Are Standardized Letters the Solution?	Kimberly Benavente, Kristin Escamilla, Jeffrey Rakofsky, Ashley Walker, Dana Rami	Each year, senior medical students request that psychiatry attendings attest to their clinical skills, work ethic, and character in the form of a residency application recommendation letter. Crafting an accurate and complimentary letter is crucial for students hoping to fill a coveted residency spot, especially in a competitive specialty such as psychiatry. According to the NRMP 2021 Program Director Survey, the letter of recommendation (LOR) was more important in deciding whom to interview than USMLE/COMLEX scores, class rank, and extracurricular experiences. Now that licensing exams are moving towards PASS/FAIL scoring, the LOR is expected to become even more influential. It is well known that humans are prone to exhibit bias, and this remains true for faculty writing letters of recommendation. While there is limited data specifically regarding bias in LORs written by psychiatry faculty, there is ample evidence from other specialties that biased language in LORs is a significant area of concern. Gender and racial biases in written LORs have been demonstrated repeatedly, leading to the unintentional undervaluing of students and their capabilities. A recent review of traditional letters of recommendation (TLORs) has prompted various specialties to reimagine the LOR process. In recent years, various specialties including internal medicine, emergency medicine, urology, otolaryngology, and orthopedic surgery have introduced standardized letters of recommendation (SLORs) in place of TLORs. While TLORs are written free form without any guidance, providing multiple opportunities for a writer to introduce biased language, SLORs provide a uniform template with which a writer is prompted to highlight specific student strengths, decreasing the probability that biased language will be used. The Association of Directors of Medical Student Education in Psychiatry (ADMSEP) MSPE Taskforce, with input from AADPRT, created a psychiatry-specific SLOR template to be a more informative, uniform, equitable, and unbiased tool program directors can use to accurately assess an applicant. Since strong letters of recommendation are essential to support a residency application, it is imperative that psychiatry educators take steps to become aware of our own biases and eliminate them. The use of the newly introduced psychiatry SLOR may be a way to accomplish this goal. This workshop aims to engage participants in an interactive manner on learning about the biased language frequently found in recommendation letters. Participants will then be provided with an introduction to the ADMSEP- and AADPRT-approved psychiatry standardized letter of recommendation and how to use it to avoid biased language so that we may better advocate for our talented medical students.
	Didactic Underhaul: Bottom-up Strategies for a Curriculum Refresh	Laurel Pellegrino, Reiko Emtman, Gabriella Stamper, Molly Howland, Sara Ochoa	Residency didactics are mandated by the ACGME and receive a substantial amount of protected time (600-800 hours). Many residency programs recruit volunteer faculty to teach didactics, who offer a rich array of expertise and perspectives. However, time limitations commonly prohibit volunteer faculty from creating didactics that are cohesive across topics and fully updated. Curricula need to respond to the evolving needs of programs and advances in active teaching methods as well as psychiatric knowledge, such as more nimbly discussing issues of justice, equity, diversity, and inclusion (JEDI) or the newest developments in neuroscience research. As such, many residency programs pursue curriculum overhauls. However, a full curriculum overhaul is an onerous and time- and resource-intensive process, and lectures can quickly become outdated again if not continuously revised. Residency programs need to leverage smaller scale, low-barrier strategies for curriculum revision. In this workshop, hosted by Curriculum APDs from three institutions as well as an expert in instructional design, we will explore three bottom-up curriculum revision strategies that are low-barrier and iterative. We will provide real world examples of how these strategies have been implemented at our institutions with variable resources and present lessons that we have learned in the process. We will discuss the formation of an education consult service to disseminate resources and best practices during direct and indirect consultations for lecturers and module leaders. We will describe a module-by-module approach to curriculum changes that prioritizes urgent areas of need, mobilizes key faculty stakeholders to create ripple effects throughout the curriculum, and incorporates successes into the next round of revisions. Lastly, we will present creative ways to involve resident representatives in designing, organizing, and improving didactics to promote bottom-up changes, respond to shifting learner needs, and efficiently utilize key stakeholders who are already present at didactics. Participants will apply these strategies to real-world case examples and their home institutions' curricula.

	Going Far Together; Creating a Collaborative Community Psychiatry Track across Institutions	Lindsey Pershern, Vineeth John, Luming Li, Sylvia Muzquiz, Hunter Hinman	To achieve the goals of recruitment into community settings after residency, community psychiatry experiences for residents should not be limited to acute settings. The creation of quality experiences in longitudinal outpatient settings with effective interdisciplinary teamwork is essential to inspiring and engaging residents successfully (2). In designing community psychiatry experiences, PDs at academic institutions may encounter barriers due to limited resources in community settings. While community programs may encounter barriers to designing the ideal training ratios with productivity pressures or recruiting qualified teaching attendings to these settings (3). The components of a quality community psychiatry curriculum have been outlined inclusively by the AACP. Their recommendations include exposure to; 1) prevention and public health approaches, 2) leadership skills, 3) administration and financing of public psychiatry, 5) integrated care, 6) recovery-oriented care, 7) services for special populations including unhoused, LGBTQIA, rural, geriatric and carceral populations, 8) advocacy, 9) quality improvement, and 10) cultural disparities and racism (4). Knowledge on these topics should be supplemented effectively by clinical exposure in the community settings with strong supervision by effective community psychiatry leaders. Experiences in quality improvement, leadership training and systems-based practice align with ACGME priorities (5). We developed a collaborative community psychiatry track across two academic institutions with a goal to train community psychiatrists to work effectively in these settings. The interest was high in both programs, with competition amongst rising PGY2s who were interested in the experience. The outcomes from our first year showed high scores on assessment of the value of the experience, the effectiveness of supervising faculty, engagement in the community health system, and the likelihood of pursuing community psychiatry careers. In this workshop, we will provide an overview of our collaboration process from the perspective of PDs from two institutions, community mental health partner leadership and a participating community track resident. We will discuss lessons learned, strategies and potential barriers. In small groups, participants will be engaged to discuss aspects of creating a community psychiatry track including; 1) funding a community psychiatry track, 2) obtaining support/buy-in from leadership, 3) crafting a quality community rotation curriculum, 4) recruiting, training and supporting community clinical psychiatry faculty supervisors, 5) cultivating collaborative relationships across systems, 6) developing goals and objectives and outcome measures. Each group will be provided a vignette that exemplifies a potential challenge/barrier and groups will brainstorm and discuss strategies. We hope to encourage networking, collaboration and inspiration for other programs to consider opportunities at their institution for innovation and collaboration.
	If you build, they will come: Preparing residents to lead a diverse workforce	Ludmila De Faria, Daniel Castellanos, Prisa Zachariah, Jose Hawayek, Stephane Degraff	The composition of psychiatry residency and fellowship programs has become increasingly diverse. Diversity in the psychiatry workforce is essential to providing high-quality, culturally sensitive patient care, promoting innovation and growth within the organization, and addressing the unique needs of underserved populations through research and advocacy. Diversity, equity, and inclusion within residency and fellowship training programs have risen to the forefront as a strategy to address health inequities. Residency programs and sponsoring institutions are required to “provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff.” Despite this, many healthcare leaders navigate complex situations regarding discrimination, racism, and fear of retaliation in everyday practice. Many psychiatry residency program leaders can find it challenging to intervene with supervisees involving aspects of diversity and equity, putting themselves in uncomfortable positions requiring feedback on these issues. Even in the most diverse and inclusive programs, senior residents and faculty face challenges in managing the complexities of ethnicity, race, gender, sexual orientation, and age among patients, staff, and residents. The Florida Psychiatric Society, a district branch of the APA, partnered with the psychiatry residency programs in Florida to provide chief residency leadership experience. RIPPLE, Residents in Psychiatry Programs Leadership Experience, provides chief residents and fellows with the opportunity to develop their leadership skills. Florida is a geographically dispersed state with great diversity within its residency and fellowship programs. RIPPLE brings together chiefs providing a familiar venue to foster specific leadership skills, such as effective communication and conflict resolution. The three presenters are psychiatry chiefs who will guide group discussions of leadership dilemmas and illustrate how the leadership training has helped enhance their ability to address diversity, equity, and inclusion. The presentation and cases will illustrate actual biases and diversity issues encountered in respective psychiatry residency and fellowship programs, improve awareness, and facilitate discussion on strategies and management. The RIPPLE program received an honorable mention from the APA DB Best Practice Award.
	Innovative Ideas in VA Training: Maximizing Educational Opportunities at VA sites	Melissa Buboltz, Margaret Stuber, Laura Sunn, Jose Torres-Miranda	The Veteran’s Health Administration serves as the largest integrated health care system in the US. Almost every medical school has an affiliation with a VA facility and the VHA is the nation’s largest provider of graduate medical education with more than two-thirds of residents obtaining a portion of their training at VA hospitals. The VA has been a site of innovation and residents can benefit from the strengths and experiences that arise only in the context of such an integrated health care system. In this workshop, we will assist leadership at VA-affiliated programs in maximizing the educational opportunities available to psychiatry residents. Faculty from different VA sites will share information about how learners are meeting educational requirements as well as unique efforts to ensure high quality and leading-edge educational experiences. Specific content that can serve to stimulate new ideas among those attendance includes sharing practices such as the following: Whole Health approach, simulation and multimodality training, involving trainees in quality improvement and patient safety activities, use of a domiciliary setting for SUD and internal medicine experiences, increasing exposure to more diverse populations, use of trending social media, interprofessional teamwork and learning, and teaching across multiple VA sites. Through an interactive format, participants will be guided in a process of considering potential changes to explore at their own site. Strategies to overcome anticipated barriers and challenges of effective implementation will be identified.
	Letting the PRITE Help: Review of Exam Uses for Learners and Programs	Arden D Dingle, Nicole Cotton, Alyssa Ehrlich, Emma Garcia Rider, Swetha Sirisinahal	Initially, the participants will complete an online poll to determine their current use of the PRITE exams and what information would be helpful; the polling either will be before the workshop or at the beginning. This information will be utilized to inform the presentations and discussions. The workshop presenters will provide a brief overview of relevant background and information on the PRITE exams and results. Examples from the presenters experience and published material will be provided. The workshop will then employ small and large group discussions to explore current and possible uses of the exams for resident knowledge and performance as well as for program content assessment and improvement. The emphasis will be on best use of exam information and how to manage unrealistic expectations of exam data (e.g. assumptions that designed to determine resident competence). Group input will be solicited to explore creative and innovative approaches to including exam data in resident and program enhancement. Case-based prompts will be provided to initiate and guide the group dialogues. The presenters will contribute their varied and considerable experience with assessing trainees and programs; teaching students, residents and fellows; and developing curricula with these exams. Dr Dingle is the PRITE editor in chief, a psychiatry residency program director and a former CAP fellowship director. Dr Cotton is on the PRITE editorial board and is a medical student clerkship director. Dr Ehrlich is a PRITE fellow and a 4th year psychiatry resident. Dr Garcia Rider is a medical student clerkship director and psychiatry residency didactic coordinator. Dr Sirisinahal is a psychiatry residency associate program director and residency scholarship elective supervisor.

	Preparing Culturally Sensitive Child and Adolescent Psychiatry Fellows to Assess and Provide Interventions to Migrants Presenting with Complex Trauma at the US/Mexico Border	Cecilia De Vargas, Eden Robles, Javier Segovia, Fernando Doval	Complex trauma can present unique challenges in training child and adolescent psychiatry fellows in assessment and treatment of unaccompanied migrant minors. The migration journey is often characterized as traumatic and training directors must provide clear guidance in supporting fellows in psychiatric care. While psychiatry fellows are mostly cognizant of the importance of culturally sensitive assessment and treatment, specific attention in training must be placed on the patient's cultural beliefs, language, religion, and assessment of multiple sources of traumatic events. One approach taken during training is to familiarize psychiatry fellows with the research on the multiple stressors minors face throughout the migration journey 1 and the forms of violence they experience, including sexual assault, theft, murder, and forced separation from their caregivers. 2 Therefore, fellows may anticipate that unaccompanied migrant minors are at significant risk for psychological distress, depression, anxiety, and post-traumatic stress. 3-5 In reviewing the literature, psychiatry fellows have the capacity to outline the substantial challenges before, during, and after migration. However, psychiatry fellows must learn practical skills in assessment and treatment beyond the literature. One approach towards treating complex trauma is the Trauma Training Modular Curriculum (TTMC) to address the various needs and integration of ongoing psychiatric training in trauma associated disorders and treatment interventions. Our objective for this workshop is to offer practical insights towards developing guidelines for training psychiatry fellows in culturally and linguistically appropriate patient care with migrant patients presenting with complex trauma. We present a case discussion of a child and adolescent psychiatry fellowship training program working with migrant minors presenting complex trauma along the U.S./Mexico border and offer specific guidelines for culturally sensitive treatment. We focus primarily on training experiences with child and adolescent psychiatry fellows, although our experiences may apply more broadly to trainees working with migrant communities presenting with complex trauma. Workshop presenters and participants will a) outline the unique mental health challenges faced by migrant populations as a result of complex trauma; b) discuss the importance of cultural competence in delivering psychiatric interventions to migrants presenting mental health challenges as a result of complex trauma; c) compare culturally sensitive evidence-based strategies for addressing the unique mental health needs of migrant populations; d) evaluate the role of collaboration and interdisciplinary approaches to providing comprehensive care to migrants presenting with complex trauma; and e) identify potential barriers and challenges presented in delivering psychiatric interventions to migrants. We draw upon patient cases from the child and adolescent psychiatry fellowship program to aid participant learning. Presenters will implement a jigsaw method towards facilitating active discussion on training fellows to treat complex trauma with migrant children and adolescents. Training psychiatry fellows to identify cultural differences and evaluate the numerous stressors present in these patients equips them to provide more sensible, respectful, and compassionate care. Through this training strategy, training directors empower psychiatry fellows to deliver more sensible, respectful, and compassionate assessment and treatment.
	Roadmap to Recovery: Guidelines for Addressing Substance Use Disorders in Physicians in Training	Paul Rosenfield, Manassa Hany	Physicians in training from medical school through residency and fellowship are at risk for substance use disorders, and these can have devastating effects on their ability to function, care for patients and complete training. A seminal survey in 1992 (Hughes) of nearly 10,000 practicing physicians found an 8% lifetime prevalence of substance abuse or dependence. In 2014, even higher rates of alcohol abuse and dependence were found among 7288 participants, and this was highly associated with burnout, depression, SI, quality of life, and recent medical errors (Oreskovich 2014). Several residency specialties have surveyed program directors or former residents about the prevalence of substance use and misuse and found significant rates (Lutsky 1991; Eckert 2016). When substance misuse or a substance use disorder is identified during medical training, there is an opportunity to intervene effectively with treatment and monitoring. However, stigma and punitive processes can undermine the recovery process and impede the trainees' ability to return to training. In a survey of anesthesia PDs in the US over 10 years (Bryson 2009), 62% of respondents reported experience with at least one resident requiring treatment for SUDs. 43% of PDs surveyed believe residents in recovery from addiction should be allowed to attempt re-entry but 30% believe they should not be allowed. Of residents terminated from or forced out of training, there appears to be a higher rate of Black trainees than white (https://www.statnews.com/2022/06/20/black-doctors-forced-out-of-training-programs-at-far-higher-rates-than-white-residents/). We are surveying residency and fellowship directors at Mount Sinai and nationally about their awareness of SUDs, the prevalence in their programs, the processes by which they handle SUDs among trainees, their awareness of physician health programs, their attitudes about re-entry and termination, and the policies of their institutions in handling SUDs. Based on this data, a review of the literature, discussions with experts, and our own experience, we are proposing guidelines for training institutions to create a fair, equitable and successful pathway for addressing this issue and promoting hope for recovery. This general session will introduce participants to the problems of SUDs in trainees and the challenges of ensuring successful treatment and return to training. We will share case examples and findings of the survey, and engage participants in shaping a protocol for their own institutions.
	The Disciplinary Process: Navigating the Evolving Landscape in Residency Training (**Suggested for new training directors*)	Ann Schwartz, Adrienne Bentman, Deborah Spitz	For all program directors, the disciplinary process is challenging. Initial faculty assertions of problematic behavior or incompetence may evaporate, arrive after submission of a passing evaluation, or become lost in the shuffle among rotations and sites. When confronted, the resident may be scared, misrepresent the issues, or be entirely unaware of the concerns. In spite of guidelines that seem clear, implementing the disciplinary process can leave the program director in a "grey zone" of confusion, surprises and difficult choices which can challenge even the most seasoned among us. Following a brief overview and outline of the disciplinary process, we will discuss the process of writing letters of deficiency and developing remediation plans. Samples of both, in Milestone 2.0 language, will be shared and discussed. The workshop will also address common challenges in the disciplinary process including addressing concerns with resident performance including poor insight, difficulty receiving feedback, executive dysfunction, poor boundaries, underlying psychiatric or substance use disorders to name a few; the case of poor performance but limited written documentation (though lots of verbal feedback from faculty in the hallway); challenges in implementing a plan to address deficiencies (which requires intensive resources, faculty time, mentoring); difficulties in ensuring a fair process, preserving resident dignity, and supporting the advanced residents and faculty involved in remediation; and problematic structural issues in the Department (low faculty morale, complex institutional requirements). We will discuss solutions to these problems and share techniques and experiences that have worked! The role of mentorship and coaching will be emphasized as there is something to be gained in the process, often by everyone involved. In a discussion about pitfalls and collateral damage, we will address the effects of disciplinary actions on other residents in the program and discuss how to manage the challenging and complicated feelings of vulnerability and fear that may arise in the context of remediation or dismissal of a fellow resident. We will also discuss the general generational differences and expectations in the process and how the Covid experience impacted resident expectations and performance.

