Posters

Title
Agitated Patient Intervention Training to Improve Intern Capacity and Confidence as Behavioral Health Professionals

Primary Category
Curriculum

Presenters
Christine Wolfe, MD, Tripler Army Medical Center
Kelsey Crow, MD, Tripler Army Medical Center
Leah Gans, DO, Tripler Army Medical Center
Gabriel Sowards, MD, Tripler Army Medical Center
Ramona Deveney, MD, Tripler Army Medical Center

Educational Objectives

1. Psychiatry Residents (PGY1-PGY4) were offered Prevention and Management of Disruptive Behaviors Training (PMDB-M) Level I and Level II.

2. Participants completed pre- and post-training knowledge assessments and self-reported measures of confidence and perceived safety in managing agitation.

3. Qualitative feedback was collected to assess training effectiveness and identify areas for improvement.

Practice Gap
Agitation is a common challenge in inpatient psychiatric settings and is defined by the DSM-5 as “excessive motor activity associated with a feeling of inner tension.” Ineffective management of agitation can increase the risk of harm to both patients and staff. The American Psychiatric Association (APA) recommends annual training for psychiatry residents in the prevention and management of agitation. However, formalized training on this topic is not consistently implemented in residency programs.

Methods
No significant changes were observed in residents’ perceived safety following training. However, two out of three confidence measures demonstrated improvement, with greater gains noted among junior residents (PGY1s and PGY2s) and female trainees. Qualitative feedback highlighted the value of de-escalation training and agitation conceptualization. Participants expressed interest in further simulation exercises, role-playing, and additional

training opportunities. While the training did not significantly alter perceived safety, improvements in confidence—particularly among junior residents—suggest a beneficial role for structured agitation management training. Future efforts should include a larger sample size, expanded knowledge assessments, and repeated Plan-Do-Study-Act (PDSA) cycles to refine training effectiveness. Establishing annual training in agitation management and incorporating advanced training opportunities for senior residents may further enhance competency in managing disruptive behaviors.

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Posters

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Posters

Title
Autism Spectrum Disorder in Adults: A Clinical Diagnosis That Our Clinicians Don't Feel Confident Diagnosing

Primary Category
Curriculum

Presenters
Claire Brutocao, MD, Providence Sacred Heart Medical Center
Mohammad Ali Alkheder, MD, Providence Sacred Heart Medical Center
Zoe Larson, DO, Providence Sacred Heart Medical Center

Educational Objectives

1. Better understand any challenges that psychiatrists encounter when evaluating for ASD in adults.

2. Determine deficiencies in psychiatry residency curriculum for ASD assessments in adults.

Practice Gap
The original goal of this project was to build curriculum to help our residents feel more confident assessing for and diagnosing Autism Spectrum Disorder (ASD). We felt this was important for multiple reasons including our program seeing an increase in the number of patients specifically requesting ASD evaluations, waitlists for neuropsychiatric testing being lengthy and often unaffordable for patients, and as psychiatrists, being considered a part of the Center of Excellence for diagnosing ASD.

Methods
We did a focus group with Psychiatry Residency Spokane (PRS) residents to learn more about their experiences with assessing for and diagnosing ASD with hopes to better understand the problem and find a solution.
Results:

Residents in our program unanimously feel underprepared and underconfident diagnosing ASD. They even mentioned the question “Should we as psychiatrists be diagnosing adults with ASD at all?” Also collectively all identified several barriers to the diagnosis of ASD in adults, including but not limited to:

Posters

- DSM-V criteria is broad and primarily observational (social interactions, non-verbal communication). Also geared toward childhood symptoms rather than adulthood.
- It is difficult to differentiate from other comorbid psychiatric conditions
- Time constraints make it challenging, for example psychologists typically take >4 hours for these assessments
- There are increased number of patients requesting ASD assessments, some requiring this for disability.
- Being challenged with non-evidence-based information available on social media about autism the lead to more adults inquiring about the diagnosis.
- Concern for repercussions of making an ASD diagnosis if the resident is not confident. Addition to the concerns of the supervising attending psychiatrist in case not comfortable with making the diagnosis.
- Residents are not using diagnostic tools (such as AQ) due to perceived ineffectiveness and inefficiency.
- No freely available resources for self-paced learning about Autism in adults for residents in case interested.
- Feeling limited in treatment recommendations and difficulty understanding the value of making an ASD diagnosis. In addition to the scarcity of resources for adults with autism in the community.

Conclusions:
A significant gap exist in training future psychiatry residents to assess and diagnose ASD in adults secondary to multiple specific challenges to provide the adequate education and training for residents in this area of expertise. Given the increase demand from adult patients to be evaluated for this condition, a significant need is identified for future and current Psychiatry resident to acquire the knowledge to address this demand.

