**Workshop Session #5**

**Title**
A Scalable, AI-Powered Transcranial Magnetic Stimulation Curriculum Toolkit

**Primary Category**
Curriculum

**Presenters**

Shanti Mitchell, MD, Henry Ford Health System

**Educational Objectives**

1. In our workshop, we aim to address gaps in TMS education for psychiatry residents.

2. Our interactive 90-minute workshop is designed to provide knowledge, teaching tools, and discussion around effective use of generative artificial intelligence to create clinical vignettes and peer-to-peer teaching exercises.

3. Workshop participants will rotate through three learning stations to gain direct exposure to TMS education tools. Participants will also be encouraged to strategize applications of the TMS toolkit at their home programs.

   The three stations include:

   a. Clinical Vignettes: Improve diagnosis, treatment, and patient selection skills relevant to TMS through case-based problem-solving.

   b. Peer-to-Peer Practice: Build confidence in ability to provide psychoeducation and engage patients in informed consent discussions through structured role-playing.

   c. Draw-It-to-Know-It: Engage in interactive drawing exercises to conceptualize the neurobiological mechanisms underlying TMS treatment of major depressive disorder and obsessive-compulsive disorder.

**Abstract**

Our workshop aims to equip participants with a roadmap and toolkit to enable development of TMS didactics and active learning modalities for trainee education. We

provide a scalable model of TMS education applicable to community and academic residency settings. We begin with an overview of the literature supporting clinical use of TMS and guidelines pertinent to TMS curriculum development. We then share our experiences designing and implementing a TMS curriculum in a community-based residency program. Participants will then be split off into small groups and spend a majority of their time rotating across three learning stations (1) Clinical Vignettes, (2) Peer-to-Peer Practice, and (3) Draw-It-to-Know-It. Participants will then work in pairs and reflect on their workshop experience before closing with a large group discussion about opportunities and challenges of TMS curriculum development at their home programs. Participants will have access to a QR-linked toolkit to help launch a TMS curriculum at their training programs.

**Practice Gap**

Transcranial magnetic stimulation (TMS) is an FDA-approved, evidence-based treatment for major depressive disorder (1,2), obsessive-compulsive disorder (3), and smoking cessation (4), with meta-analyses demonstrating robust efficacy (5). Despite this, surveys indicate most psychiatry residents lack competency and self-confidence in TMS knowledge and practice, with variability in training (6). Although ACGME Psychiatry Milestones include neurostimulation as a core competency (7), community-based residencies face barriers (limited expertise and resources) to providing TMS education. An expert consensus study proposed guidelines to standardize TMS education, but their implementation and effectiveness remain unclear (8). This gap underscores the need for a scalable teaching solution that builds resident competence and confidence in TMS psychoeducation even in under-resourced settings. At our program, we developed a TMS curriculum with 21 residents, with preliminary survey results demonstrating significant improvement (85% not at all or slightly confident to 100% moderately and very confident) in ability to provide TMS psychoeducation.

**Agenda**
- Introduction:  Outline of Agenda – (1 min)
- Background – (5 min)
    - Indications and evidence base for TMS
    - Guidelines and recommendations for teaching TMS
- Development Journey (5 min)
    - Roadmap
    - Use of generative AI for creation of teaching tools
    - Classroom facilitation
    - Resident feedback

- Learning Stations:
    - Station 1: Clinical Vignettes (15 min)
    - Rotate to next station (5 min )
    - Station 2: Peer-to-Peer Practice (15 min)
    - Rotate to next station (5 min)
    - Station 3: Draw-It-to-Know-It (15 min)
    - Rotate to next station (4 min)
    - Reflection and Discussion (15 min)
- Pair up reflection (7 min)
    - Share experience at TMS learning stations
    - Brainstorming applications of TMS toolkit at home programs.
- Large group discussion (8 min)
    - Participants will share important points from their paired discussion
- Evaluation Form (5 min)

**Scientific Citations**

McClintock, S. M., Reti, I. M., Carpenter, L. L., McDonald, W. M., Dubin, M., Taylor, S. F., Cook, I. A., O'Reardon, J., Husain, M. M., Wall, C., Krystal, A. D., Sampson, S. M., Morales, O., Nelson, B. G., Latoussakis, V., George, M. S., Lisanby, S. H., National Network of Depression Centers rTMS Task Group, & American Psychiatric Association Council on Research Task Force on Novel Biomarkers and Treatments (2018). Consensus Recommendations for the Clinical Application of Repetitive Transcranial Magnetic Stimulation (rTMS) in the Treatment of Depression. The Journal of clinical psychiatry, 79(1), 16cs10905. https://doi.org/10.4088/JCP.16cs10905

Chen, L., Fukuda, A. M., Jiang, S., Leuchter, M. K., van Rooij, S. J. H., Widge, A. S., McDonald, W. M., & Carpenter, L. L. (2025). Treating Depression With Repetitive Transcranial Magnetic Stimulation: A Clinician's Guide. The American journal of psychiatry, 182(6), 525–541. https://doi.org/10.1176/appi.ajp.20240859

Cohen, S. L., Bikson, M., Badran, B. W., & George, M. S. (2022). A visual and narrative timeline of US FDA milestones for Transcranial Magnetic Stimulation (TMS) devices. Brain stimulation, 15(1), 73–75. https://doi.org/10.1016/j.brs.2021.11.010

Carmi, L., Tendler, A., Bystritsky, A., Hollander, E., Blumberger, D. M., Daskalakis, J., Ward, H., Lapidus, K., Goodman, W., Casuto, L., Feifel, D., Barnea-Ygael, N., Roth, Y., Zangen, A., & Zohar, J. (2019). Efficacy and Safety of Deep Transcranial Magnetic Stimulation for Obsessive-Compulsive Disorder: A Prospective Multicenter Randomized Double-Blind

Placebo-Controlled Trial. The American journal of psychiatry, 176(11), 931–938. https://doi.org/10.1176/appi.ajp.2019.18101180

Berlim, M. T., van den Eynde, F., Tovar-Perdomo, S., & Daskalakis, Z. J. (2014). Response, remission and drop-out rates following high-frequency repetitive transcranial magnetic stimulation (rTMS) for treating major depression: a systematic review and meta-analysis of randomized, double-blind and sham-controlled trials. Psychological medicine, 44(2), 225–239. https://doi.org/10.1017/S0033291713000512

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. https://doi.org/10.3389/fpsyt.2024.1397102

Accreditation Council for Graduate Medical Education (ACGME). Psychiatry Milestones 2.0. Chicago, IL: ACGME; 2021. Available at: https://www.acgme.org/globalassets/pdfs/milestones/psychiatrymilestones2.0.pdf

Lai, K. S. P., Waxman, R., Blumberger, D. M., Giacobbe, P., Hasey, G., McMurray, L., Milev, R., Palaniyappan, L., Ramasubbu, R., Rybak, Y. E., Sacevich, T., Vila-Rodriguez, F., & Burhan, A. M. (2023). Competencies for Repetitive Transcranial Magnetic Stimulation in Postgraduate Medical Education: Expert Consensus Using a Modified Delphi Process. Canadian journal of psychiatry. Revue canadienne de psychiatrie, 68(12), 916–924. https://doi.org/10.1177/07067437231164571

**Title**
Beyond the Score: A Practical Toolkit for Recruiting and Supporting International Medical Graduates

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

**Presenters**
Manassa Hany, MD, Zucker School of Medicine at Hofstra/Northwell
Sanobar Jaka, MD, Nassau University Medical Center Program
Consuelo Cagande, MD, Zucker School of Medicine at Hofstra/Northwell
Shambhavi Chandraiah, MD, East Tennessee State University/James H. Quillen College of Medicine

**Educational Objectives**
1. Review NRMP data and utilize a holistic review framework to analyze the unique components of an International Medical Graduate (IMG) residency application.

2. Identify techniques to assess communication skills, professionalism, and cultural competency and strategies that mitigate the challenges IMG face.

3. Gain skills in navigating the current credentialing and immigration requirements for Non-US IMG trainees.

**Abstract**
The process of reviewing hundreds of IMG applications can be daunting for any residency program. It is challenging to assess the quality of medical schools and/or training they receive in their country. IMGs present a rich but varied tapestry of educational backgrounds, clinical experiences, and cultural perspectives. With the increasing competitiveness of applying to a psychiatry residency, moving beyond simple metrics toward a holistic review is essential for identifying excellent future psychiatrists. This interactive workshop provides a comprehensive toolkit for the entire lifecycle of a non-US IMG trainee—from recruitment to graduation and even into fellowship.