	Understanding and Improving Trends on the ACGME Resident/Fellow Survey	Silvina Tonarelli, Edwin Williamson, Isheeta Zalpuri, Yasin Ibrahim, Alma Liliana Monroy Tijerina	Since 2004, the ACGME has required all accredited programs participate in the annual resident/fellow and faculty survey to monitor graduated medical clinical education. The survey asks trainees about their compliance with duty hours and their opinions of faculty, the feedback they receive, the educational content and resources of the program, professionalism, teamwork and overall experience with the program among other areas. In 2018, questions about resident's wellness were added reflecting a concern about physician burnout. The survey acquired even more importance when the ACGME reduced the frequency of regular site visits. The program receives the aggregate results by May or June and is expected to respond to any concerning survey items in the ACGME's Accreditation Data System (ADS) annual update. This can be a source of considerable stress, especially for less experienced program directors with relatively little guidance available in the literature. One paper advocated for receiving the survey results and then focusing on identifying unique resident and program-specific needs that are crucial to create an effective improvement plan. A National Multi-Specialty Panel of Residents and Fellows discussed current resident attitudes toward the ACGME and its accreditation role, and concluded that the resident population at large misunderstands the organization's mission, character, and goals. A clear message to residents about why the survey is important is needed in spite of many controversies about it. Although it can be painful initially to see a low score, the anonymity of the survey may allow the program director to learn about problems and concerns before they reach a crisis point. In addition, low scores can be the leverage a program director needs to negotiate with the institution on behalf of their residents. In the spirit of foreseeing a new way forward, training directors will benefit from not only learning about the areas covered by the ACGME survey, but also learning how other programs facing the challenges of this annual evaluation.
1:00 - 2:15 pm	Plenary: Lunch for all | Award Presentations: Lifetime Service, Lucille Fusaro Meinsler Program Administrator, and inaugural Iverson Bell Jr. Faculty Fellowship Awards | Business Meeting including PA Caucus Report	Randon Welton	
	Acknowledgement of support		**AADPRT would like to thank Professional Risk Managements Services (PRMS) for underwriting expenses associated with the Iverson Bell Jr. Faculty Fellowship Award.*
~~2:30 - 5:30 pm~~	~~DEI Workshop~~	~~Kenneth Hardy~~	
2:30 - 4:05 pm	Training Director Career Stage Forums: *Choose workshop that best suits you.*		
	NEW CAREER STAGE FORUM: Future Training Director: From Learner to Leader: A Reflection on Direct Transition from Senior Resident to Associate Program Director at the Same Institution	Winston Li, Karon Dawkins	The transition from senior resident to new attending physician at the same institution is significant, and even more so when it is coupled with a new title of APD of a psychiatry residency. Direct progression from trainee to leader at the same residency brings about a unique set of challenges and opportunities. The challenges faced relate to the abrupt change from resident to APD, while much of the department faculty, staff, and other residents remain the same. The new APD finds themself supervising, managing, and perhaps even disciplining residents who only recently were their colleagues and who may be not entirely different in age and years of experience. As a residency education leader, the APD must similarly manage and perhaps even provide negative feedback to senior faculty in the department. These same senior faculty may have recently been supervising this APD, and may still view this APD as a trainee at heart. Finally, the APD must craft an effective partnership as a colleague with the PD, who for the past four years has existed not as a co-worker but a supervisor and superior. Taken together, these represent a series of obstacles for the new APD with the unique relationship dynamic of changing roles at their home institution. To face these challenges, the new APD can draw from certain strengths and unique insights to add value in their role as leader. As a recent graduate of the residency, they have first-hand knowledge and context to appreciate the residency's strengths and weaknesses. Coupled with their new perspective as an attending and platform as a leader, they have a special chance to initiate positive change. This position may also help them serve as a bridge between the more senior faculty and junior residents. Additionally, the APD and PD can work together to effectively communicate with each other, and the rest of the residency and department. Regular, scheduled meetings between the newly minted APD and PD can promote a sense of unity and prevent splitting, in addition to providing a structured way for the PD to provide mentoring and coaching to the APD. In the vein of preventing splitting, having the PD and APD cc'd together on all emails regarding residency matters can also be helpful. Inviting the APD to standing meetings focused on residency education that the PD attends, can further promote cohesion. Finally, explicitly defining the roles and duties of the APD can offer a sense of clarity and also autonomy for the APD, and help them develop an identity as a leader. The leap from senior resident to APD at the same institution can be a big leap. We analyze the dynamics of this transition and aim to offer concrete tips to make this a successful move. This session offers guidance for both aspiring future associate training directors as well as senior training directors tasked with mentoring and supporting these candidates.
	New Training Director (NTD)	Lindsey Pershern	In the afternoon session for NTDs, we will provide new training directors (NTDs) an overview of the roles and responsibilities of training directors and associate training directors, nuts and bolts of regulatory agencies and requirements and craft activities to apply this knowledge authentically and leveraging the diversity and experience of their NTD peer groups. NTDs will be assigned groups with an NTD mentor for the morning symposium. They will remain in their same small group for the afternoon workshop session.
	Early Career: Take a Step Back: Tools for Difficult Conversations When Stakes and Emotions are High	L. Joy Houston, Sumru Bilge-Johnson, Christine Bartow, Neha Sharma, Brendan Scherer	PDs deal with a great many difficult conversations, both personal and professional. These can range from formal and informal feedback to negotiation with outside facilities for more resources or rotation time. Very few PDs have received formal training in holding these crucial conversations, yet they are asked to begin doing so immediately upon assuming the role. This workshop is designed to provide early career PDs with the basics of negotiation theory and strategy, including the differences between positional and principled negotiation and the different phases of a negotiation (pre-planning, planning, and execution). Additionally, we will cover skills unique to crucial/difficult conversations, such as the three critical questions to ask before engaging in a difficult conversation and how to shift a conversation away from an adversarial conversation toward a learning conversation. Participants will assess their communication style under stress and learn about the importance of self-monitoring and reflection-in-action in being able to adapt as a conversation unfolds. These skills will be practiced through a discussion of simulated videos before allowing participants to practice through roleplay. Particular focus will be given to how these skills can be utilized in discussions around how to navigate and negotiate in this landscape of limited PD time, which has been a source of stress for many programs, and how to manage resident and faculty related issues successfully.

	Mid-career: Should I Stay or Should I Go? Strategies to Keep Mid-career Program Directors Engaged and Professionally Fulfilled	Isheeta Zalpuri, Consuelo Cagande, Shirley Alleyne, Benedicto Borja, Sallie De Golia	Being a mid-career Program Director (PD) can feel like a "mid-life crisis," especially when you begin to ask yourself "Is this still the right role for me?" or "Do I want to continue to be a PD?" Aside from the clinical and teaching responsibilities, the administrative workload can make it challenging to juggle the taxing personal responsibilities of midlife. Given that burnout is a common experience among Psychiatry PDs and is associated with a desire to resign as well as a struggle to find meaning in this highly demanding position, it is critical that our organization find ways to support our members along with several resources already offered (e.g. mentorship program, consultation program etc.). This workshop will add to the supports available to our membership. As a physician, saying "yes" is often expected and reinforced. The culture of medicine accentuates some of these issues as being a "team player" is considered a vital trait. This expectation is especially true of women and under-represented faculty. Also, early on in one's career it is often crucial to take on more responsibilities and get involved with projects to build one's career and CV, but eventually saying "yes" to various demands and opportunities may lead to burnout and impact work-life integration. This may be especially true of those who already commonly experience burnout. This workshop will focus on discussing some strategies on how to reflect and mitigate what may seem a "mid-life malaise". There is evidence to support that opportunities for professional as well as leadership development are associated with professional fulfillment and well-being among individual physicians. Mid-career physicians often feel stuck with having said yes to too many opportunities as they start out in their career and not knowing how to balance and prioritize various opportunities as their career advances. Meaningful work and a healthy work-life integration are antidotes to burnout. Saying "no", when appropriate, is a skill that supports wellbeing and one's professional fulfillment. The session will help participants identify some non-promotable tasks (NPTs) that they enjoy and how to convert them to promotable tasks using mentorship and innovative techniques. Another important leadership skill to sustain a mid-career PD's well-being is to master delegation. This skill will allow the mid-career PDs to off-load time-consuming tasks to others to become an effective leader. By freeing oneself of these tasks, one will be more able to strategize, prioritize and innovate. The workshop will introduce the rational for, myths commonly held in association to, and a practical step to learning the skill of delegation, critical for mid-career PDs success.
	Late-career: Inspiring Meaning, Mentalization, and Mentorship	Dorothy Stubbe, Carol Bernstein, Arden Dingle, Steven Fischel, Donald Hilty	Residency program director (PD) tenure is variable. The ACGME reported 13.4% of specialty and 12.4% of subspecialty programs had at least one PD change during the '21-'22 academic year. Psychiatry PD turnover was even higher (17.3%). Burnout, a long-term stress reaction of emotional exhaustion, depersonalization and feelings of decreased personal achievement, impacts around 51% of physicians. Highest rates were 6-10 years post-training. 20% or more professional effort on meaningful dimensions of work dramatically decreases burnout. In a recent survey of psychiatry PDs, 44% of respondents described feeling burned out almost daily or weekly. These PDs reported a desire to resign (77%), having experienced discrimination (66%), and struggled with finding meaning in their job (44%). Personal and institutional factors impact PD longevity and career satisfaction. Personal characteristics of an unhealthy work-life balance, the inability to stop thinking about work, financial stress, and poor coping are correlated with burnout, whereas the opposite characteristics are resiliency factors. The most frequently endorsed contributors to PD burnout are departmental and institutional obstacles, negative work climate, administrative burden, inadequate work-life balance, professionalism concerns about residents, and insufficient support. The role of PD is multifaceted. PDs often maintain clinical and research responsibilities while directing a quality educational program. Leadership skills are necessary to administer and coordinate the multiple curricular, budget, teaching, mentoring, recruitment, evaluative, and reporting requirements. Effective collaboration skills are required to maintain effective working relationships with clinical administrators, department chairs, the Designated Institutional Official (DIO) and teaching faculty. Given the significance of the PD role, experientially acquired and cultivated skills as a program leader along with commitment to the next generation of superior physicians is necessary for program success. Despite challenges, there are highly rewarding aspects of the role of PD. The opportunity to learn from, teach, mentor, support and take joy in the professional development of the next generation of psychiatrists is sustaining. Gaining leadership skills and leadership roles provides an opportunity to positively impact the field. Developing a group of life-long friends, and confidents in the field is enriching. Late career PDs that mentor the next generation and enable smooth program transitions may reflect upon contributions while formulating future life goals—enhancing well-being and ego integrity.
	Lifer Gathering: Embracing "Senior" Titles with Hope and Anticipation	Shashank Joshi, Geri Fox, David Kaye, Josepha Cheong, Sheldon Benjamin	"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_____(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 past traditions and cultural achievements, and developing wisdom and spiritual depth – while also working to reshape ones that have proven hierarchical and fraught with inequities and a lack of inclusiveness.
2:30 - 5:15 pm	PA (Coordinator) Symposium	Juliet Arthur, Roopali Bhargava, Lora Goudreau	
2:30 - 3:30 pm	The Crucible of Residency: Professionalism as the Times, the World, and the Generations Evolve	Suzie Nelson	PAs are present for critical moments in the lives of psychiatry residency trainees, from the earliest days of recruitment to the program, alongside the challenges of navigating hard work and long days, and through the collective celebration as they graduate. A trainee's reliance on their Program Administrators is more than merely administrative in nature, in that they also share triumphs and tragedies with potentially greater openness and candor than with Program Directors or Faculty. The PA can see a trainee at their best and their worst. Trainees reach out not only for practical information but also for personal and professional support, giving the PA a unique position from which to guide the trainee along their journey to becoming an independent psychiatrist. PDs and PAs alike have observed trainees glean important lessons about professionalism and in doing so have also observed challenges to this developing aspect of identity. How have events like the COVID-19 pandemic shaped our understanding of professionalism? How have chronic, long-term challenges for health equity and inclusiveness impacted the identities of psychiatrists as they have progressed through training, particularly in recent years? As we will soon prepare to welcome a new generation into residency training, we recognize that there will be regular and commonplace interactions among four different socio-culturally defined generations among residents and faculty. How do the characteristics sometimes shared within differing generational groups impact professionalism in the identity formation that occurs during residency training? This interactive symposium will review an historical perspective on professionalism in medicine and discuss the how impacts that shifting and changing generations and events shape professionalism for us. As an aspect of developing identity for trainees, professionalism will be within the crucible shaping our future psychiatrists. In their multi-faceted roles in the lives of trainees, PAs reinforce and guide residents during their time in the crucible and will continue to be of critical importance for the process.
3:30 - 3:45 pm	Coffee Break		

	PA (Coordinator) Career Stage Forums	Juliet Arthur, Roopali Bhargava, Lora Goudreau	
3:45 - 5:15 pm	New Program Administrators University	Jennifer Laflin, Karla Anderson, Kendra Emmett-Goldswasser, Brittany Nelson, Carrie Schuab, Evonn Wingfield	The New Program Administrators University will provide new PAs with a comprehensive overview of the nuts and bolts of being a residency and/or fellowship PA. Areas that will be included: recruitment, the academic year and planning, documentation for accreditation and certification and the role of professionalism as a PA. The goal of the workshop is to provide the tools that PAs need to support and maintain the various needs of their program. Attendees will be divided into four groups to learn more about each topic. This will be followed by a large group interactive activity that will summarize what has been learned.
3:45 - 5:15 pm	Experienced PA Presentation: Money Matters: Asking for What You are Worth!	Melody Johnson, Chrisandra Knight, Chantel Blanchard	We will cover creating proposals and portfolios, which will help the learners identify ways to outline their training, certifications, and work skills. In the process, this will educate PA's on how to create opportunities for advancement and salary increases.
3:00 - 5:30 pm	Have an ACGME question? Ask the rep - schedule a 15 minute appointment (scheduling during the online registration process required)	Donna Sudak	
4:15 - 5:15 pm	REGIONAL CAUCUS MEETINGS (AADPRT TD/ATD members only)		Member concerns and awareness of such concerns for organizations is a vital priority. However, on time communication from members to leaders and vice versa can be challenging at times. The goal of regional caucus is to facilitate these bidirectional conversations. In addition, this is an opportunity for Training Directors to get to know their colleagues in their local areas.
4:15 - 5:15 pm	Region I: New England	Auralyd Padilla, Brian Skehan	
4:15 - 5:15 pm	Region II: New York	Paul Rosenfield, Manassa Hany	
4:15 - 5:15 pm	Region III: Mid-Atlantic	Monica Dhingra, Jamie Hom	
4:15 - 5:15 pm	Region IV: Midwest	Victoria Kelly, Jyotsna Ranga	
4:15 - 5:15 pm	Region V: Southeast	Jessica Sandoval, Cecilia DeVargas	
4:15 - 5:15 pm	Region VI: California	Reza Farokhpay, Anne McBride	
4:15 - 5:15 pm	Region VII: Far West	Michael (Sean) Stanley, Benjamin Lafferty	
5:15 - 6:45 pm	Opening Night Party		
Thursday, 2/29/24	**Programming**	**Leader/Speakers**	**Abstract or program description**
7:15 am - 5:30 pm	AADPRT Meeting Registration		
7:15 - 8:45 am	Breakfast (except PAs)		
7:30 am - 12:35 pm	PA (Coordinator) Breakfast and Symposium	Juliet Arthur, Roopali Bhargava, Lora Goudreau	
8:00 - 9:00 am	PA Caucus Chair Presentation	Krystal Hernandez	
9:05 - 10:05 am	Sailing the Waters of Change: Your Ship's Not Sinking, You Just Need to Navigate a New Course!	Barbara Burns, Elaine Danyew	Life in the PA's chair revolves around change. The PA must navigate the constantly changing currents of recruitment, onboarding, etc., while juggling changing ACGME and GME requirements. Managing this "stormy" environment is challenging and stressful. To be successful, the PA needs to develop tools to handle this ever-changing world, including tools for planning for change, knowing the new rules, managing difficult conversations, ADS, etc., and finding time to rest and regroup. This session will discuss strategies for dealing with these issues. Tools to navigate this stressful environment, including developing a personal chart to keep the PA in a safe harbor, will be discussed. This "navigational chart" will help the PA successfully navigate "stormy" waters to stay on course and continue to maintain balance and excel in their career.
10:10 - 10:30 am	Spicing Up Boring Meetings to Improve Resident Engagement	Jessica Collier, Will Schleyer	We will be leading a brief workshop on methods for increasing engagement in otherwise dry/boring meetings. For PRITE review, we designed a Jeopardy style trivia to engage residents, grouping the residents across class years and utilizing PowerPoint to make a fun game out of a traditionally less engaging subject matter. We will go through our process of creating and executing the game as well as discussing resident response and feedback. For Orientation and other ACGME-required topics, we solicit and built in facts and "guess who" pictures into our slideshows to create a fun aspect and break up the monotony of fact-based slide shows. As an added incentive for resident participation, the training office will also participate if we hit a certain % of resident participation. We will show examples we've used in the past and can brainstorm other avenues for this with meeting participants.
10:30 - 10:55 am	Coffee Break		
11:00 am - 12:00 pm	Reflecting on the Relationship Between Program Director and Program Administrator	Stef Keator, Adrienne Van Winkle, Jyotsna Ranga	Our presentation will give an overview of different challenges that the PD & PA might face working together. We will spend time reflecting on the roles and responsibilities that each hold and the importance of supporting each other. We will encourage personal growth through self-reflection. Our presentation will take a light hearted approach to PD/PA relationships with the hope that through hyperbole, we can see glimpses of ourselves in each example.
12:05 - 12:35 pm	Medical Students: Where Recruitment Starts	Lindsay Clark Williams	As GME professionals, many of us are tasked with school of medicine responsibilities. This presentation will cover fourth year medical student needs such as Sub Internship opportunities for both home and visiting students and preparing medical students for interview season. We will look at the administration side covering ideas on how to schedule rotations and walk through the National visiting student portal (VSLO). Recruitment begins with medical students, this presentation will formulate ways to jumpstart your recruitment to successfully assist fourth year medical students to become your new interns!
7:30 - 8:45 am	Regional Representatives Committee Meeting #2 (open to regional representatives only)	Sandra Batsel Thomas	

