Innovations Showcase Presentations

Title
Brain Medicine Pilot Initiative– Interdisciplinary Training for Complex Brain Disorders

Primary Category
Curriculum

Presenters
Jennie Davidow, MD, Beth Israel Deaconess Medical Center
Yelu Zhang, MD, Beth Israel Deaconess Medical Center

Educational Objectives

1. Define Brain Medicine as an interdisciplinary, integrative approach to diagnosing and managing complex brain conditions.

2. Describe the structure and key components of a Brain Medicine Pilot designed for psychiatry trainees, with a focus on its experiential learning format, competency-based framework, and the development of collaborative, cross-disciplinary clinical reasoning skills.

3. Explore how the Brain Medicine Pilot addresses broader public health needs by equipping trainees to navigate diagnostic uncertainty, comorbid presentations, and system-level challenges.

4. Identify actionable strategies for implementing similar interdisciplinary training models within other settings.

Description of Innovation
Complex brain conditions often present with overlapping psychiatric and neurologic symptoms and require coordinated, interdisciplinary care [1,2,3]. Examples of such conditions include, but are not limited to, functional neurologic disorder, traumatic brain injury, dementia, and neurodevelopmental syndromes—conditions that do not fall neatly into a single diagnostic domain and often involve overlapping cognitive, behavioral, and affective symptoms [3,4]. Effective care in these cases requires a shared understanding and coordinated approaches across disciplines [1,2]. Yet, psychiatry training often offers limited structured exposure to interdisciplinary management or to neuroscience-informed, integrative frameworks for understanding these conditions. In today's competency-based training environment—and in the context of a growing public health need to serve an aging population with increasingly complex medical and psychiatric needs—psychiatry education can no longer remain siloed. Failing to address this risks compromising trainee

development in clinical reasoning, formulation, patient-centered care, and systems-based practice.

Despite repeated calls to improve training in the care of complex brain conditions, current educational efforts vary widely in content, delivery methods, and emphasis [5,6]. Curricula are often shaped more by local resources and faculty availability than by shared standards [5-7]. Additionally, while medical education has shifted toward active and experiential learning, training in complex brain conditions has been slow to adopt these methods, leading to reduced learner engagement and appreciation of clinical relevance [6]. When residents reflect on their training, a common theme emerges: they understand its importance, but find the learning experience disconnected from their clinical work and insufficiently tailored to their learning needs [6].

To address this gap, we developed a pilot initiative at a single psychiatry residency program located in an urban academic center: the Brain Medicine initiative, embedded within residency training, designed to foster integrative clinical reasoning and interdisciplinary understanding of complex brain–mind conditions.

Key components include:
A longitudinal clinical neuroscience curriculum spanning all four years of psychiatry residency
Optional dedicated mentorship and academic enrichment
Interdisciplinary case conferences ("Brain Medicine Breakfast Club")
Experiential learning opportunities (e.g., clinical placements, shadowing, brain cutting, neuroimaging teaching)

The program is a collaborative effort across psychiatry, neurology, neuroradiology, neuropathology, neuropsychology, social work, and behavioral neurology/neuropsychiatry. Using an interdisciplinary, integrative multimodal framework, the Brain Medicine Pilot highlights a scalable model for residency programs to enhance trainee competency in managing complex brain disorders using a transdiagnostic and integrative approach, while enhancing diagnostic accuracy and treatment planning. It is applicable to any psychiatry trainee, but may be useful for those pursuing subspecialty careers such as neuropsychiatry or geriatric psychiatry. Early exposure to interdisciplinary collaboration also supports professional identity development and prepares trainees for advanced roles requiring cross-specialty coordination. Attendees will leave with actionable insights for adapting similar initiatives to their own programs.

Innovations Showcase Presentations

Description of Interactivity with Audience

Our agenda would be as follows:

- Introduction & Background (1 min): Brief overview of the Brain Medicine concept and its relevance to psychiatry residency training, including the need for integrative, interdisciplinary approaches in managing complex brain–mind conditions.
- Overview of Brain Medicine Pilot Components (4 min): Description of current pilot initiatives, including longitudinal clinical neuroscience education, dedicated clinical experiences, interdisciplinary case conferences, dedicated mentorship, and experiential workshops.
- Interactive Q&A and Discussion (5 min): Open discussion on how participants might adapt or implement similar initiatives within their own programs. Attendees are encouraged to ask questions, share challenges, and explore practical strategies for developing more initiatives in brain medicine.

Scientific Citations

Stanley MPH, Silbersweig DA, Perez DL. Toward a Unified Classification System for Brain-Mind Disorders: Putting Calls for Integrated Clinical Neuroscience Into Action. Cogn Behav Neurol Off J Soc Behav Cogn Neurol 2023;36(4):199–201.

Accorroni A, Nencha U, Bègue I. The Interdisciplinary Synergy Between Neurology and Psychiatry: Advancing Brain Health. Clin Transl Neurosci 2025;9(1):18.

Brown JC, Dainton-Howard H, Woodward J, Palmer C, Karamchandani M, Williams NR, George MS. Time for Brain Medicine. J Neuropsychiatry Clin Neurosci. 2023 Fall;35(4):333-340. doi: 10.1176/appi.neuropsych.21120312. Epub 2023 Apr 6. PMID: 37021384.

Keshavan MS, Price BH, Martin JB. The Convergence of Neurology and Psychiatry: The Importance of Cross-Disciplinary Education. JAMA 2020;324(6):554–

Juul D, Gutmann L, Adams HP, O'Shea SA, Faulkner LR. Training in Neurology: Feedback from Graduates About the Psychiatry Component of Residency Training. Neurology 2021;96(5):233–6.

Zhang Y, Lizano P. Clinical Neuroscience Education in Psychiatry Residency Training: Where Do We Go from Here? Harv Rev Psychiatry 2025;33(3):158–69.

Shalev D, Jacoby N. Modernizing Psychiatry Training for Neurologists—From Off-Service to In-Service. JAMA Neurol 2022;79(2):113–4.

Innovations Showcase Presentations

Title
Building Competence from Day One: Tailored Clinical Skills Assessment for PGY-1 and PGY-2 Psychiatry Residents

Primary Category
Assessment – learner (summative, formative, programmatic)

Presenters
Gretchen Magnani, MD, Cooper Medical School of Rowan University
Elena Safronova, MD, Cooper Medical School of Rowan University

Educational Objectives
This presentation introduces a streamlined feedback card using the CSV format, specifically designed for PGY-1 and PGY-2 psychiatry residents.

1. Identify core competencies that align with the developmental needs of early-stage psychiatry trainees.

2. Modify CSV scoring anchors to reflect progressive skill acquisition and clinical relevance.

3. Design a feedback and submission system that promotes continuous learning and growth.

4. Foster consistent and calibrated evaluations among faculty through shared understanding and practice.

Participants will leave with a customizable framework ready for implementation in their own training programs.

Description of Innovation
To improve the quality and consistency of formative assessment in early psychiatry training, this session presents a novel workflow for delivering real-time clinical skills feedback. The approach integrates level-specific scoring anchors, clearly defined expectations, and structured feedback tools appropriately tailored to the complexity and developmental stage of PGY-1 and PGY-2 residents.

The presentation will also offer practical strategies for designing feedback forms, including digital submission fields for identifying practice gaps, setting learning objectives, and capturing case reflections. By integrating level-specific criteria and structured feedback into clinical evaluations, programs can ensure developmental alignment, foster competency-based growth, and enhance the learning trajectory across all training stages.

Key Takeaways for Participants:

- Apply a structured developmental framework to deliver timely, formative feedback that enhances PGY-1 and PGY-2 residents' clinical skill development.
- Create a customized assessment strategy for PGY-level learners that aligns with your program's competencies and educational milestones

Description of Interactivity with Audience

- Welcome & Purpose (0.5 min)
  - Quick intro to the session goals.
- Interactive Overview: CSV Application for PGY-1/2 Needs (1 min)
  - Live demo or screenshots of the tool.
  - Use a poll to identify where attendees see it fitting into their current workflow.
- Collaborative Workflow Design for Real-Time Feedback (1.5 min)
  - Present proposed workflow visually (e.g., flowchart or slide).
  - Use a poll to gather feedback on key data fields.
  - Encourage participants to consider improvements or additions.
- Implementation Planning: Co-Creation of Next Steps (2 min)
  - Share draft rollout plan.
  - Use a poll for input on integration challenges or support needs.
  - Use a shared document or whiteboard for live brainstorming.
- Open Q&A + Feedback Loop (5 min)
  - Address questions.
  - Invite participants to share one takeaway or suggestion via chat.

Scientific Citations

Abbatemarco JR, Juul D, Vondrak P, Mays MA, Willis MA, Faulkner LR. Clinical Skills Evaluation in Neurology, Child Neurology and Psychiatry: Program Directors' Perspective and Future Opportunities. Med Sci Educ. 2020 May 1;30(2):849-854. doi: 10.1007/s40670-020-00961-w. PMID: 34457741; PMCID: PMC8368539.

Jibson MD, Agarwal G, Anzia JM, Summers RF, Young JQ, Seyfried LS. Psychiatry Clinical Skills Evaluation: a Multisite Study of Validity. Acad Psychiatry. 2021 Aug;45(4):413-419. doi: 10.1007/s40596-020-01388-6. Epub 2021 Jan 12. PMID: 33438158.

Gentry MT, Murray AP, Altchuler SI, McKean AJ, Joyce JB, Hilty DM. Development and Implementation of a Virtual Clinical Skills Examination in General Psychiatry. Acad Psychiatry. 2023 Feb;47(1):48-52. doi: 10.1007/s40596-022-01691-4. Epub 2022 Aug 2. PMID: 35918600; PMCID: PMC9345010.

Jibson MD, Keshavarzi N. Psychiatry Clinical Skills Evaluation: Interrater Reliability of the American Board of Psychiatry and Neurology Required Assessment. Acad Psychiatry. 2021 Aug;45(4):420-424. doi: 10.1007/s40596-020-01337-3. Epub 2020 Oct 15. PMID: 33063279.

