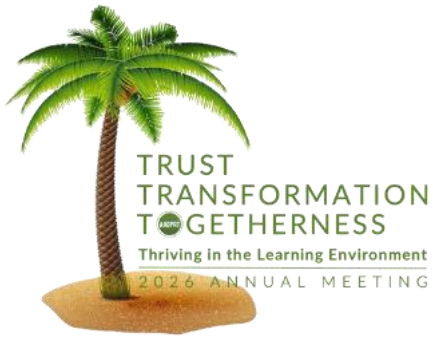


Workshop Session #3

Title
ACGME Update

Primary Category
Program Administration and Leadership

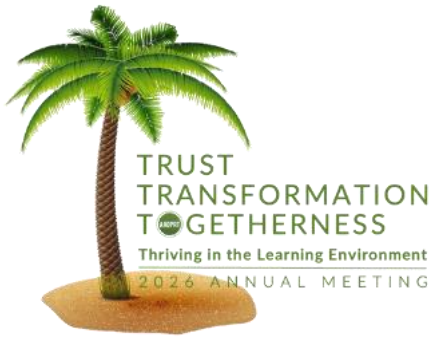
Presenters
Donna Sudak, BS, MD, Tower Health -- Phoenixville Hospital General Psychiatry
Art Walaszek, MD, University of Wisconsin Hospital & Clinics
Adam Brenner, MD, UT Southwestern Medical Center
Louise Castile, MS

Educational Objectives

1. Recognize the functions of the review committee for psychiatry.
2. Describe the process of program review and any new initiatives of the ACGME.
3. Report to their programs the process by which the review committee will draft revisions to the program requirements.

Abstract
The mission of the ACGME is to improve health care and population health by assessing and enhancing the quality of resident and fellow physicians' education through advancements in accreditation and education. As such, it directly impacts residency training programs by codifying requirements and conducting program reviews. This workshop is designed to give attendees a deeper understanding of the activities of the review committee and the ACGME.

Practice Gap
Program directors must be aware of the ACGME requirements and methods by which they will be evaluated for compliance. Program directors are often unaware of how these requirements are developed and how they may have input into the process.

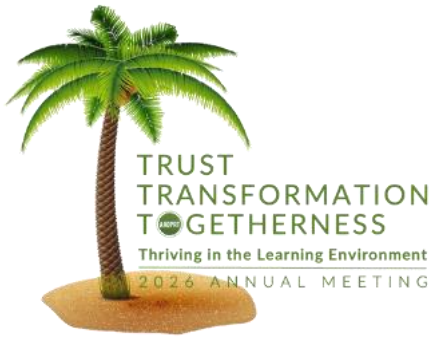


Agenda

- Welcome and introductions (5 min)
- Review of ACGME mission, policies and procedures, RC membership and functions and the methods used in rewriting the program requirements (45 min)
- Q&A and discussion (40 min)

Scientific Citations

https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/400_psychiatry_2025_reformatted.pdf



Title
Beyond Checklists: Designing Psychiatry Orientations that Foster Belonging and Community

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

Presenters
Shireen Cama, BA, MD, Cambridge Health Alliance/Harvard Medical School
Marcela Almeida, MD, Cambridge Health Alliance/Harvard Medical School
Misty Richards, BS, MD, MS, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)
Sanjana Kumar, MD
Roopali Bhargava, BA, Cambridge Health Alliance/Harvard Medical School

Educational Objectives

1. Identify core components of and common barriers to effective orientation sessions for psychiatry.

2. Explore evidence-informed strategies for effective orientations that balance information exchange with fostering a culture of belonging and community.

3. Develop one concrete, feasible orientation activity to implement in one's local program.

Abstract
Orientation sessions play an important role in setting expectations, shaping early impressions about the culture of a program, forging a professional identity, and fostering a sense of community, equity and inclusion among trainees and staff. Simultaneously, orientation sessions are meant to prepare trainees for the important clinical and professional responsibilities that lie ahead. With limited time to dedicate to orientation, and an ever increasing number of objectives to accomplish, programs struggle to balance the dual aims of orienting trainees to their new roles with building time for reflection and connection. Out of necessity, many current psychiatry orientations focus primarily on logistics and compliance, leaving little room for community building. This gap risks

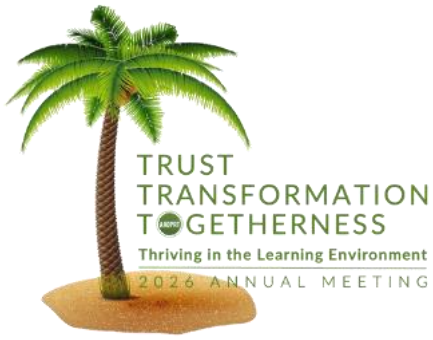
exacerbating known challenges of the transition to residency or fellowship, including feelings of overwhelm, burnout and loneliness among trainees (1,2).
This interactive workshop will support attendees in upgrading their current orientation sessions to go beyond didactics and administrative checklists to kickstart the shaping of a culture of psychological safety and belonging. Participants will discuss common barriers to successful orientations (e.g. limited time, varying trainee needs, variable trainee supports, information overload and complex systems of care) and brainstorm innovative ways to address these challenges in their own institutions (3,4). Potential differences between residency and fellowship orientations (such as integration of new psychiatry residents with non-psychiatry co-interns, and the experience of moving from expert to novice again as a new fellow) will also be discussed (5). Drawing upon the literature and their own experience, presenters will share examples of innovative experiential orientation activities that provide trainees with unique opportunities to build relationships with each other as well as the communities they serve (6,7). This workshop is applicable to training directors, program administrators and trainees, as the unique goals and experiences of people in each of these essential roles will be incorporated and discussed. Attendees will leave with concrete and actionable plans for how to improve the orientation sessions at their home institution.

Practice Gap

The start of residency or fellowship training can be a challenging time for new trainees and training office leadership alike. This workshop will provide an opportunity for training directors, program administrators, and trainees to discuss how orientation sessions can be improved to better meet the distinct administrative and personal needs of programs and trainees.

Agenda

- Section 1: Describe the challenges of orientation sessions (small breakout groups and large group discussion) (10 min)
- Section 2: Discuss innovative approaches, drawing upon literature and own experience (interactive presentations) (30 min)
- Section 3: Breakout groups —participants design/redesign at least one orientation activity (small breakout groups) (30 min)
- Section 4: Wrap up and take aways to implement (large group discussion) (20 min)



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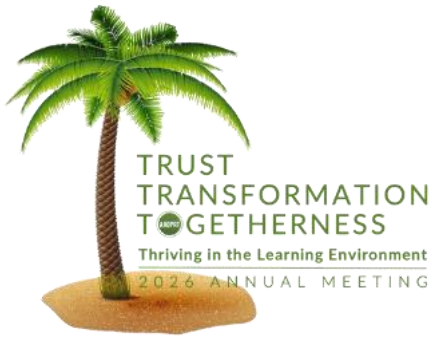


Title
Crisis Alert: The Trainee is Distressed and So Am I

Primary Category
Program Administration and Leadership

Presenters
Brandi Karnes, MD, McGovern Medical School at UTHealth
Tolu Odebunmi, MBBS, MPH, University of Minnesota
Kari Whatley, MD, University of Texas Austin Dell Medical School
Aisha Omorodion, MD, MPH, University of California, San Diego
Sasha Jaquez, PhD, University of Texas Austin Dell Medical School