7:45 - 8:45 am	Combined Programs Caucus Meeting (AADPRT members only)	Jeremy DeMartini	
7:45 - 8:45 am	Community Programs Caucus Meeting (AADPRT members only)	Rebecca Lundquist	
7:45 - 8:45 am	Curriculum Committee Meeting	Anuja Mehta	
7:45 - 8:45 am	Justice Equity Diversity and Inclusion (J.E.D.I.) Committee Meeting (AADPRT members only)	Ulrick Vieux	
7:45 - 8:45 am	Neuroscience Education Committee Meeting (AADPRT members only)	Mayada Akil	
7:45 - 8:45 am	New Programs Caucus Meeting (AADPRT members only)	Karim Ghobrial-Sedky & Laura Sunn	
7:45 - 8:45 am	Psychotherapy Committee Meeting	Anne Ruble	
7:45 - 8:45 am	Rural Programs Caucus Meeting (AADPRT members only)	Daniel Elswick	
7:45 - 8:45 am	Small Programs Caucus Meeting	Gary Swanson	
7:45 - 8:45 am	Wellbeing & Burnout Committee (AADPRT members only)	Lillian "Joy" Houston	
8:00 am – 3:45 pm	Exhibitors		
9:00 - 10:30 am	Plenary: Speakers: Adam Brenner, MD & Donna Sudak, MD | Award Presentations: George Ginsberg Fellowship and Victor J. Teichner	Rashi Aggarwal, Adam Brenner, Donna Sudak Moderator: Ulrick Vieux	*Empowering Psychiatry Residents with Effective Psychotherapy Training* : Donna Sudak, MD: Multiple competing demands exist in determining the "right" educational experiences for the developing psychiatrist. Because psychotherapy training is a time and labor-intensive process, many question the practicality of such training for psychiatric residents. Conversely, there is an increasing recognition of the limits of current biological treatments, a high demand for skilled psychotherapists, and a significant evidence base for the effectiveness and durability of treatment with psychotherapy. Well-trained psychiatrists must have the knowledge and skill to prescribe and deliver psychotherapy. Models for training in psychotherapy exist that could increase training efficiency and effectiveness in residency. Future use of AI and other computer-based tools may also help us provide such training more effectively.
			What if We Train all General Psychiatrists to be General Psychiatrists? Adam Brenner, MD: Training physicians to be general psychiatrists is a daunting task. We are the medical specialty which treats brain conditions that manifest with behavioral or mental symptoms. Since psychiatric illnesses exist at the intersection of neuroscience, culture, and psychology, a general psychiatrist must be trained in a broad range of foundational intellectual disciplines. Several different forces may drive the creation of subspecialties. One is when the complexity of clinical area is so great that additional training is deemed necessary. Another, however, may be the need to legitimize the study and treatment of a marginalized cohort, such as persons with addiction and older persons. Unfortunately, there can also be unintended effects of subspecialty creation, including a decrease in the sense of 'ownership' of subspecialty patients by general psychiatrists. Today we face challenges that call for revisiting the boundaries between our core specialty and subspecialties. Addiction psychiatry, geriatric psychiatry, and child/adolescent psychiatry encompass three of the most urgent areas of population mental health need. First, the aging of the Boomer generation means our geriatric population will continue to expand sharply and some evidence indicates this generation is at particularly high risk of psychiatric illness. Second, the opioid epidemic – already far from controlled – has accelerated in the past several years with the rapid spread of fentanyl across the entire country. Third, youth mental health was already a growing crisis before the pandemic and evidence suggests that COVID sharply worsened the isolation and suicidality among adolescents. Are we prepared to meet these needs? The good news is that general psychiatry programs have been growing and this has been matched by an upswing in numbers of US medical graduates aspiring to psychiatry. The bad news is that this has not created momentum that carries over to the subspecialties, where recruitment remains difficult and many training spots are unfilled. In this talk I will describe the nature of the challenges we face in preparing psychiatrists to respond to population mental health needs. I will argue that we need to substantially change how our core specialty defines its priorities to better encompass the public mental health epidemics we are facing. I will suggest that though each subspecialty encompasses complex cases beyond the scope of general psychiatry training, they also include relatively routine presentations that may be within the reach of all our graduates. We will then explore what it would take to prepare all general psychiatrists – both in terms of skill sets and in terms of professional identity – to rise to the current occasion.
10:30 - 10:55 am	Coffee and Conversation with Adam Brenner, MD & Donna Sudak, MD	Adam Brenner, Donna Sudak	
10:30 - 10:55 am	Coffee Break		
11:00 am - 12:30 pm	Workshop Session #2		

	Advocating for Advocacy: The Good. The Bad and The Downright Urgent!	Vishal Madaan, Craig Obey, Katherine Kennedy, Petros Levounis	Physician advocacy is defined as action, support and engagement to further a particular cause, policy, or issue. Physician advocacy can occur at various levels, ranging from interpersonal, to institutional, to community-based, to local, state, and federal legislation-based, onto even a global level. Impact of physician advocacy ranges all the way from running a solo private practice, to running for national office, and all levels in between. When applied to physicians, Frank (2005) notes that advocacy involves utilization of "their expertise and influence to advance the health and well-being of individual patients, communities and populations." Bhate et al. (2015) note that "physician advocacy involves the pursuit of strategies outside the provision of medical care to effect a desired positive change in the health of individuals or communities." Unlike the basics of diagnostic and treatment approaches that are ingrained in psychiatry residency training, formal advocacy training is often missing from core psychiatry curricula, and is unlikely to be learned by casual discussion and passive observation. Training in effective advocacy involves not only a basic understanding of policy and governance, but also active learning and engagement with a number of complex skillsets that include, but are not limited to, effective methods of communicating with elected officials, providing legislative testimony, media training, media outreach and communication, organizing, negotiating, and building coalitions and campaigns. Through this interactive workshop, we aim to review specific concepts in physician advocacy and highlight approaches to enhance and implement formal advocacy education in psychiatry. We will discuss strategies and challenges relevant to developing and implementing an advocacy curriculum, including working with elected officials and coalition-building. We will provide examples of various advocacy curricula and share with attendees the details related to creation of an APA model advocacy curriculum. Practical suggestions from the audience members will be incorporated into APA's development of its model advocacy curricula.
	Drawing ACEs in the game of life: An innovative training strategy to teach social determinants of health and adverse childhood experiences	Paul Rosenfield, Susan Kim, Arifa Zaidi, Lauren Cottrell	Given the significance of eliciting a trauma history, it is important for psychiatry trainees to feel comfortable discussing and asking for their patients' trauma history. In order to raise awareness of the importance of considering Adverse Childhood Experiences (ACEs), we will utilize an innovative board game that we have developed to teach about how the presence of ACEs can impact one's life trajectory. Players will vicariously live the lives of four characters who come from different backgrounds and face unique challenges depending on their ACEs. Attendees will be exposed to the characters' social determinants of mental health and learn first-hand how these characters' backgrounds may impact their ability to progress in life and achieve success and happiness. During the session, the audience will be assigned to one of the four characters. Each character will have a different number and type of ACES assigned to them. Our goal is to provide a hands-on opportunity for the players to learn and appreciate the various struggles a character with many ACES may have to overcome in life and how obtaining help and psychiatric treatment or having a protective factor can alter the outcome. We hope that this board game will motivate participants to consider how they would like to incorporate training on ACEs and SDOMH for their trainees. The session will conclude with a discussion about the characters' outcomes, the way in which ACEs and social determinants of health played a role in their lives, and the importance of incorporating trauma and structurally competent care to our training and practice.
	Follow the Yellow Brick Road: Teaching Through the Test	Ashley Walker, Joseph Cooper, Melissa Arbuckle, David Ross, Bernice Yau	The Formative Assessment Rubric Experience (FARE) was designed to incorporate the best elements of MCQ and open-ended assessment approaches. First, learners commit to an open-ended answer. However, unlike purely open-ended questions, FARE incorporates a feedback mechanism within the assessment itself. Learners review a standardized rubric, score a sample response using the rubric, receive feedback on their scoring, and then grade their own open-ended response using the same rubric. Finally, they are asked to submit a new response based on what they've learned. FARE allows for greater reflection on self-assessment for complex topics, while still providing structured feedback to the participant. FARE takes learners on an educational journey, as one participant described, "like following the yellow brick road." In this workshop, participants will experience an interactive teaching session that leverages the FARE method. We will reflect on what the experience was like as a learner and what it would be like to implement this type of approach for different topics and settings. Finally, we will discuss how to optimize synergy between educational design, learning objectives, and assessment strategies.
	Getting to Know You: The Future of Second Looks in the Era of Virtual Interviews (**Suggested for new training directors*)	Taylor Preston, Shambhavi Chandraiah, Paul Carlson, Sandra Batsel-Thomas, Lillian Houston	With the onset of the Covid-19 pandemic in 2020, virtual residency interviews were adopted as the standard due to public health concerns. After 3 years of virtual interviews, multiple benefits of continuing virtual interviews have been identified. These include decreased cost to applicants and programs, a "leveling of the playing field" for applicants, and decreasing the carbon footprint of widespread travel (1,2). Many programs have also cited the improved efficiency of the virtual interview day, which has allowed applicants to meet more faculty and residents in a shorter timeframe (3). Despite these positives of virtual interviews, programs and applicants have noted that virtual interviews do not permit the same level of interaction with current residents in the way that an in-person interview day would. Applicants also have a difficult time gauging the "feel" of the program's geographic area (4). Of note, in one study, 64% of applicants reported that interactions with residents were the most important part of the interview process and 81% believed that this could not be replicated virtually (5). As a response to this concern, some programs have begun offering in-person Second Look events. There has been some concern that the costs associated with travel to in-person Second Looks might detract from the equity that comes from virtual interviews. There have been no publications on Second Look events in psychiatry since the beginning of the pandemic, but one study surveyed Second Look participants in radiology and only 21% of respondents felt that the cost of attending in-person Second Looks was substantial. Furthermore, many programs have committed to locking their rank list prior to the Second Look so that no advantage could be conferred to residents who chose to travel to the event. Other strategies to avoid effects on ranking have included blinding ranking committees regarding which candidates attended Second Look events. In this workshop, we will use a brief didactic to introduce participants to the background of Second Looks, best practices from NRMP, AAMC, and AADPRT, as well as specific strategies that have been used successfully at the institutions of the presenters. We will then utilize breakout groups in which participants will have the opportunity to apply the presented content to create a plan for their program's own Second Look. We will conclude with the opportunity for groups to present their ideas and plans.
	Going Clubbing: Adapting Journal Club to Improve Engagement Among 21st Century Learners	Adriane dela Cruz, Yash Joshi, Elizabeth Ryznar, Jacqueline Clauss, Adeolu Oladunjoye	This session will focus on maximizing the educational potential of journal clubs, particularly in the light of recent changes in psychiatry education. Results of a nationwide survey of psychiatry program directors on the purpose, prevalence, and implementation of journal club will be presented. Presenters will detail a framework for the systematic implementation of effective journal club sessions based on Kern's six step approach for curriculum development. A model journal club curriculum ("Journal Club Superstar") and preliminary evidence of the efficacy and acceptability of that curriculum will be presented along with different methods for curriculum implementation at the authors' different institutions. The bulk of the session will then be devoted to small group break out sessions offering a forum for participants to discuss implementation strategies (objectives, format, article selection, and preguide/appraisal tools), share successes and pitfalls from their own journal club experiences, and brainstorm solutions for new or existing journal club activities. A large group debrief for further sharing of best practices will follow the small group discussions. Alternatives for journal club, based on various technologies (e.g., podcasts, social media), will also be discussed as a crucial piece of adapting journal club among trainees in psychiatry programs.

	Graduate Medical Education Funding Made Less Complex	Jed Magen, Emily Schnurr, Krystle Graham, Sarah Mohiuddin	Graduate Medical Education programs rely heavily on Medicare funding mechanisms that include direct and indirect medical education components. Caps on hospital residency numbers decrease flexibility to change numbers and funding generally remains flat even as program costs increase. A working understanding of how programs are funded is helpful to PD's when talking with chairs, DIO's and hospital administrators and in understanding where they may have abilty to make cuts or to argue against such cuts. PDs from a traditional academic medical center, a university-based program using community hospitals and an urban Community Mental Health Center will lead the workshop with a department chair with GME funding expertise. This workshop will help PDs understand current basic mechanisms of program funding, review GME regulatory changes and new legislation. The following topics will be discussed: the basics of Graduate Medical Education funding; direct GME costs/reimbursement; indirect GME costs/reimbursement; caps on housestaff numbers and years of training; workforce issues; changes in Medicare payment for services and where does all the money go; and an example residency budget. Possible Responses: resident generated revenues; other funding sources (state, local); "outsourcing", consortiums, other novel responses; and Federally Qualified Health Centers and Teaching Health Center grants.
	Guiding learners toward the fire: The space between boredom and burning	Alissa Peterson, Erick Hung, Lucy Ogbu-Nwobodo, Joe Klein	Over the past decade, there has been increasing attention to the importance of creating a culture of safety in institutions of higher education. Advances such as trauma-informed medical education and restorative justice emphasize safety as a foundational element in learning environments. With this, the definition of what it means to feel safe to an individual and the learning community has expanded. Learners may feel unsafe not only when they are mistreated, or threatened, but also in situations where they feel uncomfortable or fearful. The Yerkes-Dodson framework proposes that the relationship between mental arousal and learning and performance can be represented as an inverted U-shaped curve. When arousal levels are too high or too low, performance and learning suffers. If arousal is correlated with feelings of safety, then learners who feel unsafe – for any reason - may not be able to perform or learn despite our best efforts. Furthermore, our educational systems were historically not built for diverse learners. We must eliminate the structural barriers that prevent trainees from succeeding in learning environments, and create communities of equity, belonging, and anti-oppression. So, how do we create and maintain this culture of safety and still encourage learners to stretch and grow? Have we gone too far? Or not far enough? In this workshop, we will explore frameworks for identifying this middle ground, where learners are neither over-protected nor shut down in the learning environment. We will identify interventions at individual, program, and institutional levels that optimize learning and encourage growth.
	Guiding Principles and Recommendations For Psychiatry Residency Training: 2040 and Beyond	Jacqueline Hobbs, Molly Camp, Kathleen Crapanzano, Arya Soman, Antonia S New	The AADPRT Curriculum and Assessment Review Task Force (CAR TF) was formed to review the current curriculum and assessments for general psychiatry residency programs and to re-evaluate training as it has existed over many decades. In identifying an optimal curriculum for the future, the task force has considered several issues including, but not limited to: what will a graduate of psychiatric training need to know and do to best meet the needs of our society and population in 2040?; how much time should a trainee spend in internal medicine, neurology, psychotherapy, addiction, child, geriatric, etc.?; should other rotations be required (ECT, TMS)?; should there be new, required didactics in topics such as team leadership, advocacy, medical financing, population health, etc.?; how much elective time should be offered, when should it be offered, and how does this compare to other specialties?; and How should competency for graduation be assessed? During this workshop, the AADPRT CAR TF will provide updates on its vision of what a psychiatrist in 2040 (and beyond) will "look like" and reveal its latest recommendations and Guiding Principles for residency curriculum change determined from literature review, expert input, AADPRT membership input from the 2023 annual meeting, and TF member deliberation. Feedback and discussion will be sought from members via audience response and Q&A to further guide the TF's work and ultimate recommendations to the membership as well as stakeholder organizations such as the ACGME.
	Improving Trauma Informed Psychiatry Education by Integrating the 12 Core Concepts of Childhood Trauma	Jennifer O'Donohoe, Kristi Kleinschmit, Timothy Spiegel, Celina Jacobi, Margaret Stuber	The goal of this workshop is to help attendees address the importance of incorporating trauma awareness and education into residency and fellowship training. The workshop will start with an ice breaker designed to engage participants and start building psychological safety within the group. We will briefly review and define the impact of childhood trauma on psychiatric patients and their families. Next, using an interactive and anonymous tool (Poll Everywhere), we will complete a survey and needs assessment of current trauma curriculum at participants' individual training programs. We will introduce the 12 Core Concepts, which were developed by the National Child Traumatic Stress Network. We will then have an interactive breakout session where participants will practice applying the Core Concepts to a clinical vignette. Large group discussion will focus on the experiences of the participants. There will be a brief presentation of practical strategies that have been used to incorporate trauma education into psychiatry residency and fellowship training curricula. This will include a discussion of the childhood trauma certificate program at the University of Utah and other efforts being made nationally. We will have the participants consider how they could improve the trauma education within their own programs. We will conclude with a review of the importance of trauma education and awareness within psychiatric residency/fellowship training. Participants will be invited to join our efforts in improving trauma education and creating national standards and best practices. Participants will receive handouts that include the core concepts and strategies for improving trauma education within their own institutions.
	Training Psychiatry Residents and Fellows to assess and treat Justice-Involved Persons with Substance Use Disorder	Theadia Carey, Anne Ruble, Michael Dawes, Brendan Scherer, Daniel Augustadt	This workshop will start with an introduction of challenges/barriers in treating justice-involved individuals. There will be an interactive case discussion higlighting what trainees are likely to encounter in clinical practice, a breakout discussion of the key points, coaching session on how to interview a previously incarcerated individual (what to do/not do in a taking a carceral history (patient is post-release), and treatment plan consideration (employment, housing, insurance, parole/probation status etc.) Use of a polling session to highlight common misconceptions practicing in the correctional system, such as: incarcerated individuals do not have access to drugs of abuse or alcohol, psychiatric conditions are not treated, and Medication Assisted Treatment is not available. We will present two innovative programs that provide trainees with learning experiences on assessment and treatment for persons with SUD and Substance-Related Disorders in carceral systems. These two programs are: 1) Boston Outpatient Assisted Treatment Program (BOAT), a treatment program created in partnership between the Boston Municipal Court and Boston Medical Center, to provide comprehensive mental health treatment for justice-involved clients with substance use disorders and other co-occurring disorders. 2) San Mateo County's use of a California Grant to increase opioid use disorder treatment. These presentations will lead into small group discussion for attendees to identify what resources are in their area, and how to connect with local resources. At the conclusion of this workshop, TDs will have a better understanding of what residents/fellows need to know about working with justice-involved individuals and will understand unique ways to incorporate training opportunities to work with justice-involved persons.