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Posters

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Posters

Title
Balancing Resident and Attending Instruction in a Comprehensive Psychopharmacology Course

Primary Category
Curriculum

Presenters
Kelsey Martin, DO, Albany Medical Center
Sharmeen Azher, MBA,MD, Albany Medical Center
Ayesha Monga Kravetz, MD, Albany Medical Center
Jeffrey Winseman, MD, Albany Medical Center

Educational Objectives

1. Develop and implement a comprehensive year-long psychopharmacology course tailored for junior psychiatry residents.
2. Model lessons on a current understanding of neurotransmitter and receptor-based mechanisms.
3. Increase resident exposure via didactics to newer pharmacologic agents and treatment modalities.
4. Balance faculty instruction and availability with resident-led instruction.
5. Promote an active learning environment that prioritizes resident input and emphasizes knowledge retention by incorporating practice questions, clinical cases, and residents as peer-instructors.
6. Assess the impact of the course on Psychiatry Resident In-Training Examination (PRITE) performance.

Practice Gap
The annual rate of individuals in the United States who are prescribed psychiatric medications continues to increase. Patients are also likely to be on more than one class of psychotropic medication. Given growing demand for and limited availability of psychiatrists, the modern psychiatrist increasingly focuses on medication management. As pharmacotherapy remains a core skillset for psychiatry residents, programs must find ways to help trainees learn material in an approachable, digestible way while balancing

faculty availability with resident self-directed learning. Research on adult learning theory and residency programming suggests that residents learn best from an approach that includes active learning. Balancing resident desire for faculty instruction poses another challenge given limited attending availability, particularly in a post-pandemic smaller university hospital setting.

Methods

Fourteen PGY-1 and PGY-2 residents participated in a year-long psychopharmacology course led by two PGY3 residents interested in academic psychiatry. Sixty-minute classes occurred weekly from August 2024 to June 2025. Lecture topics were pre-determined with faculty supervision and resident input, and generally organized by drug class or indication. Resident instructors organized lectures based on Stahl's Essential Psychopharmacology curriculum to include mechanism of action/receptor associations, pharmacokinetics, pharmacodynamics, dosing information, and relevant drug-drug interactions. Classes began with a self-assessment of 8-10 PRITE questions, progressed to the above content, and ended with question explanations. PRITE questions were incorporated into the course to improve resident comfort and performance with this standardized exam. The end of each learning unit included a session of clinical cases and a Q&A review hosted by an attending with relevant subspeciality expertise. Residents were encouraged to ask questions during class, as well as anonymously for attendings to answer during review sessions.

A "pre-survey" modeled after a previous study was administered to assess trainee confidence with various psychopharmacology topics and guide curriculum formation and structure (balancing attending vs. resident instruction time). A "post-survey" was administered at the end of the course to assess trainee confidence in approaching psychopharmacology and to obtain feedback regarding the course. To compare pre- and post-survey results, a paired t-test was utilized when the data was normally distributed, and a Wilcoxon signed-rank test was used when the data was not normally distributed. The Shapiro-Wilk test was utilized to test normality. With permission from the national board, de-identified PRITE scores prior to and during the course intervention are being collected to assess change in performance.

Results and conclusions:

Post-survey results (13 of 14 residents) indicate a self-reported increase in level of understanding of psychopharmacology, confidence in speaking with patients about their medications, and comfort in prescribing medications for psychotic, mood, substance use disorders (all p-value <0.01), as well as prescribing medications for geriatric patients (p-

value <0.001) and child and adolescent patients (p-value <0.0001). All residents agreed or strongly agreed that PRITE questions, case-based learning, and review sessions were helpful. The topic of attending involvement and whether psychopharmacology was too complex to be taught by residents was more polarizing. Three of 13 trainees more strongly agreed post-survey that psychopharmacology was too complex to be taught by residents, while 9 respondents more strongly believed that psychopharmacology could be taught by residents. During a debriefing session after course completion, residents explained that they wanted to highlight the importance of having some attending involvement in the course, but felt satisfied with having a resident-led course. Only seven of 13 residents agreed that contributing to a psychopharmacology course would add to their learning experience, consistent with mixed feedback regarding the residents-as-teachers model reported by an earlier study. Notable course strengths included an effective balance between resident and attending instruction, though impact on PRITE performance is yet to be determined as data is pending. Given overall positive evaluations, program administration elected to continue this course format.

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Posters

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Posters

Title
Building Bridges: A Multi-Institutional, Interprofessional Virtual Didactic Model for Addiction Fellowship Training

Primary Category
Curriculum

Presenters
Akhil Anand, MD, Case Western Reserve University/University Hospitals of Cleveland Program
Manassa Hany, MD, Zucker School of Medicine at Hofstra/Northwell
Jeremy Kidd, MD,MPH, Icahn School of Medicine at Mount Sinai (Morningside/West)

Educational Objectives
To pilot a multi-institutional, interprofessional virtual didactic series for addiction psychiatry and addiction medicine fellowships.