Educational Objectives

1. Analyze various distress-inducing events to determine the required level of response.

2. Review national educational recommendations for responding to a crisis.

3. Create an algorithm tailored to your program for managing a trainee in distress.

4. Practice concrete strategies to mitigate the impact of a trainee in distress across the training program.

Abstract
Crisis by formal definition is psychological disequilibrium in response to external events1, which occur in myriad forms and can cause acute distress, of which the severity and intensity are vastly contextual and individual-specific. If not managed properly, unaddressed acute distress could lead to a depletion of coping capacity for an individual, limiting the support the institution is able to provide. For trainees, unmanaged acute distress can accelerate burnout, impair learning, and compromise ability to provide appropriate patient care. Contributors to trainee burnout are broad and can include a negative work environment and poor mental or physical health.4 Contemporary evidence emphasizes the need to promote help-seeking behaviors in times of distress or crisis to improve trainees' ability to navigate difficult situations and enhance resiliency.5 To promote help-seeking behaviors, training programs need to establish a psychologically safe

environment to help trainees feel more comfortable disclosing potential moments of distress.7

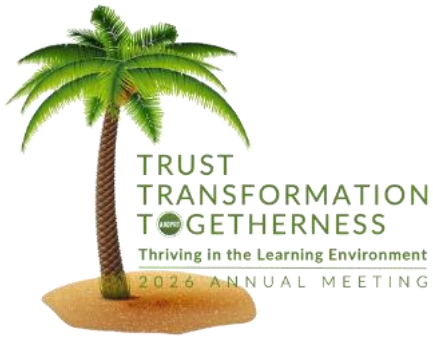
While program leadership is expected to function as "first responders" to manage crises, a lack of adequate training in structured techniques can lead to ineffective responses. Adding further complexity, program leaders, like their trainees, may also be distressed by the same crises. This session will address: 1) trainee-specific real-world crisis scenarios, including developing a crisis response plan to prepare for the unthinkable, 2) faculty-focused development through crises impact and ideas to help with emotional regulation and response, and 3) review of recommendations for formal policies and notification timelines to bolster a program's ability to handle unforeseen crises clearly and effectively.

Practice Gap

Given the changes happening in the world around us, managing crises isn't a new phenomenon. Psychiatry residency and fellowship programs are not immune to the crises affecting our institutions and communities. As educators and administrators, we are on the front lines, responsible for managing the acute distress trainees face during a crisis and mitigating the impact on the clinical environment, work productivity, and other learners. Managing crises with patients is part of our training, but we are not explicitly taught how to manage crises that our trainees may experience. A significant gap exists in the literature, with few formal frameworks available to guide program leaders in preparing for and nimbly responding to a trainee in crisis. This lack of structured support can leave leaders feeling as distressed and unequipped as the trainees they are trying to help.

Agenda

- Introduction (5 min)
    - Presenters
    - Objectives & Agenda
- Small group discussion (10 min)
    - When was the last time your program had a trainee in distress?
    - How did you find out? How did you manage it?
- Large group review of small group discussion (5 minutes)
- Didactics (15 min)
    - Definition of terms
    - Cultivating psychological safety
    - Warning signs and responding to a trainee in distress or crisis



- Small group discussion of case vignettes (10 minutes)
- Large group review of small group discussion (5 minutes)
- Didactic (10 min)
    - Review of national educational recommendations for responding to a crisis
- Create your crisis management plan: (10 minutes)
    - Brainstorm an algorithm for your program/institution, including a resource checklist for a crisis
- Group debrief on the impact of a crisis and how PDs can maintain emotional regulation (5 min)
- Q & A and Final reflections (10 min)
- Time for participants to complete evaluation (5 min)

Scientific Citations

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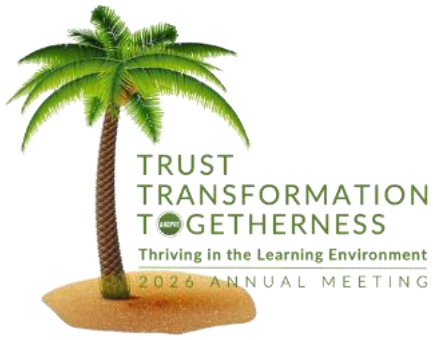


Title
Enhancing Togetherness through Reading (around) the Room, Integrating a Book Club Into Training & The AADPRT Annual Meeting

Primary Category
Curriculum

Presenters
Jeremiah Dickerson, MD, University of Vermont Medical Center
Ethan Kass, DO, MBA, HCA Florida Healthcare/JFK North Hospital Program
Ayame Takahashi, MD, Southern Illinois University School of Medicine
Shriti Patel, BA, MD, Eastern Virginia Medical School

Educational Objectives
This session was borne of the Humanities in Medicine caucus discussions about ways to bring arts and humanities content to the annual AADPRT meeting. At the conclusion of this experiential session, the participant will:

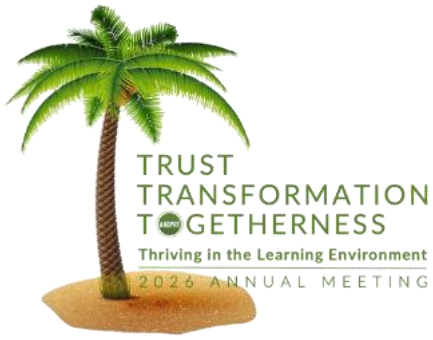
1. Identify ways to incorporate literature into psychiatric training to support the development of meaning making, perspective-taking, and professional identity formation.

2. Learn effective facilitation strategies to critically examine literature and engage others in a group setting and reflect on the power of the arts to foster curiosity and build community – core elements associated with thriving and flourishing.

3. Describe ways in which discussing a non-medicine work of fiction can translate into providing effective patient care.

4. Reflect on the lived experience of participating in a facilitated book club session.

Abstract
Incorporating the arts and humanities into medication education can help to address many twenty-first century health care challenges and the AAMC has detailed how such content can serve to foster learning in ways that enhance perspective-taking, build personal insight, and explore social advocacy issues (1).



In psychiatry, a field grounded in stories, the humanities offer opportunity to understand a provider's place in a patient's narrative and to examine relationships through a framework that compels rich self-other exploration (2). There are many different evidence-based ways that the arts and humanities can be used to meet learning objectives and support the development of competence across the six ACGME domains. Visual thinking strategies can help to improve tolerance of ambiguity and observational skills, deliberate narrative medicine techniques can be helpful in developing empathy and focused attention, reading about lived experiences can illuminate the history of psychiatry in ways that inform current identity development and advocacy efforts, and viewing portrayals of mental illness in the media can be used to create biopsychosocial formulations and explore stigma. All in all, the humanities transcend social barriers, building community and bringing people together, factors important for mitigating the risk of burnout and dealing with the moral distress that is an increasingly all too common aspect of our work (3).