The session will begin by reviewing recent NRMP data on IMG match trends, signaling, and geographic preferences before guiding participants through discussions and case vignettes to hone their skills in evaluating applications. We will explore potential predictors of success as well as strategies for conducting culturally sensitive interviews. A key segment will provide a critical update on credentialing pathways and program responsibilities

associated with sponsoring J-1 physicians. Finally, the workshop will focus on the post-match experience, addressing the specific stressors IMGs encounter and providing strategies for mentorship, support, and fostering a true sense of belonging. Attendees will leave with concrete, actionable strategies to enhance their recruitment processes and better support the IMG trainees thrive in the learning environment of their programs.

## Practice Gap

As psychiatry residency programs receive a large and growing volume of applications from International Medical Graduates (IMGs), particularly non-US citizens requiring visa sponsorship, program leadership faces the significant challenge of equitably assessing candidates from diverse educational systems and cultural backgrounds. There is a persistent need for reliable methods to identify predictors of success beyond standardized test scores. Furthermore, once recruited, IMGs often face unique acculturation, wellness, and professional identity challenges. Program Directors and faculty require updated, practical tools not only for selection but also for effectively supporting and integrating the trainees who matched with their programs to ensure their well-being and success, which ultimately enhances program quality.

## Agenda

- Welcome (5 min)
  - Introduction of speakers and workshop goals
- Part 1: Holistic Review of the IMG Applicant (20 min)
  - Overview of current NRMP data: IMG match rates, signaling, and geographic preferences
  - Utilize a holistic approach to evaluate the ERAS application beyond the scores
- Part 2: Credentials, Visas, and Policies (20 min)
  - Current ECFMG certification pathways
  - Navigating J-1 and H-1B visa processes and program responsibilities
- Part 3: Fostering Success and Well-being Post-Match (20 min)
  - Common challenges: acculturative stress, microaggressions, and impostor phenomenon
  - Strategies for effective mentorship and building a sense of togetherness
- Interactive Session: Case Vignettes (15 min)
  - Small group discussion of challenging IMG applicant profiles and/or common resident support scenarios
- Q&A, Key Takeaways, Survey (10 min)
  - Moderated large group discussion and summary of actionable strategies

**Scientific Citations**

George, D. R., et al. (2020). For the Good of the Team: A Qualitative Study of How Program Directors Define and Assess "Good Fit" in Resident Selection. Academic Medicine, 95(7), 1079–1086.

Bar-On, Y., & Zis, P. (2019). Factors Associated With International Medical Graduates' Satisfaction During Residency Training in the United States. Journal of Graduate Medical Education, 11(3), 329–333.

Ghanem, F. M., et al. (2022). Challenges Faced by International Medical Graduates Pursuing a Career in the US Healthcare System. Cureus, 14(7), e26573.

NRMP: https://www.nrmp.org/match-data/2025/05/charting-outcomes-demographic-characteristics-of-applicants-in-the-main-residency-match-and-soap/

## Title
From Goals to Growth: Academic Excellence Plans as a Faculty Tool for Resident Development

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

## Presenters

Maria Mirabela Bodic, MD, Columbia University/New York State Psychiatric Institute
Anetta Raysin, DO, Maimonides Medical Center
Fatema Kapadia, MD, Albert Einstein College of Medicine/Montefiore Medical Center
Simran Ailani, MBBS, Maimonides Medical Center

## Educational Objectives

1. Describe the limitations of Individualized Learning Plans (ILPs) when used primarily for remediation.

2. Apply structured approaches to reviewing resident Academic Excellence Plans (AEPs).

3. Demonstrate strategies for guiding residents through common challenges such as overly ambitious goals, lack of identified growth areas, or disengagement.

4. Recognize barriers to AEP implementation, including supervision time constraints and resident hesitancy, and discuss solutions to address them.

5. Adapt the AEP framework to diverse residency settings, including resource-limited programs, to strengthen faculty capacity for structured, collaborative supervision.

## Abstract

The Academic Excellence Plan (AEP) was developed to address the limitations of traditional remediation-focused ILPs by reframing individualized learning as a universal, growth-oriented framework. Integrating Psychiatry milestones, scholarship, career planning, and wellness, the AEP equips program directors with a structured yet flexible tool to support resident development across diverse contexts.

All residents in our program created AEPs, with post-implementation surveys revealing that more than two-thirds experienced greater structure in supervision and nearly 90%

considered their goals more achievable. Most residents revised their AEPs over the year, highlighting adaptability and ongoing engagement. Faculty feedback underscored that AEPs provided a consistent framework for supervisory dialogue and enriched the quality of developmental feedback conversations.

The rollout of the AEP required coordinated efforts – template creation, training for residents and faculty, integration into regular supervision, and incorporation into Director reviews. Barriers included variable engagement, supervision time limitations, and resident hesitancy. Iterative refinements, like simplifying the template and strengthening faculty development, helped address these challenges and improve sustainability. Importantly, this model has been shown to be feasible in a community-based residency program, showcasing its potential adaptability in resource-limited settings.

This workshop will provide program directors with practical strategies to guide residents through Academic Excellence Plans using realistic scenarios. Participants will engage in role-play exercises that reflect common supervisory challenges, such as overly ambitious goals, blank submissions, or resident disengagement. Faculty will practice shaping these conversations into collaborative and productive exchanges. Working in pairs or small groups, participants will alternate roles of 'resident' and 'program director,' practicing how to prioritize goals, elicit hidden areas of development, and sustain engagement despite barriers. Participants will also receive templates and practical tools that can be modified for use within their own institutions. Participants will also receive templates and practical tools that can be modified for use within their own institutions.

By the conclusion of the session, attendees will leave with concrete tools to strengthen supervision, reduce stigma associated with individualized learning, and foster developmental relationships built on trust and collaboration. Beyond offering a framework, the AEP reshapes the tone of supervisory dialogue, encouraging transformation in how residents and faculty work.

**Practice Gap**
Residency training calls for a careful balance of advancing professional development while managing intensive clinical responsibilities. While the Accreditation Council for Graduate Medical Education (ACGME) emphasizes individualized learning, most programs implement this through Individualized Learning Plans (ILPs) reserved primarily for remediation. This often shifts the focus from formative learning to corrective action, reinforcing stigma and limiting opportunities for residents to shape their own development. Faculty, meanwhile, often lack structured frameworks to help residents translate broad

goals into concrete and actionable steps. Without accessible and adaptable approaches, individualized learning can become inconsistent, overly burdensome, or reduced to a compliance exercise. These challenges are magnified in community and resource-limited programs, where faculty bandwidth and infrastructure may already be constrained. There is a clear need for practical, scalable strategies that allow program directors to support residents in setting achievable goals and sustaining professional growth.

## Agenda

- Introduction & background - ILPs, limitations, rationale for AEPs (10 min)
- Overview of AEP structure and outcomes from implementation (10 min)
- Role-play in small groups - program directors alternate roles as "resident" and "faculty" with preset AEP scenarios (overly ambitious plans, blank/no goals, disengaged learner) (40 min)
- Large-group debrief - share supervisory strategies, barriers, and adaptations for diverse contexts (15 min)
- Distribution of templates/resources; Q&A and closing reflections (15 min)

## Scientific Citations

Pincavage AT, Gandhi A, Falk E, DiMarino L, Carbajal DR, Ayyala U, Chandrasekar J, Dentino AN, Ferris AH, Forster RM, Hemmer PA, Masucci N, Surkis WD, O V, Choe JH. Evaluation of an Individualized Learning Plan Template for the Transition to Residency. J Grad Med Educ. 2023 Oct;15(5):597-601. doi: 10.4300/JGME-D-23-00040.1. PMID: 37781434; PMCID: PMC10539155.

Burtson KM, Wilson KR, Kiger ME, Jung E, Hartzell JD, Meyer H. Academic Coaching to Promote Self-Directed Learning in Graduate Medical Education. J Gen Intern Med. 2025 Feb 13. doi: 10.1007/s11606-025-09424-7. Epub ahead of print. PMID: 39948332.

Mand SK, Caretta-Weyer H, Jewell C, Pirotte M, Scott KR, Yarris LM, Schnapp BH. The coaching approach in graduate medical education: Practical considerations for program creation and implementation. AEM Educ Train. 2025 Apr 29;9(Suppl 1):S12-S23. doi: 10.1002/aet2.70019. PMID: 40308863; PMCID: PMC12038743.

King SM, Carnicer Hijazo R, Anas S, Low-Beer N. Academic coaching as a pedagogy to facilitate the navigation of complexity across the health professions education continuum. Front Med (Lausanne). 2025 Jun 6;12:1523741. doi: 10.3389/fmed.2025.1523741. PMID: 40547912; PMCID: PMC12179619.

Santen SA, Ginzburg SB, Pusic MV, Richardson J, Banks E, George KE, Hammoud MM, Wolff M, Morgan HK. The Association of Master Adaptive Learning With Less Burnout and More Resilience in Obstetrics and Gynecology Residents. Acad Med. 2024 Apr 5. doi: 10.1097/ACM.0000000000005733. Epub ahead of print. PMID: 38579263.