The aims were to:

1. broaden curricular coverage by pooling faculty and resources;

2. create opportunities for interprofessional dialogue by bringing psychiatry and medicine fellows together; and

3. develop a structure for shared coordination and evaluation to support sustainability. This initiative seeks to explore whether a joint approach can help address long-standing challenges in didactic training and provide a framework for other small programs.

Practice Gap
Addiction subspeciality fellowships often face challenges in providing consistent didactic training. Programs are small, and faculties are also small, with limited time for teaching given competing clinical and administrative responsibilities. Curricula can vary; compared with other subspecialties, there are fewer standardized milestones or shared teaching resources to guide coverage of the field. Fellows also balance clinical, research, and teaching demands, which can limit opportunities for structured learning. Other areas of medicine have shown that virtual education can expand access to expertise and promote more consistent training. In addiction psychiatry, collaborative models remain uncommon.

Posters

A multi-institutional virtual approach may help broaden content, share resources, and strengthen curriculum across programs.

Methods
In July 2025, four ACGME-accredited programs (three in addiction psychiatry, one in addiction medicine) across two metropolitan regions began a shared virtual didactic series. Eleven fellows participated. Sessions were scheduled three Wednesdays per month for two hours, with faculty responsibilities rotating among institutions to balance workload and expand expertise. Each session included two 1-hour presentations. Presentations are designed to be interactive with case discussion and moderated Q&A. A quarterly social hour was added to support community-building. All content was mapped to ACGME requirements, and a shared video library was created for slides, readings, and recordings. Results: During the first two months, attendance was consistently high across sessions. Early feedback from fellows has been positive, with participants noting exposure to broader expertise and a wider range of topics. Fellows also described the sessions as more interactive than typical lectures. Faculty shared this perspective, observing that the series promoted richer dialogue and more engagement than traditional formats. Disciplines beyond psychiatry and medicine, such as social work and public health, were represented early, reinforcing the interprofessional focus.

Conclusions: Preliminary experience suggests that a multi-institutional, interprofessional virtual didactic series is feasible and well-received. While further evaluation is needed to assess knowledge outcomes and long-term sustainability, early implementation indicates potential benefits in expanding curricular scope, fostering interprofessional dialogue, and building community across programs. This collaborative model may offer a practical framework for small subspecialty fellowships seeking to enhance didactic training and share resources.

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Posters

Title
Can Social Justice and Advocacy Serve as a Proxy for Cultural Humility and Awareness in ERAS Applications?

Primary Category
Recruitment and Selection

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

Educational Objectives

1. This study examines the relationship between social justice/advocacy and cultural humility/awareness:

    a. across all 45 specialties, and

    b. within a subset of psychiatry and its joint specialties.

2. We hypothesized that social justice/advocacy could serve as a potential proxy for cultural humility/awareness engagement.

3. Such a proxy could be useful if political or institutional pressures lead applicants to shift away from labeling their meaningful experiences as culturally focused.

Practice Gap
Over 90% of the 2025 Program Director Survey informants use applicant's meaningful experiences, including focus areas and key characteristics, in the resident selection process [1]. Applicants may choose three of ten ERAS (Electronic Residency Application Service) selected experiences as being "meaningful", reflecting values and choices in their medical career. Social justice/advocacy is a primary focus area, while cultural humility/awareness serves as a key characteristic of a meaningful experience.
Amid political scrutiny of diversity, equity, and inclusion (DEI), academic programs may need to reframe the selection process to fit enacted anti-DEI directives [2]. In addition, cultural humility/awareness may be underreported. Thus, understanding whether social justice/advocacy and cultural humility/awareness meaningfully relate can guide an equitable residency selection.

Posters

Methods
We used public data from the 2024 ERAS Self-Reported Experiences report [3]. The data included 45 specialties with meaningful experiences. It also included Psychiatry and other specialty programs: Pediatrics-Psychiatry-Child and Adolescent Psychiatry, Psychiatry-Family Medicine, and Psychiatry-Neurology. For each specialty, we extracted the percentage of total experiences categorized as social justice/advocacy and cultural humility/awareness.

To assess the relationship between these two variables, we conducted a Spearman's rank correlation using R, a statistical software. This nonparametric test was selected to evaluate whether a monotonic relationship existed between the focus area of social/justice advocacy and the key characteristic of cultural humility/awareness across all 45 specialties and a subset of 4 psychiatric specialties.