Innovations Showcase Presentations

Title
CBME on a budget: An EPA assessment tool developed using Microsoft Office

Primary Category
Assessment – learner (summative, formative, programmatic)

Presenters
Samuel Greenstein, MD, Zucker School of Medicine at Hofstra/Northwell Lenox Hill Hospital Program
Timothy Kreider, MD,PhD, Zucker School of Medicine at Hofstra/Northwell

Educational Objectives
1. Participants will learn how a WBA tool and assessment dashboard can be built and implemented using Microsoft Office applications (Excel, Forms) by training directors with no specialized coding experience.

Description of Innovation
Our residency training programs designed a Microsoft Form that faculty can access with either a hospital workstation or a personal mobile device. Faculty use the Form to document their assessment of observed resident behaviors using an EPA framework. Completion time for faculty familiar with the form is 2-3 minutes, and faculty have remarked that it is easier than a prior PDF version. The submission data feeds into an Excel table that the training directors can use for tracking resident progress along various EPAs. The table can be used to create a dashboard that is either resident-facing and program-facing, facilitating both formative and summative assessment.

Description of Interactivity with Audience
- Participants will access the Form on their personal device and be shown how their results appear on the Excel table that feeds a dashboard.

Scientific Citations
Young JQ, Frank JR, Holmboe ES. Advancing Workplace-Based Assessment in Psychiatric Education: Key Design and Implementation Issues. Psychiatr Clin North Am. 2021 Jun;44(2):317-332. doi: 10.1016/j.psc.2021.03.005. PMID: 34049652.

Innovations Showcase Presentations

Title
Concentrating on Interventional Psychiatry

Primary Category
Curriculum

Presenters
Joshua Hubregsen, MD, UT Southwestern Medical Center
Rachel Beck, MD, UT Southwestern Medical Center

Educational Objectives

1. Raise awareness of the growing need for interventional psychiatry training during residency.

2. Share best practices from the design and implementation of an interventional concentration model.

3. Illustrate how programs can adapt existing concentration frameworks to provide interventional training experiences.

4. Highlight the impact of interventional concentrations on resident career development and program recruitment.

Description of Innovation
In 2022, our residency program developed an Interventional Psychiatry Concentration in response to resident demand for structured exposure to neuromodulation and procedural-based psychiatric treatments. The concentration was designed by modeling existing programmatic concentrations in psychotherapy, education, policy, women's mental health, transitional age youth, and global health. Resident feedback was integral to shaping the structure, and faculty mentors with expertise in interventional psychiatry were identified to guide residents' scholarly projects.

The concentration consists of three core elements:

1. Clinical Training – Residents complete a total of three months of elective time across the third and fourth years of residency, divided between an outpatient interventional clinic and an ECT procedural elective. Residents develop competency in ECT, TMS, and esketamine administration.

2. Mentorship – Each participant is paired with a faculty mentor who supervises a scholarly project. Residents also participate in monthly journal clubs and case discussions to deepen their understanding of interventional psychiatry.
3. Scholarly Activity – Residents complete a project related to interventional psychiatry, with opportunities to present at conferences or publish findings.

The concentration is accessible to categorical residents as well as those in combined programs. Since its inception, ten residents have completed the concentration. Career outcomes have been promising: four graduates have assumed academic or adjunct faculty positions, four have pursued fellowship training, and two have entered private practice. Of these, four are actively practicing interventional psychiatry. A post-graduate survey demonstrated that participation in the concentration had a positive impact on career preparedness, confidence in performing procedures, and the ability to integrate interventional treatments into clinical practice.

Our experience suggests that interventional psychiatry concentrations can be developed with relative ease by leveraging resident interest and focused elective opportunities. The model not only enhances training by providing structured exposure to interventional modalities but also supports scholarly productivity and career development. In addition, the concentration appears to function as a recruitment asset, drawing applicants interested in interventional psychiatry and signaling a program's commitment to preparing residents for emerging clinical practices.

Description of Interactivity with Audience

- During the 5-minute showcase format, interactivity will focus on sparking dialogue and idea exchange during the Q&A. After presenting the structure and outcomes of our interventional concentration, we will engage participants by posing two guiding questions: (1) What interventional training opportunities currently exist in your program? and (2) What barriers do you foresee to implementing a concentration or elective?

- Participants will be encouraged to share strategies, experiences, and challenges from their own institutions.

- To support engagement, we will provide a one-page visual overview of our concentration framework that participants can reference as they think through applicability to their programs. This interactive approach ensures that each showcase round is dynamic, participant-driven, and tailored to the needs of the

attending audience, while still leaving time for open-ended questions about our model.

Scientific Citations

Nikayin, S., Taylor, J. J., & Ostroff, R. B. (2022). Advanced training in interventional psychiatry. Journal of the neurological sciences, 434, 120093.

Williams, N. R., Taylor, J. J., Snipes, J. M., Short, E. B., Kantor, E. M., & George, M. S. (2014). Interventional psychiatry: how should psychiatric educators incorporate neuromodulation into training?. Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 38(2), 168–176.

Brown J. C. (2019). An Interventional Psychiatry Track. The American journal of psychiatry residents' journal, 15(1), 11–14. https://doi.org/10.1176/appi.ajp-rj.2019.150110

Menon, S. N., Torrico, T., Luber, B., Gindoff, B., Cullins, L., Regenold, W., & Lisanby, S. H. (2024). Educating the next generation of psychiatrists in the use of clinical neuromodulation therapies: what should all psychiatry residents know?. Frontiers in psychiatry, 15, 1397102.

Egan, D., Bailey, K. J., Abu-Hamad, S., Kennedy, Z., Beck, R., Karlay, B. K., & Hubregsen, J. (2024). A Model for Formal Residency Training in Interventional Psychiatry. Academic psychiatry : the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 48(5), 431–435.

Innovations Showcase Presentations

Title
Creating and Implementing a Psychiatry Skills Developmental Observation Tool

Primary Category
Assessment – learner (summative, formative, programmatic)

Presenters
Margaret Hamilton, MD, Columbia University/New York State Psychiatric Institute
Melissa Arbuckle, MD,PhD, Columbia University/New York State Psychiatric Institute
Scott Campbell, MD, Perelman School of Medicine University of Pennsylvania

Educational Objectives

1. We aimed to enhance resident growth through more direct observation and timely feedback. Recognizing that ACGME requires the use of milestones, we sought to integrate them into a process that actively engages both supervisors and residents.

2. Our objective was to design an assessment tool which would enable faculty to quickly evaluate a resident's performance on a specific task (mini-observation) using a focused set of milestones. The tool was intended not only to streamline evaluation but also to facilitate immediate, structured discussion between supervisor and resident, thereby linking observed performance to developmental goals and supporting more meaningful, actionable feedback.

Description of Innovation
We developed a list of "mini-observable tasks" that residents routinely perform, and faculty can assess without disrupting the usual clinical workflow. Our goal was to create a mobile-friendly tool allowing supervisors to complete rapid (2–3 minute) evaluations. The initial list of tasks was generated through brainstorming and a review of the psychiatry sub-competencies. Generative AI was used to draft evaluation forms specifying 3–5 sub-competencies with clearly differentiated milestones linked to the specific task. Forms were carefully vetted to ensure alignment with the current ACGME milestones and revised to address any AI-generated inaccuracies. Entrustable professional activity levels were incorporated into each evaluation. Surveys were then built in Qualtrics. Pilot 1 tested feasibility with one resident–faculty pair; Pilot 2 expanded use with residents trained to request feedback. Collaboration with another residency program is underway. The tool has also been adapted for use with geriatric psychiatry fellows. Future directions include evaluating whether frequent, real-time feedback can supplement or replace end-of-rotation evaluations.

Description of Interactivity with Audience
Participants will be able to download the tool and interact with it.

Scientific Citations
The Psychiatry Milestone Project. J Grad Med Educ. 2014;6(1 suppl 1):284-304. doi:10.4300/JGME-06-01s1-11

Macaluso M, Kinzie M, Cowley D, et al. The Psychiatry Milestones 2.0: How did we get from 1.0 to 2.0 and what can users expect? Acad Psychiatry. 2020;44(6):779-784. doi:10.1007/s40596-020-01275-0

Gray BM, Vandergrift JL, Stevens JP, Lipner RS, McDonald FS, Landon BE. Associations of internal medicine residency milestone ratings and certification examination scores with patient outcomes. JAMA. 2024;332(4):300-309. doi:10.1001/jama.2024.5268

Yager J, Summers RF, Zisook S. Rethinking milestone validity in graduate medical education. Acad Med. 2025;100(5):529-530. doi:10.1097/ACM.0000000000005957

D'Arrigo T. Resident performance evaluations may be biased toward whites. Psychiatr News. 2023;58(3). doi:10.1176/appi.pn.2023.03.3.9

Innovations Showcase Presentations

Title
Enhancing Psychiatry Education through Educational Escape Boxes (EEBs): A Gamified Learning Approach

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Xiao Xiong You, MD, Brookdale Univ Hospital Medical Center
Sammi Wong, DO, Brookdale Univ Hospital Medical Center
Nils Sumegi Went, MD, Brookdale Univ Hospital Medical Center

Educational Objectives

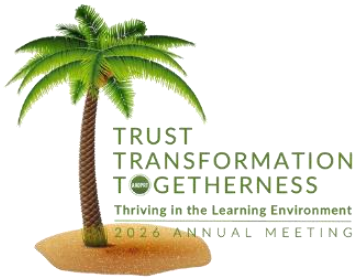
1. Our residency program aims to apply psychiatric knowledge in interactive, team-based scenarios, utilizing EEBs to enhance engagement, collaboration, and critical thinking among psychiatry residents.

2. Through the use of gamification, residents will analyze complex clinical vignettes, pharmacological clues, and DSM-5-TR™ diagnostic criteria to foster diagnostic accuracy and clinical reasoning.

3. The program also seeks to promote effective teamwork and problem-solving under time constraints, with the goal of improving knowledge retention and preparing residents for real-world psychiatric practice.

4. Ultimately, this approach aims to provide a more dynamic and interactive learning experience that better equips residents with the skills necessary for psychiatric practice.