**Title**
Navigating Resident Unions: Advancing Leadership, Dialogue, and Mutual Trust

**Primary Category**
Program Administration and Leadership

**Presenters**
Peter Ureste, MD, University of California, Riverside School of Medicine
Tammy Duong, MD, University of California, San Francisco
Jeremiah Dickerson, MD, University of Vermont Medical Center
Christopher Trennepohl, MD, MPH, University of Illinois College of Medicine at Chicago

**Educational Objectives**
This workshop aims to equip residency program directors and GME leaders to engage constructively with resident unions while sustaining thriving learning environments. Using think-pair-shares, case scenarios, and interactive small- and large-group discussions, participants will exchange institutional experiences, identify common challenges, and collaboratively develop strategies for navigating union-related dynamics. Emphasis will be placed on identifying practical tools and frameworks that participants can apply within their own institutions.

1.  Describe the factors driving resident unionization and current national trends.

2.  Analyze potential pitfalls and opportunities unions present for the program director–resident relationship.

3.  Apply the Educational Alliance Framework, Collective Bargaining Legal Guidelines, and Principles of Stakeholder Engagement to analyze real-world resident union scenarios.

4.  Develop strategies, informed by cross-institutional experiences, to build trust, foster collaboration, and strengthen communication with resident unions.

**Abstract**
Resident unionization has rapidly expanded across graduate medical education (GME), reshaping the landscape of training and leadership. As of 2024, more than 20,000 residents and fellows nationwide are represented by unions, with collective bargaining units now present at over 70 academic medical centers. Surveys highlight that residents often cite burnout, workload, and lack of input into decision-making as driving forces for

unionization. These developments underscore urgent issues of trust in leadership, the need for transformation in organizational culture, and the pursuit of togetherness in addressing resident well-being—values that align directly with this year's conference theme.

While unions can offer significant benefits—including improved transparency, advocacy for wellness, and protections for vulnerable trainees—they also bring challenges for residency program directors (PDs). PDs may find themselves navigating competing obligations: supporting residents' educational development while responding to institutional expectations and contractual negotiations. Union activity can disrupt traditional communication patterns, strain the PD–resident relationship, and create uncertainty around program operations. At the same time, unionization may also generate new opportunities for dialogue, collaboration, and co-creation of more supportive learning environments.

This 90-minute interactive workshop is designed to equip PDs and GME leaders with practical strategies for engaging constructively with resident unions while preserving program integrity and thriving learning environments. The session will open with a think-pair-share activity to prompt participants to reflect on their reasons for attending and the questions they bring. Participants will then engage in small- and large-group discussions to share institutional experiences, including common pitfalls, lessons learned, and opportunities created by unionization.

Before moving into applied learning, presenters will share challenges and opportunities related to resident unions from their own institutions, grounding the discussion in real-world examples. These narratives will transition into case scenarios drawn from unionized residency programs. In small groups, participants will apply the Educational Alliance Framework, Collective Bargaining Legal Guidelines, and Principles of Stakeholder Engagement to analyze the cases, propose and evaluate potential approaches, and explore practical solutions. They will also consider how these strategies can be adapted and implemented within their own institutions where resident unions may be present. Each small-group activity will be followed by a large-group debrief, allowing participants to compare strategies, identify cross-institutional themes, and generate a shared understanding of practical leadership responses.

The workshop will emphasize peer-to-peer learning and collaboration, ensuring that participants leave with insights not only from facilitators but also from colleagues across diverse programs. The session will conclude with a synthesis exercise in which participants

generate a collective toolkit of communication strategies, leadership practices, and action steps that can be adapted for use in their own institutional contexts. By centering interactivity, reflection, and shared experiences, this workshop aims to transform the challenges of resident unionization into opportunities for trust-building, collaborative leadership, and togetherness in the learning environment.

**Practice Gap**

Resident unionization is reshaping the training environment, yet few resources exist to guide program directors in navigating this complex and often unfamiliar terrain. Current literature on residency leadership provides limited attention to the impact of collective bargaining on the educational mission, the program director (PD)–resident relationship, and program operations. Without structured frameworks, PDs may feel unprepared to address union-related challenges constructively, risking increased conflict, erosion of trust, or missed opportunities for collaboration. At the same time, residents' needs and advocacy efforts highlight the potential for unions to enhance wellness and equity. This workshop fills a critical gap by equipping PDs with practical frameworks, peer experiences, and interactive strategies to strengthen trust, foster collaborative relationships, and sustain thriving learning environments in the context of resident unionization.

**Agenda**
- Introductions (5 min): Welcome participants, review objectives, and pair-share on a challenge or curiosity about resident unions
- Trends Overview (20 min): Present national trends in unionization, reasons for growth, benefits and challenges, and three institutional stories
- Small Group Story Exchange (10 min): Discuss experiences with resident unions at their institutions, highlighting challenges, strategies, and unexpected outcomes
- Large Group Debrief (5 min): Share one key insight per group
- Frameworks Didactic (10 min): Introduce three approaches for program directors: Educational Alliance Framework (trust in learning), Collective Bargaining Guidelines (rights and boundaries), and Stakeholder Engagement Principles (collaboration strategies)
- Small Group Scenarios (10 min): Apply a framework to a scenario (e.g., negotiations, grievances, program changes)
- Large Group Debrief & Synthesis (15 min): Present approaches, discuss effective tools, and identify shared lessons
- Closing Discussion & Evaluation (15 min): Revisit objectives, summarize strategies, allow Q&A, with final 5 min for evaluations

## Scientific Citations

Co JPT, Katznelson L, Guralnick S, Berns JS. Unionization of Graduate Medical Education Trainees: Perspectives From Designated Institutional Officials. Acad Med. 2025 Feb 1;100(2):127-130. doi: 10.1097/ACM.0000000000005903. Epub 2024 Oct 18. PMID: 39423002.

Foote DC, Rosenblatt AE, Amortegui D, Diaz CM, Brajcich BC, Schlick CJR, Bilimoria KY, Hu YY, Johnson JK. Experiences With Unionization Among General Surgery Resident Physicians, Faculty, and Staff. JAMA Netw Open. 2024 Jul 1;7(7):e2421676. doi: 10.1001/jamanetworkopen.2024.21676. PMID: 39018072; PMCID: PMC11255910.

Gomez-Sanchez CM, Woodford C. A contextual review of trainee unions in the United States. Semin Vasc Surg. 2025 Jun;38(2):192-197. doi: 10.1053/j.semvascsurg.2025.04.002. Epub 2025 Apr 16. PMID: 40523708.

Julian KA, Baron RB. Do Resident Unions Improve Graduate Medical Education Training? Benefits and Potential Pitfalls. Acad Med. 2024 Jun 26. doi: 10.1097/ACM.0000000000005798. Epub ahead of print. PMID: 38924497.

Krzyzaniak SM, Sebok-Syer SS, Akhtar S, Gallahue F. Exploring How House Staff Unions Impact the Program Director-Resident Educational Alliance. Acad Med. 2024 Jan 31. doi: 10.1097/ACM.0000000000005649. Epub ahead of print. PMID: 38266206.

Ravandur A, Chan WP, Slanetz PJ. Views of Radiology Program Leadership on the Impact of Resident Unionization. Acad Radiol. 2025 Sep;32(9):5618-5623. doi: 10.1016/j.acra.2025.06.039. Epub 2025 Jul 9. PMID: 40640055.

Zeitouni F, Attaluri PK, Wirth PJ, Shaffrey EC, Rao V. State of Physician Unionization. J Surg Educ. 2024 Jul;81(7):929-937. doi: 10.1016/j.jsurg.2024.04.002. Epub 2024 May 14. PMID: 38749815.

**Title**
No publications, No problem!: A case-based guide to publishing (for you and your trainees)

**Primary Category**
Research and Scholarship

**Presenters**
Bernice Yau, MD, UT Southwestern Medical Center
Alyssa Smith, MD, Indiana University School of Medicine
James Lee, BS, MD, University of Washington Program
Richard Balon, MD, Detroit Medical Center/Wayne State University
Adam Brenner, MD, UT Southwestern Medical Center

**Educational Objectives**

1. Describe peer-reviewed journal publication processes;

2. Identify various manuscript types in education journals; and

3. Explain the roles of editors, authors, and reviewers in publications.

**Abstract**
This workshop is a down-to-earth, hands-on introduction to the essential skills of developing manuscripts for publication in peer-reviewed academic medical journals. The workshop will be led by Academic Psychiatry journal editors and trainee editorial fellows and will use interactive cases to review the steps in publishing (including journal selection, manuscript type selection, manuscript preparation, submission, peer review, revision, editorial decision-making, and production). Specific strategies will be offered for assessing one's strengths and motivations as a writer and collaborator, recommendations for best practices in selecting target journals and manuscript types, responding to reviewer concerns, and working with editors. This workshop will enhance skills of trainees and early to middle career academic physicians and provide a framework for senior faculty to serve as mentors, senior authors, and guest editors.