The arts and humanities ultimately allow learners and teachers to experience the education and practice of medicine in novel ways while inviting us to connect to our own humanity and that of our patients. These experiences, when built into space that intentionally encourages curiosity, contemplation, and creativity, are the building blocks of flourishing and thriving (4). The humanities facilitate reflection and introduce new ways of knowing – contributing to improved self-awareness and supporting professional identity formation.

We, as educators, can leverage neuroplasticity and train the brain through exercises that invite wonder, build attentional capacities, and activate the reward system in ways that align with the pedagogy of adult learning and enhance identity formation through the centering of meaning, purpose and belonging (4). A book club is one such way to bring a community of learners together to experience the benefits of the arts and humanities and to reflect on how such benefits can translate into more effective patient care and reduce risk for burnout. In psychiatric education, non-fiction book clubs have positively contributed to training (5) and reading literary fiction can help build social-cognitive skills, which are foundational for cultivating empathy (6). Additionally, engaging in a book club at a national meeting may provide enthusiasm for participants to recreate a session in their home program (7).

In this workshop, participants will be expected to have read a book club selection (a piece of fiction) that is identified prior to the annual meeting. Presenters will showcase examples

of how one can successfully integrate a book into psychiatric teaching. Most of the session will be an actual group book club, followed by time for reflection.

Practice Gap

Psychiatry is a field that is immersed in and informed by the broader cultural landscape of the arts and the humanities. Future psychiatrists are often drawn to the field due to their interests in connecting with a patient's story and seek an understanding of the human experience – areas where the arts and humanities are integrally connected and can provide creatively rich and engaging vehicles for developing and expanding such interests.
While faculty and program leadership often share trainees' interests in the arts and humanities and acknowledge how such content improves knowledge, skills, and attitudes across competency domains, intentionally bringing this material into didactic sessions can prove challenging, given time constraints and competing demands.
An interactive and well-facilitated book club can serve as a structured way to intentionally incorporate the humanities into a psychiatry teaching curriculum and the annual meeting.

Agenda

- Introductions, very brief narrative medicine exercise, and overview of the benefits of incorporating the arts and humanities into psychiatric education (10 min).
- Discussion of text selection and format of a book club. Potential challenges will be explored (10 min).
- Review of facilitation skills and goals/objectives of a book club (10 min).
- Book club discussion (45 min).
- Reflect and process of the book club experience (10 min).
- Survey completion and poll (5 min).

Scientific Citations

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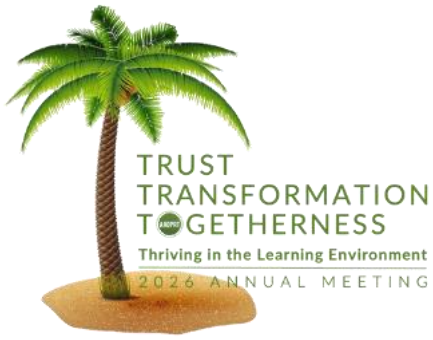

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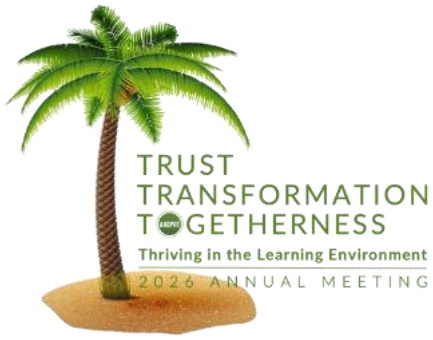


Title
Feedback Dilemmas & Open Dialogue: Promoting trust & transformation for learners

Primary Category
Faculty Development

Presenters
David Frederick, MD, Massachusetts General Hospital
Jessica Berwick, MD, MPH, Massachusetts General Hospital

Educational Objectives

1. Identify specific barriers to learners seeking, receiving, and utilizing feedback.

2. Apply skills from Open Dialogue to encourage learners to seek feedback more readily.

3. Integrate dialogic practice into feedback giving practices.

Abstract
This workshop is designed to give learners and faculty feedback skills that draw on principles from Open Dialogue (Seikkula, 2003), a collaborative approach to mental health care developed in Finland. The workshop also integrates the "educational alliance," a conceptual model related to the "therapeutic alliance" between patient and clinician, described by Telio et al. (2015). Utilizing Open Dialogue principles, this approach reimagines the culture of giving and receiving feedback in medical training.

Experiential learning is a foundational component of growth. The iterative process of development occurs just as much from learning what not to do as what to do. Nobel Prize-winning physicist Niels Bohr put it best when he said, "An expert is a person who has made all the mistakes that can be made in a very narrow field." In medicine, as in quantum mechanics, the expert clinician depends on frequent opportunities for feedback and reflection to examine and improve upon their experiences.

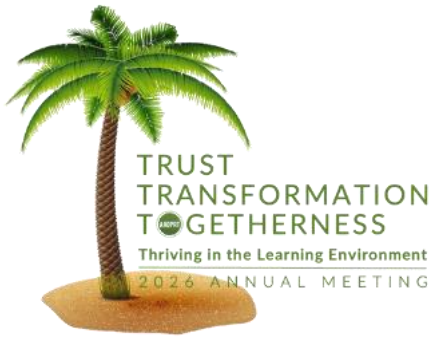
In the absence of these opportunities, learners risk getting stuck in unproductive patterns with no clear way out. While learners may recognize these patterns, there are many factors at play that influence their seeking feedback for improvement. These factors include learning culture, the ability to recognize feedback as such, learners' beliefs, attitudes, and

perceptions, relationships, teacher attributes, and modes of feedback (Bowen et al., 2017). Some of these factors remain under the control of the learner, some under the control of the feedback-giver, and others can be influenced by both. Without a shared lexicon for understanding these complex and interwoven issues, both parties may feel stuck in a dilemma.

Faculty face their own barriers in the feedback process. These obstacles include time constraints, competing demands, lack of training, and concerns about the learner response to critical feedback. Thus everyone remains stuck in a dilemma, locked in a room with their own individual pieces of a key that, if brought together, could offer a way out. Using Open Dialogue, this workshop will emphasize transparency, active listening, and shared meaning-making within a supportive "educational alliance" between faculty and learner as the tools to address these barriers. Open Dialogue is most effective for revealing the "stories not yet told" within an individual's narrative and their own attitudes and perceptions of their performance. In doing so, it helps both learner and faculty gain a shared vocabulary to support learners' growth. By creating a nonjudgmental and open space to define their dilemmas, faculty empower students to shift perspectives and invite them into pathways for change. Through interactive exercises and guided reflection, participants of this workshop will explore strategies for cultivating openness, mutual respect, and psychological safety in feedback conversations. Attendees will leave with practical tools to integrate dialogical practices into their rotations, thereby promoting a feedback culture that values respect, empathy, reciprocity, and an ongoing commitment to shared goals.

Practice Gap

High quality feedback is an essential ingredient for growth, but learners have long been dissatisfied with the amount and quality of feedback in medical education (Gil et al., 1984, Bing-You et al., 2017). There is consensus that feedback must be clear, specific, timely, actionable, and based on observed behaviors (Nateson et al., 2023). The "educational alliance" views feedback as relational as students and teachers work as partners to define learning plans and goals (Telio et al., 2015). Grounded in this model, best practice recommendations now emphasize the role of both feedback-receiver and giver in a successful encounter (Nateson et al., 2023). Studies have described the behaviors of learners in the feedback process, (McGinness et al., 2020, Matthews et al., 2020, Rowe et al., 2025), though we identified just one article that promoted a dialogic approach for both faculty and learners in a unified and bidirectional program (Johnson et al., 2021).