Description of Innovation
We designed 4 EEBs and utilized a sequential path design of puzzles as the game-flow, which means solving a puzzle unlocks the subsequent puzzles within the boxes. The sequential puzzle design ensures that participants not only engage with the material, but also build upon their knowledge as they move from one puzzle to the next, promoting deeper cognitive processing. This hands-on approach aligns with the deconstructionist educational philosophy, which challenges conventional structures to create more dynamic and learner-centered experiences.



Innovations Showcase Presentations

Each EEB consists of a different puzzle: 1) Crossword, 2) Clinical Vignettes, 3) Trivia Pharmacology Flashcards, and 4) DSM-5-TR™ Diagnosis Charades. The varied puzzle formats cater to different learning styles, further enhancing the appeal and effectiveness of the EEBs.

Participants (9 first-year and 2 second-year psychiatry residents) engaged in the EEBs by working in teams of two or three to compete against each other. The goal is to solve the cognitive puzzles, riddles, and coded messages within the shortest amount of time. A 60 minute time limit for solving all four of the puzzles was set. This approach supports the development of crucial skills in psychiatric practice, including diagnostic reasoning, teamwork, and problem-solving under time constraints, which are less effectively cultivated in lecture-based learning environments.

Questionnaire surveys that utilized Likert scale were sent out to the participants to assess their learning preferences before and after they engaged with the EEBs.

From our questionnaires, we found that all the residents were subjectively more confident with DSM-5-TR™ diagnoses after engaging with the EEBs, with an 8% average increase in confidence. However, their confidence with prescribing psychotropic medications as per DSM-5-TR™ diagnoses actually decreased by an average of 23.08% and their comfort level with applying psychotropic medication knowledge in clinical scenarios decreased by an average of 6.25%. Regarding participants' preferences on working individually versus working in a team, participants preferred working in a team more, after engaging with the EEBs, showing an average increase of 10%. Finally, when rating how effective the residents found gamified learning methods, such as the EEBs, in enhancing understanding of psychiatric concepts, post-EEB ratings increased by 5.71% on average.

The implementation of EEBs addresses a key gap in traditional psychiatric education, which often relies on passive learning methods such as lectures. By leveraging the principles of gamification, EEBs promote active learning, encouraging residents to apply theoretical knowledge to realistic clinical scenarios. They can help identify gaps in knowledge for new psychiatry residents and strengthen important skills such as teamwork, and teambuilding via collaborative problem solving. The low-cost, flexible nature of EEBs makes them accessible for various educational environments and adaptable for different psychiatric subspecialties. Thus, EEBs represent a promising direction for the future of psychiatric education, offering an enjoyable, interactive experience that better prepares residents for clinical practice.

Innovations Showcase Presentations

Description of Interactivity with Audience

- We will get to know our audience members by utilizing a brief and interactive polling activity, which includes introductions, and a needs-based assessment to identify the need for changes in didactic curriculum, address how to accommodate a new generation of learners with evolving needs, revamp psychiatry core learning perspectives, and address gaps in collaboration in finding desired outcomes.

- Similar to how we were able to introduce EEBs to a classroom, we hope to showcase a glimpse of our EEBs to the audience. Audience members will be able to answer some questions from each of the four puzzles via polling activity.

Scientific Citations

Browne, P., Maddrell, C., & Johnson, K. (2020). Gamified learning in psychiatric education: A systematic review of the literature. Medical Education, 54(7), 595-606.

Clapham, R., Sen, P., & Somasundaram, A. (2020). Enhancing psychiatric education through simulation and gamification: A review of the literature. Academic Psychiatry, 44(6), 669-675.

Eukel, H. N., & Morrell, B. L. M. (2021). A review of gamification in pharmacy education. Currents in Pharmacy Teaching and Learning, 13(6), 731-736.

Sadhu, G., & Smail, L. (2020). Gamification in psychiatric education: Evaluating the impact of a clinical vignette-based game. Academic Psychiatry, 44(4), 387-392.

Tan, Z. H., Lee, L. W., & Chua, G. S. W. (2020). The efficacy of gamified learning in medical education: A systematic review. Medical Teacher, 42(5), 521-528.

Veldkamp, A., Daemen, J., Kupper, F., & de Jonge, J. (2020). Escape rooms as a teaching tool: Conceptualizing the experience using self-determination theory. Journal of Education and Learning, 9(4), 1-11.

Innovations Showcase Presentations

Title
Flipping the Script on the Virtual Noon-Conference: Piloting a Live Podcast-style Education Series for PGY1s

Primary Category
Curriculum

Presenters
Katherine Klingensmith, MD, Yale University School of Medicine
Phelan Maruca-Sullivan, MD, Yale University School of Medicine
Erica Robinson, MD, Yale University School of Medicine
Kourtney Kosloskly, MD, Yale University School of Medicine

Educational Objectives

1. Describe the design and implementation of an innovative, podcast-style educational series for PGY1s delivered virtually 'live' (synchronously) for one hour weekly, with the ability for learners to also review asynchronously as needed.

2. Engage faculty in development of skills and enhanced comfort in using a live, podcast-style format as a component of their teaching.

3. Assess the impacts of this innovation on learner attendance, knowledge acquisition and experience.

Description of Innovation
We have developed a novel educational series for PGY1 psychiatry residents employing a 'podcast-style' approach to introduce interns to core topics in psychiatry. Sessions occur live via Zoom and consist of audio-based discussion between faculty experts and a session 'host'. The series occurs for one hour each week throughout the intern year. Time is supported by clinical services (including off-service rotations) for interns to attend, and sessions are scheduled simultaneously with medicine and neurology noon conferences to minimize clinical disruptions. The format follows a model used by several popular medical podcasts: a 'host' guides conversation between experts on a pre-determined topic with discussion oriented around a clinical case. Each session is followed by a brief quiz and post-session evaluation. Sessions are recorded within Zoom and materials are made available for asynchronous review for those not able to attend live or wanting to revisit the information. Learning objectives center on enhancing medical knowledge and clinical reasoning skills. A curriculum mapping process was undertaken to identify content aligned

with these objectives and the developmental needs of the training year, and amenable to adaptation to this format.

Shared expectations and faculty preparation have been essential to this endeavor where the emphasis is on the dialogue between discussants rather than resident participation or Socratic questioning of the audience. Residents are invited, but not required, to join the discussion with questions and ideas. Residents and faculty are not expected to be on camera during the session. Prior to the session, faculty meet with the 'host' to identify learning objectives, develop a plan or script centering on a clinical case, and identify post-session assessment questions. Some faculty have chosen to adapt content they have previously presented via PowerPoint presentations to this new format.

Initial feedback for this series has been positive from both residents and faculty. Seventy-five to ninety percent of our PGY1 residents (excluding those who are post-call or on vacation) attended in real time each week and the average score on post-session assessments was 2.6 out of 3 for the initial 3-month pilot. Resident feedback emphasizes the case-based content, dialogue between discussants, and podcast format as strengths of the experience. Faculty have shared appreciation for the ability to collaborate with and learn from colleagues while developing and presenting the material.

In summary, podcast-style teaching offers an opportunity to adapt traditional didactic sessions to the virtual space and facilitate synchronous and asynchronous learning aligned with the needs of our residents' clinical structures. Shared expectation setting as well as faculty support and engagement are crucial to the planning, implementation, and success of this series. Future directions include developing a best-practices guidebook and faculty development resources to enhance this innovative approach.

Description of Interactivity with Audience

- Meeting the needs and expectations of modern learners is challenging especially when those learners are busy medical residents. Our innovation showcase aims to engage the audience in highlighting these widely shared challenges for medical educators and present a novel teaching approach to combat them.

- The session will present a sample of one of our podcasts and guide the audience through the process of conceptualizing, scripting, and presenting these sessions.

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- In our question-and-answer discussion with audience members, we will reflect on the promises and pitfalls of this series and explore its potential applicability to other programs.

Scientific Citations

Srica, Nickolas. "Podcast Conference Day"-The Implementation of a Live, Synchronous, Audio-Only Emergency Medicine Educational Conference and Its Impact on Resident Wellness and Knowledge Acquisition and Retention." Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health 26.3.1 (2025). https://doi.org/10.5811/westjem.48587

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Innovations Showcase Presentations

Title
From Courtroom to Classroom: Mock Trial as a Teaching Game-Changer

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Poorvanshi Alag, MBBS, Texas Tech University Health Sciences Center
Michael Rayel, MD, Texas Tech University Health Sciences Center
Divya Bavishi, MBBS,MD, Texas Tech University Health Sciences Center
Regina Baronia, MD, Texas Tech University Health Sciences Center

Educational Objectives

1. The aim of this innovation was to show that courtroom simulation can make medico-legal teaching more engaging, practical, and impactful for psychiatry residents.

2. Identify the limits of lecture-only teaching in preparing for medico-legal challenges.

3. Describe how a mock trial format improves confidence and understanding of malpractice principles.

4. Take home a simple, adaptable framework that can be used in other programs.

Description of Innovation
Psychiatry residents frequently report feeling unprepared for the medico-legal aspects of practice. Malpractice claims, subpoenas, and courtroom testimony can be stressful and high stakes, yet training on these issues is usually limited to lectures or handouts. While informative, these approaches rarely capture the intensity or nuance of a real courtroom, leaving many trainees with low confidence when facing such challenges.
To bridge this gap, we implemented a courtroom simulation, a mock malpractice trial, adapted for general psychiatry residents. Mock trials have been used in forensic fellowships but are rarely extended to broader training. Our goal was to create an accessible and memorable learning experience that would increase both knowledge and confidence in this critical area.

Innovations Showcase Presentations

The session featured a malpractice case built around the four legal elements: duty, breach, causation, and damages. Faculty and senior residents assumed the roles of judge, attorneys, and expert witness. Interns and medical students participated as jurors, while other mental health clinicians observed the proceedings. Role cards and case outlines were provided in advance to guide participation. The trial unfolded with opening statements, witness examination, closing arguments, and jury deliberation. A structured debrief followed, linking courtroom events back to medico-legal principles and professional practice.

Evaluation included pre- and post-session surveys and knowledge questions. Residents demonstrated significant gains in both confidence and understanding, particularly in recognizing the elements of malpractice. Feedback emphasized that the mock trial made abstract legal concepts "click" in a way lectures had not. Satisfaction ratings were uniformly high, with participants describing the session as engaging, practical, and relevant.