**Practice Gap**
Academic writing and publishing are vital in career advancement and help in the development of crucial skills of articulating ideas and reviewing the literature. Despite this, trainees often find publishing to be intimidating and challenging. Barriers include lack of time, lack of experience, and limited training in the publishing process. Faculty themselves may also have never received formal training in publishing and may find this process

difficult to teach. Academic Psychiatry is a journal that features scholarly work on innovative education, academic leadership, and advocacy in psychiatry. The journal aims to promote original research and to support and mentor new authors, and often receives queries from prospective authors about how to get started.

**Agenda**
- Introductions and large group discussion identifying common challenges faced in publishing (10 min)
- Small groups (60 min) – Participants will work through a three-step case, where they roleplay a faculty member advising a resident on publishing a scholarly project. For illustrative purposes, this exercise will use Academic Psychiatry author guidelines. There will be 12 min of small group discussion followed by 8 min large group debrief for each case.
    - Case 1 – Establishing goals and identifying manuscript type
    - Case 2 – Preparing the manuscript (including formatting guidelines, organization, authorship)
    - Case 3 – Responding to reviews (including revision etiquette, and growth mindset in the face of rejection revision decisions)
- Large group debrief and Q&A (20 min)
    - Summarize takeaways
    - Provide information about programs that enhance trainee scholarship skills (e.g. AJP Resident's Journal, Academic Psychiatry Trainee Editorial Fellowship)
    - Q&A with Academic Psychiatry journal editors and editorial fellows

**Scientific Citations**
Louie AK, Balon R, Beresin EV, Guerrero APS, Morreale MK, Aggarwal R, Coverdale J, Brenner AM. Educational Case Reports: Purpose, Style, and Format (2022). Acad Psychiatry. 46(2):147-150.

Sharma TK, Ogle HL (2022). Twelve tips for students who wish to write and publish. Medical Teacher. 44(4): 360-365.

Sim LA, Vickers KS, Croarkin PE, Williams MD, Clark MM, Derscheid DJ, Lapid MI. The relationship of mentorship to career outcomes in academic psychiatry and psychology: a needs assessment (2023). Academic Psychiatry. 47(5):521-5.

Tamarelli C, Baumhauer J, Fay B, Malas N, Schultz H. Publishing on a Shoestring: Understanding Barriers, Challenges, and Unique Opportunities to Academic Productivity in Psychiatry (2023). Curr Psychiatry Rep. 25(8):327-335.

Yung MG, Brenner A. Publishing (2023).  The Psychiatry Resident Handbook: How to Thrive in Training. Edited by De Golia SG, Wang RS. American Psychiatric Association Publishing.

**Title**
Pilot curriculum on artificial/augmented intelligence: Advancing psychiatric education

**Primary Category**
Curriculum

**Presenters**
Farooq Mohyuddin, MBBS, St. Elizabeth's Hospital
Abhishek Wadhawan, MD, St. Elizabeth's Hospital
Ritvij Satodiya, MD, New York University School of Medicine

**Educational Objectives**
1.  Apply the outline from the program to develop an AI curriculum in psychiatry residency training.

2.  Verbalize the core concepts that should be incorporated in an AI curriculum, including highlighting both the benefits and limitations of AI-based tools.

3.  Describe the ethical challenges of implementing AI -based tools in psychiatry.

**Abstract**
Artificial and augmented intelligence (AI) tools are rapidly transforming medicine and psychiatry. While AI-based technologies hold the promise of improving efficiency and patient outcomes, psychiatrists must also recognize their limitations and critically evaluate their role in clinical practice. Structured curricula to prepare trainees in this domain are emerging across specialties, but psychiatry has lagged behind. (2,3,4,6)
Keeping this practice gap in mind, Saint Elizabeths Hospital Psychiatry Residency Training Program piloted a curriculum on AI for third- and fourth-year psychiatry residents. The curriculum's goals were to provide foundational knowledge and practical skills. The curriculum's objectives are to help residents:

o    Critically evaluate AI tools
o    Understand their development, strengths, and limitations
o    Practice prompt engineering and explore generative/agentic AI
o    Envision how such tools may integrate into psychiatric care.

Residents completed pre- and post-curriculum surveys via SurveyMonkey to assess their knowledge, perceptions, and confidence in using AI. Fourteen residents responded to the pre-survey and twelve to the post-survey. Before the lectures, most residents reported being only "slightly confident" in their ability to interpret AI-related terminology, despite

recognizing AI's importance in psychiatry. After the curriculum, over 75% of respondents reported moderate or greater improvement in understanding AI, and 58% indicated they were likely to incorporate AI tools or research into their practice. A majority strongly agreed that AI should become a recurring part of medical education.

Our findings highlight gaps in current psychiatry residency training around AI and support the integration of structured educational content. In this workshop, we will present an outline of the pilot curriculum, review challenges and opportunities for implementation, and guide participants in developing a framework adaptable to their own training programs. The workshop will be interactive, participants will practice using common AI-based tools and be able to demonstrate that as part of the curriculum.

**Practice Gap**
Despite the rapid integration of artificial/augmented intelligence (AI) into clinical medicine, psychiatry residency programs lack structured curricula on AI. This limits trainees' ability to critically appraise tools that are increasingly shaping workflows, diagnostics, and patient engagement. The absence of training may leave residents underprepared to evaluate benefits, risks, and ethical considerations, ultimately impacting clinical practice and patient care. With a rapidly emerging field, preparing psychiatrists to utilize AI-based tools in their practice could enhance patient outcomes and work efficiency. Developing structured AI curricula in psychiatry residency training is an emerging priority.

**Agenda**
- Introduction (10 min): Overview of AI's role in psychiatry and current curricular gaps.
- Small Group Discussion 1 (10 min): Explore vignettes – barriers, benefits, and limitations of AI in psychiatry
- Didactic Session (20 min): Outline of pilot curriculum, resident perceptions, and outcome data
- Small Group Discussion 2 (10 min): Barriers, benefits, and limitations in developing an AI curriculum in psychiatry programs
- Interactive Session (20 min): Interactive session on Prompt Engineering, utilizing the prompts provided with various AI-tools and comparing the outputs
- Large Group Discussion (5 min)
- Q & A (15 min)

**Scientific Citations**

Sun J, Lu T, Shao X, Han Y, Xia Y, Zheng Y, Wang Y, Li X, Ravindran A, Fan L, Fang Y, Zhang X, Ravindran N, Wang Y, Liu X, Lu L. Practical AI application in psychiatry: historical review and future directions. Mol Psychiatry. 2025 Sep;30(9):4399-4408. doi: 10.1038/s41380-025-03072-3. Epub 2025 Jun 3. PMID: 40456953; PMCID: PMC12339366.

Ahsan Z. Integrating artificial intelligence into medical education: a narrative systematic review of current applications, challenges, and future directions. BMC Med Educ. 2025 Aug 23;25(1):1187. doi: 10.1186/s12909-025-07744-0. PMID: 40849650; PMCID: PMC12374307.

Tolentino R, Baradaran A, Gore G, Pluye P, Abbasgholizadeh-Rahimi S. Curriculum Frameworks and Educational Programs in AI for Medical Students, Residents, and Practicing Physicians: Scoping Review. JMIR Med Educ. 2024 Jul 18;10:e54793. doi: 10.2196/54793. PMID: 39023999; PMCID: PMC11294785.

Tolentino R, Hersson-Edery F, Yaffe M, Abbasgholizadeh-Rahimi S. AIFM-ed Curriculum Framework for Postgraduate Family Medicine Education on Artificial Intelligence: Mixed Methods Study. JMIR Med Educ. 2025 Apr 25;11:e66828. doi: 10.2196/66828. PMID: 40279148; PMCID: PMC12064963.

Gordon M, Daniel M, Ajiboye A, Uraiby H, Xu NY, Bartlett R, Hanson J, Haas M, Spadafore M, Grafton-Clarke C, Gasiea RY, Michie C, Corral J, Kwan B, Dolmans D, Thammasitboon S. A scoping review of artificial intelligence in medical education: BEME Guide No. 84. Med Teach. 2024 Apr;46(4):446-470. doi: 10.1080/0142159X.2024.2314198. Epub 2024 Feb 29. PMID: 38423127.

Jassar S, Zhou Z, Leonard S, Youssef A, Probyn L, Kulasegaram K, Adams SJ. Educational Competencies for Artificial Intelligence in Radiology: A Scoping Review. Acad Radiol. 2025 Sep;32(9):5624-5634. doi: 10.1016/j.acra.2025.06.044. Epub 2025 Jul 21. PMID: 40695718.