	Unlocking the Power of AI in Psychiatry: A Workshop on Integration, Tools, and Ethical Considerations	Dale Peeples, Ronke Babalola, Simarpreet Kaur, Tabish Riaz, Sivaranjani Ayyanar	For years, artificial intelligence (AI) has slowly gained attention as a resource for the diagnosis, treatment, and prediction of risk with respect to mental healthcare.(7,9) However, it is only within the past year that some of these tools have become universally available, and easily incorporated into clinical practice and residency education. As educators these tools can help summarize and review information, craft educational content, and assess performance.(6) They can simulate encounters for learners and help explore differential diagnosis and treatment options. Clinically, AI can be used to craft responses to patients with both empathy and accuracy and assist in documentation with dictation and summary.(1, 4) For the researcher, AI may speed up a literature review, help with method design, or serve as a new editing tool. (5, 10) With all these innovations comes the need to be knowledgeable of how to access and utilize them; to know their strengths and limitations; and to be aware of ethical concerns around their use in patient care and scholarly pursuits. Inaccuracy, plagiarism, and the introduction of bias are all legitimate concerns that accompany the use of AI.(3) This workshop aims to bring attendees up to date on ways AI is employed in psychiatry and medical education; to review how to access and utilize some of these tools; and to explore ways that programs can implement AI into residency education. To achieve these goals, we will briefly summarize a literature review on the topic of AI in psychiatry. We will then assist the audience in accessing these tools themselves, and work in small groups on using AI systems to achieve educational tasks relevant to psychiatric training. We will facilitate group discussion to gain insights from the audience about both the utility and potential risks these tools hold.
12:30 - 1:45 pm	Lunch		
~~12:35 - 3:35 pm~~	~~DEI Workshop~~	~~Kenneth Hardy~~	
12:40 - 1:45 pm	Lunch with ABPN/ACGME - learn about upcoming changes to ACGME site visits and more	Moderator: Rashi Aggarwal	In this annual session for residency training directors, coordinators, and other meeting attendees, ABPN representatives will provide relevant updates highlighting critical changes to the board certification process. Representatives from ACGME will provide critical updates related to site visits and discuss other pertinent issues like ACGME surveys. The audience members will have an opportunity to submit questions in the moderated Q&A session.
1:55 - 3:25 pm	Workshop Session #3		
	Above & Beyond ACGME Psychotherapy Requirements: Four unique approaches to robust training	Jean Clore, Jess Shatkin, Timothy Spiegel, Antonia S New, Donna Sudak	This 90-minute interactive workshop will include a brief introduction and overview of four unique psychotherapy training models, followed by small group learning focused on how to adapt pieces of the models presented into participants' home intuitions, ending with a larger group discussion to address questions and trouble-shoot potential obstacles. Data will be presented from programs offering: (1) extensive clinical experience allowing residents to treat 15 to 20 patients per week in a variety of empirically-based models, including CBT, DBT, and IPT, supervised by core faculty; (2) high faculty-to-fellow ratio, video review, and live supervision providing highly individualized education and supervision; (3) robust longitudinal outpatient training, including couples and family therapy, with volunteer faculty supervision; and (4) department-sponsored individual psychotherapy for trainees with volunteer clinical faculty to provide both treatment for trainees and to facilitate experiential learning. Training satisfaction and trainee competence and confidence ratings will be shared.
	Addressing Treatment and Training Gaps in Perinatal Mental and Substance Use Disorders: Perspectives of Trainees and Training Directors.	Ludmila De Faria, Jacqueline Hobbs, Jonathan Alpert, Diana Clarke	Untreated perinatal mental illnesses (i.e., mental and substance use disorders) are associated with high-risk pregnancy and a range of deleterious outcomes for the pregnant person and their fetus or infant, including spontaneous abortions, fetal distress, preterm birth, and negative neurodevelopmental trajectory. Yet, pregnant persons are often considered "therapeutic orphans" due to low rates of psychiatric treatment and a lack of research on best practices for their mental health care. Also, physician and non-physician behavioral healthcare (PANPBH) practitioners often receive little or no specialized training on the treatment of perinatal mental illnesses For example, only 59% of US psychiatry residency programs require training in reproductive psychiatry and only 36% of residency TDs believe residents need to be competent in this area. These findings and anecdotal reports of pregnant and postpartum persons being dropped by or not able to access behavioral health practitioners underscore the need to understand factors that impede patient access as well as barriers to training in reproductive psychiatry across disciplines. All efforts related to this initiative were informed by a task force of clinical and research experts in perinatal mental health across physician and non-physician behavioral health disciplines, including psychiatry, psychology, social work, counseling, and nursing. A combination of the following qualitative and quantitative methods was used to evaluate 1) PANPBH practitioners' experiences with, attitudes toward, and level of comfort providing perinatal mental health care; 2) barriers PANPBH practitioners experience in treating pregnant persons with psychiatric illnesses; 3) gaps in training on perinatal mental health; and to develop recommendations to address identified treatment and training gaps. Focus Groups with trainees and psychiatrists and other non-physician behavioral health practitioners and surveys of psychiatrists and other non-physician behavioral health practitioners, department chairs, vice chair, and training directors were used. During this symposium, we will examine the data gathered from surveys and focus groups and present the analysis of the perspectives of behavioral health practitioners and Department Chairs, Vice Chairs, and TDs from Behavioral Health Training Programs concerning gaps and barriers in the screening, diagnosis, and treatment of perinatal mental health and/or substance use disorders as well as training of physician and non-physician behavioral health practitioners in the screening, diagnosis, and treatment of perinatal mental health and/or substance use disorders. Additionally, we will present recommendations to address the identified gaps and barriers. The symposium will consist of three 10-minute presentations, small and large group discussion with audience and Q&A.
	Conducting Clinical Competency Committees with an Eye Towards Equity, Efficiency, and Effectiveness (**Suggested for new training directors*)	Julie Sadhu, Joshua Hubregsen, Michael Greenspan, Emily Bray, John Q Young	Since the advent of competency-based medical education and the introduction of the Next Accreditation System in 2013, all ACGME accredited programs have been required to utilize a clinical competency committee (CCC) to review trainee progress, to assign milestone "scores" that are reported to ACGME on a semi-annual basis, and to advise the PD regarding promotion or remediation of a trainee. The role of a CCC extends beyond simply determining milestone scores and, when run properly, it can contribute to a robust and equitable program of assessment that promotes individual learner growth. CCCs assist in reviewing learner progress, advising PDs regarding promotion of trainees, identifying learners who may be struggling and identifying gaps within the program curriculum or training. Ensuring that the evaluation and promotion process of trainees is fair and equitable requires awareness of factors within the assessment process and the CCC process that promote bias and then utilization of strategies that minimize these factors. In this workshop, presenters will review the essentials of competency-based assessment and then examine key sources of bias. The workshop will review the importance of individual assessments, faculty development, learning analytics and their impact on clinical competency committee processes. Presenters will engage participants in discussion of vignettes to help recognize bias in all facets of assessment and will focus on CCC meetings and how programs can minimize bias when reviewing trainee progress. The workshop will end with a focus on how to apply these principles to our respective programs.

	Herding Cats: overcoming the constant challenge of managing the administrative and professional duties of training	Megan Zappitelli, Heather Gecewich, Anusuiya Nagar, Sandra Batsel-Thomas	PAs and TDs are responsible for the training of psychiatry trainees, but also for the administration of the program itself and management and tracking of the administrative duties of training. Tasks such as logging patient cases, reporting duty hours, keeping attendance records of didactics and supervision, etc. are the non-glamourous and often painful parts of leading a training program. Furthermore, trainees often struggle to complete administrative and documentation-related tasks in a timely fashion, leaving both TDs and PAs to repetitively check and double check adherence to the program expectations, which can often feel like "herding cats." During this workshop, presenters will provide an overview of the many administrative and professional duties required in psychiatry and CAP training as well as the challenges faced by training leadership to ensure both accountability and completion of administrative duties. Additionally, the link between burnout and administrative tasks will be discussed to further understand the conflict that is often faced by program leadership to maintain adherence to expectations while remaining flexible with trainees to preserve wellness within the program. Generational traits and mindset will be presented to better understand the group dynamics that can influence the value the trainee places on the completion of administrative duties. Presenters will offer potential solutions that have been incorporated into their own programs. Examples will include policies around administrative tasks, contingency management strategies (i.e., point systems), and other monitoring processes that have been implemented to reinforce adherence to program expectations. Breakout sessions will be held for participants to identify and to discuss scenarios in their home institutions where they experience difficulties navigating the administrative requirements of residency training. At the conclusion of this workshop, participants will be guided to thoroughly define the administrative requirements of their own program and to develop strategies for tracking these tasks in their own programs—therefore needing less time for "herding cats," leaving time for the more rewarding aspects of leading a training program.
	"It must have been love, but it's over now." – Helping Program Directors Thrive Despite Disillusionment	Narpinder Malhi, Raman Marwaha, Vineeth John, Madhu Rajanna	As leaders in academic medicine, Program Directors face multitude of complex challenges in their daily lives. Training Directors are the middlemen par excellence. At the same time, they are pulled by many challenging forces over which they have to develop harness and gain measure of control so that all can work together towards a common goal. These challenges include the constant balancing between clinical duties and administrative tasks, the need to maintain standards of education, recruitment, and retention of qualified faculty members to provide enriched academic experience for residents. Moreover, they must navigate the intricacies of the Accreditation Council of Graduate Medical Education (ACGME) ensuring compliance with highly regulatory environment, pursuits for scholarly activity among faculty and residents, overseeing mentorship and professional development of trainees, emotional stress associated with resident evaluations and feedback and remediation for underperforming residents with limited resources. Recent changes to ACGME's protected time guidelines have added more to the existing problem leading to decrease in protected time for some Program Directors with potential impact on burnout, recruitment, and retention. In addition, increase in virtual learning after pandemic has subsequently led to decreased social interactions among residents and faculty. Workplace discrimination in the form of race, age, gender continue to exist for academic leaders which negatively impact their sense of wellbeing. Given the complexity and importance of the role of a Program director, a residency program's success depends on committed, experienced, and well supported academic leader. However, quick turnover, and short tenure are quite common in this job. Presenters aim to guide attendees to gain insight of various challenges faced by program directors at departmental and organizational level. Small groups will examine various scenarios highlighting the hassles of everyday life of Program Director. Presenters will also guide attendees in recognizing their individual programmatic needs and discuss various strategies to address their wellbeing and satisfaction in the job.
	Letters of Recommendation: Fostering fairness, decreasing bias, and adapting to changing technology	Ryan Finkenbine, Laura Whiteley, Michael J Peterson, Iljie Fitzgerald	PDs and APDs are often asked to write letters for residents and faculty seeking fellowships, awards, honors, employment, and academic promotion. These letters are a testament to a resident's or faculty member's accomplishments, skills, academic record, and character. Letters of recommendation (LOR) offer valuable insights, yet there is little guidance or standardization for PDs and APDs on how to best represent their trainees and other faculty members. Each type of letter has its own expectations and requirements that increase the degree of complexity and challenge in providing an appropriate and supportive letter. In addition, research shows that LORs at all levels of training and professional life commonly reflect biases. These biases often disadvantage students and faculty who identify as female or are historically underrepresented in medicine. This interactive workshop will explore best practices in letter writing, including how to become more aware of our own biases. The workshop will review the types of letters commonly requested from PDs and APDs, including varied perspectives required of faculty promotion recommendations (e.g., internal peer; "arms-length" peer; anonymous peer). The use of templates and standardization should assist letter-writers achieve a better product. Templates and standardized letters have gained traction in academia with attention to scholarship and professional productivity and can serve as a discussion point around methods to avoid inconsistency and bias. Another approach to generating effective letters involves the use of focus points, such as professional productivity, teaching, and service. Other best practices, such as using direct observation and natural language, and avoiding personal data, will yield better letters and better outcomes. The literature has shown that LORs are susceptible to unconscious bias. Subtle word changes can unintentionally reduce the positive impact of letters, or worse, introduce negative bias. PDs and APDs must be aware of these risks and employ strategies to eliminate bias in recommendations. We will present an overview of current methods to identify and attend to stereotypes, word choice, and other forms of implicit bias such that the recipients of letters receive and appreciate meaningful, equitable information. Finally, there is a need to explore and discuss emerging technologies, such as AI, and their positive and negative potential in writing LORs. We will review commonly available tools, current thoughts on appropriate and inappropriate use, and the potential advantages and pitfalls of each. This workshop will address the above practice gaps to improve consistency, fairness, and effectiveness in letter writing.

	Professional Identity Formation and Addiction Psychiatry Education: How to Navigate Mixed Messages and Misperceptions	Daniela Rakocevic, Ann Schwartz, Amber Frank, Surita Rao	A critical task for psychiatric PDs is to help residents develop their professional identity as physicians. The Professional Identity Formation model proposes that each trainee arrives as a new resident with a personal identity stemming from their own individual experiences. This identity is further shaped by sociocultural factors in the professional context of the Clinical Learning Environment. Challenges related to substance use may arise in this process (differing viewpoints regarding the relative risks and benefits of substance use, resident personal use of substances, etc). As illustration, cannabis use is widely represented in the media as benign with wide range of benefits and minimal harm, while scientific literature continues to raise concern for harm to individuals with psychiatric illness (Petrilli et al, 2022). Similarly, the potential for psychedelic substances to treat psychiatric illness has been widely touted in the media resulting in a subset of patients seeking psychedelics outside of clinically supervised settings despite limited data supporting their use. Substance use related quandaries arise throughout psychiatric training and are ubiquitous, spanning all clinical settings and levels of care (inpatient/outpatient psychiatry, emergency departments, consult-liaison setting, specialty addiction treatments). Each trainee brings personal, family, and community experience with substances to their training. Trainees may need guidance regarding integrating these personal experiences with their medical knowledge and media representations of substance use. Through a series of thought-provoking scenarios discussed in small groups, this workshop will provide PDs with practice navigating challenging situations related to substances. Participants will leave with tools and resources to guide trainees in the development of their professional identity as psychiatrists as it relates to substance use and substance use disorders (SUD). Scenarios may include topics such as conflicting viewpoints regarding abstinence vs harm reduction paradigm in SUD treatment; managing trainee and supervisor countertransference related to substance use; resident recommendations to patients regarding “safe” levels of substance use. Trainees and patients may have preconceived negative beliefs about the use of medications for treatment of opioid use disorder which could adversely impact patient outcomes amid opioid epidemic. Diversity, equity, and inclusion-related topics will include discussion of differing cultural expectations regarding acceptable levels of substance use as well as marginalized groups’ experience with disparate treatment of substance use by the criminal justice system. Generational aspects that may affect resident vs faculty approaches to these topics will be highlighted. After an introductory discussion of the concept of professional identity formation, this workshop will briefly review literature related to substance use by individuals with co-occurring mental health illness and related frequently encountered clinical dilemmas. Attendees discuss a series of scenarios in small groups, identifying potential solutions to share with the larger group. The workshop will conclude with a summary of take-home points and resources that may be helpful to PDs navigating these challenging situations.
	Silver and Superb: Transforming Trainee Ageism into Appreciation	Rehan Aziz, Esther Akinyemi, Kelsey Johnson, Shriti Patel, Esther Teverovsky	Ageism, in the form of prejudice or discrimination towards older adults, has become a rising concern as it has been shown to have negative consequences on the physical and mental health of older adults. One important manifestation of this phenomenon is age discrimination in the healthcare system, including among physicians and healthcare teams. Ageism among medical care providers can also have a direct and significant influence on the health of their older patients, such as offering older patients fewer treatment options and having higher rates of missed diagnoses, as well as over diagnosis of dementia. In this workshop, we will define and better understand the impact of ageism in patient care and the educational setting. We will utilize a participant poll to discuss how various institutions address ageism in their DEI curriculums and identify ways to incorporate this concept in geriatric psychiatry education. This session will allow participants to consider ageism at an individual level in order to identify and discuss clinical teaching opportunities; supervision strategies; and practice-based learning for trainees to combat ageism in the residency and medical school environment. Next, we will utilize break-out groups to review vignettes that highlight examples of ageism in psychiatry training. These examples allow participants to consider implicit and explicit biases in the acute patient care setting, the psychotherapy setting, and in the instructor-resident relationship. Participants will discuss the experience of ageism in these settings and brainstorm strategies to reduce ageist attitudes while promoting healthy patient care and training experiences. This discussion may include ways in which psychiatry residents can better practice individual and systems-based advocacy for the needs and goals of their geriatric patients. A potential means to reduce physician ageism is anti-ageism intervention early in medical education. Current evidence indicates the most effective anti-ageism interventions combine education about older adults with intergenerational exposure. Interventions for medical students that incorporate an empathy-building component seem to be more effective than interventions that only provide informative content on aging and older adults (Samra et al., 2013). By engaging in the care of geriatric patients in an educational setting during clerkships and rotations, medical students and residents have opportunities for meaningful interactions with older adults while also learning about this population, their specific challenges, and ways to support their health. Current research has not adequately addressed the question of whether this experience correlates with significant changes to medical student attitudes towards older adults. During this interactive workshop we will share one educational example at Eastern Virginia Medical School that is studying the aim of reducing ageist attitudes among medical students via exposure and education on a geriatric psychiatry unit.
	Stories Change Us: Using Narrative Medicine to Foster Connection, Empathy, and Reflection as an Antidote to Burnout	Eva Mathews, Jeremiah Dickerson, Geraldine Fox, Anusuiya Nagar, Sally Huang	Our trainees crave connection and safety while they navigate a complex and, at times, grueling path through medical school, residency and/or fellowship. Research has shown a negative correlation between empathy and burnout scores, and that a Narrative Medicine curriculum can reduce emotional exhaustion. The AAMC released a report in 2020 citing the immense value of the humanities and arts in medical education, and highlighting the potential for emotional growth, wellness, and social advocacy among participants. In this workshop we will explore the research between empathy and burnout and discuss simple Narrative Medicine techniques that could easily be incorporated into a broader teaching curriculum. Through the intentional use of story and providing space for reflection and self-examination, we can aim to build narrative competence – a skill vitally important to empathic psychiatric practice and becoming attuned to ourselves in the context of our patient interactions. We will discuss ways that faculty can promote psychological safety and model vulnerability to promote reflection and connection. Participants will experience Narrative Medicine teaching techniques in an interactive small group setting through a variety of mediums such as nonfiction writing, videos, poetry, and art.