Results:
For all 45 specialties, Spearman's ρ was 0.481, 95% Confidence Interval [CI] (0.1567,0.7220) and $p < 0.00082$. For the Psychiatry and joint specialty, Spearman's ρ was 1.0 with a $p < 2.2e\text{-}16$, [CI] (1.0,1.0), indicating a perfect positive monotonic relationship. All four joint psychiatric specialties showed parallel increases in the percentage of experiences related to social justice/advocacy and those related to cultural humility/awareness as a key characteristic.

Conclusions:
There is a strong monotonic relationship between social justice/advocacy and cultural humility/awareness, suggesting that applicants to psychiatry and joint specialties may engage in both domains. A Spearman rank correlation revealed a moderate positive monotonic relationship between social justice/advocacy and cultural humility/awareness across all 45 specialties. In short, these findings suggest that applicants with greater emphasis on social advocacy also tend to reflect higher levels of cultural humility.
In the current climate of political and structural pressures on DEI discourse in academic psychiatry, social justice/advocacy may serve as a helpful proxy to identify culturally responsive engagement, especially in cases where cultural humility/awareness key characteristics are either underreported, missing, or strategically omitted. Social justice/advocacy and cultural humility/awareness interconnect in how applicants construct their professional identities. Assessing cultural humility/awareness by using social justice/advocacy as a marker, may complement a holistic residency review process. Overall, limitations include self-reported individual data, which may be subject to bias. In the psychiatry and joint specialty subset analysis, limitations also include the small

number of groupings. Future research should explore how meaningful experiences are framed narratively and whether they correlate with long-term professional behavior or clinical orientation.

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Posters

Title
CARE: A Community Psychiatry Group to Build Engagement, Education, and Advocacy

Primary Category
Curriculum

Presenters
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Kareena Lashley, MD, Zucker School of Medicine at Hofstra/Northwell
Gauri Shastri, MD, Zucker School of Medicine at Hofstra/Northwell
Angela Liu, MD, Zucker School of Medicine at Hofstra/Northwell
Anna Costakis, MBA,MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital

Educational Objectives

1. Discuss the importance of integrating community psychiatry in psychiatry training.

2. Describe a trainee-led model (CARE: Community, Advocacy, Resources, Education) that introduces medical students and residents to community psychiatry through structured learning, experiential engagement, and advocacy.

3. Detail implementation strategies to integrate community psychiatry content into residency didactics and longitudinal co-curricular activities.

Practice Gap
With the growing need for community psychiatrists, early exposure is essential for recruiting and educating trainees. However, many psychiatry residencies lack robust advocacy training and community-engaged medical education. To address this gap at Zucker Hillside Hospital, two first-year psychiatry residents, mentored by a faculty member, founded a Community psychiatry interest group named CARE (Community, Advocacy, Resources, Education) in October 2022. Activities comprised of expert-led sessions and experiential learning through primarily community-based work, with some community-engaged practice. The group's interests shaped the activity content, enriching learning and promoting shared growth, mentorship, and empowerment around community psychiatry. Gradually, CARE has grown from an extracurricular trainee group into a longitudinal, co-curricular structure integrated into the residency curriculum.

Posters

Methods
CARE began with monthly, member-led learning sessions based on the Textbook of Community Psychiatry and American Association of Community Psychiatry Model Curriculum. By its second and third years, CARE had expanded to host guest speakers, establish longitudinal partnerships with community organizations, and collaborate with residency leadership to embed community-focused educational components into the residency curriculum as "co-curricular" opportunities. These events were tracked annually by CARE resident leaders, categorized (community engagement, educational events, advocacy, and planning meetings), and totaled to evaluate the group's productivity over time, as well as the shift from extracurricular activities to opportunities embedded within the core curriculum.

Results:
Between 2022 and 2025, CARE organized 24 community engagement events, 14 educational events, 6 advocacy events, 15 co-curricular activities, and approximately 35 general planning meetings. Highlights include participation in health fairs, community walks through diverse NYC neighborhoods, and volunteering with local organizations addressing homelessness and food insecurity. CARE also hosted lectures and workshops covering topics such as poverty, incarceration, recovery-oriented care, substance use treatment, and cultural competency. Additionally, trainees were involved in city, state, and federal advocacy events including legislative breakfasts and advocacy conferences. The breakdown of community events by academic year revealed a dramatic increase in co-curricular events (0 in 2022-2023, 1 in 2023-2024, and 11 in 2024-25), while the number of extracurricular advocacy and educational events decreased over time. Notably, there was an 85% increase in total events between the first (2022-2023) and third (2024-2025) years.

Conclusion:
The CARE model demonstrates that sustained trainee interest in community psychiatry can be cultivated by combining structured education with direct community involvement and advocacy. Over four years, this resident-led initiative has catalyzed institutional change and laid a foundation for preparing future psychiatrists for careers in community psychiatry. The group expanded from extracurricular volunteering and lectures to integrated co-curricular programming within the residency program. Future directions include expanding mentorship opportunities and the advocacy curriculum, incorporating evaluation metrics to measure trainee learning outcomes, and disseminating this model to other institutions to strengthen the pipeline into community psychiatry.