**Title**
Signed, Sealed... Generated?: Trust, Authenticity, and the Future of Residency Letters

**Primary Category**
Faculty Development

**Presenters**
John Luo, MD, University of California, Irvine Medical Center
Reza Farokhpay, MD, University of California, Irvine Medical Center
Sean Blitzstein, MD, University of Illinois College of Medicine at Chicago
Huong Nguyen, MD, University of California, Irvine Medical Center

**Educational Objectives**

1. Describe at least one opportunity and one challenge in using AI to support the writing of letters of recommendation for psychiatry residency applicants.

2. Evaluate at least one method for identifying AI-generated application materials.

3. Develop at least one strategy to integrate AI use into the residency application process at their home institution.

**Abstract**
Letters of recommendation remain a cornerstone of psychiatry residency application, yet artificial intelligence is rapidly reshaping how we will support learners and evaluate residency applications. This interactive workshop will explore the evolving role of AI in writing and assessing letters of recommendation for students applying to psychiatry. Together, we will examine how technology can streamline faculty efforts, enhance equity, and protect the authenticity of applicant materials—while also respecting the risks and responsibilities that come with use of this tool. Through case-based discussions and hands-on activities, participants will share perspectives, practice applications, wrestle with real-world dilemmas, and generate forward-looking strategies. The session will spark dialogue, strengthen connections, and reimagine how we approach the selection processes in ways that uphold integrity, foster belonging, and prepare our community to thrive in a time of transformation.

**Practice Gap**
Residency programs currently lack consistent guidance on how AI should be used in writing or evaluating letters of recommendation, leaving faculty and selection committees to rely on ad-hoc practices and untested detection tools. This inconsistency risks eroding

fairness, authenticity, and trust in the application process. This workshop addresses the gap by equipping leaders with practical strategies and shared standards to guide ethical AI use and ensure transparent, equitable evaluation.

**Agenda**
- Introductions and priming activity (10 min)
  - Overview of workshop objectives and lesson plan
- Mini-didactic (15 min)
  - Current role of LORs in psychiatry residency selection
  - Emerging uses of generative AI in drafting LORs
  - Risks, benefits, and early evidence from recent studies
- Discussion and Debrief (25 min)
  - Small group case discussions of vignettes regarding ethical issues in the use of AI to write letters of recommendation
  - Large group debrief
- Interactive, table-based demonstrations of short passage generated by AI vs. authentic excerpts (20 min)
- Large group co-creation of best practices for psychiatry residency programs (10 min)
- Wrap-up (10 min)
  - Summarize key insights and takeaways
  - Review objectives
  - Reflections, questions, and commitments to next steps

**Scientific Citations**

Preiksaitis C, Nash C, Gottlieb M, Chan T, Alvarez A, Landry A. Brain versus bot: Distinguishing letters of recommendation authored by humans compared with artificial intelligence. AEM Education & Training. 2023.

Leung TI, Sagar A, Shroff S, Henry TL. Can AI Mitigate Bias in Writing Letters of Recommendation? JMIR Medical Education. 2023.

Hostetter L, Kelm D, Nelson D. Ethics of Writing Personal Statements and Letters of Recommendations with Large Language Models. ATS Scholar. 2024.

Reason T, Klijn S, Rawlinson W, Benbow E, Langham J, Teitsson S, Johannesen K, Malcolm B. Using Generative Artificial Intelligence When Writing Letters of Recommendation. Academic Medicine. 2025.

"Machine Learning for Predictive Analysis of Otolaryngology Residency Letters of Recommendation." Laryngoscope, 2024.

**Title**
Techniques to engender trust and confidence in harm reduction: transforming trainee perspectives through case-based learning

**Primary Category**
Teaching, Supervision, Pedagogy

**Presenters**
Brendan Scherer, MD, San Mateo County Behavioral Health and Recovery Services.
Ann Schwartz, MD, Emory University School of Medicine
Dustin DeMoss, DO, MSc, John Peter Smith Hospital
Akhil Anand, MD, Case Western Reserve University/University Hospitals of Cleveland Program
Alfonso Parocua, MD, San Mateo County Behavioral Health and Recovery Services.

**Educational Objectives**
1. Identify a wide range of harm reduction interventions and their relevance to psychiatric care.

2. Apply interactive, case-based methods to teach harm reduction concepts effectively to trainees.

3. Adapt harm reduction principles for various clinical contexts, including inpatient psychiatry, CL psychiatry, and outpatient care.

4. Integrate local, national, and international harm reduction policy examples into teaching to foster systems-based learning.

**Abstract**
Harm reduction is a set of practical strategies aimed at minimizing the negative consequences of drug use while engaging individuals who may not be ready to pursue abstinence. This approach allows healthcare providers to engage with a broader patient demographic, supporting improved outcomes even without complete cessation. Numerous meta-analyses and systematic reviews have demonstrated the advantages of harm reduction including the reduction in HIV and Hepatitis C incidence, prevention of overdose, reducing injection risk behaviors and increased treatment engagement. Despite its clear evidence base, harm reduction remains misunderstood, and even at time politicized. Given its proven benefits and this continued controversy, it is imperative for educators to teach harm reduction to their trainees so that they are equipped to treat

patients with active substance use disorders (SUD) following training. Trainees, in particular, should gain confidence to apply evidence-based harm reduction strategies without hesitation or uncertainty.

This interactive workshop, designed for program directors and educators, will use case studies and discussion to model teaching techniques that integrate harm reduction education into residency curricula. Following a brief overview of harm reduction's key principles, evidence base, and relevance to psychiatry, we will explore strategies for teaching harm reduction with trainees, framing it as an evidence-based component of comprehensive psychiatric care.

Through interactive, case-based discussions, participants will examine diverse harm reduction approaches and learn best practices for integrating teaching into everyday clinical settings, including:

- o Medications for SUD (including MOUD)
- o SBIRT and the "5 As"
- o Overdose prevention and naloxone distribution
- o Innovative models such as supervised injection sites and managed alcohol programs
- o Non–SUD examples to broaden applicability
- o State-by-state legal considerations and policy variability

Cases will include scenarios such as: an addiction psychiatrist working with a complicated geriatric patient actively using alcohol while also on methadone; an attending supervising a trainee reluctantly providing opioid substitution treatment to someone decarcerating; a busy CL attending trying to utilize and teach harm reduction to trainees at multiple levels while simultaneously trying to create rapport with a patient who feels mistreated and whose pain is under-addressed; a trainee asking about syringe access or initiating PrEP; and teaching about routes of drug use (e.g., cooking crack cocaine) to better inform clinical conversations. Role-play and facilitated discussion will help participants practice responding to challenging questions, navigating political contexts, and reinforcing harm reduction as patient-centered care.

Participants will leave this session with a toolkit of adaptable, evidence-based strategies that can integrate harm reduction principles into their own training programs.

**Practice Gap**

Harm reduction strategies reduce overdose deaths, infectious disease transmission, and healthcare barriers for people with substance use disorders. Nevertheless, inspiring trainees to trust the principles of harm reduction and to be confident implementing them remains challenging. This approach to care requires a shift in attitudes, management of countertransference, enhanced skills and increased knowledge to optimize outcomes. While more graduating trainees than before may have experience utilizing medication assisted therapies for substance use disorder, most learners still struggle with other aspects of the harm reduction approach; this impairs our collective ability to care for our patient population. This workshop aims to survey the latest literature but more importantly, effective pedagogical techniques to improve the skill set of learners. Educators will learn how to use case-based learning, hands-on experiences in clinical settings, and experiential learning in didactic sessions, to empower trainees to effectively understand and implement harm reduction in their careers.

**Agenda**

During the 90 minutes of the workshop, various teaching methods will be utilized by the presenters with the goal of maximizing the audience's ability to retain and utilize the information taught.

- Introduction and overview of harm reduction principles (10 min)
- Case discussion (10 min)
- Report out from small groups (10 min)
- Didactic presentation focusing on teachable skills to equip the participants to teach harm reduction to trainees (15 min)
- Small group case discussion (20 min)
- Report out (10 min)
- Wrap-up/Q&A (15 min)
- Feedback/Assessment (5 min)

**Scientific Citations**

Airagnes, Guillaume. Reducing the Harm Associated with Alcohol Consumption. INSERM, 2022.

Berridge, Virginia, et al. E-Cigarettes and the Comparative Politics of Harm Reduction History, Evidence, and Policy. 1st ed. 2023., Springer International Publishing, 2023, https://doi.org/10.1007/978-3-031-23658-7.

Taylor, Jessica L., et al. "Integrating Harm Reduction into Outpatient Opioid Use Disorder Treatment Settings: Harm Reduction in Outpatient Addiction Treatment." Journal of General Internal Medicine : JGIM, vol. 36, no. 12, 2021, pp. 3810–19, https://doi.org/10.1007/s11606-021-06904-4.