	Streamlined: Innovations in Training to Create a 4 Year Child Psychiatry Training Option	Edwin Williamson, Jeffrey Hunt, Rachel Yoder, Julie Sadhu, Sansea Jacobson	AACAP has proposed to lead a pilot Advancing Innovation in Residency Education (AIRE) project involving combined and integrated training in general psychiatry and CAP. This training pathway will allow medical students to apply directly from medical school to a competency based combined general psychiatry and CAP residency program resulting in certification eligibility in both general psychiatry and CAP. This pilot was conceived as a possible pathway to address the consistently lower number of applicants to the CAP fellowship Match despite the consistently very high percentage of medical students now choosing psychiatry in the Match and expressing interest in child and adolescent psychiatry. The primary innovations are an integrated lifespan developmental approach to mental health care and pooled resources across pilot sites, shared faculty, and remote shared didactics/seminars. The curriculum will generally follow currently accepted training pathways from the Triple Board and Post Pediatric Portal Programs which have already proven successful. This competency based integrated program will be of great interest to medical students interested in both psychiatry and CAP. The use of competency-based curriculum will allow for participants in the pilot to reach competence with a target time frame of 4 years. The curriculum implementation will require faculty to provide timely feedback in the context of direct observation in the context of clearly established assessment benchmarks throughout training. The presenting group has worked closely with AADPRT, ACGME, and ABPN to help shape this proposal. While this workshop is primarily to inform AADPRT's membership about the proposed four year training option, it will also provide a model for innovation in residency training. Presenters will present on the different components of the programs at each PGY level including background of the application/innovation process; year 1: Pediatrics experiences in primary care, intensive care; CAP experiences in acute and consultation services; introduction of longitudinal experiences; year 2: General psychiatry experiences on acute services, consultation, and exposure to CAP services including integrated care; expansion of longitudinal experiences; year 3: Full year of outpatient experiences with late school-age, adolescents, young adults, and adults across the developmental spectrum and across wide range of psychopathology with a focus on family involvement throughout the year; and year 4: Select sub-specialty rotations in school-based, forensics and community psychiatry. Rotations through disorder-specific programs such as Autism Spectrum, OCD, Young Child. Participants will break into two groups to cover the major areas of the creation of a four-year track. Through this presentation we will bring together training PDs who hope to host four-year tracks, interested PDs, trainees, and medical students.
	Through the Looking Glass: Lessons Learned from Virtual Recruitment	Victoria Kelly, Jessica Sandoval, Shambhavi Chandraiah, Gillian Sowden, Jeffrey Khan	"I suppose I ought to eat or drink something or other; but the great question is What?" – Alice in Wonderland. Residency programs know the importance of marketing to the residency recruitment season but may not understand the details or logistics to consider when determining a recruitment strategy. While the transition to virtual interviews originally occurred due to concerns regarding COVID-19, interviews have remained virtual for various reasons, including convenience, cost, applicant preference, and equity concerns. It is from looking through the recent findings that we can learn important factors that lead to success in the match. In response to transitioning to virtual interviews, programs have adapted through creating new digital resources, including video tours, more robust program websites, social media platforms and virtual open houses. A recent survey showed that 88% of applicants had attended one or more virtual open houses, and 85% followed at least one psychiatry residency social media platform. In March 2021, 109 psychiatry programs were found to have Instagram accounts, 91 of which were opened in 2020. Recent surveys and analyses suggest that program websites may be the most impactful of the virtual resources on applicants' applying and ranking of residency programs. Despite this, the content available and quality of program websites is variable in usability, such as understandability, layout, accuracy, transparency of institutional culture, geographic impact, educational opportunities, DEIA statements, and accessibility issues. Further, despite potentially being one of the most time consuming of the virtual resources available to programs, social media was found in one study to have the least impact on application and ranking decisions among applicants. With vast amounts of information readily available on the internet, concerns have been raised over missing information and discrepancies on residency platforms such as FREIDA, a resource often used by applicants to guide application decisions. All this leaves PDs wondering where to best focus their efforts in virtual interviewing. This workshop aims to build on prior workshops evaluating the virtual recruitment process, and to review lessons learned over the years since the transition "to virtual". Participants should bring a laptop for active participation. The workshop will review evidence regarding the perceived efficacy of various online presence options, including residency website recommendations and reflections on the virtual interview day itself. The workshop will draw on the immense wealth of experience of participants in both small group and large group discussions to create a rich dialogue. Whether it's doing a SWOT analysis of your program's current virtual strategy or incorporating aspects of suggested 'best practices,' we hope that participants leave with new innovations to trial next recruitment season.
2:00 - 5:15 pm	PA (Coordinator) Symposium	Juliet Arthur, Roopali Bhargava, Lora Goudreau	
2:00 - 3:00 pm	Questions? Answers! Panel Discussion with Experienced Program Directors and Administrators	Roopali Bhargava	Program Administrators face challenges or deal with unexpected situations on a regular if not daily basis. We deal with problem residents, communication issues, technology frustrations, etc. Some we handle on our own, some with the support of our Program Directors. This panel discussion offers participants a chance to present problem scenarios before our meeting and have our panelists, in real time at the conference, discuss their proposed solutions or what they would do in the situation.
3:05 - 3:35 pm	ACGME		
3:40 - 4:10 pm	ABPN		
4:15 - 5:15 pm	Meaningful Wellness on a Shoestring Budget (Wellness Committee)	Kristin Hollis, Jessie Skriner, Andreas Mizushima, Shelly Drake	The goal of this presentation is to provide PAs ideas and strategies to create and maintain a robust wellness program that provides a meaningful impact to trainees, while staying within a challenging budget. The Wellness Committee will provide general examples, specific ideas, and best practices. We also plan to incorporate one of the activities into the presentation. We will do a short survey on the wellness of the PAs in attendance at the beginning of the session and then at the end of the session, in hopes that the activity will show a direct impact on the mood and hopefulness of the attendees.
3:25 - 3:45 pm	Coffee Break		
3:45 - 5:00 pm	Plenary: Allied Association Panel (AAP, AACDP, ADMSEP, and APA) and *Academic Psychiatry* Update	Iljie Fitzgerald, Kari Wolf, Lia Thomas, Vishal Madaan, and Adam Brenner. Moderators: Erick Hung, Tracey Guthrie	Training Directors need to be aware of the work of our allied associations. This work encompasses the full spectrum of psychiatric education including pre-clerkship medical education, clerkship, residency and fellowship, as well as administrative aspects of organizing the said education. Academic Psychiatry is a journal sponsored by AADPRT along with our allied partners (AACDP, AAP, ADMSEP). Many AADPRT members serve as reviewers of the journals and get published in the journal. Thus, AADPRT community is a stakeholder in the journal and needs to be aware of the updates in the journal. Feedback from past meetings continues to reinforce the need for this discussion.
5:00 - 6:30 pm	Poster Session and Reception		https://www.aadprt.org/download_file/1612/0
5:00 - 5:45 pm	ABPN/ACGME Liaison Committee Meeting (committee members only)	Randy Welton, Donna Sudak, Louise Castille, Jeffrey Lyness	

6:00 - 7:30 pm	PA (Coordinator) Social Activity		Separate sign up. Fees for event not covered by AADPRT Annual Meeting registration fee.
Friday, 3/1/24	**Programming**	**Leader/Speakers**	**Abstract or program description**
7:15 am - 12:00 pm	AADPRT Meeting Registration		
7:30 - 8:45 am	Breakfast - Be Sure to Join Us for Special Interest Tables		
7:30 am - 12:00 pm	PA (Coordinator) Breakfast and Symposium		
8:10 - 8:55 am	TAGME Certification: Behind the Curtain (Professional Development Committee)	Heather Kwok, Elaine Danyew, Karen Breuer	TAGME certification is the only GME-specific endorsement of knowledge for an increasingly complex and evolving profession, but most administrators are unfamiliar with the process or the value of becoming certified. During this presentation, we will provide information on not only the requirements and application process but also discuss and address potential benefits and barriers to becoming certified.
9:00 - 9:15 am	Making the CCC Work for Us and Our Residents!	Christine Cung	This presentation is on the Clinical Competency Committee and making the information work flow between collection of resident information (PRITE, Scholarly Activity, Case Logs, Absences, etc.), evaluations, committee review, and dissemination of recommendations transparent and resident-outcome driven. The goal is to streamline the data to have all information for discussion pre-filled with milestone notes for each resident, and this information is saved in their resident folders every meeting. On these data sheets, the old recommendation will have notes from resident response, and the new recommendation underneath - to be copied on the "Letter of Memorandum", that is sent to the resident after the meeting. If the recommendation is needing a response from the resident, then they are asked to send informal (or formal in at risk residents' cases) reply to the CCC chair with their intended action plan to work on the recommendation. This way there is a continual loop of communication in the resident' learning.
9:20 - 9:50 am	ERAS		
10:00 - 10:20 am	Thalamus: Lessons Learned for Success Moving Forward	Debra Bibeau, Tara Brock, Jennifer Laflin, Sarah Watson, Ola Golovinsky, Sandy Chan	The Communication Committee would like to present a discussion on Thalamus, the scheduling program that has partnered with ERAS. There have been a lot of PAs reaching out on list-serves looking for guidance on this program and what it can do. This will be a discussion and information-sharing session.
10:25 - 10:55 am	Coffee Break		
11:00 am - 12:00 pm	Wellbeing Debrief Update: Utilization of the 2023 AADPRT Wellbeing Survey and QI Project for Change Feedback Forum	Reanna Benedict, Juliet Arthur, Scott Klenzak, Frank Lodeserto	Emotional exhaustion, depersonalization, and decreased personal accomplishment has been documented in limited studies among program and institutional program personnel. Previous studies have documented high scores of burnout across all domains of the Copenhagen Burnout Inventory. One study referenced the magnitude of burnout of these professionals as higher than the burnout rate of physicians and residents. ACGME has acknowledged this issue and growing trend with the creation of the Coordinator Advisory Group and deployed the first Well-Being survey for graduate medical education coordinators in 2022. This workshop would be a follow-up on how one rural, community GME department utilized the data to develop a strategy for positive change. The deployed abridged version of the 2023 ACGME Wellbeing survey identified 3 major areas which had a direct correlation for impact on participating psychiatry PAs and psychiatry sub-specialties PAs: location, GME office structure, and program size. Additional areas of impact on PA wellbeing included difficulty with faculty, residents, and fellows; pay verses workload, and entitlement of residents and fellows. We will provide an overview of the 2023 Wellbeing Debrief presentation. A discussion on how the data impacted change at one rural, community program including a toolkit of how to facilitate a similar study at other institutions. Finally, using an interactive presentation and group forum to identify areas of concern for PA wellbeing within the audience to use with the second phase of the original QI project: a development of a position paper to provide to AADPRT for support and recognition.
7:40 - 9:00 am	*Academic Psychiatry* Consultations - by appointment only made directly with Academic Psychiatry	Richard Balon	
7:45 - 8:45 am	Addictions Committee Meeting	Amber Frank	
7:45 - 8:45 am	Global Psychiatry Caucus Meeting	Benedicto Borja	
7:45 - 8:45 am	Integrated Care Caucus Meeting (AADPRT members only)	Caitlin Engelhard	
7:45 - 8:45 am	International Medical Graduate (IMG) Committee Meeting	Madhu Rajanna	
7:45 - 8:45 am	Mentorship Committee Meeting	Isheeta Zalpuri	
7:45 - 8:45 am	Resident Caucus Meeting	German Velez	
7:45 - 8:45 am	VA Training Director Caucus Meeting	Melissa Buboltz	
7:45 - 8:45 am	Vice Chair Caucus Meeting (AADPRT Vice Chair members only)	Ahmad Hameed	
7:45 - 8:45 am	*Academic Psychiatry* Governance Board Meeting	Adam Brenner	
8:00 am – 3:30 pm	Exhibitors		
9:00 - 10:30 am	Plenary: Shein Speaker: Arvind Singhal, PhD | Award Presentations: Nyapati Rao & Francis Lu International Medical Graduate (IMG) Fellowship and Peter Henderson MD Memorial	Rashi Aggarwal, Arvind Singhal. Moderator: Rashi Aggarwal	*Positive Deviance and Change Leadership*: The Positive Deviance (PD) Approach is based on the observation that in every community, there are some individuals or groups, whose uncommon behaviors and strategies allow them to have more successful outcomes than their neighbors, even though they face the same constraints and have access to the same resources. When trying to solve complex social, organizational, or interactional problems one can identify what enables these individuals (positive deviants) to succeed, and then amplify those practices. While most change management is problem-focused, identifying needs, deficits, and gaps, the PD approach is an asset-based solutions approach to problem-solving.

	Acknowledgement of support		**AADPRT would like to thank Professional Risk Managements Services (PRMS) for underwriting expenses associated with the IMG and Henderson awards.*
10:30 - 10:55 am	Coffee and Conversation with Arvind Singhal, PhD	Arvind Singhal	
10:30 - 10:55 am	Coffee Break		
~~10:40 am - 1:40 pm~~	~~DEI Workshop~~	~~Kenneth Hardy~~	
11:00 am - 1:00 pm	*Academic Psychiatry* Consultations - by appointment only made directly with Academic Psychiatry	Adam Brenner	
11:00 am - 12:30 pm	Workshop Session #4		
	A Portable Curriculum for Child and Adolescent Substance Use Disorders	Gerald Busch, Cathryn Galanter, Ray Hsiao, Ravi Shankar	Recent epidemiologic and overdose mortality data reflect a worsening trend in adolescent substance use disorders. In comparison a relatively stable pattern of adolescent overdose deaths from 2010 to 2019, from 2019 to 2020 alone, overdose mortality increased by 94.03%. From 2020 to 2021 by 20.05%. This is in part attributable to fentanyl-linked overdose deaths, which rose significantly in 2021. Adolescent overdose death rates are disproportionately represented in American Indian and Alaska Native 2021, followed by Latinx adolescents, highlighting the need for acceleration of culturally informed screening, detection, and treatment initiatives in these populations. In addition, adolescents with SUDs are also likely to have a mental health diagnosis. Mental health and substance use disorder comorbidity is the rule rather than the exception, exhibiting a prevalence of 70-80% in adolescents. Compounding the pernicious trend in overdose deaths and high levels of co-morbidity is a lack of specialized CAP addiction psychiatry workforce to provide appropriate education for fellows to bridge the gap in care. The ACGME requires that child and adolescent psychiatry fellows receive education in substance use disorders, requiring demonstration of competence in evaluating and treating patients representing the full spectrum of psychiatric illnesses, including developmental and substance use disorders. A recent survey of child and adolescent psychiatry program directors conducted but the AACAP Addictions committee revealed a limited number of faculty and staff with expertise, as well as insufficient clinical teaching sites. While most programs (78.72%) had formal didactics, many were dissatisfied with their ability to address important content. While a lack of services in adolescent addictions may be a limiting factor, developing expertise through faculty development activities and nationally disseminated model curricula with educational resources can improve national adolescent addictions training. This year's workshop builds upon a series initiated over the last two years that focused on the development of model SUD curricula for educators training CAP fellows and psychiatry residents in the treatment of youth addictive disorders. The current workshop will provide program directors a portable CAP SUD curriculum that they can utilize in their home clinical learning environments. An overview of the leading resources and how they can be used in curriculum development and models of how substance use disorders are taught in training programs will be provided in the first breakout group called "Resource Bingo." After presentation on how to teach screening, diagnosis, and evidenced-based psychosocial and medication-assisted treatments, participants will use the second breakout group to develop plans for implementing or enhancing SUD curricula in their programs. Participants will have the option to join one of two breakout groups: programs with existing CAP SUD clinical learning environments and those in in need of developing such. Theses breakout discussions will allow diverse programs with varied resources to address their CAP training practice gaps. Participants will leave with implementation plans for next steps to enhance SUD education in their programs.
	Filling your professional bucket: Finding joy and meaning in connectedness and Mentorship	Iljie Fitzgerald, Josepha Stoklosa, Christopher Martin, Anastasia Evanoff	"Life doesn't make any sense without interdependence. We need each other, and the sooner we learn that, the better for all of us."- Erik Erikson "Everyone carries an invisible bucket. Your bucket has one purpose only. Its purpose is to hold your good thoughts and good feelings about yourself... It's great to have a full bucket, and this is how it works: other people can fill your bucket and you can fill theirs. You can fill your own bucket, too."- Carol McCloud. PDs and APDs shoulder many responsibilities in their professional roles, from teaching and guiding residents, to developing faculty educators, to effectively navigating departments and institutions, to staying on top of the requirements of all the acronyms (ACGME, ABPN, etc.), and much more. Given this, it is perhaps unsurprising that so many choose to leave these positions after only a few years, but those who continue onward and who hope for sustainability in this kind of work have great role models; we can draw from the experiences and wisdom of those who have happily led training programs for decades and who identify social and interpersonal aspects in particular as enhancing their professional satisfaction and well-being. Mentoring and supporting our trainees and faculty are essential components of these roles, and modeling this bucket-filling for learners and early-career peers can inspire meaningful generativity. As we empower our trainees to succeed, so too can we experience joy in contributing to their journeys, or joy in their joy, or freudenfreude. Similarly, PDs and APDs also need folks to help support them in their professional trajectories, especially when their buckets are emptying and joy is hard to locate. Though these individuals can sometimes be predictably identified (e.g. department chairs, DIOs, etc.), there are many unexpected others outside these hierarchical dyads who can provide guidance and innovative ideas that may initially be perceived as out-of-the-box but are actually feasible and effective. Cultivating one's connectedness across institutions, through organizations like AADPRT and AAP, or across borders into other specialties or into the UME space can yield wonderful bucket-filling professional success and joy. By intentionally bringing the concept of values to the forefront, we can identify our highest priorities and sources of joy; these can be somewhat tangible, such as family, or friendship, or health - or slightly more abstract, such as kindness, or altruism, or social justice. Examining where our values take root in our work while identifying barriers to leaning into our values helps us make choices for ourselves and with our mentees that enhance our sense of connection, helps us get through tough days, feel more content, and, hopefully, flourish. Want to come identify and appreciate your values, fill your bucket, and leave with tools to keep your bucket full? Join us!