This innovation shows that courtroom simulation is feasible, impactful, and adaptable. With minimal resources, programs can replicate or tailor this model for malpractice and beyond, including hearings on capacity, involuntary commitment, or criminal responsibility.

Description of Interactivity with Audience

- The mock trial worked because it transformed learners from passive listeners into active participants. Faculty and senior residents played the roles of judge, attorneys, and expert witness. Interns and medical students served as jurors, while other mental health clinicians observed. This role distribution gave each attendee a defined way to engage.
- Jurors listened to testimony, weighed the evidence, and deliberated before reaching a verdict. Observers tracked courtroom dynamics and key principles, preparing to share during discussion.
- The session concluded with a structured debrief where all participants reflected on what felt realistic, what was surprising, and how the lessons could apply to clinical practice.
- This blend of role-play, deliberation, and reflection ensured that the audience remained engaged, invested, and learning together throughout the session.

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Innovations Showcase Presentations

Title
Interdisciplinary Simulation-Based Pedagogy for Psychiatry Residents: Strengthening Proficiency in Managing Agitation and Aggression in the Inpatient Setting

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Yun Feng, MD, Yale University School of Medicine
Katherine Klingensmith, MD, Yale University School of Medicine
Eunice Yuen, MD,PhD, Yale University School of Medicine
Zeeshan Mansuri, MD, Yale University School of Medicine

Educational Objectives

1. The primary objective is to enhance psychiatry residents' competence in managing agitation and aggression in the inpatient setting through immersive simulation-based training, ultimately improving safety for patients and care teams while fostering cohesive teamwork.

2. Specific aims are to:
    a. strengthen residents' ability to recognize early signs of agitation and apply verbal and behavioral de-escalation strategies;
    b. enhance decision-making regarding escalation of interventions, including when to involve security, initiate medication, or employ hands-on measures;
    c. promote interprofessional collaboration by training alongside nursing staff and security officers to build shared understanding and coordinated responses; and
    d. provide structured feedback and reflection through facilitated debriefing that emphasizes team discussion, emotional processing, confidence building, identification of strengths and areas for growth, and synthesis of key takeaways.

Description of Innovation
We developed a case-based simulation training designed to prepare psychiatry residents and staff members to manage agitation and aggression in inpatient setting. Each 65-minute session involves two psychiatry residents, a volunteer patient portraying an agitated individual, one to two faculty facilitators, one to two security officers, and two to four nursing staff. The structure includes a 5-minute introduction to establish objectives and

orient participants, a 20-minute immersive simulation of escalating agitation, and a 40-minute facilitated debrief. At the end of each training day, faculty facilitators convene for a 20-minute debrief to review observations and refine future sessions. The scenario requires residents to assess the situation, attempt verbal de-escalation, and determine when to involve security or initiate additional interventions. The participation of nursing staff and security officers enhances realism and underscores the importance of interprofessional coordination. Faculty facilitators observe the exercise and subsequently guide a structured debrief focused on communication strategies, safety planning, escalation decision-making, and team dynamics. This approach integrates psychiatric training with interdisciplinary participation in a high-fidelity simulated environment. Unlike traditional role play or lectures, this format allows residents to practice decision-making under pressure with the support of a full team, closely mirroring real-world practice. Extended debriefing provides space for participants to reflect on communication, teamwork, and emotional responses to challenging situations, which are critical aspects of clinical care that are often overlooked in standard teaching. A preliminary survey by participants suggested that the simulation was acceptable, feasible, and that they would welcome future training with interdisciplinary teams. Participants found that the training increased their confidence in managing agitation and aggression and allowed them to practice skills necessary in responding to behavioral codes. Qualitative responses suggested that participants appreciated learning from a realistic simulation, multidisciplinary team's perspectives, and fostering team communication and collaboration. Overall, this program addresses a critical training gap by providing structured experiential learning with realistic multidisciplinary participation, comprehensive debriefing, and focus on both technical and relational aspects of crisis management, thereby enhancing resident preparedness and promoting safety for patients and care teams.

Description of Interactivity with Audience

- This session will actively engage the audience in exploring the design and implementation of simulation-based training for managing agitation and aggression. Following a brief overview of the curriculum and outcomes, participants will review photos and short video excerpts from actual sessions to evaluate scenario structure, team composition, and debriefing strategies.

- Live discussion will highlight diverse perspectives on adapting simulation for various institutional contexts.
- The session will conclude with a synthesis of practical recommendations, equipping participants with actionable strategies to tailor high-fidelity simulation programs within their own residency curricula.

Innovations Showcase Presentations

Title

Into the Metaverse — Immersive Neuroimaging Education for Psychiatry Residents

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Jennie Davidow, MD, Beth Israel Deaconess Medical Center
Yelu Zhang, MD, Beth Israel Deaconess Medical Center
Joseph Cooper, MD, University of Illinois College of Medicine at Chicago
TunYiu Cheng, MSc, Boston University Medical Center

Educational Objectives

1. Define the metaverse and virtual reality learning environments.

2. Navigate metaverse-based educational tools and softwares relevant to psychiatry neuroimaging education, including 3-dimensional brain visualizations, interactive circuit mapping, and clinical case overlays with imaging data.

3. Apply practical metaverse-based learning activities in their programs.

Description of Innovation
Neuroimaging plays an increasingly central role in psychiatry, offering insights into brain–behavior relationships, diagnosis, and treatment planning. Training in psychiatry necessitates adequate knowledge of the indications, findings and use of neuroimaging in clinical care. This is supported by the ACGME milestones framework, indicating the knowledge of clinical neurosciences, including neuroimaging, as a key milestone for medical knowledge. Despite this, psychiatry residents and fellows receive limited formal training in interpreting imaging in ways that are clinically meaningful. Traditional approaches—lectures, static atlases, or case reports—lack the dynamic and interactive features needed to bring neuroimaging to life. As a result, learners often struggle to connect imaging findings to neurobiological understanding or to apply them in clinical reasoning.

To address this gap, our team, consisting of a medical trainee, neuropsychiatry attending, and two psychiatry program directors, designed an innovative educational model using immersive, metaverse-based platforms to teach neuroimaging. These tools allow learners to visualize and manipulate three-dimensional representations of brain structures, circuits,

and pathology in real time. Unlike static methods, the metaverse environment allows integration of multiple teaching data all into one location while allowing learners to explore and interact. For example, imaging data, 3 dimensional (3D) models and clinical cases can all be presented in one location. This design creates a unique opportunity for experiential learning, where psychiatry trainees can explore the brain as a dynamic system rather than as a series of isolated images. For example, a resident might navigate through a 3D brain model to trace the amygdala's connections to prefrontal regions while simultaneously reviewing a patient's neuroimaging and associated clinical vignette, all in one setting. This hands-on exploration not only deepens understanding of neurocircuitry but also fosters critical thinking about how imaging findings inform clinical care.

Our approach emphasizes accessibility and flexibility. Educators can incorporate a range of modalities, from low-cost web-based platforms to high-resource VR applications, depending on their setting. Ultimately, immersive technologies represent more than a novel teaching tool; they signal a paradigm shift in psychiatry education of using technology to supplement existing teaching methods. By giving trainees the ability to engage with the brain in three dimensions and interactive environments, we can bridge the gap between neuroscience and clinical practice, strengthening psychiatry's identity as a brain-based discipline.

This showcase will include a live demonstration of a metaverse-based environment to teach neuroimaging for psychiatry learners, with a focus on neuroimaging findings of neurocognitive diseases and brain injury sequelae. Attendees will engage in discussion on conceptual understanding of the teaching method and implementation strategies to pilot small-scale activities in their own programs. By situating neuroimaging within an interactive and clinically relevant environment, our model equips residents with skills to interpret scans more effectively and to incorporate neurobiological insights into everyday patient care.

Description of Interactivity with Audience

- Introduction & Background (1 min):
    - The session will begin with a brief overview of the practice gap in psychiatry neuroimaging education, highlighting current limitations.
- Demonstration of Metaverse Tools (2.5 min):
    - Participants will be guided through a live demonstration of metaverse-based neuroimaging resources that are created by the authors. This will include navigating through a virtual immersive environment using a laptop and visualizing 3D brain models and interactive neuroimaging case correlations.

- Practical Considerations & Implementation Discussion (1.5 min):
    - Presenters will discuss real-world considerations for integrating immersive neuroimaging into training, including technology requirements, faculty preparation, and alignment with residency curricula. Options for both resource-limited and resource-rich settings will be highlighted.
- Participant Q&A (5 min):
    - Participants can ask questions, share experiences, and brainstorm how they might pilot small-scale immersive neuroimaging activities in their own programs.

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Innovations Showcase Presentations

Title
Introducing Templates: The No-Stress Scheduling Success

Primary Category
Program Administration and Leadership

Presenters
Joshua Hubregsen, MD, UT Southwestern Medical Center
William Burton, MD, UT Southwestern Medical Center

Educational Objectives

1. Design and implement a scheduling system using pre-made templates plus resident input on slot preferences to simplify schedule creation.

2. Reduce the time and effort required by program residents, leadership and administrative coordinators to build annual and block schedules.

3. Maintain or improve resident satisfaction by ensuring that most residents receive one of their top schedule preferences.

4. Evaluate outcomes in terms of preference fulfillment rates, time savings, and user feedback, with the aim of providing a scalable model for other psychiatric residency programs.

Description of Innovation
Psychiatry residency programs face increasing scheduling complexity as programs grow in size and incorporate combined training tracks. To address these challenges, we developed a template-based scheduling system designed to reduce workload for chief and class representative residents while maintaining fairness, enhancing resident preference satisfaction, and preserving clinical continuity. This innovation was informed by the limitations of the prior model, in which resident leaders manually collected preference requests and constructed individualized schedules. That process was time-consuming, prone to error, and imposed significant administrative burden, often requiring multiple rounds of adjustments to resolve competing preferences across sites and residents.
Our system introduces pre-designed schedule templates that meet essential program constraints, including ACGME requirements, rotation coverage across multiple sites, call responsibilities, backup coverage, and outpatient continuity. Templates were developed collaboratively by program leadership and resident leaders to ensure they reflected realistic coverage patterns while accommodating both clinical and educational needs.