Centers for Disease Control and Prevention. https://www.cdc.gov/drugoverdose/deaths/index.html

Global status report on alcohol and health and treatment of substance use disorders.25 June 2024. Global status report on alcohol and health and treatment of substance use disorders (who.int)

Weleff J. Why Harm Reduction and Equity Are Ethical Imperatives in Opioid Use Disorder Care. AMA J Ethics. 2024 Jul 1;26(7):E509-511. doi: 10.1001/amajethics.2024.509. PMID: 38958418.

Harocopos A, Gibson BE, Saha N, et al. First 2 months of operation at first publicly recognized overdose prevention centers in US. JAMA Netw Open. 2022;5(7):e2222149.

Giglio RE, Mantha S, Harocopos A, et al. The nation's first publicly recognized overdose prevention centers: lessons learned in New York City. J Urban Health. 2023;100(2):245-254.

Kutscher E, Barber Grossi M, LaPolla F, Lee JD. Fentanyl Test Strips for Harm Reduction: A Scoping Review. J Addict Med. 2024 Jul-Aug 01;18(4):373-380. doi: 10.1097/ADM.0000000000001321. Epub 2024 May 31. PMID: 38829042; PMCID: PMC11290989.

Dong KA, Brouwer J, Johnston C, Hyshka E. Supervised consumption services for acute care hospital patients. CMAJ. 2020;192(18):E476-E479.

Jegede O, Nunes JC, Tumenta T, Black C, DeAquino JP. What Would Equitable Harm Reduction Look Like? AMA J Ethics. 2024 Jul 1;26(7):E572-579. doi: 10.1001/amajethics.2024.572. PMID: 38958426.

Salisbury-Afshar E, Livingston CJ, Bluthenthal RN. How Should Harm Reduction Be Included in Care Continua for Patients With Opioid Use Disorder? AMA J Ethics. 2024 Jul 1;26(7):E562-571. doi: 10.1001/amajethics.2024.562. PMID: 38958425.

Heward BJ, Yule AM, Jackson PR. How Should Harm Reduction Strategies Differ for Adolescents and Adults? AMA J Ethics. 2024 Jul 1;26(7):E534-545. doi: 10.1001/amajethics.2024.534. PMID: 38958422.

Dela Cruz AM, Egan D, Baker SE, Sadler JZ. When Are "Paraphernalia" Critical Medical Supplies? AMA J Ethics. 2024 Jul 1;26(7):E527-533. doi: 10.1001/amajethics.2024.527. PMID: 38958421.

Smith, K.R., Shah, N.K., Adamczyk, A.L. et al. Harm reduction in undergraduate and graduate medical education: a systematic scoping review. BMC Med Educ 23, 986 (2023). https://doi.org/10.1186/s12909-023-04931-9

**Title**
The Art of Running an Outpatient Resident Clinic: Models of Direct Supervision, Identifying and Tracking Quality Metrics, and Navigating Peculiarities and Pitfalls of the Resident-Patient Alliance

**Primary Category**
Curriculum

**Presenters**
Judith Lewis, MD, University of Vermont Medical Center
Brian Evans, DO, University of Cincinnati
Michael Sean Stanley, MD, Oregon Health Sciences University
Jessica Obeysekare, MD, Prisma Health- Upstate/University of South Carolina School of Medicine Greenville (Greer) Program
Kelly Haller, MD, University of Cincinnati

**Educational Objectives**
1. Name five challenges in the administration of their outpatient resident clinics.

2. Identify two innovative solutions to bring home to their institution.

3. Know where to access resources to enhance their own clinic infrastructure.

**Abstract**
With the recent expansion in the number and variety of new psychiatry resident training programs1, there is need for a shared space at AADPRT to convey wisdom and guidance about successful ways to structure resident rotations.  This is especially true for outpatient training clinics where residents spend at least one immersive year conducting longitudinal treatments2 in the variety of treatment modalities designated by the ACGME3.  As well, across the week, most residents rotate at different clinics (e.g. VA, hospital-based, community sites, specialty clinics), utilize different EMRs, and treat different patient populations (child, adult, geriatric, diagnosis-based, etc.) making resident orientation to each clinic and transition to the outpatient year challenging.

Across the country, clinic directors struggle with the same challenges.  These include how to orient residents, manage caseloads, determine length of visits4, provide supervision, bill for resident services, allow for graded autonomy, structure coverage, manage turnover, balance diversity of patients, balance treatment modalities (including when/whether to use televideo), measure quality, and design a treatment model5.  While there are common

challenges, there are also many differences between training clinics and therefore many diverse solutions.  This workshop will first elicit the top five challenges each participant faces and compare them to a master list compiled over last 2 workshops.  We will then take a "deep dive" into 3 specific areas of challenge chosen from prior workshops and list serv discussions.  Three panelists will share their solutions for each challenge, and then we will "crowdsource" a diversity of solutions from the collective wisdom of the group.  The topics this year are: 1) models for direct supervision, including in person and synchronous video, 2) how to identify, track, and distribute quality metrics to residents and faculty to fulfill ACGME common program requirements3, and 3) discuss challenges to the resident-patient alliance that are unique to a training clinic in psychiatry (such as limited length of treatments, forced termination in psychotherapy, requests to change resident providers, making sense of drop-outs, planning for turnover, etc.).

**Practice Gap**
Outpatient resident clinic directors face unique challenges related to the training status of their clinicians, training in the variety of treatment modalities required by the ACGME, and reconciling often-conflicting goals of resident education, patient best interest, and financial solvency.  Since each of our resident clinics has different constraints and contingencies, a "one size fits all" solution is impossible. This workshop aims to provide guidance by offering diverse solutions to three selected challenges via a panel format and audience engagement.  Last year's workshop was quite successful as evidenced by participants overflowing the space provided, positive WHOVA feedback, year-long requests from AADPRT members for the resources listed in our VTO PowerPoint, and new programs specifically reporting benefits.  This year, our geographically diverse panelists include a community program director who trains predominantly in the outpatient setting and a resident who will offer a "lived experience" perspective.

**Agenda**
- Introduction and overview (10 min, moderator)
- Small group share: what are your current most pressing challenges? (5 min)
- Large group report out (5 min)
- Panel and group discussion of 3 common challenges (20 min per topic; 60 min total)
  - Description of challenge (1 min, moderator)
  - Panelist prepared comments (10 min)
  - Small group share and report out of novel solutions (8 min)
  - Resource listings for that topic (1 min, moderator)
- Wrap up and course evaluation (10 min)

**Scientific Citations**

Moran, M. (2022). Psychiatry Match Numbers Increase for 11th Straight Year. Psychiatric News, 57(5). https://doi.org/10.1176/appi.pn.2022.05.5.24

Kinasz K, Hasser C, Hung E, Pinard KA, Treiman S, Peterson A. Longitudinality Matters: Qualitative Perspectives on a Longitudinal Clinical Experience in a Psychiatry Residency Training Program. Acad Psychiatry. 2023 Oct;47(5):515-520. doi: 10.1007/s40596-022-01719-9. Epub 2022 Oct 26. PMID: 36287333.

ACGME Program Requirements for Graduate Medical Education in Psychiatry, ACGME-approved interim revision September 3, 2025, pp. 26-27 and 41.  Accessed here: https://www.acgme.org/specialties/psychiatry/program-requirements-and-faqs-and-applications/

Yager J, MacPhee ER, Ritvo AD, Salamander RM. Thirty-Minute Psychiatric Management Visits in Academic Medical Centers: Framing and Exploring Distinct Clinical-Educational Social Processes. J Nerv Ment Dis. 2022 Feb 1;210(2):77-82. doi: 10.1097/NMD.0000000000001460. PMID: 35080517.

Gentry MT, Somers K, Hendricks J, Staab JP. A Multi-aim Redesign of the Residency Training Experience in Outpatient Psychiatry. Acad Psychiatry. 2024 Oct;48(5):436-440. doi: 10.1007/s40596-024-01951-5. Epub 2024 Mar 19. PMID: 38504055.

**Title**
Transforming Child Mental Health: Building School Mental Health Programs

**Primary Category**
Curriculum

**Presenters**
Rebecca Klisz-Hulbert, MD, Detroit Medical Center/Wayne State University
Kristie Ladegard, MD, University of Colorado Denver
Jayasudha Gude, MD, University of Nevada-Reno
Khushbu Shah, MD, McGaw Medical Center, Northwestern University
Jane Ripperger-Suhler, MD, University of Texas Austin Dell Medical School

**Educational Objectives**
1. Identify barriers and benefits to providing school psychiatry training experiences to medical students, residents, and fellows;

2. Problem solve practical strategies to overcome identified barriers to integrating school consultation experiences into training programs; and

3. Brainstorm at least three actionable ways the AACAP School Psychiatry Committee can support program directors through development and dissemination of training resources.