Posters

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Posters

Title
Cooking with Care for You and Me: Integrating a Brief Culinary Medicine Curriculum into Psychiatry Residency Training

Primary Category
Curriculum

Presenters
Katherine Klingensmith, MD, Yale University School of Medicine
Amy Cheung, MD, Yale University School of Medicine
Andrea Mendiola, MD, Yale University School of Medicine
Robert Cole, MA, Yale University School of Medicine

Educational Objectives

1. To evaluate the feasibility and acceptability of a brief teaching kitchen curriculum for psychiatry residents and departmental members.

2. To assess participants' perceptions of the importance of culinary medicine in providing comprehensive care for vulnerable psychiatric populations.

3. To identify community and online resources that promote food and nutrition security for both providers and patients.

Practice Gap
Culinary medicine is a growing part of graduate medical education that provides hands-on education on healthy eating and cooking skills to improve confidence in implementing these practices in our and our patients' lives. The intersection of psychiatry and culinary medicine is evident in the impact of diet on mental health, the prevalence of cardiometabolic diseases in psychiatric populations, and the role of food access as a social determinant of health. The lack of formal education in this area represents a significant gap in most psychiatry residency curricula. Here, we present a pilot teaching kitchen curriculum to prepare residents to diversify their approach to care, better understand barriers to nutrition access, and connect with peers and faculty colleagues.

Methods
Psychiatry residents (PGY2/3/4) and other departmental members were invited to participate in one of two three-hour teaching kitchen classes. The sessions were led by the

Director of Culinary Medicine/chef and a registered dietitian/chef. Each class included an interactive lecture, a kitchen safety demonstration, hands-on recipe preparation, and time

for communal eating and discussion. The curriculum focused on five key learning objectives: 1) healthy plate recommendations, 2) the difference between plant-forward and Standard American diets, 3) the impact of ultra-processed foods, 4) the role of systemic racism in food insecurity, and 5) how diet promotes metabolic and mental health. Participants worked in pairs to prepare budget- and time-friendly recipes from the Health Meets Food curriculum.

Results:
A total of eleven participants, including psychiatry residents (n=6), attending psychiatrists (n=2), public psychiatry fellows (n=1), and students (n=2), attended the two classes. They prepared three recipes designed to accommodate diverse dietary needs and preferences. Seven participants completed a post-class survey. 100% and 85.7% of respondents, respectively, completely or mostly agreed that learning objectives 1-4 and objective 5 were fulfilled. A majority of respondents (71%) strongly agreed that the class was valuable to their education and 100% strongly agreed that they could share what they learned with patients and would recommend the class to colleagues. Participant feedback highlighted the hands-on cooking experience as the most valuable aspect of the class. Suggestions for improvement included increasing class availability and incorporating recipes and resources accessible to diverse patient populations, such as those with limited kitchen equipment or whose primary language is Spanish.

Conclusions:
This pilot curriculum demonstrated the feasibility of providing a hands-on learning experience that complements traditional didactics in psychiatry residency training. Integrating the brief teaching kitchen curriculum increased participants' confidence and competency in discussing nutrition and sharing community resources with their patients. The multi-role, skill development-focused format has the potential to strengthen resident-faculty relationships, enhance professional well-being, and provide a tangible skill set to address lifestyle-related health disparities. This model is adaptable and may help psychiatry programs address nutrition-related health disparities through practical, patient-centered education.

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Posters

Title
Do You Hear the People Sing?! – Using Broadway Musicals in Teaching Psychodynamic Formulation to PGY2 Psychiatry Residents

Primary Category
Curriculum

Presenters
Tyler Fleming, DO,MPH, University of Rochester School of Medicine & Dentistry

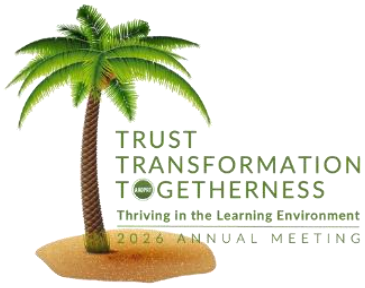
Educational Objectives

1. Given the intensive nature of psychotherapy instruction and the limited availability of psychodynamic faculty in many residency programs, our objective is to apply an innovative teaching strategy that utilizes the Broadway musical Les Misérables to illustrate and practice psychodynamic formulation.

2. This poster will demonstrate how theatrical narratives can be analyzed through ego psychology, object-relational, and self-psychology perspectives, enabling PGY2 residents to apply these theories directly to clinical case formulation.