Innovations Showcase Presentations

Multiple templates provide flexibility and ensure equitable distribution of workload across the year.

Residents submit ranked preferences for available template slots, including anticipated priority vacation dates. Chief and class representative residents then review preferences and assign each resident to a template. Minor adjustments are made only when a resident's preferences cannot be accommodated, preserving individual flexibility while minimizing administrative effort.

The implementation outcomes have been highly positive. In the first year, all but one out of forty residents were matched to one of their top four template preferences; the remaining resident's schedule was accommodated with minor template adjustments. Chief residents reported a dramatic reduction in administrative time, from approximately 48 hours under the prior manual process to 1–2 hours using templates. The system also significantly reduced scheduling errors and the need for subsequent adjustments. Residents described the process as transparent, fair, and responsive to their preferences. Faculty leadership noted increased confidence in producing schedules that are equitable, compliant, and aligned with program requirements.

Additional features include automated conflict detection and a visual dashboard summarizing template utilization and rotation distribution, allowing rapid identification of coverage gaps and facilitating communication between residents and leadership. The system is adaptable, enabling new templates to be added as program size, rotation availability, or accreditation requirements evolve.

This innovation addresses a critical gap in psychiatry residency scheduling by balancing administrative efficiency, resident satisfaction, and continuity of care in increasingly complex programs. By combining structured resident preference submission with pre-designed templates, the system provides a scalable, replicable model for other psychiatry programs seeking to modernize scheduling workflows while preserving educational and clinical priorities. Early outcomes demonstrate that this approach is both effective and sustainable, with potential applicability across programs of varying sizes and structures.

Description of Interactivity with Audience

- After describing our model and results during the 5-minute presentation, we will invite audience participation by asking two prompts: (1) What are the biggest scheduling challenges in your psychiatry program (e.g., site complexity, call vs clinic

load, vacation requests)? and (2) Which elements of a template + preference-slot system do you think would be most difficult vs easiest to implement locally?

- We will display a visual of our template-preference workflow (a flowchart or infographic) so audience members can see the design. We'll also distribute a handout summarizing our template types, schedule constraints, and sample resident preference survey. This will allow participants to reflect on how they'd adapt templates to their institution.

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Innovations Showcase Presentations

Title
Leadership and Professionalism Curriculum for Psychiatry Residents

Primary Category
Professional Identity Formation (including career development, mentorship, advising, wholeheartedness, meaning/purpose)

Presenters
Jenna Taglienti, MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Anna Costakis, MBA,MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital
Erin Dainer, MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Jessica Cosgrove, DO, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Angela Omongos, MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program

Educational Objectives
1. This leadership curriculum is designed to improve residency training by providing actionable strategies and tools to support professional growth.
2. Participants will analyze and apply effective leadership styles that enhance team dynamics and patient care.
3. The curriculum strives to empower residents with skills to confidently navigate complex clinical scenarios, utilizing proven frameworks in communication and conflict resolution. Residents will explore and integrate systemic and financial considerations of healthcare systems, equipping them to make informed decisions that impact organizational success.
4. Additionally, the program aims to cultivate high levels of professionalism by fostering abilities to delegate effectively, motivate teams, and encourage reflective practice.
5. Through these endeavors, the curriculum seeks to build a solid foundation of leadership competencies, bridging the gap between current practices and the comprehensive development required for future healthcare leaders.

Innovations Showcase Presentations

Description of Innovation

Our innovative leadership curriculum for 3rd and 4th-year psychiatry residents at Mather Hospital and Staten Island Hospital bridges a critical residency training gap. It integrates key literary insights, interactive discussions, and case-based learning, anchored by Paulette Ashlin's "Leading the Way." Residents pre-read selected chapters, which form the basis for facilitated discussions led by the Mather Psychiatry Program Director and Chair. A collaborative partnership with the Staten Island Program Director further diversified the learning environment through virtual discussions for her residents.

Beyond literary exploration, the curriculum incorporates practical exercises via carefully crafted case scenarios. Residents first analyze these situations in small groups, fostering focused communication and diverse perspective analysis. Larger discussions then synthesize individual insights, promoting deeper thought and actionable application of leadership principles. Structured sessions also emphasize systemic and financial considerations of healthcare systems, equipping residents with strategic decision-making skills essential for organizational success.

Quantitative assessments highlight the curriculum's transformative impact. Data comparisons reveal marked improvements in residents' confidence across leadership dimensions, particularly in communication and delegation. Reflective feedback showcases heightened clarity in career aspirations and readiness to pursue leadership roles post-training, underscoring the curriculum's efficacy in bridging existing gaps.

The curriculum's innovation lies in both its content and execution, utilizing literature-driven discussions and scenario-based learning to encourage proactive engagement and skill application. Integrating virtual collaboration broadens learning opportunities, enhancing resident competence in navigating the complexities of modern healthcare environments. Ultimately, this pioneering initiative addresses essential aspects of leadership and professionalism, preparing residents to confidently assume leadership roles and influence positive outcomes within healthcare communities. Residents emerge as capable, empowered leaders, ready to meet the multifaceted challenges of contemporary healthcare landscapes.

Results showed broad improvements across all leadership skill domains, with at least a half-point change on a 1-5 scale. Statistically significant improvements were found in "team motivation" ($t(16) = 2.28$, $p = .04$) and "conflict resolution" ($t(16) = 2.27$, $p = .04$). All residents defined effective leadership as "inspiring and influencing others to achieve a common goal." 60% identified "being transparent and honest in communication" as crucial for building trust. All residents felt at least "somewhat comfortable" empowering team members and "at least somewhat open" to changing their leadership style. Furthermore,

82% agreed that leadership principles should be taught in residency. These findings suggest structured leadership training in psychiatry residency is positively viewed, strengthening essential physician competencies and preparing residents to lead teams effectively.

Description of Interactivity with Audience

- During our five-minute showcase, we will engage the audience with a 2-3 minute interactive case scenario exercise, illustrating practical leadership and communication skills from our curriculum structured around Paulette Ashlin's "Leading the Way." Participants will tackle a workplace dilemma, using strategies emphasized in the program, led by our Program Director and Department Chair.
- For the exercise, attendees will be briefly divided into small groups to discuss the scenario, fostering quick exchanges of diverse insights. Then, in a larger group setting, they will explore collaborative solutions, mirroring our curriculum's real-world application approach. This exemplifies the interactive discussions facilitated during the training, supported by virtual participation from the Staten Island Psychiatry Training Program's Director and residents.
- Through this dynamic session, audience members will experience firsthand the curriculum's structure and impact, gaining practical skills in leadership, communication, and problem-solving that can be applied immediately in healthcare settings.

Scientific Citations

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Innovations Showcase Presentations

Title
Learners as Leaders: Building Resident Leadership Teams

Primary Category
Program Administration and Leadership

Presenters
Brandi Karnes, MD, McGovern Medical School at UTHealth
Dean Atkinson, BS,MD, McGovern Medical School at UTHealth
Jeffrey Woods, MD, McGovern Medical School at UTHealth
Roja Manohar, MD, McGovern Medical School at UTHealth

Educational Objectives
1. Identify common barriers to chief resident recruitment and development.
2. Describe a tiered leadership pathway that enhances sustainability and efficiency in a psychiatry residency program.

Description of Innovation
Our program addressed this issue by creating a “Class Senator” role in PGY1-3, as well as a “Research Senator” for the research track, to share administrative work, build leadership experience early on, provide a close-knit tie to different classes, and develop stepping stones to the chief role. This structure fosters trust through transparent communication, transformation through structural change, and togetherness through multi-year collaboration.

While chiefs and the research senator are selected prior to their PGY4 year via application and interview with program leadership, class senators are elected annually by their peers. The role of the chief resident is to focus on higher-level coordination with program directors, coordinate resident initiatives, and represent residents in leadership forums. The role of the class senator is to support the chief residents in disseminating information, creating call schedules, wellness and recruitment programming and tracking class concerns. Research senators assist in fostering and developing the research track residents, and ensuring their needs are met while on their general rotations. Chief residents act as mentors to the class senators, while program directors' mentor the chiefs and senators. This system allows for continuity with shared archives, onboarding materials, and structured handoffs to sustain projects year-to-year. This also allows for risk mitigation, where senators’ leadership skills can be observed and cultivated over time prior to chief selection, and senators get hands-on leadership experience to inform their

decision to apply for chief. Senators also receive benefits including extra educational time and an increased educational stipend.

This system has led to an increased applicant pool and improved quality of chief applicants, higher resident satisfaction with leadership responsiveness and transparency, and sustained multi-year initiatives. The system strengthens resident-leadership communication, supports chiefs with trained junior leaders, enhances project continuity, and bolsters communication between classes which is useful in large programs. Overall, this model is adaptable for programs of any size and can be implemented without significant budgetary expansions.

Description of Interactivity with Audience

- Participants will be asked to reflect on and discuss their chief resident development pathway.
- Participants will consider how the leadership development program may be adapted at their home institution.

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Innovations Showcase Presentations

Title
Mapping the Journey: A Passport Model to Promote Trust, Togetherness, and Transformative Clinical Learning

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Amanda Kimberg, MD, Duke University Medical Center
Aishwarya Rajagopalan, DO, Duke University Medical Center
Tara Chandrasekhar, BS,MD, Duke University Medical Center
Debanjali Kundu, MD, Duke University Medical Center
Alex Norton, MD, Duke University Medical Center

Educational Objectives

1. A passport model will allow for bi-directional communication between fellows and faculty to support a well-rounded clinical experience.

2. A passport model promotes trust by providing clear expectations about the types of clinical encounters fellows are expected to experience in various settings.

3. A passport model will give fellows a tool to support self-directed learning that addresses both unique clinical interests without losing the opportunity to experience the breadth of child psychiatry.

4. A passport model can promote togetherness between pediatrics and child psychiatry faculty as they collaborate to train general pediatrics residents in mental health competencies.

5. A passport model can support program directors in partnering with rotation directors in clinical settings outside their institution to gain clarity and transparency about expectations.