	Interventional Psychiatry: Are We Ready to Train?	Joshua Hubregsen, Daniel Gih, Donald Egan, Rachel Beck, Trisha Modi	In this workshop, presenters will introduce the field of interventional psychiatry, provide background history, describe the growth of the field, and summarize the related training needs. Participants will explore the landscape of training opportunities ranging from didactics to dedicated fellowship programs and will be presented with case examples of interventional training programs. The workshop is intended to give participants the opportunity to actively address surging interventional training interests. Presenters will engage participants in a series of vignettes from the lens of a new program director who encounters obstacles while attempting to introduce interventional training opportunities, seeking to discover creative solutions. Finally, given that interventional psychiatry training resources may be limited by constraints of state laws, equipment, institutional credentialing, patient volume, and interventional personnel, the workshop will engage participants in discussions relating to equity and access to additional training, considering the question of how larger programs may contribute to the solution. Addressing the need for more workforce who can provide interventional therapies to patients also serves a larger goal of providing more relief to those with mental illness. Audience: Anyone involved in training psychiatry residents with an interest in addressing the growing interventional psychiatry training needs will benefit from this workshop. No prior knowledge of interventional psychiatry is required. Access to clinical interventional procedures is not required.
	Lessons Learned on the Tightrope: balancing program and trainee needs for medical, parental, and caregiver time away from training	Megan Zappitelli, Jessica Obeysekare, Laura Whiteley, Raphaela Fontana	Time away from training is a frequently debated topic amongst psychiatry training directors. Since the ACGME institutional requirements for parental leave went live in July 2022, a minimum of six weeks of parental leave is now protected; however, this change has highlighted the need for creative solutions for supporting increased parental leave while also continuing to balance the needs of the program and the individual training needs of the trainee taking leave. During this workshop, the presenters will discuss the ACGME institutional requirements for parental leave and how this has affected psychiatry training programs. This presentation will expand upon previous AADPRT parental leave presentations to include the “lessons learned,” over the past two years since the updated ACGME mandate and will serve as an update as well as a forum for TDs to share their lived experiences for navigating this complex issue. Presenters will also review the literature regarding the support for parental leave as it pertains to improved parental wellness and healthy infant development and attachment. There will be additional focus on fertility concerns among physicians and how this impacts psychiatry trainees. The challenges experienced by training directors to resolve their own conflicts between supporting additional parental leave while balancing the needs of the program and individual training leave will also be presented. The presenters will then present the challenges, solutions, and what has been learned for managing parental leave that have emerged since the revised ACGME institutional requirements for parental leave went live in July 2022. The participants will then divide into breakout groups to work together to create strategies for managing time away from training in their home institutions by using straight-forward and complex training-related scenarios (including managing complicated pregnancy course, bed rest, multiple pregnancies in training, additional medical leave, etc.) to illustrate the practical application of the content presented. Participants will then share their strategies to the larger group and will leave the session better prepared to manage all types of leaves from training including medical, parental, and any other type of medical leave that requires the balance needed to successfully “walk the tightrope.”
	Managing Intrafamilial Conflict: Catching the Bullet from Emotionally Focused Therapy	Oliver Stroeh, Scott Hirose, Margaret Yoon, Xiaoyi Yao	Working effectively with the families of patients is a fundamental skill that is interwoven throughout the Milestones for both Psychiatry and CAP. Family engagement has been associated with improved psychiatric treatment outcomes for patients of all ages. However, methods by which to train our psychiatric residents to effectively engage and work with families have presented a challenge. Psychiatrists early in their career reported that family skills were the least taught during residency and among the skills most needed after graduation. With the goal of teaching our residents a circumscribed, clinically practical family skill by which to more effectively manage intrafamilial conflict, the New York-Presbyterian (NYP) CAP Residency Training Program collaborated with two faculty members with expertise in family therapy to develop a “catching the bullet” workshop, based on Emotionally Focused Therapy (EFT). Grounded in attachment theory principles, EFT increases empathy between family members through the regulation and transformation of emotions from blocking or avoiding to seeking mutual belonging. "Catching the bullet" is a technique that diffuses conflict between family members using validation and reframing of the reactive person’s hostility (rather than through defense of the targeted person). To date, 67 residents in the NYP CAP Residency Training Program have completed this “catching the bullet” workshop. Participants regarded the training positively, with 100% of survey respondents agreeing (30%) or strongly agreeing (70%) that the workshop was useful to their education. The aims of this AADPRT workshop are to increase recognition of the need for skill-based training in intrafamilial conflict management and to present one model by which to teach such a circumscribed skill. This workshop will utilize (1) a brief overview of the theory behind the “catching the bullet” skill, (2) a review and discussion of a movie clip illustrating the utility of “catching the bullet” in managing intrafamilial conflict, and (3) opportunities for participants to practice the “catching the bullet” skill through observed role-play with real-time feedback. A debrief will allow participants to share their experiences and address potential barriers to the use of the skill. As a result of this AADPRT workshop, participants will learn about and actively experience first-hand one model by which to teach psychiatric providers a circumscribed skill to more effectively manage intrafamilial conflict, and consider how potentially to bring such a skill-based training to their home institutions.

	No Mud No Lotus: How to Cultivate Resilience in the Midst of PD Burnout and Turnover	Jennifer Ferrer, Kathlene Trello-Rishel, Janka Lincoln	Burnout is characterized by exhaustion, cynicism, and reduced effectiveness (7). Physician burnout has negative impacts on patient care as well as physicians' personal and professional life. Although the burnout is a systemic issue, most institutions expect physicians to take personal responsibility for their work satisfaction and wellbeing (2). Well-being and burnout in medical students, residents and fellows has been studied extensively, however there is a dearth of research in the group of PDs, APDs and faculty. A Canadian study investigated factors contributing to well-being and burnout among the faculty and residents in a Psychiatry Department (7). The main factor contributing to burnout was working in "academic psychiatry". The other factors included feeling unappreciated, being "up against the system", high competitiveness, lack of diversity and inclusion (7). Humanistic approach and cultural sensitivity should be a core value of academic medicine however this may be hard to achieve (8,9). Academic and community-based programs struggle with different systemic challenges, e.g., lack of resources, hospital staffing shortages or pressures for patient throughout resulting in more demands on the residents and their dissatisfaction (9). PDs are responsible for training of the residents within the regulatory parameters of ACGME and training sites. They are also responsible for their own professional development, clinical activity, and productivity. One could speculate that these complex responsibilities may increase their risk for the burnout. The ACGME requires: "The program must demonstrate retention of the PD for a length of time adequate to maintain continuity of leadership and program stability" (5). Average tenure of a PD is 4-7 years, 44% of PDs experience burnout and 77% of them desire to resign (3,4). Discrimination was experienced by 66% of PDs and 44% struggled with meaning of their work (4). ACGME does not provide an organized guidance on wellness and burnout prevention in PDs and AADPRT started to address the issue by creating the Burnout Task Force in 2019 (5). Resilience is the ability to respond to stress in an adaptive manner. There is a complex interplay between an individual, environment, and sociocultural factors. Any intervention to promote resilience must deal with organizational and individual issues (1). Finding meaning in one's work is needed to achieve professional fulfillment and retention of academic faculty. Personal reflection on one's strengths, passions, and values can help PD define meaningful work. This workshop aims to identify key drivers of burnout in PDs/APDs/faculty including workload demands, efficiency and resources, meaning in work, culture and values, control and flexibility, social support and community work, and work life integration (2). We will do a small group exercise where participants will a) identify systemic issues contributing to the burnout, if and how they solved them; b) reflect on their strengths, passions and values and how they can incorporate these into their work. We will return to a large group discussion on finding concrete ways to incorporate our values, passions, and strengths into our work to make it more meaningful.
	Taking the Fear Out of Feedback: Coaching Conversations that Promote Inclusion, Belonging, and Growth	Erick Hung, Julie Sadhu, Alissa Peterson, Lucy Ogbu-Nwobodo, John Q Young	Facilitation of effective feedback conversations is one of the most foundational skills in health professions education and is consistently a challenge in the clinical learning environment. Advances in the art and science of feedback emphasize the importance of the educational alliance, which describes the concept of a reciprocal educator-learner relationship directed at effecting changes in knowledge, self-concept, and behavior. Optimizing this relationship requires acknowledging power hierarchies, communicating across differences, and creating an inclusive learning environment to support the feedback dialogue. In this way, the educational alliance supports a growth mindset for learners, lays the foundation for a successful coaching conversation, and fosters a growth culture in the learning environment. The educational alliance serves as a lens for three pragmatic models of feedback conversations, which include: (1) Ask-Tell-Ask (ATA); (2) Self-Assessment, Feedback, Encouragement, Direction (SFED); Relationship, Reaction, Content, Coaching (R2C2). These three models emphasize the educational alliance and support the triangular learning connections between curriculum, learner, and educator. The principles behind all three models includes establishing credibility through shared values and trust-building, understanding the learner's goals, and providing feedback aligned with data from direct observation. In optimizing feedback delivery, educators should protect time and ensure both parties are fully present, provide both reinforcing and corrective feedback, engage in bidirectional dialogue and set achievable goals supported by learner self-assessment, and avoid common pitfalls of feedback conversations, which include feedback overload, lack of clarity, and the use of a "feedback sandwich." Furthermore, educators should listen for moments when learners may reject or avoid feedback, either because they do not believe the information is true, the feedback conversation becomes more about the relationship than the content, or the feedback conversation feels like an identity attack. In these moments, partnering with the learner to develop strategies to overcome these feedback barriers can facilitate more effective feedback conversations. Feedback conversations that foster inclusion and belonging should acknowledge power hierarchies, apply relationship-centered communication skills, and facilitate communication across differences. In this workshop we will describe these three feedback models, apply them to teaching scenarios, and monitor and intervene when feedback conversations might get stuck.
	Teaching and Learning Clinically Relevant Neuroscience: What to Say When Patients Ask	Mayada Akil, Ashley Walker, Anne Penner, Jane Eisen	Neuroscientific knowledge about mental illness is exploding. While many psychiatrists recognize the importance of neuroscience to the field of mental health, they may not have an effective way to approach learning about neuroscience and may not readily see its relevance to their clinical practice. As a result, they may not feel comfortable discussing neuroscientific concepts with patients or incorporating them into their teaching of trainees. Additionally, despite new evidence demonstrating the effectiveness of using brief videos, role play, and other active educational methodologies, many faculty have difficulty adapting their didactic instruction from traditional slide-based lecture formats, especially (and despite) recent shifts to virtual learning settings. All of these factors contribute to an ongoing disparity between the central role that neuroscience plays in psychiatry, and the ability to integrate these perspectives into teaching and clinical activities. To bridge this divide, we present a novel teaching tool called What to Say When Patients Ask (WTS), which is interactive, based on principles of adult learning, and uses multimedia instruction. It is organized around answering an imagined patient's questions about their illness, symptoms, treatment, or expected outcome/response from a neuroscientific perspective. This workshop will provide participants the opportunity to practice using this learning tool and reflect on how this format can be modified for self-directed lifelong learning as well as education of medical trainees.

	Unlocking Academic Passions: Creating a Culture of Proactive Scholarship and Collaboration In Psychiatry Residency Programs	Sindhu Idicula, Adriane dela Cruz, Shelley Rote, Adeolu "Funso" Oladunjoye, Rajesh Mehta	Resident scholarly activity is an ACGME requirement for residency programs, and programs are required to provide appropriate curricula to support this activity and now also report resident productivity in this arena. Despite this requirement, ACGME has little specific guidance on how to accomplish this, and programs continue to struggle with meeting the expectations for resident scholarly activity. This workshop is designed to provide examples of different approaches to the ACGME requirement for resident scholarly activity and to help programs design interventions to enhance and promote resident scholarly output. We will present examples from two large academic programs (one public, one private) and a community-based program to demonstrate methods for meeting this ACGME requirement in different settings. This workshop highlights wraparound strategies implemented by 3 programs, including capstone projects, grass-roots mentorship models, creation of resident leadership positions in this arena, encouragement of travel awards and presentations at national meetings, and creation of a resident journal, to name a few of the interventions. Each program will present the details of how they identified the needed resources for scholarly activity, including time and funding. During the workshop, participants will learn about the variety of methods implemented at various programs. They will then work in small groups with case vignettes to apply this information and their own program experiences to design interventions in these realistic hypothetical scenarios. Lastly, participants will work in pairs to translate these experiences into concrete steps they can take within their own home programs to help foster a culture of resident scholarly activity, and to propose solutions for potential barriers.
	Unmasking the Unseen Racism in Psychiatry Training: Addressing & Debriefing Microaggressions	Sarah Marks, Min Hyung Lee, Lauren Hanna, Cathy Ng, Nancy Dong	This workshop focuses on providing a clear definition of microaggressions and facilitating open discussion and reflection from personal and witnessed experiences of microaggressions. Participants will have an opportunity to practice addressing and debriefing witnessed microaggressions through role playing and small/large group discussions. The discussion and debrief will focus on the sharing of best practices in addressing and preventing microaggressions in the clinical setting, while also acknowledging the complex challenges inherent within the process. Additionally, by engaging in role-playing, faculty can practice navigating challenging conversations, offering constructive feedback, promoting a culture of respect and sensitivity, and collective learning.
	You Can't Stop the Signal: How Psychiatry Programs can use Program Signals in our Recruitment Processes (**Suggested for new training directors*)	Lia Thomas, Sandra Batsel-Thomas, Deborah Spitz, Edwin Williamson, Carrie Ernst	The AADPRT Recruitment Committee supports and educates members on salient topics related to recruiting physicians into careers in psychiatry. Over the last five years, there has been constant change to the recruitment landscape – the move to virtual recruitment, the change to the ERAS application process, and new recommendations from the NRMP. Two recent issues have been on the forefront of committee members and the AADPRT membership – universal release dates, and program signaling. Preliminary data from AADPRT members noted programs signals were a helpful tool as PDs noted that they reviewed, interviewed, and matched applicants that they had not before because of signals. PDs were more mixed in the experiences of the supplemental applications, overall wanting more information. There was also uncertainty about universal interview dates; more data and discussion of this topic is needed.
12:00 - 3:25 pm	PA (Coordinator) Lunch and Symposium		
12:45 - 1:45 pm	Cross Cultural/Intergenerational Communication	Rob Bullock, Robert Carroll	Within our programs we can be dealing with students, residents, fellows, faculty and administrators from various cultural backgrounds and ages from their mid-20s to their 70s and beyond. In our roles it can be difficult and frustrating when our messages are not heard or misinterpreted. I have been speaking with Dr. Robert Carroll an assistant professor of instruction in the Department of Communication Studies and a Lecturer in the McCombs School of Business at the University of Texas - Austin. Dr. Carroll's research focuses on family, health, and diversity issues. Specifically, he is interested in how family dynamics shape our identities and the stories we tell. Dr. Carroll received his Ph.D. in Interpersonal Communication from the University of Texas at Austin. Prior to UT, he received his B.A. in Communication and M.A. in Higher Education from the University of Missouri. After graduating with his M.A., Robert worked full time as a Program Advisor at Temple University in Philadelphia and as an Academic Advisor at the University of Kansas.
1:50 - 2:50 pm	What the FTE? Navigating the ACGME's Program Requirements for Dedicated Coordinator Time	Annalee Locke	This workshop aims to empower PAs and decrease PA burnout by 1) increasing awareness of the changes to specific Dedicated Coordinator Time requirements designated by the ACGME in 2022; and 2) having participants critically examine of how well the ACGME defined FTE limit aligns to the actual number of hours worked and their personal lived experiences working as a PA in GME.
2:50 - 3:25 pm	Taking the Conference Home	Juliet Arthur, Roopali Bhargava, Lora Goudreau	
12:30 - 1:30 pm	Lunch		
12:30 - 1:30 pm	Poster Session		https://www.aadprt.org/download_file/1612/0
1:35 - 3:05 pm	Plenary: Speakers: Tanya Keeble, MD & Kari Wolf, MD | Award Presentations: Poster (Committee Choice and People's Choice Awards), Mind Games Announcement	Rashi Aggarwal, Tanya Keeble, Kari Wolf. Moderator: Isheeta Zalpuri	*How to Bring Oxygen to the Top of the Ivory Tower: The Role of Program Directors in Influencing Their Leaders*: There is a saying in business: The higher you climb, the thinner the air. This concept implies that leaders are often operating in an oxygen-starved environment—making decisions based upon the limited information before them while being, themselves, far-removed from what is really going on in the front lines. This concept also applies to academics as well as healthcare systems. It is no wonder, therefore, that decisions get made that leave front line workers and middle managers scratching their heads wondering how such decisions were made. PDs, in particular, are in a unique position within their departments. They straddle the fence between front-line worker and leader/manager. Through either their own direct involvement or through the involvement of their residents, PDs are aware of almost everything going on in the department. Yet, they also lead others—the learners, the coordinator(s), and sometimes other faculty. What is often lacking from the PD's repertoire, however, is the leadership of the people above them in the hierarchy. The concept of "managing upwards" has numerous definitions but the simplest definition would be: the ability to help your leader make good decisions that benefit both you and your leader. To be effective at managing upwards, you must understand the competing interests your leader is trying to balance. While most faculty within a department understand their own departmental interests, few faculty really grasp the politics, interconnectedness, and environment in which departmental leaders make decisions—both those that affect only their own departments as well as those with broader reach. Without having walked in the footsteps of one's leader, we often have our own assumptions and misconceptions about those competing interests and how decisions are made. This plenary will allow a look "behind the curtain" to expand understanding of how departmental leaders function within their own hierarchies, politics, and the broader organizational landscape. Participants will begin to understand how and which facts drive decisions. And participants will learn strategies so their unique perspective can help inform decisions made above them in their organization.
3:05 - 3:30 pm	Coffee and Conversation with Tanya Keeble, MD & Kari Wolf, MD	Tanya Keeble, Kari Wolf	
3:05 - 3:30 pm	Coffee Break		