3. In addition, we will evaluate resident survey feedback collected over the past four years to critically assess the effectiveness, sustainability, and limitations of this method, and to consider how this model can be adapted and utilized by other residency programs.

Practice Gap
Formulation is a key skill for all psychiatrists and a critical competency in psychotherapy. Yet many trainees struggle to master it, given the complexity of psychodynamic theory, the specialized jargon, and the plurality of sub-schools. These challenges are particularly evident in outpatient psychiatry, where time is limited and the need for concise, clinically relevant formulations is high. To address this gap, our program developed a 10-week formulation course that integrates the Broadway musical Les Misérables as a teaching vehicle. By using its characters and narratives to illustrate dynamic processes, residents practice applying psychodynamic concepts in a vivid, memorable way, enhancing both their understanding and confidence in constructing clinical formulations.



Posters

Methods

One of the ACGME milestones requires that psychiatric training programs provide instruction in both the theory and clinical implementation of psychodynamic psychotherapy. However, this teaching can be resource-intensive, requiring substantial faculty time, dedicated clinical structures, financial support for trainee-conducted psychotherapy, and supervisors with specialized training. These demands can be difficult to sustain across residency programs.

Psychodynamic and psychoanalytic psychotherapies are also particularly challenging to teach because of the complexity of their theories, the numerous sub-theories and schools within the broader psychodynamic tradition, and the specialized jargon that can feel confusing or antiquated to modern trainees. Current residency cohorts may also have less familiarity with psychodynamic concepts compared to earlier generations, further widening the gap between required competencies and accessible instruction.

While some programs benefit from local access to psychoanalysts or psychodynamic psychiatrists, or can arrange advanced training opportunities at analytic institutes, many cannot. This makes the development of innovative teaching methods—ones that are engaging, accessible, and sustainable across diverse residency programs—both urgent and necessary. Yet the literature on practical teaching approaches for psychodynamic formulation remains sparse, and access to specialized analytic training is geographically limited.

Since 2021, our program has piloted a 10-week course that integrates the performing arts into psychiatry residency education. Grounded in the textbook Psychodynamic Formulation, the course uses the musical Les Misérables as a clinical case to guide residents in applying multiple psychodynamic perspectives. Characters and narratives from the musical are used to demonstrate contrasting approaches, including ego psychology, object-relational theory, and self-psychology, thereby making abstract concepts more tangible and memorable.

The method of teaching, along with practical considerations for using the performing arts as an instructional vehicle, will be detailed. To assess the effectiveness of this approach, annual post-course surveys have been administered to PGY2 participants over four years. These surveys include both Likert-scale measures and narrative feedback, capturing resident perceptions of the course's relevance, accessibility, and impact on their ability to apply psychodynamic formulation in clinical contexts.

Posters

Results consistently show high levels of enthusiasm and engagement. Residents report greater confidence in applying psychodynamic theories, appreciation for the creative and collaborative learning format, and improved group cohesion. Narrative responses highlight the usefulness of applying theoretical constructs to vivid and familiar storylines, which makes the material less abstract and more clinically applicable. At the same time, residents identified limitations, including the need for careful faculty facilitation and the recognition that this model cannot substitute for supervised clinical psychotherapy experience.

In conclusion, our experience demonstrates that the integration of performing arts—specifically a Broadway musical—into residency training offers a novel, sustainable, and engaging way to lower barriers to psychodynamic formulation. This approach fosters skill development, strengthens group learning, and enhances resident readiness for the outpatient psychotherapy work that characterizes their senior training years.
By turning Les Misérables into a clinical case, we show that even the most complex psychodynamic concepts can be taught in a way that is engaging, accessible, and unforgettable.

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Posters

Title
Encouraging Self-Study in Psychiatry: The PRITE Preview Quiz and Weekly Challenge

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

Presenters
Margaret Hamilton, MD, Columbia University/New York State Psychiatric Institute
Melissa Arbuckle, MD,PhD, Columbia University/New York State Psychiatric Institute
Eduardo Leonardo, MD,PhD, Columbia University/New York State Psychiatric Institute

Educational Objectives

1. Our objective was to explore whether fostering a culture of lifelong self-directed learning could promote resident engagement in PRITE preparation.

2. We sought to reinforce the importance of core psychiatric knowledge while framing the exam as a valuable self-assessment tool rather than a punitive measure.

3. At the same time, we aimed to communicate that strong performance is desirable and beneficial for future milestones.

4. To support this process, we developed two educational tools designed to both encourage consistent preparation and highlight the role of the PRITE in professional growth and lifelong learning.