**Abstract**
School staff, families, clinicians, and policy makers are increasingly calling for the integration of mental health services into the school setting. Children and adolescents are particularly vulnerable to mental illness, with nearly 1 in 5 children ever being diagnosed with a mental or behavioral health condition. CDC data indicates that 11% of children ages 3-17 demonstrate current, diagnosed anxiety, 8% demonstrate behavior disorders, and 4% demonstrate depression (https://www.cdc.gov/children-mental-health/data-research/index.html). Yet, 20% of adolescents age 12-17 reported having unmet mental health care needs. Other estimates suggest that up to 75% of students with poor mental health receive no treatment or inadequate treatment. School-based mental health services have demonstrated benefits on emotional and behavioral problems in multiple studies. Such programs include universal (all students are targeted), selective (at risk students are targeted), and indicated (targeted students are already demonstrating mental health concerns) interventions which align with the school framework of Multi-Tiered Systems of Supports (MTSS).

Limitations of these programs, particularly the indicated interventions, include the workforce shortage of child and adolescent psychiatrists. AACAP Workforce Data indicates that 72% of US counties do not have a single CAP. Despite an expansion in the number of CAP programs, 23% of CAP fellowship positions went unfilled in 2021. Only 10-20% of psychiatry residents chose CAP as a subspecialty. Proposed efforts to increase interest and recruitment include exposure to CAP earlier in medical training and innovative healthcare delivery systems. School based mental health services encompass numerous innovative initiatives across virtual and in-person modalities that have the potential to increase CAP exposure for trainees.

To set the stage, this workshop will utilize a preliminary survey to assess existing school-based experiences implemented by participating programs. After a brief overview, participants will work in small groups to identify current school-based mental health programs, opportunities, and barriers within their own systems. Presenters will then provide an overview of school-based mental health services at 5 diverse training programs. These "Lightning Talks" will include discussion of a state-wide child mental health care consortium, school consultation services, teacher wellness classes, direct patient care models within school systems, and integrated school-based health clinics. Presentations will cover a range of services, from projects that are currently in development in low resource programs to established rotations in highly resourced programs, and will include the perspective of CAP fellows who have benefited from the experience. Presenters will discuss the identification of existing resources, logistics and objectives of developing a school psychiatry rotation or clinical experience, development of related didactics and curriculum, potential for supplemental experiences, and collaboration with other child-serving systems. As child psychiatry seeks to transform child mental health by "Bringing the Village to the Children," we must prepare trainees at all levels to collaborate with schools.

**Practice Gap**
The ACGME requires Child and Adolescent Psychiatry (CAP) training programs  provide organized clinical consultation experiences, including formal observation and consultation in schools. Yet, despite the expansion of school-based mental health programs, workforce shortages severely limit access to CAP faculty in these settings. This creates a gap in exposing trainees to school-based consultation while also limiting opportunities to develop skills needed for effective collaboration with child-serving systems, as mandated by ACGME.

Introducing school-based consultation experiences at earlier training stages could not only fulfill ACGME requirements but also increase interest in CAP careers, directly addressing workforce shortages and better preparing future psychiatrists to work across youth-serving systems.

**Agenda**
- Introduction & Survey (10 min)
- Small break-out groups (15 min) – current school experience, opportunities and barriers
- Small group report-out (10 min)
- Lightning Talks (25 min)
- Small break-out groups (15 min) – future plans
- Questions and discussion (10 min)
- Survey completion (5 min)

**Scientific Citations**

Richter, A., Sjunnestrand, M., Romare Strandh, M., & Hasson, H. (2022). Implementing School-Based Mental Health Services: A Scoping Review of the Literature Summarizing the Factors That Affect Implementation. International Journal of Environmental Research and Public Health, 19(6), 3489. https://doi.org/10.3390/ijerph19063489

Grant, L., Singh, L., Fristad, M. A., Barbee, J., & Kerlek, A. (2025). Outcomes of a Medical Student Elective in Child and Adolescent Psychiatry: A Pilot Study. Medical Science Educator. https://doi.org/10.1007/s40670-025-02381-0

Hoover, S., & Bostic, J. (2021). Schools As a Vital Component of the Child and Adolescent Mental Health System. Psychiatric Services, 72(1), 37–48. https://doi.org/10.1176/appi.ps.201900575

kffnirmitap. (2022, September 6). The Landscape of School-Based Mental Health Services. KFF. https://www.kff.org/mental-health/the-landscape-of-school-based-mental-health-services/

Lai, K. Y. C., Hung, S.-F., Lee, H. W. S., & Leung, P. W. L. (2022). School-Based Mental Health Initiative: Potentials and Challenges for Child and Adolescent Mental Health. Frontiers in Psychiatry, 13. https://doi.org/10.3389/fpsyt.2022.866323

**Title**
Transforming Togetherness: How to apply contemporary psychodynamic group theory to challenges in psychiatry training programs

**Primary Category**
Wellness, Burnout, Resilience

**Presenters**
Kristopher Kast, MD, Vanderbilt University Medical Center
Maja Skikic, MD, Vanderbilt University Medical Center
Laura Artim, MD, Vanderbilt University Medical Center
Alyson Gorun, BA, MD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry
Daniel Knoepflmacher, MD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry

**Educational Objectives**

1. Identify how group dynamics play a key role in the togetherness, trust, and transformation fostered within a residency training community.

2. Understand basic principles of classical and contemporary psychodynamic theories of groups, identifying the many potential and actual groups that form within psychiatry training programs.

3. Apply theoretical principles to specific examples of disordered group functioning across diverse groups in psychiatry residency programs, including "real world" vignettes.

4. Engage in a peer consultation process using specific examples within their residency programs, learning dynamic group skills designed to improve the functioning, wellbeing, and satisfaction of residents, PD's, and other community stakeholders.

**Abstract**
Trust, transformation, and togetherness develop and evolve across many overlapping groups within a psychiatry training program. Any group – whether a training office team, resident cohort, didactic class, cadre of teaching faculty, or department-level leadership council – develops a shared identity by creating boundaries, fostering a collective bond (and trust), defining individual roles (including many forms of leadership), generating tasks,

navigating difference, and attempting to manage conflict as it emerges in the life of the group. The theorist, Wilfred Bion, named this healthy collective functioning a "work group." Work groups are capable of delivering on goals and generating an experience of community. When difficulties arise, the group may fail to meet its goals, lose membership, end its existence, or enact some of the darker sides of our collective social unconscious, leading to othering or other polarizing dynamics.

Psychiatric training renders expertise in individuals' mental health. However, training is more limited and variable when considering individuals in a group context. Classical and contemporary psychodynamic theory provides a framework for understanding group behavior and process. Our workshop will highlight the most salient components of various theoretical models (classical, intersubjective, and relational) and demonstrate how they apply to typical group experiences within a residency training program, including residency classes, leadership teams, teaching faculty, and the classical "T group" experiences. The brief didactics will cover how group members experience group work and authority, the role of group leaders, individual vs group identity, horizontal (democratic) vs vertical (authoritarian) dynamics, and a consultation model for applying theoretically informed interventions to address problematic group processes emerging in diverse groups within psychiatry training programs.

Workshop leaders will apply this approach to a specific example of disordered group phenomena within a residency program, demonstrating for the large group a peer group consultation process and inviting participant engagement. Then, a small group breakout session will assign unique examples of challenging group phenomena from the workshop leaders' home training programs; the small group leaders will act as the consultee presenting a difficulty to the small group for peer consultation. The large group will then reconvene to review the experiences of each small group, sharing in the learning from each example case. Next, the small groups will reconvene and take up a "pain point" in group functioning from workshop participants in the small group, applying learned theory and a peer consultation process to the real-world challenge faced by the sharing participants. We will end with a summarizing discussion, with time for questions and feedback on the experience.

**Practice Gap**
Program directors struggle with conflicts that emerge across diverse groups within any training program, often feeling unequipped to navigate them effectively. Without support or effective tools, leaders may feel demoralized and prone to burnout. Psychodynamic group theory, which has been applied to different communities and clinical contexts, provides

helpful models for working through these challenges. Unfortunately, most of us lack training in these frameworks because they are rarely covered in residency training or elsewhere in psychiatry. Our workshop will provide an accessible primer on classical and contemporary theories of group dynamics. Through brief didactics and multiple interactive exercises, attendees will learn valuable theoretical models, engage in a peer consultation group structure, and use these tools to work through pertinent cases from their own programs. Participants should leave with useful theoretical principles for understanding healthy and disordered group functioning, and a framework for crafting interventions that can support healthy functioning.

### Agenda
- Interactive didactic reviewing classical and contemporary group theories (15 min)
- Large group interactive analysis of problem group dynamics using a real-world example (15 min)
- Small breakout group analysis and peer consultation for problem group dynamics in additional real-world examples, facilitated by workshop authors (15 min)
- Large group interactive review of the problem dynamics in assigned examples (15 min)
- Small breakout group application of learned material to participant-shared examples from their respective programs, facilitated by workshop leaders (15 min)
- Questions, discussion, and feedback (15 min)

### Scientific Citations

Chow L, St. John M. (2021) "A difficulty in the path of psychoanalysis": the community psychoanalysis consortium and the community consultants. Psychoanal. Dial. (31)(4):439-449.