Agenda

- Warm-up exercise in which attendees explore their experiences of feedback and reflect on factors that encourage or discourage learners from seeking feedback (10 min)
- Presentation of goals and learning objectives (5 min)
- Perform a needs assessment using techniques from Open Dialogue (5 min)
- Miniature didactic describing Open Dialogue and how it can be utilized in the service of promoting learner engagement in feedback seeking (15 min)
- Small group exercise in which attendees discuss cases of challenging feedback environments and strategize dialogic approaches to align their feedback approach with that of the learners (20 min)
- Interactive large group reflection (10 min)
- Attendees demonstrate a dialogic consult by providing feedback to one another on a dilemma surrounding engaging learners in feedback in their own programs (20 min)
- Individual exercise in which attendees make a written commitment to improving culture of feedback in their own programs (5 min)

Scientific Citations

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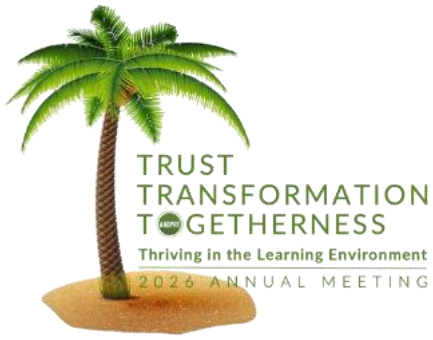


Title
From Daunting to Doable: Creating or Upgrading Your Neuroscience Curriculum

Primary Category
Curriculum

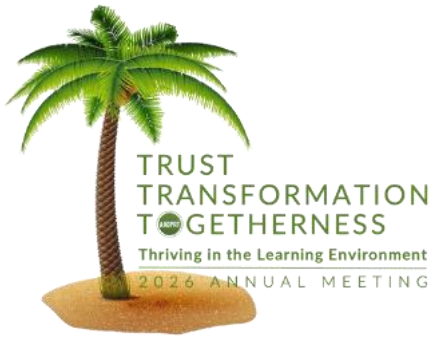
Presenters
Ashley Walker, MD, University of Oklahoma College of Medicine, Tulsa
Mayada Akil, MD, Georgetown University Medical Center
Joseph Cooper, MD, University of Illinois College of Medicine at Chicago
David Ross, MD, PhD, Yale University School of Medicine
Mike Travis, MD, Western Psychiatric Hospital

Educational Objectives

1. Analyze their program's curriculum using the SWOT format;
2. Identify content and/or structural goals for improving their curriculum; and
3. Create a plan to reach their curricular goals.

Abstract
Each program has its own unique resources, goals, and structure, into which program directors and educators must provide learners with the latest neuroscience training. But the field of neuroscience is expanding so rapidly that even resource-rich programs can have difficulty keeping up. This workshop will help anyone create a customized neuroscience curriculum for their program, and is especially beneficial for programs with fewer resources and smaller faculty size. We will take a practical approach to determining both the specific neuroscience content and the method of how to teach it, using free, high quality materials that do not require instructors to have subject matter knowledge or expertise.

Participants should come prepared with at least a basic idea of their program's current neuroscience curriculum (if any). During the workshop, participants will engage in a structured approach to assessing their current neuroscience curriculum and determining explicit goals (related to content, pedagogy, or both) to improve it. They will also be provided with content resources, sample curricula, and expert guidance on implementing



specific content / sessions. They will work through the analysis and resources in pairs and will leave with an actionable plan with clear metrics.

Practice Gap

Neuroscience is included in ACGME milestones and formal tests for evaluating psychiatrists. While programs may derive some guidance on what material to cover from reviewing the ACGME Psychiatry Milestones related to neuroscience, or the neuroscience content tested on the PRITE or ABPN Certification exams, the topics listed may not provide enough granular detail to guide decision-making about individual lecture hour content. Many programs are still looking for more concrete help in constructing their curricula, including which topics to include, who should teach them, and where, when, and how they should be taught. Barriers may be increased for programs with fewer resources and smaller faculty size. As each program's aims and resources are unique, the ultimate curriculum developed must also be highly individualized.

Agenda

- Intro (5 min)
- Didactic – available resources (20 min)
- Individual / paired SWOT analysis (20 min)
- Small groups / pairs – complete worksheet (30 min)
- Q&A, discussion, session evaluation (15 min)

Scientific Citations

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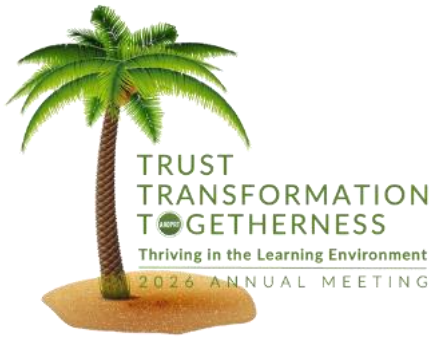

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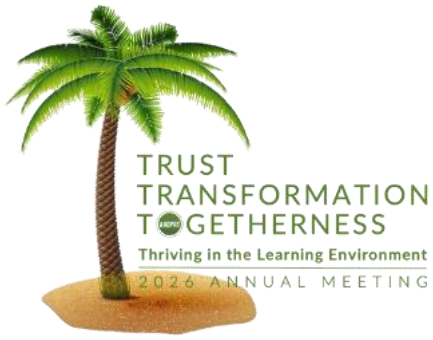


Title
From Lapses to Leadership: Navigating Professionalism in Psychiatry Residency Faculty

Primary Category
Program Administration and Leadership

Presenters
Ahmad Hameed, MD, Penn State University, Hershey Medical Center
Aum Pathare, MD, Penn State University, Hershey Medical Center
Rashi Aggarwal, MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital
Dallas Hamlin, MD, Beth Israel Deaconess Medical Center

Educational Objectives

1. To identify the impact of academic faculty role models on trainee development and professional identity.

2. To evaluate the ethical, clinical, and institutional tensions between faculty teaching responsibilities and demands for compensation or protected time.

3. To describe effective departmental and institutional responses to concerns involving faculty members, including those arising from personal social media use.

Abstract
Professionalism is a core competency in medical education, including psychiatric residency per long established norms, as well as accrediting bodies such as the ACGME. While standards evolve with time, they remain primarily focused on learners and show considerably more ambiguity for faculty lapses. Our workshop aims to explore three critical and interconnected professionalism challenges affecting Psychiatry faculty: (1) Deficiencies in role modeling, (2) Commitment to teaching based on some form of compensation or protected time in deviance from core expectations from academic faculty (3) Allegations of misconduct or harassment. These issues have a significant impact on the learning environment, trainee development, and institutional integrity.