Practice Gap
The Psychiatry Resident-In-Training Examination (PRITE) is intended to be a low-stakes self-assessment of resident knowledge. Aggregate results in comparison to national metrics can also be used for program evaluation and help residency programs identify areas where the curriculum should be strengthened. Prior studies demonstrate that PRITE scores correlate with performance on the psychiatry board certification exam (1–3). However, residents often do not approach the PRITE with the same seriousness and preparation as high stakes exams, making interpretation of results challenging. Studies have found that linking PRITE results to consequences (e.g., moonlighting eligibility or mandatory prep courses) only modestly improved outcomes (4). The benefits of structured preparation classes for in-training exams have also been mixed (5-6).

Posters

Methods

We developed two tools to encourage PRITE preparation and self-directed learning. The first was a 20-item "PRITE Preview Quiz," drawn from prior exams. The mean national performance on the questions selected was 65.95 Percentile (STDEV 14.5). The idea was that the questions should be not too hard, but also not too easy, to encourage study without being demoralizing. Distributed via Qualtrics, the review quiz allowed residents to assess their knowledge anonymously. The assessment was distributed to all PGY2-4 residents (n=34) who were scheduled to take the PRITE in the fall with encouragement to review the questions as a way of gauging their preparation and need to study. So far, 47% have participated. The second tool was a longitudinal "PRITE Challenge," a weekly game in which one PRITE-style question and an explanation were circulated through Qualtrics. Residents responded anonymously, identifying only their training year. Chief Residents coordinated weekly distribution and tracked participation. Each month, the class with the highest participation received a small prize. This initiative fostered friendly competition, normalized regular practice, and made self-learning more engaging and sustainable. At least 50% of PGY1-4 residents (23/46) have participated so far in the weekly challenge. The Challenge will run throughout the year, and we plan to evaluate whether these tools enhance PRITE preparation and performance as well as life-long learning habits. Outcome data comparing resident study habits and aggregate PRITE scores before and after the intervention will be shared.

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Posters

Title
Enhancing a Child and Adolescent Fellowship Curriculum Using the Context, Input, Process, Product Model: A Comprehensive Assessment of Objectives

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

Presenters
Pascale Chrisphonte, MD, Zucker School of Medicine at Hofstra/Northwell
William Gibbs, MD, Zucker School of Medicine at Hofstra/Northwell
Janki Thakkar, MD,

Educational Objectives

1. This project addresses the need for CAP training programs to assess and implement their curricular experiences to prepare fellows for the changing practice landscape and effectively treat children and families within the institution as well as future areas where they practice.

2. Informed by complexity theory1,3, the Context, Input, Process, Product (CIPP)4 model provides a structured framework for evaluating various dimensions of educational programs, enabling a holistic assessment of their effectiveness and areas for improvement.

Practice Gap
Little exists in the literature about current standards and practices regarding current practices in designing, implementing, modifying, and evaluating child and adolescent psychiatric (CAP) training curricula. This can pose a challenge when assessing and modifying well-established curricula. When approaching curriculum modification at our child and adolescent psychiatry (CAP) fellowship program, we sought a novel, holistic approach with the question: for established training programs, what frameworks are available and useful in modifying curricula to meet current needs1,2?

Methods
Using the CIPP model, we have planned and implemented changes within the CAP curriculum. Within context, educational needs include a holistic review of current clinical rotation schedule using ACGME requirements and milestones assessing potential opportunities for diversifying fellow experiences and needs identified through data representing input. Input includes a needs assessment of surveys and interviews. A 16-

question survey was sent to 2nd year fellows (CAP2s) (N= 10) and alumni (N=36), regarding strengths, weaknesses, and gaps in the curriculum. Two focus group interviews were conducted with 1st yr fellows (CAP1s) (N=10) and one CAP2s (N=10) exploring their experiences with the curricula. Finally, an 11-question survey was sent to faculty (N=34). Based on this assessment, a curriculum committee developed and implemented improvements representing process, with follow-up surveys and group interviews evaluating changes implemented representing product currently being collected. Results: The initial faculty survey had an 82.3% response rate (28/34), with summarized feedback including seeking a more active learning role for learners in all rotations as well as the benefit of a longitudinal psychotherapy experience starting in 1st year. The fellow/alumni survey had a 50.0% response rate (23/46). While a majority (81.8%) of respondents felt the current curriculum prepared them for clinical practice, qualitative feedback entailed concerns that various areas of the curriculum could be improved, including family therapy, play therapy, and that more case-based learning would be helpful. The data from these surveys and focus groups will be presented in full.

Conclusion: Using fellow and faculty feedback, we implemented major changes to our fellowship curriculum. Didactics were reframed through a Development, Neuroscience, Assessment, and Treatment (DNA-T) lens, focusing on how psychiatric illness appears across the developmental lifespan. A continuity clinic was added for longitudinal care with direct observation and feedback, and a Pathways of Expertise program was launched to support an individualized learning experience under guided mentorship5. To support these changes, faculty development workshops were held to teach faculty on how to utilize a structured interview scale, provide feedback, and utilize active, evidenced teaching with case-based learning to promote learning and retention6.