Description of Innovation
A passport is a visual tool, similar to the passports used for travel, with core learning experiences represented as stamps for learners to complete. Other specialties have utilized passport type tools to track core learning experiences. Within our program, a passport model was initially adopted on the pediatric psychiatry consultation liaison service for first year fellows. 100% of fellows were able to complete the passport during

their first time rotating on the consult service. Qualitative feedback from the fellows included: "The passport encouraged me to see consults I otherwise wouldn't have volunteered to see." "It helped me to have clear expectations about my role." "I liked seeing more patients that the psychologists typically see." The teaching team decided to expand the passport model to the emergency psychiatry rotation and the inpatient state hospital rotation.

Based on the success of the first year passport model, second year fellows developed a QI project to expand the passport model to the outpatient clinic. Five out of eight fellows felt that a passport model in second year would be moderately or very helpful. Seven out of eight fellows worried it would be moderately or very administratively burdensome. A streamlined and process hat imbeds the passport into their standing feedback time twill be necessary to support learners without adding to their administrative burden.

In a collaboration between pediatrics and psychiatry teaching faculty, a passport model has also been implemented in the general pediatrics residency program to support tracking of mental health experiences over time. In June 2024, two pediatrics residents earned a certificate of excellence in mental health education for completing >75% of the mental health procedures on the passport. As of March 2025 77% of upper-level residents had logged completing at least one mental health procedure on their passport.

Description of Interactivity with Audience

- Start with a poll: "Imagine you are a resident or fellow. It's 4:30 pm on a Friday and two new consults come in. How do you choose which consult to see and which to delegate to the student you are working with?"
- End with a Q&A.

Scientific Citations

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Innovations Showcase Presentations

Title
Philosophy of Mind - A Neuroscience-Informed Curriculum for Psychiatry Residents

Primary Category
Curriculum

Presenters
Sean Wilkes, MA,MD,MS, Tripler Army Medical Center

Educational Objectives

1. Analyze consciousness disorders using both philosophical frameworks (hard problem, qualia, embodied cognition) and neuroscientific understanding of brain architecture
2. Apply Stoic cognitive theory and modern philosophy of mind to formulate patient experiences and therapeutic interventions
3. Utilize theories of personal identity to assess capacity, continuity of self, and treatment planning in dissociative disorders, dementia, and personality pathology
4. Integrate neuroscientific findings about free will and agency to navigate moral responsibility in addiction and impulse control disorders
5. Evaluate how linguistic limitations and cultural language games affect therapeutic communication and cross-cultural psychiatric practice
6. Synthesize major consciousness theories (Global Workspace, Integrated Information
7. Theory, Predictive Processing) to interpret psychiatric symptoms as neural circuit dysfunctions
8. Apply philosophical insights to enhance patient rapport, explain diagnoses meaningfully, and address existential concerns within evidence-based practice

Description of Innovation
This 10-session Philosophy of Mind curriculum represents a groundbreaking integration of philosophical inquiry with psychiatric education, addressing the conceptual foundations underlying all mental health practice. Unlike traditional psychiatric training that treats consciousness as given, this curriculum examines fundamental questions: What is consciousness? How do subjective experiences relate to neural activity? What constitutes personal identity across psychiatric conditions?

The innovation lies in three interconnected dimensions. First, temporal integration connects ancient Stoic insights about cognitive control with modern neuroscience,

demonstrating how Marcus Aurelius's theories of impressions and judgments map onto prefrontal-limbic circuits underlying CBT. Second, explanatory bridging links philosophical concepts directly to clinical phenomena—Dennett's "consciousness as tricks" illuminates why psychosis fragments reality through salience network dysfunction, while Parfit's identity theory explains family questions about loved ones with dementia. Third, practical application transforms abstract philosophy into clinical tools, using Wittgenstein's language games to navigate cross-cultural therapy and Damasio's embodied consciousness to understand psychosomatic presentations.

Each session employs Socratic methodology with carefully crafted questions progressing from concrete clinical scenarios to abstract principles. Session 2 explores the "hard problem"—why does neural activity generate subjective experience?—through a patient describing voices with distinct qualitative characteristics. Residents correlate phenomenology with superior temporal gyrus hyperactivity while grappling with whether complete neural knowledge captures lived experience. Session 7 examines free will through an OCD patient who recognizes their compulsions as irrational yet cannot resist, exploring how CSTC circuit dysfunction challenges traditional notions of agency while informing treatment approaches.

The curriculum uniquely integrates neuroscience throughout philosophical exploration. When examining Stoic consciousness theory, residents map cognitive reappraisal onto prefrontal regulation of amygdala activity. Discussing personal identity, they explore how different brain networks—autobiographical memory systems, self-referential processing, social cognition circuits—contribute to unified selfhood and fragment in dissociative disorders.

Assessment emphasizes integration over memorization. Residents maintain philosophical-clinical journals connecting insights to patient encounters, analyze cases through multiple philosophical lenses, and develop personal frameworks for addressing consciousness-related clinical challenges. The culminating session requires applying different consciousness theories to the same complex case, revealing how philosophical assumptions shape diagnostic formulation and treatment selection.

This innovation transforms residents from technical practitioners into philosophical clinicians who can address both neural mechanisms and existential dimensions of mental illness. By understanding consciousness as hierarchical neural processing (Dennett), integrated information (Tononi), and predictive error minimization (Clark), residents gain multiple frameworks for conceptualizing psychiatric symptoms. They learn to navigate

cultural variations in mental illness conceptualization, address profound questions about identity and agency that patients raise, and recognize how unconscious philosophical assumptions shape psychiatric practice.

The curriculum's impact extends beyond individual education, establishing philosophy of mind as essential to psychiatric training. It provides residents with intellectual tools to engage with consciousness research, critically evaluate psychiatric nosology, and integrate emerging neuroscience with humanistic patient care. This positions graduates to lead psychiatric practice that honors both scientific rigor and philosophical depth.

Description of Interactivity with Audience

- The presentation opens with a clinical scenario: "A patient says 'I don't feel real'—is this a neurobiological problem or philosophical state?" Audience members raise hands for their interpretation (neurobiological/philosophical/both/context-dependent). The divided response demonstrates why philosophical frameworks matter in psychiatry.
- Next, participants engage in a thought experiment: "If we perfectly replicated your brain's neural activity, would that replication have your consciousness?" After 30 seconds of reflection, they discuss with neighbors, experiencing the hard problem of consciousness firsthand.
- During Q&A rounds at the showcase station, I provide handouts with Socratic questions from the curriculum ("If CSTC circuits drive OCD compulsions, does the patient have free will?"). Visitors share philosophical challenges from their clinical teaching while I demonstrate how the curriculum addresses these dilemmas. This hands-on approach lets educators experience the Socratic methodology central to the curriculum, fostering dialogue about integrating philosophical inquiry into psychiatric education across different training environments.

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Innovations Showcase Presentations

Title
Ready or Not? A Pilot of Psychiatry Resident Use of AI Scribes

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Denise Baughn, MD, University of Texas Medical Branch, Galveston
Derek Neal, MD, University of Texas Medical Branch, Galveston

Educational Objectives
1. Analyze potential benefits and challenges of AI scribe use in psychiatry residency training.

2. Describe results of single program pilot of AI scribe use in psychiatry residency training.

Description of Innovation
Our institution provides Nuance Communications' Dragon Ambient eXperience (DAXTM) Copilot (DAX), an AI-powered ambient clinical documentation software, access to faculty, advanced practice providers, and residents in their second year and beyond. Our department initially disallowed AI scribe use by psychiatry residents due to concerns it would negatively impact core competency training and our own lack of experience with these tools. As with many innovations in residency training, our residents pushed us to seek answers to the question: when is the right time to allow AI scribe use in psychiatry training?

To address this question, we designed a pilot of usage of DAX by final year psychiatry trainees. We prioritized the importance of the required 12 months of outpatient continuity clinic, determining that only those who had demonstrated competencies in traditional EMR documentation practices in the outpatient environment would be eligible for this pilot. All trainees promoted to their final year of training (PGY4 for general psychiatry residency and PGY5 for fellowship) by their clinical competence committee were thus invited to participate. As part of our pilot, we designed a pre-post survey to assess attitudes towards AI scribes by eligible residents and their supervisors, focusing on the impact of the use of use of DAX on training, wellbeing, patient care, documentation quality, and psychiatry-specific concerns related to the use of AI Scribes.

Innovations Showcase Presentations

To begin our pilot, our team met with residents to watch DAX training videos provided by our institution. We surveyed residents and their supervisors regarding attitudes towards AI scribes and required participants to agree to the following guidelines:
DAX copilot use requires prior training director approval.
Training director approval will be restricted to residents in their final year of training.
The use of DAX copilot is restricted to follow-up encounters.
Providers must obtain and document informed consent for the use of DAX in individual patient encounters.

Documentation, including automatically generated sections, must use the departmental note template.

The use of DAX copilot in a clinical setting requires the approval of the supervising attending in that setting. Supervisors may restrict the use of DAX for any reason, including supervisor preference.

DAX-generated documentation must be reviewed and edited by the resident provider. Failure to comply with these requirements may result in restriction of the use of this tool. Residents then registered for DAX access with the institutional IT department and were allowed to begin using DAX in clinical encounters. They were free to choose to implement DAX or discontinue use of DAX at any time. After 3 months of DAX access for resident participants, resident and faculty participants will be asked to complete a post-survey assessing changes in their attitudes following the implementation of AI scribe use. Monitoring the use of DAX in resident trainees in a pilot of AI scribe use is necessary to provide guidance to us as program directors seeking to balance competing needs in resident training (targeting improvements in trainee well-being and exposure to AI tools while maintaining the quality of their clinical training).

Description of Interactivity with Audience

- Audience members will be encouraged to share their institution access to AI scribe tools and their program guidelines regarding use of AI scribes.

- Participants will be asked to share their thoughts and experiences related to the use of AI scribes by psychiatry trainees.

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Innovations Showcase Presentations

Title
Serving Leadership Curriculum: Fostering Self-Awareness, Team Culture, and Wellness in Psychiatry Training

Primary Category
Wellness, Burnout, Resilience

Presenters
Daniel Pustay, MBA,MD, West Virginia University School of Medicine
Chris Feghali, MD, West Virginia University School of Medicine

Educational Objectives

1. Apply serving leadership principles to enhance resident leadership development in their own programs.

2. Utilize structured reflective exercises and small-group discussions as tools to build resident self-awareness and team trust.