Psychiatry, with its emphasis on communication, interface with ethics, and empathy, is particularly vulnerable to the ripple effects of unprofessional behavior among educators. When faculty engage in conduct such as disparaging learners, peers or the profession, they

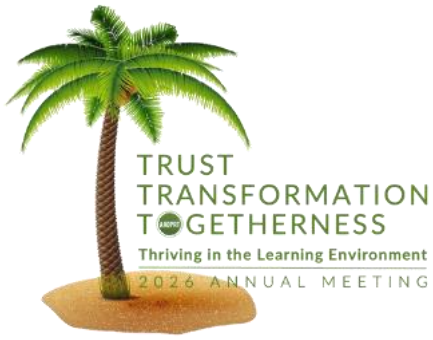
shape learner attitudes and can erode professional identity formation in trainees, foster cynicism, and contribute to moral distress (Stern & Papadakis, 2006; Gaiser, 2009). Another encountered trend is faculty expressing a reluctance to engage in teaching unless they are provided with compensation or protected time in addition to their status as academic faculty. While this concern could reflect legitimate institutional challenges related to workload, burnout, and undervaluation of teaching roles, it also raises ethical questions about the professional and contractual duties, and integration with the institution's academic mission.. Participants will discuss how to balance faculty wellness with professional responsibility, referencing current data on burnout and strategies for institutional reform (Shanafelt et al., 2015; Dyrbye et al., 2017).

Finally, we will explore the issue of concerns about faculty misconduct and harassment both within and outside institutional settings with specific focus on use of personal social media accounts. These situations can be fraught with complexity, requiring administrative transparency, legal due process, and cultural sensitivity, especially in academic psychiatry, with its focus on therapeutic relationships, supervision hierarchies, and boundary management. Our workshop will review institutional best practices for handling these complaints, while fostering a culture of accountability, safety, and support for all involved parties (National Academies of Sciences, Engineering, and Medicine, 2018).

Our workshop will use a case-based, interactive format, including small group discussions, real-time polling, and expert led debriefs. Participants will leave with concrete strategies for addressing professionalism lapses, mentoring peers through performance challenges, and improving institutional structures to support a respectful and inclusive educational environment.

Practice Gap

There are limited resources available to address the issue of faculty professionalism, both in terms of development and addressing lapses. Clinical, educational, and other academic missions, along with multiple sites and systems of care, as well as the eroding protections for academic work, contribute to this complexity. Educational leadership is often placed in the role of an intermediary with limited executive authority, while also needing to remain mindful of the diverse stakeholders involved. Our workshop will focus on applying concepts from management theory to empower participants to collaborate effectively with their faculty and learners in addressing these challenges. We will use case-based vignettes, audience polling, and group discussions to explore best practices for effective management, whether as a new or experienced training director.



Agenda

- Introduction and Framing to Workshop - Ahmad Hameed MD (small groups) (5 mins)
- Case 1: Failure of Responsibility and Expectation -0 Dallas Hamlin MD (Clinical) (25 min)
- Review vignette/discussion (10 mins)
- Poll (2 mins)
- Guidance on how to mentor a colleague who are not achieving expectations (10 mins)
- Wrap-up (3 min)
- Case 2: Commitment vs Compensation. Navigating Faculty Demands - Aum Pathare MD (Mentorship) (25 min)
- Review vignette/discussion (10 min)
- Poll (2 min)
- Teaching Expectations vs Burnout an Academic Dilemma. What is the data (10 min)
- Wrap-up (3 min)
- Case 3: When Faculty is accused of Misconduct or Harassment - Rashi Aggarwal MD and Ahmad Hameed MD
- (Administrative) (25 min)
- Review vignette/discussion (10 min)
- Poll (2 min)
- Strategies and administrative steps used to address misconduct and harassment complaints (10 min)
- Wrap-up (3 min)
- Conclusions, Action Items and Questions (10 min)

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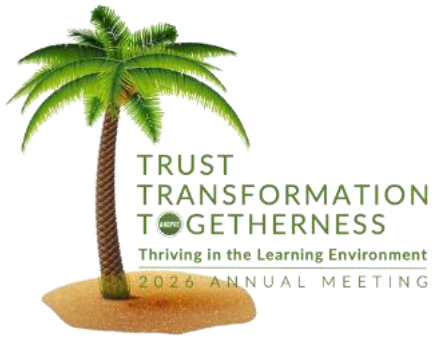

Title
Get Up, Stand Up: Responding in a Time of Change

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Paul Rosenfield, MD, Icahn School of Medicine at Mount Sinai (Morningside/West)
Jessica Sandoval, BA, MD, MS, University of Texas Health Sciences Center at San Antonio
Colin Stewart, MD, Georgetown University Medical Center
Christine Hernandez, MD, University of Texas Health Sciences Center at San Antonio

Educational Objectives

1. Help program directors identify the impacts of ongoing political changes on psychiatric care and training.

2. Provide a framework to teach about change and how to respond with an ethically grounded approach, including addressing direct challenges to care and training, building community, advocacy and upholding the values of the medical profession.

3. Utilize cases to explore strategies to reduce moral distress, problem solve, advocate and support trainees and patients.

Abstract
The last five years have presented unprecedented changes in society (ie. social, political, environmental) that have precipitously impacted the personal and professional lives of health care providers and our patients. As medical professionals, we are called to respond to the impacts of these changes and to prioritize health equity for all patients, as doing so not only maximizes individual well being but also strengthens the health of society as a whole. It is increasingly important to empower health profession learners to recognize and address the structural implications of these political and social upheavals.

Physicians are taught to respect the ethical principles of autonomy, beneficence, non-maleficence and justice. Moral distress in the clinical setting can develop from confronting morally difficult situations in which ethical values, professional expectations, political pressures and available resources may be in conflict, often due to circumstances outside of one's control. Trainees may be most vulnerable to this moral distress as they are in the

process of shaping their professional identities. For example,during the COVID-19 pandemic, trainees endorsed guilt over "micro-ethical" dilemmas they faced relating to day to day patient care issues in resource allocation, health inequities, systemic racism, and how information about these were communicated with the media (Farrell 2022). Structural distress has been described as the more specific experience related to the care of structurally vulnerable populations (Sukhera 2021) and is associated with powerlessness and more likely to arise for trainees who are lower in the hierarchical organization of medicine. Nonetheless, experienced clinicians and healthcare institutions are also impacted by the rapidly changing landscape.

While some have expressed concern regarding a perceived increase in burnout in recent generations of trainees, others have reframed this experience of chronic moral distress or injury in a population with greater awareness of the non-medical drivers of health and a desire to provide ethical care that others may view as idealistic (Herschkopf 2021; Mengesha 2022). Recognizing, naming, and validating the experience of moral distress as a common and understandable response to systemic issues is an important step for trainees as they continue to develop their professional identity (Herschkopf 2021. As program directors, we should feel empowered to identify the structural impacts on public/mental health, continue to educate trainees regarding the evidence base on these topics, acknowledging it may continue to evolve (Brenner 2025). As our medical societies grapple with how to respond at both the individual and systemic level, we can support trainees by validating their experiences and empowering them to be a part of the solution, via strategies such as advocacy, collaborative problem solving, and community building.

Practice Gap

The country is facing unprecedented political changes that significantly impact the practice of medicine, training of physicians, delivery of and access to care for patients, and funding of research and training. Program directors need guidance on responding to these changes, both in supporting trainees and in providing options for patients. This presentation will address the gap between the recognition of major change and the desire and ability to respond productively and effectively.