Chow, L., Gaspar, S., Kassoff, B., Leavitt, J., & Peltz, R. (2023). Community psychoanalysis and the generative landscape of our times. International Journal of Applied Psychoanalytic Studies, 20(2), 230–250.

De Golia SG, Houston LJ, Madaan V, Zalpuri I, Welton R, Bernstein C, Sengupta S, Chaudhry MA, Sudak DM. (2023) The Burden of Leadership: a Survey of Burnout Experiences Among Psychiatry Program Directors. Acad Psychiatry. Apr;47(2):174-180.

Ettin MF, Cohen BD, Fidler JW. (1997) Group-as-a-whole theory viewed in its 20th-century context. Group Dynamics: Theory, Research, and Practice. Vol. 1, No. 4, 329-340.

Gonzalez FJ, Peltz R. (2021) Community psychoanalysis: collaborative practice as intervention. Psychoanal. Dial. (31)(4): 409-427.

Hayden C, Molenkamp RJ. Chapter 7, Tavistock Primer II. Group Relations Reader 3, pp. 135-157.

Holmes Commission, The. (2023) Final Report of The Holmes Commission on Racial Equality in American Psychoanalysis. Chair and co-chairs: Dorothy E. Holmes, PhD, Anton Hart, PhD Dionne R. Powell, MD Beverly J. Stoute, MD. American Psychoanalytic Association.

Khawaja IS, Pollock K, Westermeyer JJ. (2011) "The Diminishing Role of Psychiatry in Group Psychotherapy: A Commentary and Recommendations for Change." Innovations in Clinical Neuroscience (West Chester, Pennsylvania) 8, no. 11: 20–23. 104620641.

Rizzolo GS. (2014) "Rethinking Tavistock." In The One and the Many, 1st ed., by Fred Wright, edited by Robert Grossmark. Routledge.

Rudden M, Twemlow S. (2013) A beginning theory of action for community psychoanalysts based on group observation, theories of the unconscious, and evolutionary psychology. Int. J. Appl. Psychoanal. Stud., (10)(3):199-209.

Shapiro ER, Carr AW. (1991) "The interpretive stance." In Lost in Familiar Places: creating new connections between the individual and society. New Haven, CT: Yale University Press.

**Title**
Writing the rules together: Crafting AI Policy in Psychiatry Residency

**Primary Category**
Program Administration and Leadership

**Presenters**
Mary Burris, MD, University of Utah School of Medicine
Juliana Fort, MBA, MD, MPH, Louisiana State University (Shreveport) Program
Dale Peeples, MD, Medical College of Georgia at Augusta University
Denise Baughn, MD, University of Texas Medical Branch, Galveston
Lauren Kaczka-Weiss, DO, Hackensack Meridian Health- Jersey Shore University Medical Center

**Educational Objectives**
1. Identify and discuss at least three key ethical or legal considerations (e.g., privacy, bias, accountability) related to AI use in psychiatric training.

2. Outline at least two priority areas for integrating AI responsibly into residency training.

3. Draft a preliminary framework of guiding principles for an AI use policy in their residency program.

**Abstract**
The integration of artificial intelligence (AI) into healthcare has gained increasing attention, particularly following the American Medical Association's (AMA) 2018 policy on "Augmented Intelligence in Health Care," which emphasized the need to promote AI literacy and its incorporation into medical education and training. Despite this call to action, formal guidance from graduate medical education (GME) governing bodies remains limited, leaving individual residency programs to navigate the development of their own AI-related policies.

Across residency programs, there is significant variation in the presence and structure of AI-related policies. While some programs have developed formal guidelines, others provide only brief statements, and many have no policy or mention of AI at all. Many programs are, in fact, hesitant to create a policy due to lack of understanding of AI technologies and concerns that they may be too restrictive or inflexible with the rapidly evolving world of AI.

As program directors navigate these questions, they look to existing policies for guidance. The Association of American Medical Colleges (AAMC) has outlined seven core principles for the ethical and effective use of AI in medical education: maintaining a human-centered approach, ensuring transparency and equity, promoting education and interdisciplinary collaboration, safeguarding data, and committing to ongoing oversight. In application processes, AAMC permits the use of AI tools for brainstorming, proofreading, or editing materials such as ERAS applications, but emphasizes that all submissions must reflect the applicant's own work. Similarly, the APA highlights the importance of using AI to augment clinical care but not replace clinical decision-making, calling for continued research but not commenting on its specific role in residency training.  In contrast, the American Board of Psychiatry and Neurology (ABPN)'s only statement regarding AI is to strictly prohibit the use of AI in its article-based continuing certification pathway, citing concerns about confidentiality and requiring diplomates to attest to non-use of AI. While the Accreditation Council for Graduate Medical Education (ACGME) has acknowledged AI's potential in medical training, it has not yet issued a formal policy. These discrepancies highlight the urgent need for consistent, field-specific guidelines as psychiatry residency programs consider how best to incorporate AI into education, assessment, and clinical practice. Individual programs must consider the need for AI policy at their individual institution. In this workshop, we will review the current policies and/or statements from national organizations on AI use in residency training fostering discussion among participants related to pros and cons of AI use. Participants will learn from scenarios faced by facilitators in implementing AI policy at their home institutions, and allow participants to work together to identify priorities for drafting an AI policy.

**Practice Gap**
Psychiatry is entering an era where Artificial Intelligence (AI) will increasingly influence both education and clinical practice. Although there is a growing body of literature around the ethical application of AI in psychiatry, and around the incorporation of AI into medical education, discussion of policy development at the departmental and residency level remains limited.  Without thoughtful policy, programs risk inconsistent, inequitable, or even unsafe adoption of AI tools.  Considering such a policy ensures that residents and faculty engage directly with the ethical, legal, and professional issues at stake.

**Agenda**
- Introduction/Background of AI (10 min): Review the practice gap and objectives followed by a summary of AI's applications in medical education and psychiatry
- Survey (10 min): Audience poll on presence and or absence of AI policy in their programs, with interpretation and discussion

- World Cloud (10 min): Group discussion prompted by a word cloud poll driving conversation about pro's and con's of AI policies and guidelines
- Policy and Guidelines Review (10 min): Presenters share policies and guidelines from home institutions, other publicly available guidelines from programs, and professional organizations
- Policy Development (5 min): Example. Presenters discuss steps in developments of their AI policies
- Small Group Activity (20 min): Small groups identify priorities for building an AI policy or guideline
- Small Group Reports (20 min): Groups share key points from discussions with moderation from presenters
- Close and Evaluation (5 min): Attendees will complete the program evaluation

**Scientific Citations**

Bhalodi, R. G., et al. (2025). The need for artificial intelligence literacy in psychiatry residency training. *Academic Psychiatry, 49*(1), 48–49. [https://doi.org/10.1007/s40596-024-02007-2](https://doi.org/10.1007/s40596-024-02007-2)

Janumpally, R., Nanua, S., Ngo, A., & Youens, K. (2025). Generative artificial intelligence in graduate medical education. *Frontiers in Medicine, 11,* 1525604. [https://doi.org/10.3389/fmed.2024.1525604](https://doi.org/10.3389/fmed.2024.1525604)

Mangold, S., & Ream, M. (2024). Artificial intelligence in graduate medical education applications. *Journal of Graduate Medical Education, 16*(2), 115–118. [https://doi.org/10.4300/JGME-D-23-00510.1](https://doi.org/10.4300/JGME-D-23-00510.1)

Prégent, J., Chung, V. H., El Adib, I., Désilets, M., & Hudon, A. (2025). Applications of artificial intelligence in psychiatry and psychology education: Scoping review. *JMIR Medical Education, 11,* e75238. [https://doi.org/10.2196/75238](https://doi.org/10.2196/75238)

Quinonez, S. C., Stewart, D. A., & Banovic, N. (2024). ChatGPT and artificial intelligence in graduate medical education program applications. *Journal of Graduate Medical Education, 16*(4), 391–394. [https://doi.org/10.4300/JGME-D-23-00823.1](https://doi.org/10.4300/JGME-D-23-00823.1)

Association of American Medical Colleges. (n.d.). *Principles for responsible AI in medical school and residency selection.* [https://www.aamc.org/about-us/mission-areas/medical-

education/principles-ai](https://www.aamc.org/about-us/mission-areas/medical-education/principles-ai)

American Psychiatric Association. (2024). *Position statement on the role of augmented intelligence in clinical practice and research.* Approved by the Assembly, February 2024; Approved by the Board of Trustees, March 2024.
[https://www.psychiatry.org/psychiatrists/search-directories-databases/policy-finder](https://www.psychiatry.org/psychiatrists/search-directories-databases/policy-finder)