3. Analyze how a capstone leadership experience can strengthen collaboration, culture, and wellness across training environments.

4. Adapt elements of the Serving Leadership Curriculum to improve learning climate and effectiveness in residency and fellowship programs.

Description of Innovation
The Serving Leadership Curriculum was developed and implemented over three years in a psychiatry residency program. It integrates reflective exercises, peer discussions, and a capstone leadership experience to train residents in practical leadership skills while fostering self-awareness and promoting team wellness. The curriculum is grounded in serving leadership principles, reframing leadership as both an individual responsibility and a communal practice. Residents are guided to explore their work styles and values, practice building psychological safety within teams, and implement leadership strategies that strengthen culture, collaboration, and resilience. Early outcomes suggest increased resident engagement, improved team cohesion, and a more positive learning climate.

Description of Interactivity with Audience

- To actively engage participants within the 5-minute session, the showcase will include a guided exercise on shifting from problem-oriented to outcome-oriented goals, a central practice from the Serving Leadership Curriculum:

  - Step 1 (30 sec): Partner A shares their biggest workplace barrier with their neighbor.
  - Step 2 (30 sec): Partner B shares their biggest workplace barrier.
  - Step 3 (30 sec): Presenter briefly introduces the distinction between problem-orientation ("what's wrong") and outcome-orientation ("what would better look like").
  - Step 4 (30 sec): Each partner reframes their challenge as an outcome-oriented goal and shares with their partner.
- The exercise closes with a brief reflection on the difference in tone and energy when reframing problems into desired outcomes. This live demonstration highlights how simple practices can help residents build trust, foster culture, and promote wellness in team settings.

Innovations Showcase Presentations

Title
The Great Debate Series: Teaching Controversial Topics with AI-Assisted Rapid Debates

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Samuel Dotson, BS,MD, Northeast Georgia Medical Center Program
Florin Selagea, PhD, Northeast Georgia Medical Center Program
Beau Foxworth, BS,MD, Northeast Georgia Medical Center Program

Educational Objectives

1. Use artificial intelligence (AI) tools to research and construct arguments for and against controversial hypotheses in psychopharmacology and psychotherapy.

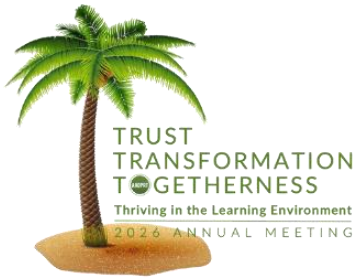
2. Facilitate structured debates between residents that model professionalism, civility, and evidence-based psychoeducation.

3. Design a “Great Debate” series for their own programs in which residents collaboratively and efficiently explore the evidence to address complex, patient-centered clinical questions.

Description of Innovation
The "Great Debate" series is an active learning teaching strategy developed to help senior psychiatry residents critically engage with controversial topics in psychopharmacology and psychotherapy. Each session adopts a formal debate structure centered around a provocative clinical hypothesis or “resolution” that lies at the margins of the existing evidence base. These are areas where data are limited, conflicting, or open to interpretation, and where reasonable clinicians might disagree. Topics are often drawn from real-world clinical dilemmas that residents report as frustrating or confusing due to inconsistent guidance from different supervisors.

Sample debate topics have included:

a. "Lamotrigine is an effective treatment for the core symptoms of borderline personality disorder."
b. “Prazosin treats nightmares in PTSD.”
c. "Psychiatrists should routinely use pharmacogenetic testing to guide medication selection."



Innovations Showcase Presentations

These one-hour sessions can take place during regularly scheduled didactics. Residents are informed in advance that a Great Debate will occur, but they are not told the specific topic beforehand. They are encouraged to bring a laptop, and they are provided with pen and paper on arrival. The session opens with a brief (~5-minute) faculty-led introduction to the topic, outlining key clinical and theoretical background. The resolution is then written on a whiteboard, and residents anonymously vote by rating their agreement with the resolution on a -10 (strongly disagree) to +10 (strongly agree) scale. Votes are tallied to provide a baseline snapshot of group opinion.

Residents are then randomly assigned to two teams, and a coin flip determines which group will argue in favor of the resolution and which will oppose it. Each group has 15 minutes in separate rooms to prepare, assigning roles (spokesperson, scribe, and researchers). They are encouraged to use any methods they find effective to collect information, and they are actively encouraged to use AI tools such as Open Evidence and ChatGPT.

The debate then proceeds in a structured format, with alternating presentation and rebuttal phases moderated by the faculty facilitator. At the conclusion, residents re-vote anonymously, and the results are displayed to illustrate any shifts in opinion or agreement level. A group debrief follows, during which residents reflect on the debate experience, the strength and gaps in the evidence base, how they might have argued the opposing position, and what they learned about teamwork, communication, and research literacy.

Description of Interactivity with Audience

- Laptops will be provided for audience members to actively participate in a guided walkthrough of the “Great Debate” workshop structure.
- Participants will engage with the same AI tools and prompts that residents use to research and generate arguments.
- They will also explore sample materials for tracking changes in resident positions and beliefs before and after debates.
- This hands-on experience will give attendees practical insight into how the innovation fosters critical thinking, evidence appraisal, and respectful dialogue—and how it can be implemented in their own programs.

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Innovations Showcase Presentations

Title
The Interventional Psychiatry Consortium: A Model for Shared Subspecialty Learning Across 70+ Programs

Primary Category
Curriculum

Presenters
Jeffrey Zabinski, BS,MA,MD, Columbia University/New York State Psychiatric Institute
Jarrod Ehrie, MD, Stanford University School of Medicine
Simran Ailani, MBBS, Maimonides Medical Center
Yaakov Green, MBA,MD, Columbia University/New York State Psychiatric Institute

Educational Objectives
The Interventional Psychiatry Consortium was created to address these gaps through an international educational network. Our aims are to:

1. Provide a shared, high-quality didactic curriculum accessible to fellows and residents across the globe.

2. Leverage institutional strengths by sharing expertise and best practices unique to each program.

3. Offer a collaborative space for community-building and mentorship among trainees and faculty.

By connecting training programs in this way, we aim not only to improve knowledge and skills, but also to foster belonging and career development within interventional psychiatry.

Description of Innovation
In 2024, we formed the Interventional Psychiatry Consortium, an educational collaborative linking programs across the world. An international steering committee of 13 faculty and trainees developed a roadmap of core and advanced topics, invited partnering institutions, recruited expert speakers, and designed a monthly lecture series accessible to all participating programs. The Consortium's programming was launched in July 2025, starting with the speaker series.

To date:
-70 institutions have joined.

Innovations Showcase Presentations

-400+ participants have registered, spanning residents, fellows, and faculty from 15 countries.
-10 lectures have been designed, covering both foundational and advanced topics (e.g., ECT, magnetic seizure therapy, TMS, ketamine, psychedelics, VNS, DBS, focused ultrasound, transcranial direct current stimulation [tDCS], special populations, bioethics, treatment algorithms).

The session format is standardized, with each lecture beginning with clear learning objectives and concluding with discussion prompts to foster dialogue. Engagement has been consistently high, with participants reporting value in learning new topics, interfacing with experts, and meeting fellow learners. To measure the consortium's impact, we will collect post-survey data from participants to evaluate changes in knowledge, confidence, and sense of community over time. Beyond didactics, the consortium is intentionally building community. Future initiatives include a journal club, case conferences, and structured mentorship programming.

This model demonstrates how inter-institutional collaboration can expand access to specialized education, share expertise, and create an international learning community in an emerging field - an approach that could allow programs with limited expertise to provide strong training in interventional psychiatry. This model could also be adapted across other subspecialties.

This abstract was produced by two trainees (Yaakov Green and Simran Ailani) with two faculty mentor/AADPRT Members (Jarrod Ehrie and Jeffrey Zabinski).

Description of Interactivity with Audience
Our showcase will integrate interactivity directly into the 5-minute format through:

- The use of a live poll. At the start, participants will be asked a simple, practice-relevant question such as: "How many formal didactics on interventional psychiatry are currently offered in your training program?" Using an audience polling tool, responses will appear in real time. This will serve as the springboard for presenting our survey findings, which similarly highlighted major gaps in interventional psychiatry education and community-building. Creating a shared recognition of the practice gap would make the rationale for our innovation more tangible.
- Participants will have the opportunity to join the program in real-time using a brief sign-up link, either through the polling platform or a QR code on display. This ensures the session doesn't end with the showcase but gives attendees a direct way to stay involved and bring resources back to their own programs.

Scientific Citations

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Innovations Showcase Presentations

Title
The Real-Time Feedback Tool: A Feasible Approach to Workplace-Based Assessment in Psychiatry Residency Training

Primary Category
Assessment – learner (summative, formative, programmatic)

Presenters
Cara Angelotta, MD, McGaw Medical Center, Northwestern University
Kaitlyn Kunstman, MD,
Amy Corcoran, MD, McGaw Medical Center, Northwestern University

Educational Objectives

1. Describe common barriers to implementing WBAs in psychiatry residency training and their impact on feedback culture.

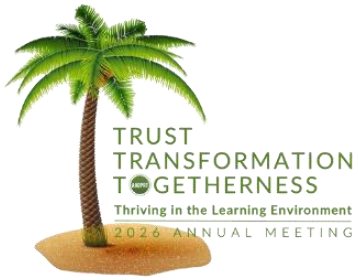
2. Explain the structure, purpose, and design features of the Real-Time Feedback Tool (RTFT) as an innovative WBA strategy.

3. Evaluate the feasibility and scalability of a streamlined WBA across multiple clinical settings and types of patient encounters.

4. Apply a simple, two-question feedback model to generate formative, actionable feedback aligned with CBME principles.

5. Identify strategies to promote faculty engagement in WBA while addressing workload concerns.

Description of Innovation
The Real-Time Feedback Tool (RTFT) is a workplace-based assessment (WBA) designed to address critical barriers in psychiatry residency education. WBAs provide specific, actionable, and behavior-based feedback following directly observed clinical interactions, yet implementation often falters due to workflow disruptions and time constraints. Moreover, the literature lacks evidence supporting the feasibility of using multiple types of WBAs in routine psychiatry training. In this context, we developed the RTFT to promote meaningful feedback, improve clinical skills, and support both formative learning and summative decisions by the CCC. The RTFT can be used across clinical settings and types of patient activities to provide residents with timely, useful formative feedback and inform CCC summative assessment determinations.