3:30 - 5:10 pm	*Academic Psychiatry* Consultations - by appointment only made directly with Academic Psychiatry	John Coverdale	
3:35 - 5:05 pm	Child & Adolescent Psychiatry (CAP) Caucus Meeting	Laurel Williams	In this annual session for child and adolescent psychiatry residency training directors, participants will engage in large group and small group conversation highlighting strategies their organizations are taking in response to issues of the day, increasing number of child and adolescent psychiatrists through improvements in mentorship, diversity, equity, inclusion, and more.
3:35 - 5:05 pm	Workshop Session #5		
	Advocacy in Action: Inspiring future psychiatry leaders through building resident training in advocacy.	Anna Ratzliff, Kristin Kroeger, Jessica Whitfield	Advocacy plays a crucial role in ensuring adequate behavioral health services and maintaining high-quality care for individuals dealing with mental health issues. The ongoing crisis in access to mental health services that outstrip system capacity demands that the next generation of psychiatrists have a broad range of skills that extend far beyond clinical care, including advocacy skills. Thus, it becomes all the more critical for psychiatry residency programs to educate their graduates around advocacy and systemic factors that impact patient care and prepare psychiatrists with skills to identify and address these issues. Recognizing this, the ACGME developed competencies around systems-based practice (SBP) in 2009, as well as observable milestones (ACGME 2020). Specifically, the SBP2 and SBP3 milestones outline the need for trainees to demonstrate the ability to advocate for adequate reimbursement, address inequities in care and lead systems change that enhance access to behavioral health care. Trainees also recognize the need to learn system-based practice and advocacy skills. However, advocacy skills remain challenging to teach, practice and evaluate, and faculty often feel ill-prepared to guide residents in this training. In this interactive workshop, we will review the multiple components of advocacy and opportunities to contribute to our systems of care at the at the local, state and national level. We will also review how systems-based practice skills are foundations of advocacy training that can be accomplished in psychiatry residencies in a variety of ways. Specifically, we describe four examples of integration of advocacy into clinical and non-clinical settings: 1) an innovative implementation rotation that teaches residents how to implement organizational change using seminar sessions and observation of live implementation processes in rural clinics, 2) a framework to incorporate critical thinking about systems-level factors that directly impact individual patient care that is adaptable to local contexts and a wide range of clinical rotations, 3) a small-scale, clinic based QI project that developed local resource knowledge around insurance to facilitate effective external patient referrals and 4) a primer for health care economics knowledge relevant to both clinical practice and advocacy, delivered in a didactic setting to R3s. Each participant will leave the small group discussions with a plan to be in action around advocacy when they return from the conference.
	Demystifying formulation: Tapping into the human experience to help trainees learn this important clinical skill	Sindhu Idicula, Alyson Gorun, David Mintz, Nandhini Madhanagopal, Marla Wald	Formulation is a necessary synthetic process in the development of a psychiatrist. The creation and frequent revision helps guide the psychiatric interview, inform the assessment and diagnosis, and point towards appropriate interventions in the treatment plan. However, in clinical and educational settings, there are many assumptions about formulation that keeps it from being utilized. Formulations are often thought of as daunting, highly complicated, and time-consuming.They are often relegated to the sphere of formal psychotherapy, rather than playing a role in daily psychiatric practice, including formal psychotherapy or not. They are also often seen as static conclusions about the patient, rather than a snapshot in time that evolves with the journey of exploring the patient's mind and life. There is little consensus on what formulation entails among practicing psychiatrists. It is of little surprise then that this is an area where trainees and recent graduates show inadequate skills as well. Despite the barriers and notions of formulation, it is a vital skill that can and should be done in every encounter, no matter how brief. It provides a framework for a psychiatrist to create plans for how to intervene. This snapshot-in-time serves as a hypothesis that a psychiatrist can then utilize to provide direction and to help navigate the clinical work, coming up with a holistic and nuanced understanding of the patient's life, mind, and struggles. Studies suggest that formulating the patient may increase levels of hope and understanding in patients, decrease stigma among clinicians, and allow patients to feel heard and accepted, understand patterns, and feel like they are working together towards something with their therapist. In addition, because formulation works towards building meaning into the clinical work, it may have the potential of being protective against trainee and faculty burnout. Given that faculty may be intimidated by the process of teaching formulation, leading to avoidance of using it as an everyday skill, this workshop introduces a more accessible strategy of approaching clinical writing by the use of creative writing. This workshop is an introduction to formulation through the use of brief writing exercises that may lend to the creation of a formulation. It is meant to be simple and jargon-free, to capitalize on a skill that all humans utilize in their conceptualization of others, and to flexibly utilize clinical material of any time duration. The writing exercises require participants to unlearn typical medical writing learned in undergraduate and graduate medical training which is often highly medicalized and sterile, lacking the depth and nuance that comes with human experience. Through this workshop, participants will engage in the writing exercise, and work in small groups to share their writing. Participants will reflect on their own experience of writing and their experience of listening to their group members. Participants will then utilize the large group and presented material to brainstorm how to utilize simple writing exercises as a way to build in curricula about formulation within their program and to troubleshoot obstacles.
WITHDRAWN	~~From Disrupting to Building Inclusive Learning Environments: How Educators Can Address Microaggressions in Clinical and Educational Settings Using an Inclusive Leadership Framework.~~		

	Novel approaches using film and media in residency education for substance use disorders	Dustin DeMoss, Surita Rao, Pamela McPherson, Hannah Scott, Shakaib Khan	Psychiatry residents must be trained to address the significant morbidity and mortality associated with substance use disorders. Training directors recognize this need and seek new ways to teach and inspire trainees to care for this vulnerable population. Many programs have adopted specific addiction training guidelines published by training organizations (DeJong). This workshop expands on these guidelines through the use of film and media to engage residents by watching media portrayals of people with substance use disorders that are both positive and negative, erroneous and accurate, followed by a discussion of critical concepts led by one or more faculty members. Film and media are underutilized resources for exploring stigmatization, bias, symptom presentation, and addiction treatment. Raising awareness of media's conscious and unconscious influence on our attitudes and beliefs is crucial. This workshop presents resident-tested approaches to addiction education through use of art for exploring ambiguity and affect observation, film club to examine counter-transference and media influence/bias, and Skillsetter for the deliberate practice of motivational interviewing skills. This workshop will engage the participants to interact with film and media as they develop their own flipped-classroom teaching module for addiction psychiatry education. Attendees will leave the workshop with multiple training modules shared through Jamboard, a novel, interactive whiteboard platform.
	Physicians and Advanced Practice Providers co-existing in the same Psychiatric Department: Having skilled conversations with administration and leadership for best clinical outcomes	Tanya Keeble, Adam Brenner, Jed Magen, Kari Wolf, Anna Kerlek	Psychiatrists are woefully behind in considering the issue of advanced practice providers (APPs) joining the workforce, particularly one in which is, or may become, a residency or fellowship training environment. If psychiatrists do not adequately define our scope, roles and responsibilities, and train residents how to lead a psychiatric team that includes APPs, then we will face the issue of equivalency, undermine the role of the physician, and negatively impact patient care quality and safety. The AMA is actively at work to address this issue, but the American Psychiatric Association has little current focus on this. Increasingly, program directors, and AADPRT as an organization are turned to, as experts in training and supervision, to take the lead on integration of these new providers and/or learners into our departments. We have a responsibility to advocate for the next generation of psychiatrists, adjust to the emerging workforce landscape, and ensure the best clinical outcomes for patients. In 2023, the AADPRT Workforce Committee has been focused on APP training intersection with, and impact on, residency training departments. The outcome goal for our work in the Workforce Committee is to utilize workshop discussions and outcomes to develop a consensus best practice document for departments, program directors, faculty and residents in training residents to work effectively with APPs during and after training.
	Preparing Trainees for Life after Residency: Considerations for Academic Appointments	Sarah Marks, Dustin Avery Brinker, Mitchell Arnovitz, Lauren Hanna, John Q Young	This workshop will focus on defining and expanding upon career development curricula present in psychiatry residency training programs. It will encourage conversations about the non-clinical skills and knowledge necessary for conceptualizing an academic career. Through group sharing and brainstorming, participants will have the opportunity to reflect on the philosophical and idiosyncratic components that surround an early career in academic psychiatry. They will also discuss the ways in which social identity (e.g., race, ethnicity, and gender) influences these considerations. Participants will be introduced to key principles from the literature and provided example curricula for implementation at their own institution. After completion of this workshop, participants should be able to 1) generate a program-specific timeline for career logistics beginning as early as the first year of residency, 2) map key discussion points for career meetings with trainees in relation to academic careers, and 3) counsel trainees on best practices for precursor discussions with hiring committees. Given the need for academic psychiatrists, it is essential that we equip graduating trainees with the tools necessary to conceptualize and apply for such appointments within parameters that align with their personal and professional goals. Guided conversations and educational activities may assist in tackling the challenges inherent to such discussions, such as mismatches between desired and available ways of splitting academic time, institutional expectations within service areas, and availability of funding. Ultimately, we hope to empower trainees and facilitate their entrance into essential academic roles.
	Re-envisioning Sexual Orientation and Gender Identity Education: A Case-based Trainee-led Approach to Increasing LGBTQ+ Cultural Competence Amongst Psychiatry Residents and Fellows	Lauren Kaczka-Weiss, Jason Christopher, Emma Banasiak	2023 marks the 50th anniversary of the American Psychiatric Association's removal of the diagnosis of "homosexuality" from the DSM. LGBTQ+ Americans have made significant social strides since that time, gaining the right to choose and marry their partner, rear children, and serve openly in the military, among other things. Despite these advancements, LGBTQ+ Americans continue to face discrimination and other challenges to their ability to live openly and freely. In 2023 alone, over 500 anti-LGBTQ pieces of legislation were introduced in state legislatures across the country, many targeting members of the transgender community. These attacks can have a profound impact on the lives of our patients. LGBTQ-identified individuals experience significant health disparities compared to their cis-gender, heterosexual peers, specifically in mental health. Research has shown that LGBTQ-identified individuals are up to three times more likely to be diagnosed with a mental health disorder. Higher rates of mood disorders and substance use are well-documented. LGBTQ+ youth are more likely to report suicidal ideation and suicide attempts. Statistics specifically regarding transgender and LGBTQ+ patients of color are even more concerning. Discrimination, victimization, and family rejection are often associated with these increased rates of mental health complaints. LGBTQ+ patients also report higher rates of negative experiences with healthcare providers and increased anxiety about seeking care, further contributing to health disparities. Specifically, patients complain about providers' lack of knowledge, competence, and comfort in serving LGBTQ-identified patients. These negative experiences have even been reported to rise to harassment and refusal of care. The need for psychiatry trainees to demonstrate competence in knowledge and treatment of individuals from diverse populations, including sexual orientation and gender identity minorities, has been well established. Despite this, recent research has shown that most US psychiatry residency programs provide less than 5 hours of LGBTQ-focused training, with significant deficits in training in areas such as treating geriatric and racially/ethnically diverse populations. Given increasing numbers of self-identified LGBTQ+ people (the estimated US population now exceeds 23 million, and up to 20% of Gen Z adults reportedly identify as LGBTQ+), the issue is more pressing now than ever. By ensuring that our core values of diversity and inclusion are reflected in our training programs, we can best prepare future psychiatrists to provide an open, welcoming, non-judgmental environment for all our patients. This workshop will address the strengths and shortcomings of current approaches to LGBTQ+ education in psychiatry training programs. We will assist participants in further developing the appropriate language and terminology to discuss the topic. We will identify relevant health disparities and reinforce the basis for the need for a curricular revamp. Focus will be placed on a facilitated case-based discussion developed and implemented by current trainees. Examples will include cases prepared by residents and medical students based primarily on their training experiences. Participants will have opportunities to discuss the successes and setbacks in their current training curricula, consider future catalysts for and impediments to curricular change, and brainstorm alternative means for curricular development.

	Resident as Ambassador: The Design and Implementation of a Community-Facing Educational Event to Combat Stigma	David Ross, Melissa Arbuckle, Ellen Edens, Evan Kyzar, Jeremy Weleff	To address this need, we designed a longitudinal course that trains residents in core skills of Effective Scientific Communication with a broad audience. Using materials that we co-created with trainees, we developed a novel, community-facing educational program aimed at communicating the neuroscience of opioid addiction. The OASIS program (Overcoming and Addressing Stigma In Substance use disorders) was designed using principles of adult learning and incorporates experiential methods and formative assessment. The approach enables participants to consider the experience of individuals with opioid use disorder and conveys a message of hope—that effective treatments are available. In this workshop, attendees will have an opportunity to engage with some of the resources and educational approaches used in OASIS. The program includes a series of vignettes related to opioid use. For each one, participants discuss their initial response, review a brief resource highlighting a core principle of addiction neuroscience, and then reflect together on how this might change the way they think about the original case. At the end of the session, we will share outcomes from two separate pilot events. Novel educational interventions, such as the one presented in this workshop, offer a powerful tool for decreasing stigma towards psychiatric illness and enhancing engagement with evidence-based treatments. We illustrate one novel approach for helping trainees become powerful and effective agents of change.
	The SCOTUS Decision Ending Affirmative Action in Higher Education: Impact on Recruitment for Medical Schools and Psychiatry Training Programs Across the United States	Francis Lu, Jeffrey Khan, Ulrick Vieux, Iverson Bell, Shanti Mitchell	This workshop jointly sponsored by the Recruitment and JEDI Committees will focus on the impact of the June 29, 2023, SCOTUS decision to end affirmative action in higher education on recruitment of ethnoracial individuals for medical schools and psychiatry training programs across the United States. The presenters will briefly present on the SCOTUS decision and then three post-SCOTUS decision guidelines from: 1. The U.S. Departments of Justice and Education "Questions And Answers Regarding The Supreme Court's Decision In Students For Fair Admissions, Inc. V. Harvard College And University Of North Carolina" 2. The AAMC "Frequently Asked Questions: What Does the Harvard and UNC Decision Mean for Medical Education?" includes: "There are several practices currently employed by medical schools to advance their diversity missions that were not criticized or struck down by the court. The following are examples of practices that remain in place: adopting or expanding holistic review practices (which can help increase diversity even when race or ethnicity are not factors); considering whether an applicant was raised in a medically underserved area; considering whether an applicant speaks multiple languages; considering whether an applicant has a demonstrated interest or willingness to commit to practicing with medically underserved populations or studying health inequities; using secondary application essay questions as a way of evaluating an applicant's character strengths, career aspirations, or commitments to school-specific mission areas; expanding recruitment to or building relationships with undergraduate institutions with higher levels of student body diversity; considering an applicant's educational path, including enrolling in postbaccalaureate programs or repeating courses, which may demonstrate a high level of sustained interest in a health professional career; investing in pathway programs in K-12 schools with histories of low pursuit of the health professions; increasing efforts at interprofessional education so that students learn alongside students in other health professions; considering an applicant's family's educational attainment, including parents' and/or grandparents' level of education." 3. The ACGME "Follow-Up to Dr. Nasca's June 13 Letter to the Community after Supreme Court Decision Regarding College Admissions and Race" that reiterates a commitment to Common Program Requirement I.C.on diversity and inclusion. The presenters will then report on implementation of diversity practices on recruitment from 1) California and Michigan, two states that had already banned use or race or ethnicity before the SCOTUS decision and 2) Texas and Florida, two states that have enacted recent anti-DEI legislation. Participants will discuss in small groups about applications of still permissible diversity practices in recruitment for their own psychiatry training programs followed by reports back and large group discussion.
	Training Residents to Correct Medical Misinformation	Kitty Leung, Rebecca Creel, Amal Bhullar, Shirley Alleyne, Ana Turner	Medical misinformation is becoming a more common threat to public health and safety, and most medical professionals have encountered medical misinformation in their day to day life. Recent examples of this include origins of COVID-19, disbelief in the safety of vaccines, and distrust in efficacy of public safety measures. Access to social media also has been shown to accelerate the spread of medical misinformation exponentially in the public sector. Correcting medical misinformation is a valuable skill that is not often taught formally in residency training, though many medical professionals are asked to address concerns from patients and the public. Studies also show that discussing potential medical misinformation with patients prophylactically may slow the spread of misinformation.
5:15 - 6:15 pm	Assessment Committee Meeting (AADPRT members only)	Julie Sadhu	
5:15 - 6:15 pm	Development Committee Meeting	Ann Schwartz	
5:15 - 6:15 pm	Information Management Committee Meeting (AADPRT members only)	Saira Kalia	
5:15 - 6:15 pm	Membership Committee Meeting (AADPRT members only)	Lindsey Pershern	
5:15 - 6:15 pm	Nominating Committee Meeting (committee members only)	Sallie DeGolia	
5:15 - 6:15 pm	Recruitment Committee Meeting (AADPRT members and residents only)	Lia Thomas	
5:15 - 6:15 pm	Subspecialty Training Director Caucus Meeting	Carrie Ernst	
Saturday, 3/2/24	**Programming**	**Leader/Speakers**	**Abstract or program description**
7:15 – 8:30 am	Breakfast		
7:15 – 8:30 am	Executive Council Breakfast Meeting with Regional Representatives (council members and representatives only)	Randon Welton	