Agenda

- Defining structural competency and political determinants of health and mental health (15 min)
    - Recognizing structures and sociopolitical determinants/policies impacting our trainees and patients

    - Longstanding issues and new changes: Insurance, immigration, housing, disability, access to care; executive orders, funding changes
    - Reframing formulations beyond the individual to societal/structural
    - Consider structural interventions: political advocacy, voter rights, immigrant education
    - Moral distress response
    - Survey- what kind of dilemmas are you facing?
- Framework for problem solving (15 min)
    - Recognizing moral distress
    - Community building (among colleagues and beyond)
    - Collaborative problem solving model
- Discussion of cases (small group) (35)
    - Recognition, empathy; education and increased support for requirements to maintain benefits; collaborative problem solving; political voice/activism
    - Cases
    - Patient who threatens suicide if MCD and SNAP are taken away
    - Immigrant child fearing deportation
    - Resident treating transgender pt who can no longer access care
    - Bring your own cases
- Debrief, Maintaining hope and agency, questions (20 min)

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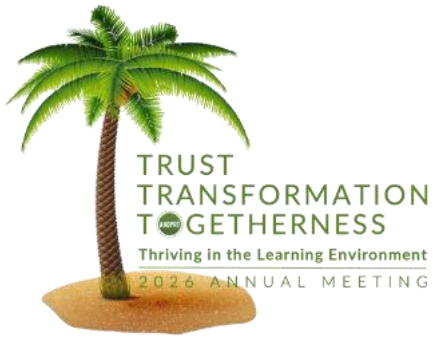

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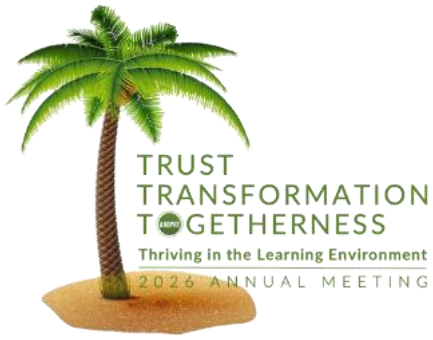


Title
Navigating the Ever-Evolving Landscape of International Medical Graduate (IMG) Training and Practice

Primary Category
Recruitment and Selection

Presenters
Manal Khan, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)
Sarah El Halabi, MD, Yale University School of Medicine
Richard Zhang, MD, Yale University School of Medicine

Educational Objectives

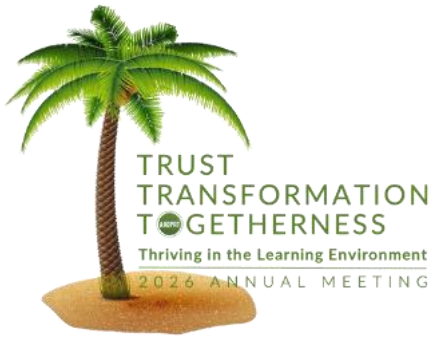
1. Evaluate the potential and pitfalls of alternative licensure pathways and the academic pathway.

2. Anticipate possible ways the academic pathway might be implemented at their home institution.

3. Create an advocacy plan for facilitating IMG physicians requiring visa issuance.

Abstract
International Medical Graduates (IMGs) constitute one-fourth of the physicians and one-third of the psychiatric workforce in the United States (US). IMG psychiatrists also represent 53% of geriatric, 29.6% of child and adolescent, 41.1% of addiction, and 21% of forensic psychiatric workforce. IMGs are broadly classified as visa-requiring IMGs (non-US IMGs) and non-visa-requiring IMGs (USIMGs; having US citizenship or permanent residence). IMG psychiatrists are more likely to care for patients who are publicly insured, severely mentally ill, financially disadvantaged, ethno-racially diverse, and rurally located. Therefore, IMGs play a crucial role in delivering mental health care to the patients and communities who are underserved and in dire need. Along with the significant and unique role that they play for the healthcare system, the ongoing and projected workforce shortages underscore their importance for the US healthcare system.

Given these ongoing and projected shortages, several states and medical organizations have taken initiatives to facilitate their entry and integration into the US healthcare system.



Multiple states have introduced legislation for alternative licensure pathways for IMG physicians. The American Board of Internal Medicine and American Board of Psychiatry and Neurology (ABPN) are piloting pathways to recognize international residency training for board certification. The pathway introduced by ABPN is called the "Academic Pathway." Through this pathway, academically oriented IMG psychiatrists would be allowed to practice and supervise trainees without repeating residency training, and upon successful completion of the pathway, they would be eligible for board certification. This proposal has potentially significant implications for the US mental healthcare system; it warrants awareness and constructive input from IMGs and non-IMGs alike.

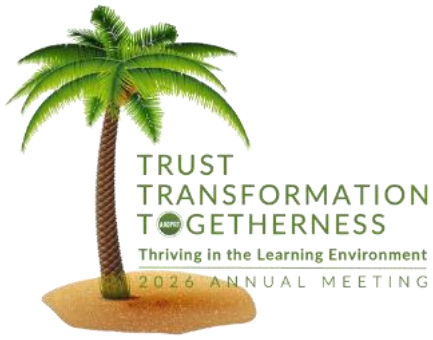
Otherwise, while efforts to facilitate IMG physicians are being made by several states and medical organizations, restrictive legislation and executive orders are also being introduced such as the suspension of J1 visa issuance and capping the J1 visa duration to four years. Therefore, the landscape of IMG training and practice continues to evolve. In this interactive workshop, the presenters will provide an overview of alternative licensure pathways, ABPN's academic pathway, and visa-related policy changes and governmental action. Attendees will participate in discourse regarding the potential and pitfalls of alternative and academic pathways and envision their potential method of implementation. Additionally, participants will identify and develop a range of advocacy strategies upholding the ability of IMGs to train and practice in the US.

Practice Gap

Given the unique and significant role IMG psychiatrists play for the US healthcare system, there are several new initiatives by states and medical organizations to facilitate the integration of IMG physicians into the healthcare workforce without delays. At the same time, visa-related challenges prohibiting IMGs from traveling or training in the US continue and are increasing. In this setting, the proposed workshop aims to debate the pitfalls and potential of the upcoming pathways, explore how these might be implemented at academic institutions, and identify advocacy strategies and avenues for visa-requiring IMGs.