Innovations Showcase Presentations

The RTFT consists of two open-ended prompts:
- "What did the resident do well? Please be specific."
- "What can the resident do to improve? Please try to use at least one of the following phrases in your response: Because…, Next time…, Try…, Recommend…, Consider…, I suggest…"

This structure promotes specific positive reinforcement of desired behaviors and specific actionable suggestions for improvement. The tool was built in the Qualtrics platform, accessible on mobile or desktop, and designed for quick completion. Upon submission, feedback is automatically emailed to the resident and stored in a shared database for CCC review.

Implemented in our psychiatry residency program beginning in 2023–2024, the RTFT was used by 10 faculty members to submit 216 unique WBAs in the first academic year and 203 in the following academic year. While participation was concentrated among a subset of highly engaged faculty and primarily used in outpatient settings, the volume of feedback demonstrates feasibility. Feedback completion typically takes under five minutes, reducing administrative burden on faculty.

Resident response has been overwhelmingly positive. Representative qualitative comments from anonymous resident surveys demonstrate the value and acceptability of the RTFT:

"Real-time written feedback after patient evaluations promotes learning without compromising the therapeutic alliance during appointments."
"The real-time written feedback following a patient encounter or note has been very helpful and some of the most specific feedback I've received."
"I really appreciate the in the moment feedback that it is provided via feedback form. In this way the information is relevant and still on my mind, which allows me to apply the feedback."
"I have found myself adopting that feedback very quickly because it is timely and actionable."
Despite the positive resident response, challenges remain. Faculty engagement varies, and the tool has not yet been widely used in inpatient, consult-liaison, or emergency settings. Concerns persist about adding tasks to faculty already balancing teaching, clinical duties, and scholarship. These barriers underscore the need for institutional investment, faculty development, and feedback culture change. As we continue to refine its use, we envision

the RTFT as a feasible model for transforming learning environments in psychiatry training programs.

Description of Interactivity with Audience

- Participants will work in small groups to identify common barriers to WBA in their own programs and share strategies for overcoming them.
- Attendees will then engage in a brief brainstorming session to identify ways to encourage faculty participation in WBAs while minimizing burden, fostering a collaborative discussion on practical implementation.

Scientific Citations

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Innovations Showcase Presentations

Title
The Tapestry of Training: Weaving Longitudinal Threads and Multimodal Fibers in CL Psychiatry

Primary Category
Curriculum

Presenters
Heather Murray, BS,MD,MPH, University of Colorado Denver
Thida Thant, MD, University of Colorado Denver
Helena Winston, MD,MSc, University of Colorado Denver

Educational Objectives

1. To describe an approach to subspecialty training based on learner developmental stages within residency and fellowship training.

2. To discuss the merits of interdisciplinary training and training of different creative modalities when considering development of large curricula that span multiple years.

3. To utilize the development of trainees over the course of a multiple year curriculum in a progressive trainee role as subject matter is mastered.

4. To incorporate assessment tools for learner self-evaluation and evaluation of curricula.

Description of Innovation
Our department's C/L psychiatry faculty recognized the practice gap discussed above. As a result of this gap in conjunction with department leadership support, we created a 5-year residency and fellowship curriculum at the University of Colorado tailored to trainee developmental continuum. Each year is developed to build upon the years prior. Early years focus on delivering high-yield content and development of skills in formulation and differential diagnosis, while later years will become more nuanced and discussion based with flipped classrooms. In addition, we have developed interdisciplinary and multi-site sessions.

Innovations Showcase Presentations

Description of Interactivity with Audience

- Our session will ask the audience to identify limitations in current subspecialty curricula (often provided over the course of weeks to months during a specific year in training) and how that might be at odds with adult learning theory.
- We will ask for creative approaches to learning outside of traditional didactic formats and then use this as a segway to discuss out innovate curriculum.

Innovations Showcase Presentations

Title
TherapAI: How To Ask About AI Chatbots

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Ashvin Sood, MD, St. Louis University School of Medicine
Rajvi Kumar, BA, Tulane University School of Medicine
Jeremy Chapman, MD, St. Louis University School of Medicine

Educational Objectives

1. Establish a framework for systematically identifying and evaluating patient use of AI, particularly among adolescents.
2. Develop learning objectives and teaching strategies that equip trainees to approach discussions about AI use in a nonjudgmental, clinically relevant manner.
3. Integrate proposed intervention pathways into training, providing practical guidance for addressing both adaptive and maladaptive AI engagement.
4. Promote trainee competence in navigating the intersection of technology, mental health, and patient safety within a rapidly evolving clinical landscape.

Description of Innovation
Methods
We identified the need for this work through a review of the literature and through the notable absence of structured frameworks addressing adolescent use of artificial intelligence in psychiatric contexts. Several therapy chatbots, such as Wysa and Woebot, are available; however, limited availability and awareness has led to adolescents using large language models (Chat GPT, Claude, etc.) as therapeutic companions.. Media reports have reinforced these findings, pointing to the growing, unsupervised use of artificial intelligence by adolescents seeking psychosocial support. While there remains danger in the safety of unregulated use, clinicians cannot ignore that their patients are using AI chatbots as confidants. Preliminary studies suggest that clinicians may have a meaningful role in this setting by using ChatGPT in a supervised capacity by pre-feeding structured clinical data to generate summaries, prompts, or coping strategies. Drawing on this emerging evidence and principles of competency-based training, we developed an algorithm to guide clinicians in determining when the use of ChatGPT may be appropriate and when it may be detrimental to psychiatric care.

Innovations Showcase Presentations

Results:
To support clinician training in managing patient use of artificial intelligence within psychiatric settings, we developed an algorithm-based approach that guides the encounter from initial assessment through the close of the session. While patients engage with AI chatbots for various reasons, our framework categorizes these interactions into two primary categories: entertainment and psychiatric use. Within psychiatric use, the algorithm emphasizes caution, recommending clinical intervention only when the patient is receiving inaccurate information or when the use poses a risk to safety or treatment engagement.

We propose a curriculum that incorporates applied strategies for identifying misinformation and evaluating high-risk behaviors. Learners will engage with case examples via structured role-plays to practice distinguishing between adaptive use and potentially harmful reliance on AI. The proposed educational structure includes three core components: a brief didactic overview of AI in psychiatry, a case-based discussion of adolescent use, and role-play or standardized patient encounters that allow trainees to apply the algorithm in practice.

Conclusion:
Embedding this algorithm within a structured curriculum will enhance clinician confidence in initiating conversations about AI use, reduce variability in how these discussions are managed, and foster patient-centered care. By standardizing the assessment process, the curriculum aims to establish an evidence-informed framework that guides interventions and ultimately improves outcomes for adolescents who turn to AI chatbots for psychiatric support.

Description of Interactivity with Audience

- Presenters will actively inquire with audience members about their respective knowledge about chatbots.
- After inquiry, presenters will give a brief description of the AI Chatbot landscape, transitioning to navigating prompts, and how clinicians can intervene with helpful safe-guards.
- Presenters will then invite audience members to role-play with potential prompts they may come across in practice

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Innovations Showcase Presentations

Title
What's for Lunch? Offering a Supervision "Menu" to Residents and Faculty

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Jessica Obeysekare, MD, Prisma Health- Upstate/University of South Carolina School of Medicine Greenville (Greer) Program
Christine Sawhill, DO, Prisma Health- Upstate/University of South Carolina School of Medicine Greenville (Greer) Program

Educational Objectives

1. Our objective was to increase the resources available to both the residents and faculty during supervision, to assist with creation of appropriate goals during supervision and selection of relevant tasks to help them meet these goals.

2. The aim was to learn more about what was currently happening during individual supervision and to offer residents and faculty with a curated list of potential activities that could be used during this time.

3. We planned to re-assess the resident and faculty supervision experience after receiving this list of activities, to see if there was an impact on type of activity provided, quality of supervision from the resident perspective, and comfort with supervision from the faculty perspective.

Description of Innovation
A supervision "menu" was created with suggested activities for each year of residency and a list of entrustable professional activities for psychiatry. Residents and faculty were surveyed prior to the menu being provided about their supervision during the 2024-2025 academic year. The menu was distributed, and approximately one month later, a post-survey was given to the residents and faculty asking about their experiences in supervision in the past month. There were 21 respondents to the pre-survey (11 residents and 10 faculty) and 11 respondents to the post-survey (6 residents and 5 faculty). Descriptive statistics were used to evaluate engagement in supervision activities. Fifteen potential activities were described, and respondents were asked to rank the frequency of performing these activities in supervision (1 = never, 2= sometimes, 3 = often, 4 = very frequently). The most common responses in the pre-survey were 1) discussion of complex cases, 2) career

advice and 3) feedback from faculty about the resident; these were also the three items that the residents found to be the most helpful. Chi square tests were used to evaluate faculty pre/post survey responses. There was not a statistically significant change in the faculty items "I feel confident in knowing what content to cover during supervision" ($p = 0.46$) or "I have a good awareness of items in which the resident needs further growth" ($p = 0.083$). There was a statistically significant increase from pre- to post-survey on the faculty item "The agenda setting is based on objective measures (e.g., evaluation feedback, milestones, PRITE scores, Entrustable Professional Activities)" ($p = 0.007$).

Description of Interactivity with Audience

- We will briefly describe our project and findings; most of the time will be spent in interactive dialogue with the audience.
- We will provide handouts of our supervision menu.
- We recognize that some programs may not block additional time for supervision, as the supervision requirement can be met during supervision of residents' patients (e.g., supervising 20 cases during a week, each case taking approximately 6 minutes to staff).
- We will first poll the audience to see if they are blocking separate time for supervision. As the audience reviews the supervision menu, we will poll them to see which supervision activities are used most/least frequently in their program.
- This will also open dialogue to ideas that may diversify/round out an individual programs' supervision experience.
- Finally, we will ask the audience if they use a guide or policy to prompt supervision.

Scientific Citations

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