7:30 – 8:30 am	Residency Curriculum and Assessment Review Taskforce Meeting (committee members only)	Jacqueline Hobbs	
7:30 – 8:30 am	Humanities in Medicine Caucus Meeting	Eva Mathews	
7:30 - 8:40 am	PA (Coordinator) Breakfast and Symposium Wrap Up	Juliet Arthur, Roopali Bhargava, Lora Goudreau	
8:45 - 10:15 am	Workshop Session #6		
	A Trip Into the Future: Preparing Residents for Psychedelics and Psychedelic Assisted Psychotherapy	Adriane dela Cruz, Rachel Beck, Enrique Chiu, Sravan Narapureddy	In recent years, there has been a profound resurgence of interest in the therapeutic potential of psychedelics. The use of psychedelics as therapeutics brings about a unique set of challenges that differ from current psychiatric practice. Such challenges include the role of providers in face of the vulnerability patients face during and after a psychedelic experience, unique safety risks owing to the potential for changes in beliefs and major life decisions precipitated by the experience, and special considerations in interpretation of clinical trials due to the difficulties achieving true blinding (1). As psychedelics reemerge as promising tools in psychiatric treatment, there is an urgent need to equip teaching faculty and resident psychiatrists with the knowledge and skills necessary to navigate this evolving landscape. This workshop addresses this critical need by providing an in-depth exploration of the current state of evidence around the safety and efficacy of psychedelics and the role of psychiatrists in psychedelic treatment with the goal of supporting faculty in teaching this information to residents. We will also explore the ethical challenges associated with psychedelic treatment. Participants will work in small groups to identify methods for integrating teaching about psychedelics into their residency programs.
	Developing and Implementing Public/Community Psychiatry Tracks Within Child and Adolescent Psychiatry Fellowship Programs	Caitlin Costello, Shashank Joshi, Emily Troyer, Chuan-Mei Lee	While adult-focused public psychiatry fellowship (PPF) training programs have been in existence for over 40 years, child and adolescent public and community psychiatry training is much newer. Several institutions have developed innovative “tracks” within child and adolescent psychiatry (CAP) fellowship programs focused on public/community psychiatry. Public/community psychiatry tracks serve to train child and adolescent psychiatrists who will be future leaders of public/community health systems for youth and typically provide trainees with enhanced clinical opportunities to work with youth in public/community psychiatry settings as well as other educational offerings such as focused didactics and mentorship. This workshop will present three examples of public/community psychiatry tracks within CAP fellowship programs and identify key similarities and differences, with attention to program curricula, funding structures, and public-academic partnerships. This session will also offer opportunities for participants to create a public/community psychiatry track mission statement, identify opportunities at their home institution to enhance teaching public/community psychiatry topics, and brainstorm ways to collaborate with local public sector agencies and community partners.
	Did You See What I Did There?: Strengthening Faculty Teaching Through Peer Observation	Samuel Stroupe, Stephanie Davidson, Kimberly Kelsay, Bini Moorthy	Faculty engage in a significant amount of teaching in psychiatry residency and fellowship training programs. Improving the quality of teaching requires receiving high quality, specific, and meaningful data about teaching effectiveness. Most programs rely on collecting data from trainees, which is often sparse, informed by power differences and pressure for prosocial response, and is rarely timely or specific. Many faculty have not had formal training on teaching and are reluctant to engage in direct observation of their teaching. Peer observation can be an effective means to supply faculty with a source of actionable data to enhance their teaching. Faculty who underwent peer review of their teaching demonstrated more deliberate efforts to engage their learners, sought other resources to enhance their teaching and used active learning methods [4,5]. Psychological safety for the observer and observed faculty member is critical to the success of this process and may explain why this tool is not more widely adopted [6]. Attention to equity and considerations for URM faculty and other program-specific factors must be considered to ensure success. Program size, number of faculty, faculty expertise in teaching, support from leadership for required resources can all influence the design of an effective process. Implementation science supports engaging stakeholders early and throughout the process in order to inform adjustments and create a widely adopted, sustainable practice. We'll offer tools and skill development to implement a peer observation review process; practice with a rating tool, considerations and tools for establishing psychological safety and for designing a process that fits the participant’s environment. This workshop begins with an introduction and practice with a peer observation rating tool to generate reflections not only about practical use of the tool, but also issues related to the affective experience both for observers and those being observed. This activity will help participants appreciate the power of this method for professional development and point to the importance of considering psychological safety. We will then have group discussions around topics of equity and psychological safety. Participants will consolidate knowledge regarding factors that contribute to psychological safety and while considering the context of their program. Peer observation can be an effective means to improve the quality of education within training programs and with attention to safety and faculty culture can be embraced by faculty as a tool for professional development. Over the course of this workshop, participants will develop skills related to establishing psychological safety and peer observation of teaching, as well as engage in creation of an action plan to bring these skills back to their home institutions.

	His Physician, Her Diagnosis, Their Treatment: Zir Care	Rehan Aziz, Wasib Malik, Amir Elsamadisi, Harsh Patel	Gender-affirming care, a paradigm shift in healthcare, is committed to ensuring that transgender and non-binary individuals are treated with respect and provided with comprehensive healthcare services. The necessity of such care becomes evident when considering the findings of the 2015 U.S. Transgender Survey. In this comprehensive study, it was revealed that nearly a third of respondents had been subjected to negative experiences in healthcare settings due to their transgender identity. A concerning 23% opted to avoid essential medical care out of fear of being mistreated or misunderstood. Furthermore, only a mere 11% felt that all their healthcare providers were equipped with the knowledge and sensitivity to address their transgender-specific healthcare needs. The emotional and psychological implications of these experiences underscore the vital importance of access to gender-affirming care for the overall well-being and mental health of transgender individuals. In our session, we will delve deeply into the concept of "narrative comfort", a core pillar of gendffirming care. Narrative comfort is about fostering a space where transgender and non-binary patients can freely and securely share their personal narratives concerning gender identity. This extends to recognizing that the rapidly evolving needs of these patients sometimes stand in stark contrast to the more traditional medical practices that have been the norm. Additionally, a significant challenge we will discuss is the inherent gender biases present in the traditional diagnostic framework. These biases, often subtle and unintentional, can lead to discomfort or even unintentional harm to the patient. There's an emergent need to overhaul and refine these diagnostic procedures to be more inclusive, respectful, and gender-affirming. Moreover, the session will underscore the undeniable influence of society's gender narratives. These deeply ingrained perceptions can significantly affect the diagnosis, treatment, and overall dynamics of the patient-doctor relationship. Participants will engage with authentic narratives from transgender and non-binary individuals in small breakout groups, providing firsthand insights into their healthcare journeys. These narratives will serve as a basis for reflection sessions aimed at identifying areas for improvement and teaching trainees to practice inclusive gender-affirming care. Real-world case studies will facilitate participants in discussing gender-affirming diagnosis and treatment approaches. These sessions will not only highlight potential teaching challenges but also pave the way for effective solutions. Communication, a cornerstone of effective healthcare, will also be addressed. Attendees will engage in role-playing sessions, honing their skills in teaching about gender-affirming communication, using appropriate pronouns, and being ever-vigilant of implicit biases. To conclude, our healthcare paradigm, symbolized by his physician, her diagnosis, and their treatment, must evolve to truly encapsulate "zir care" - a holistic gender-affirming approach. As societal acceptance of gender diversity flourishes, there's an imperative for healthcare to advance concurrently. Our session is designed not just as an informational forum but as a catalyst, equipping attendees with the knowledge, tools, and inspiration to be pioneers of this transformative journey in healthcare and incorporate it into their training programs.
	Ideals into Action: How to Create a Holistic Review Process for Recruitment at Home	Jane Ripperger-Suhler, Gabriel Garza, Diana Nguyen, Kari Whatley	Bringing new ideas and perspectives to bear on healthcare problems and to ultimately create equity in health care for members of all groups is a crucial goal for the healthcare system. In order to ensure that new voices are heard, there must be a diverse workforce which, in turn, requires a recruitment process that systematically includes, rather than excludes under-represented groups. However, the recent US Supreme Court ruling eliminating the use of affirmative action to ensure diversity at institutions of higher learning and the recent state level passage of laws banning offices of diversity, equity, and inclusion (DEI) at state institutions has put a chill on attempts to diversify the workforce. One means of achieving the goal that does not use affirmative action or require a DEI office is to design and implement a process of holistic review in recruitment. Holistic review requires the appropriately weighted consideration of a variety of specifically chosen characteristics of applicants from a holistic perspective, as the name implies. Various approaches to designing a holistic review process in GME, medical school, nursing school, and graduate school have been described. At least one workshop on implementing holistic review has been successfully presented to psychiatry residency program directors. Using the AAMC approach of experiences-attributes-metrics, we systematically created a process by which we could quantify those characteristics we valued and weight equitably the traditionally considered, and institutionally-valued, metrics with experiences and attributes we deemed to both increase effectiveness as a CAP and more appropriately match the community population. In this workshop, we will briefly review our program's experience with creating and using a holistic review process over three recruitment seasons. We will then take participants step-by-step through the process of creating their own holistic review processes using their own home program AIM statements to identify qualities that will result in a fit with their mission. They will then establish baseline qualities that must be present and class the remaining qualities as metrics, attributes, or experiences. Participants will then weight qualities according to their desirability and create a scoring rubric to be used during the recruitment season. Throughout the process they will share and compare with other participants. They can then take this work home along with a toolkit on how to apply the methods and further fit the process to their programs' unique needs for appropriate application.
	Making Psychotherapy about the "Now": Creating relevant psychotherapy training for today's modern resident	Alyson Gorun, Daniel Knoepflmacher, Reile Slattery, Abdallah Tom, Stephanie Cherestal	In keeping with the theme of the 2024 AADPRT annual meeting, the aim of this workshop is to present an innovative conceptual model of teaching psychotherapy grounded in the "here and now" experiences of contemporary psychiatry residents. We posit that programs ought to ground their approach to psychotherapy by addressing sociocultural factors that are salient to residents and help them feel equipped to address the specific needs of the patients they encounter and feel passionate about the treatment they are providing. The areas of focus may vary depending on the setting of each program, but the result will be to make the learning of psychotherapy more relevant for the resident and help foster culturally responsive clinicians working with a diverse patient population. This provides immediacy and relevant context for the existing teaching on the theory and practice of psychotherapy as designated by the ACGME requirements and supported through materials that can be found on the AADPRT VTO. After our workshop, participants will be able to adapt this model to fit the cultures and settings of their home institutions. We will describe three examples of this type of psychotherapy teaching that we've utilized in our program. We'll discuss: the application of psychotherapy through a multicultural lens including teaching on racial trauma; women's mental health and its intersection with psychotherapy, including addressing maternal mental health disparities in the peripartum; and psychotherapy supervision in an LGBTQ+ focused clinic and culturally sensitive care for the diverse population served by our clinic in New York CIty. Residents will share their experiences of these didactics and clinics, how these have shaped their learning of psychotherapy, and what content areas remain unaddressed in their psychotherapy training. These models of teaching psychotherapy are not just theoretical but based in the real world, taking into account our specific patient population and the setting of our program in a diverse urban metropolis. Workshop participants will be encouraged to think about how they could apply this model to their own program taking into account the culture and location of their program as well as the identities of their faculty, trainees, and patient population.
	No publications, No problem: A step by step guide to publishing (for you and your trainees)!	Adam Brenner, Richard Balon, Rashi Aggarwal, Mary Morreale, Bernice Yau	This workshop is a down-to-earth, hands-on introduction to the essential skills of developing manuscripts for publication in peer-reviewed academic medical journals. The workshop will be led by Academic Psychiatry journal editors and trainee editorial fellows and will use interactive cases to review the steps in publishing (from journal selection, manuscript type selection, manuscript preparation, submission, peer review, revision, editorial decision-making, and production). Specific strategies will be offered for assessing one's strengths and motivations as a writer and collaborator, recommendations for best practices in selecting target journals and manuscript types, responding to reviewer concerns, and working with editors. This workshop will enhance skills of early and middle career academic physicians and also provide a framework for senior faculty to serve as mentors, senior authors, and guest editors.

	Results of the 2022 APA Resident/Fellow Census: What is the future of the psychiatric workforce and how might it impact our patients?	Vishal Madaan, Sanya Virani, Tanner Bommersbach, Megan Hophing, Karuna Sandra	Since 1999, the APA Resident/Fellow Census has provided a yearly demographic picture of psychiatry residents and fellows in the US. The census summarizes selected data from publicly available resources produced by AAMC, ACGME, and NRMP and can be used to assess the psychiatric workforce and track its progress on important metrics relevant to the practice of psychiatry. This session will provide a brief history of the Census and present results from the recently released 2022 Census, which tracks demographic changes in residents and fellows from 2017 to 2022. Key findings that will be highlighted include changes in the number of available and filled psychiatry residency and fellowship positions, demographic factors including the racial and ethnic diversity of residents and fellows, and educational debt of residents. Notably, this year's census will also include findings from the 2022-2023 Match, which will be used to highlight the potential impact of COVID-19 on the resident recruitment process. The session will close with a discussion of the implications of these findings on recruitment and retention efforts of training programs, workforce planning, and access to care. Input from the audience will be solicited through small group exercises to brainstorm potential solutions to some of the key challenges presented, including keeping the principles of diversity, equity, and inclusion at the forefront.
	Strengthening Wellbeing Programming in Residency Training: Using a Structural Approach to Support the Diverse Needs of our Trainees	Sarah Mohiuddin, Michael Jibson, Theadia Carey	In response to increasing rate of burnout amongst residents, training programs have implemented wellness curricula to improve overall resident wellbeing. Often, these wellbeing initiatives are centered around access to mental health care and programming, process groups and social activities. These initiatives and activities, while important, fail to address some of the most commonly described drivers of burnout in medical residency, including lack of control, time pressure and constraints, and increasing negative experiences during the course of training. This has been demonstrated to be increasingly challenging for trainees who identify as female, parents, or minorities, as they often describe additional burdens of discriminatory experiences, child care constraints, and increased need for flexibility during training. In addition, many current wellbeing curricula within training programs focus on individual factors without adequately addressing systemic factors such as increased EMR documentation requirements, decreased non-physician staff supports, and increasingly negative patient experiences. While studies continue to suggest that the overall clinical learning environment is one of the largest drivers of trainee burnout, few programs have addressed structural approaches to enhancing resident wellbeing. However, across multiple studies, residents describe the importance of wellbeing initiatives such as increased schedule flexibility, time to attend to psychological and medical needs, and support during adverse patient experiences. Therefore, to address this, programs need to consider the addition of structural interventions to enhance their wellbeing curricula. This workshop serves to help training directors identify gap areas within their own wellbeing curricula and develop a systematic approach to enhancing structural wellbeing initiatives, including flexibility in scheduling, part-time training, protected administrative time, schedule compression, and institutional supports during adverse patient experiences.
	Survey says...What?! Strategies for program leadership to prepare for annual ACGME faculty and trainee surveys	Anuja Mehta, Christine Bartow, Elizabeth Ann Cunningham, Christine Marchionni, Senada Bajmakovic-Kacila	Annual ACGME trainee and faculty survey along with annual ADS updates provided by PDs comprise the data that ACGME uses to make decisions about program accreditation. Program leaders do not receive formal training about the content areas of the ACGME annual survey. Given the importance of the surveys in maintaining continued accreditation, programs and institutions use various strategies to ensure positive survey results. In many institutions, the GME office staff will meet with trainees and faculty prior to survey deployment to discuss the components of the ACGME survey. The drawback to this arrangement is that often trainees are not familiar with GME staff and depending on how the information is communicated, trainees may perceive coercion to respond in a certain way. Other programs deploy internal surveys that mirror the major sections of the ACGME survey so that program leadership is aware of potential problematic areas and have time to address them prior to the ACGME survey roll out. While this strategy can be helpful, it leads to survey fatigue for both trainees and faculty in addition to burnout for program leadership with the extra work involved in deploying and analyzing the survey results. Many program leaders, especially those new to their role or who don't have adequate DIO guidance, are left vulnerable to receiving suboptimal ACGME faculty and trainee survey results despite having the infrastructure to support content areas. This workshop is designed to help program leaders familiarize themselves with the ACGME survey content areas and assist them so they can map how their program covers the content areas using a novel tool developed by the authors. Additionally, we will discuss effective methods for disseminating information about the content areas to faculty and trainees that is free from coercion. This workshop will also address how to cope with unexpected or negative results from the survey and give participants strategies to create an action plan to address weaknesses for the subsequent survey cycle. Participants will work individually and with one another to consider strengths and weaknesses within their own programs and problem solve gap areas.
	The Art of Running an Outpatient Resident Clinic: Common Challenges, Diverse Solutions	Judith Lewis, Anna Costakis, Brian Evans, France Leandre, Michael Sean Stanley	The 2023 ACGME Program Requirements for Psychiatry state, "each resident must have a significant experience treating outpatients longitudinally for at least one year" and further specifies that the experience should include psychotherapy, multiple treatment modalities, and psychosocial rehabilitation techniques (1). Embedded in this decades-old requirement are three clear values: that an immersive learning experience in outpatient practice is important, that conducting longitudinal treatments under supervision is important, and that optimal training involves exposure to a variety of treatment modalities. In today's specialty world, clinic directors face the complex task of how to meet these laudable aims within the constraints of current institutional economic pressures and models of care. Across the country at each residency program, clinic directors struggle with the same challenges, such as how to orient residents, manage caseloads, allow for graded autonomy, provide adequate supervision, manage turnover, balance diversity of patients and treatment modalities, determine length of visits, determine modality of treatment, bill for resident services, and ensure patient satisfaction. While there are common challenges, there are also many differences between training clinics such as size, state billing requirements, setting (VA vs. academic), system of care, etc. Therefore, there are many diverse solutions and "no one size fits all". This workshop aims to discuss our common challenges and "crowdsource" a diversity of solutions from the collective wisdom of the group. It is our hope to start a collegial conversation at AADPRT that will tackle and share solutions to the challenges of running resident clinical services and become a multi-year venture. Ideally, this effort will result in the publication of "best practices" that emerge over time in order to establish a more robust literature. In this first workshop, we will start by addressing three core challenges clinic directors face: 1) managing resident transition from inpatient to outpatient by understanding the developmental task, 2) balancing caseload expectations across modalities to find the "sweet spot" between education and service, and 3) providing appropriate supervision given the conflicting aims of billing and resident autonomy.
10:15 - 10:25 am	Coffee Break		

10:25 am - 12:00 pm	President's Symposium | Closing Session	Randon Welton, Dustin DeMoss, Rebecca Lundquist, Madhu Rajanna	Increasing demands for mental health services along with the pending retirement of large numbers of psychiatrists are setting the stage for an unprecedented national shortage of psychiatrists. Although there have been dramatic increases in the number of psychiatry residency programs and training slots, they are inadequate to close the gap. These shortages are forcing our profession to consider dramatic changes in practice and training. We will discuss some of these options at the AADPRT Presidential Symposium. Fully trained psychiatrists from around the world are trying to work within the United States. Are there ways we can more rapidly and efficiently include these experienced psychiatrists as a partial solution to our shortage? Psychiatrists across the country are working alongside Advanced Practice Providers such as Psychiatric Nurse Practitioners and Psychiatric Physician Assistants. How do psychiatrists interact with APPs and how should psychiatrists be involved in the training, supervision, and assessing competency of APPs? The symposium will consist of expert panels discussing these issues followed by an opportunity for a more general discussion.
12:15 – 1:15 pm	Steering Committee Meeting (Committee Members Only)	John Young	