Agenda

- Introductions (10 min)
- Overview of Alternative Licensure Pathways (10 min)
- Overview of Academic Pathway (10 min)
- Visa-related legislation, policies, and governmental action (10 min)



- Small Group Activity: Debate the Potential and Pitfalls of Alternative Licensure Pathways and Academic Pathway (20 min)
- Small Group Activity: Exploring Potential Scenarios of Academic Pathway Implementation (10 min)
- Small Group Activity: Identify Visa-Related Advocacy Efforts (10 min)
- Large Group Reflections and Wrap-up (10 min)

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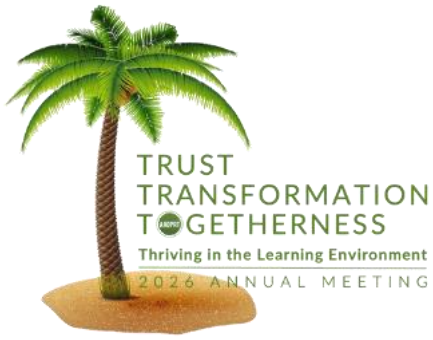

Title
Reimagining the PGY-4 year of Psychiatric Training; Bold Solutions to Transform Our Workforce

Primary Category
Recruitment and Selection

Presenters
Anna Kerlek, MD, The Ohio State University College of Medicine
Erica Garcia-Pittman, MD, University of Texas Austin Dell Medical School
Carrie Ernst, MD, Icahn School of Medicine at Mount Sinai
Dustin DeMoss, DO, MSc, John Peter Smith Hospital
Aliana Abascal, MD, West Virginia University School of Medicine

Educational Objectives

1. Review the current state of general psychiatry residency and subspecialty positions; growth and stagnation depending on type of training program (compare 2015 to 2025).

2. Summarize and assess prior discussions and efforts in changing the PGY-4 year to address overall workforce shortage and dearth of subspecialists.

3. Evaluate the benefits and challenges to reimagining the PGY-4 year depending on attendees' role and specifics of their institution, versus the bigger picture of psychiatric workforce crisis.

4. Generate new potential strategies to shorten psychiatric training without sacrificing quality, by utilizing competency-based medical education efforts and modeling based on similar residencies already in place.

Abstract
Despite the increase in residency positions in psychiatry, the psychiatrist workforce gap is widening – this gap is even wider for most psychiatric subspecialties (HRSA). Editors at Academic Psychiatry and leaders of AADPRT have highlighted the urgent need to "rethink psychiatry residency training" to better meet the clinical needs of our patients currently but also adapt to future needs. This includes understanding the causes of applicant shortages in fellowship training, consideration of proposals for alternative training structures aimed at

increasing applicant interest, and reconceptualizing general psychiatry training. Extending training, often without financial benefit, is not desirable for most physicians-in-training at the present time; culture in medicine has changed and we need to meet our new workforce where they are right now. Physician-led care is imperative and we need to train both strong general psychiatrists and subspecialists to lead this care. They will then teach the next generation of psychiatrists.

Now is the time to revisit innovative suggestions to repurpose the fourth year of general psychiatry training. If trainees are interested in subspecialty training (child and adolescent, consultation-liaison, forensic, addiction, and geriatric psychiatry), we must consider if they could fulfill program requirements in both general and subspecialty during their final year of residency. Many other training programs are successfully completed in three years and it is not considered a short-cut in their field (eg. internal medicine, family medicine, pediatrics). We will discuss logistics and what would need to happen to successfully have this move forward; the Accreditation Council of GME and the American Board of Psychiatry and Neurology requirements that may need changed, if one would be permitted to move for PGY-4 year, funding challenges, and what this might change for individual programs and institutions with shifting clinical time and educational focus.

In this workshop, members of the AADPRT Subspecialty Caucus and Workforce Committee will begin by reviewing the current state of psychiatric residency and fellowship positions to set the stage for why reimagining the PGY-4 year is necessary. Increasing the number of general psychiatry residency positions has not translated to significantly more fellows in any of our subspecialties. We will review past efforts in modifying training timeline/structure such as the AIRE pilot proposal in child and adolescent psychiatry, as well as successes and challenges faced in other medical specialties. We will lead participants in a small group exercise that will help them identify pros and cons of potential small or radical modifications to training. They will have the opportunity to brainstorm potential solutions in their small groups and within the larger group, with the goal of moving these innovations forward within AADPRT and beyond.

Practice Gap

Despite increasing graduate medical education (GME) funding often by institutions themselves, and increase in residency positions in psychiatry, more psychiatrists are leaving practice than entering practice. This trend is expected to continue until at least 2037. The psychiatrist workforce gap is even wider for most psychiatric subspecialties (HRSA). Several approaches to address this shortage have been published and

implemented by various organizations. Specifically, the attempt to shorten child and adolescent psychiatry training from five years to four years did not move forward within certifying organizations. In August 2025 however, the American Board of Psychiatry and Neurology opened a pathway for psychiatrists who received training outside the U.S. to become eligible to sit for the ABPN certification exam. It is yet unknown how this pathway will impact psychiatrist shortages. Despite the need and desire to produce more psychiatrists (general and subspecialty), many barriers still exist to adequately address this growing problem.

Agenda

- Overview of current state of psychiatric residency and fellowship positions to set the stage for why reimagining the PGY-4 year is necessary (10 min)
- Review of past efforts in modifying training timeline/structure; successes and challenges faced in other medical specialties (5 min)
- Polling questions that will inform small group discussion (5 min)
- Small groups: each group will have an assigned moderator who will guide the brainstorming activity regarding pros and cons of potential small or radical modifications to training (20 min)
- Larger audience discussion: bringing back ideas to create a useable list of possible interventions (20 min)
- Rresume small groups: assigned a specific change/intervention to create an “elevator pitch” (15 min)
- Q&A and designated time for evaluation (15 min)

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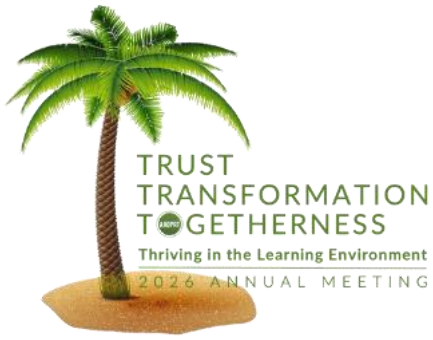

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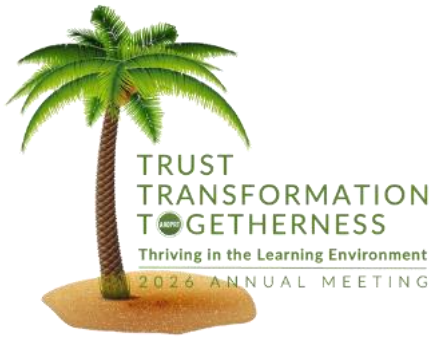


Title
Taking a PAUSE: A Novel Strategy for Receiving Feedback Gracefully

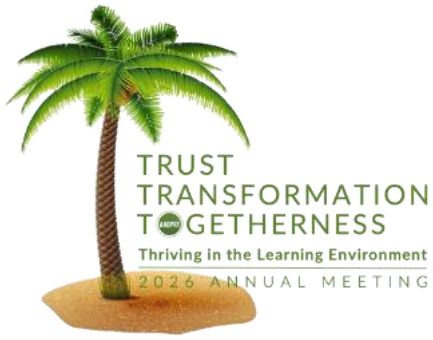
Primary Category
Professional Identity Formation (including career development, mentorship, advising, wholeheartedness, meaning/purpose)

Presenters
Riley Machal, BS, MD, University of Nebraska Medical Center College of Medicine
Jacob Givens, MD, University of Nebraska Medical Center College of Medicine
Abigail Huff, DO
Melissa O'Dell, MD
Abigail Kay, MD

Educational Objectives
1. Define and Explain use of PAUSE to receive feedback.
2. Describe factors which make receiving feedback challenging.
3. Model effective receipt of feedback through role play.

Abstract
Receiving feedback skillfully is difficult, especially when the feedback is not delivered well (1, 2). Yet this is an important professionalism skill to develop in our quest to grow as learners and educators (3, 4). In the era of competency based medical education, assessment burden on residency training programs is expected to increase (5). This increase in number and specificity of assessments offers many new opportunities for residents to receive specific and actionable feedback, yet currently no formal training on how to receive feedback is required for medical trainees (2, 5). While the graduate medical education literature is rife with articles describing how to give feedback, there is a dearth of literature describing methods for developing the difficult skill of receiving feedback (2-6). In this workshop we will teach participants to apply our novel method for receiving feedback. The PAUSE method describes receiving feedback through the following steps:

Pause before responding
Accept the other person's experience
Understand why that was their experience



Summarize the issue
Explain what you will do differently going forward

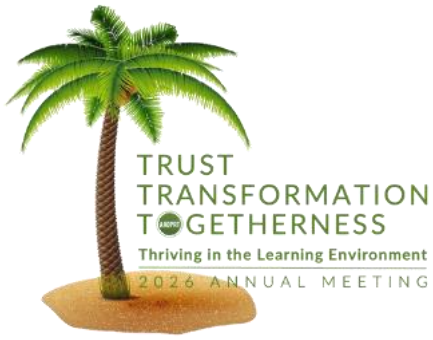
Participants will be encouraged to explore challenges they have faced when receiving feedback in the past and model use of the PAUSE strategy to receive feedback. This interactive session will utilize videos for examples of receiving feedback, role play, small group discussions, large group discussions, and brief interactive didactics. By the end of the workshop, participants will be better equipped to receive feedback constructively, fostering the development of a learning environment defined by mutual respect and trust.

Practice Gap

Receiving feedback skillfully is difficult, especially when the feedback is not delivered well (1, 2). Yet this is an important professionalism skill to develop in our quest to grow as learners and educators (3, 4). In the era of competency based medical education, assessment burden on residency training programs is expected to increase (5). This increase in number and specificity of assessments offers many new opportunities for residents to receive specific and actionable feedback, yet currently no formal training on how to receive feedback is required for medical trainees (2, 5).

Agenda

- Introduction to presenters and workshop format (5 min)
- Role Play – Scenario will be acted out for participants showing receiving feedback poorly (5 min)
- Small Group – Evaluate the receipt of feedback in the role play and identify opportunities for improvement (15 min)
- Large group discussion – Identify strategies for receiving feedback well (15 min)
- Brief Interactive Didactic – Introduce PAUSE mnemonic and other strategies for receipt of feedback and review video examples, Handout will be provided (10 min)
- Small group – Discuss video examples of poor feedback and describe how to apply PAUSE to each situation (15 min)
- Large Group Report Out – Sharing insights gleaned in small group discussions (10 min)
- Q&A: Open floor for questions, discussion, and summarizing key takeaways (10 min)
- Evaluation (5 min)



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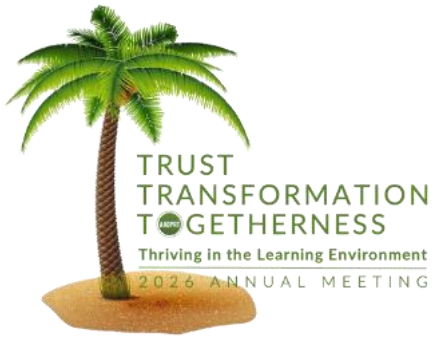

Title
This QI Project Is Fire! Inspiring GenZ Residents' Enthusiasm for Quality Improvement and Patient Safety

Primary Category
Curriculum

Presenters
Jacqueline Hobbs, MD, PhD, University of Washington Program
Ronke Babalola, MD, MPH, Hackensack Meridian Health - University Medical Center Program
Jennifer Ferrer, MD, Kaiser Permanente Southern California Program
Kathlene Trello-Rishel, MD, UT Southwestern Medical Center
Richa Vijayvargiya, MD, University of Florida College of Medicine

Educational Objectives

1. Discuss GenZ characteristics and values that may affect residency QIPS curriculum development.

2. Practice developing an elevator pitch and hook as a fun way to engage residents in initiating QI projects early in training and understanding stakeholder engagement.

3. Formulate a possible QI project outline with an AADPRT meeting accountability partner.

Abstract
Most educators would agree that making learning fun and inspiring enthusiasm for a topic are key to successful curriculum development. Quality improvement and patient safety (QIPS) didactics and other learning activities (e.g., QI projects) can often be considered quite dry. Residents often see their day-to-day clinical work and learning as distinct and separate from their QI projects causing an artificial divide and lack of meaning which causes a lack of enthusiasm for QIPS.

Additionally, faculty and residents may not see eye to eye regarding what is important in residency education, including QIPS, due to generational differences. It is therefore necessary for program leadership and teaching faculty to understand these differences

and bridge this divide. Doing so is critical to ensuring quality and safe patient care now and in the future.

Through didactic and small group work, this workshop will focus on practicing fun ways of engaging residents (and faculty) in QIPS. Participants will practice developing elevator pitches which will not only be fun but also emphasize the importance of stakeholder engagement in QIPS project support and sustainability. This is also an important skill for program leadership and residents to develop not just for QIPS but also other aspects of work and career development. Workshop participants will also partner with other participants to outline useful and fun QIPS projects that they can take back with them to their programs.

The presenters have significant experience and training in developing QIPS curricula, QI projects, and or have knowledge about generational differences among faculty and residents that may affect engagement in QIPS learning and work. Workshop participants will partner, work together, and be encouraged to provide accountability and support even after the AADPRT meeting ends.

Practice Gap

Many programs and program directors, especially those who are new, may struggle with building their QIPS curricula. Just getting started may be the first hurdle. Engaging and inspiring resident enthusiasm for QIPS can be difficult. Enhancing what is typically viewed as a very dry topic for didactics can be daunting. Lack of understanding of GenZ characteristics and defining experiences may hinder efforts of resident educators to inspire enthusiasm for QIPS. Practical strategies for programs to close these educational gaps are needed.

Agenda

- Introductions/Topic Introduction (5 min)
- Didactic on GenZ characteristics and defining experiences, barriers to QI project development, and ways to address lack of engagement (15 min)
- Didactic: Importance of and how to develop an elevator pitch (10 min)
- Small group/share-pair: Developing an elevator pitch (10 min)
- Small group report out (5 min)
- Didactic and discussion on how to best engage GenZ residents in QIPS (10 min)
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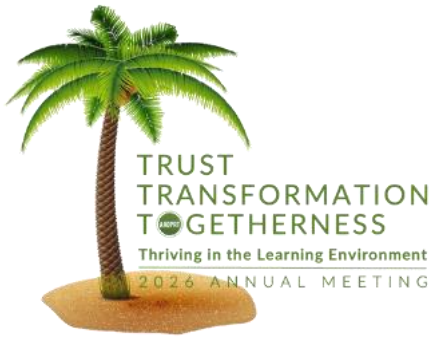

- Small group/share-pair: QI project outline development and accountability partnering (15 min)
- Small group report out (5 min)
- Q&A/Evaluation (15 min)

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