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Posters

Title
Enhancing Civic Engagement Through Protected Time Off: A Quality Improvement Initiative Among Psychiatric Trainees

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

Presenters
Shawen Ilaria, BS,MD, Rutgers Robert Wood Johnson Medical School
Frank Andrew Peters, BS,MD, Prisma Health/University of South Carolina School of Medicine - Columbia
William J. Furey, DO,MBA, Christiana Care Health System
Adam J. Sagot, DO,FAPA

Educational Objectives
1. This quality improvement (QI) project was designed to assess whether a straightforward institutional change—providing protected time off on Election Day—could reduce a major cited barrier to voting among medical trainees.

2. We hypothesized that this intervention would be associated with increased voting intent and actual turnout, helping institutions recognize their potential role in supporting civic engagement among future physician-leaders.

Practice Gap
Physicians and medical trainees are uniquely positioned to influence healthcare policy, yet remain underrepresented in civic engagement, particularly voter turnout. Studies have documented that residents, fellows, and medical students face significant barriers to voting, most notably time constraints due to demanding clinical schedules, inflexible rotations, and geographic instability during training. One study found that while most residents and fellows valued civic advocacy, far fewer reported regular participation, underscoring a disconnect between attitudes and behaviors.
During the 2020 election, over 80% of nonvoting residents cited lack of time and scheduling conflicts as primary barriers. Nationally, physician turnout lags behind the general population, especially among younger clinicians, reflecting structural barriers such as inadequate access to absentee ballots and limited institutional support.

Posters

Methods
A pre- and post-intervention survey was distributed to residents and child & adolescent psychiatry fellows across two academic institutions: Rutgers Health Robert Wood Johnson Medical School and Prisma Health/University of South Carolina School of Medicine-Columbia. The intervention granted protected time off to vote in the 2024 U.S. Presidential Election. Surveys assessed demographic data, voting eligibility, perceived likelihood, barriers and motivators to voting, and actual turnout.

Results: 33 participants completed the pre-survey and 22 completed the post-survey. Among respondents, 90.91% were eligible to vote, primarily registered in South Carolina and New Jersey. Key barriers included clinical obligations (57.58%) and skepticism about voting efficacy (48.48%), while motivators included belief in influencing government (78.79%) and institutional support (69.70%). On average, participants received 1.55 hours of protected time off to vote (median and mode = 1 hour.) Following the intervention, 95% of eligible respondents reported voting—significantly exceeding the 2024 U.S. general population turnout of 65.3% ($z = 6.094$, $p < 0.0001$). Likert-scale ratings showed a significant increase in voting intent, with average likelihood scores rising from 5.59 (without time off) to 6.86 (with time off) ($t(21) = 4.212$, $p = 0.0002$). All participants who completed the post-survey recommended continuing the policy.

Conclusion: Providing protected time off on Election Day was a feasible and effective intervention that significantly increased voter turnout among psychiatry trainees. Results suggest that institutional support can meaningfully enhance civic engagement in this population. The small amount of time required—just over an hour on average—demonstrates that even minimal scheduling adjustments can yield meaningful improvements in civic engagement, supporting the feasibility of real-world implementation. Given the historically low turnout among healthcare professionals, formalizing time-off policies may be a valuable component of professional development and wellness initiatives. Future research should address potential confounders such as social desirability bias and explore scalable models across other training settings.

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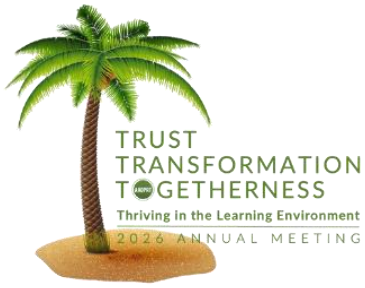

Posters

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Posters

Title
Enhancing Forensic Psychiatry Education Through Mock Trial Implementation in Residency Training

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Joanna Stanczak, BS,MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Jenna Taglienti, MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Jessica Cosgrove, DO, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Laura Menechella, N/A, Zucker School of Medicine at Hofstra/Northwell
Mayur Patel, MD, Zucker School of Medicine at Hofstra/Northwell

Educational Objectives
1. Apply legal criteria for involuntary treatment and retention through active participation in mock trial proceedings.
2. Demonstrate effective expert witness testimony skills while defending clinical decisions and treatment plans.
3. Construct comprehensive legal documentation including TOO petitions and retention applications.
4. Execute proper courtroom etiquette while respecting patient rights and dignity.
5. Analyze medication selections for involuntary treatment, including monitoring parameters and side effect management.
6. Formulate evidence-based justifications for both treatment and retention decisions.
7. Integrate ethical considerations regarding human rights and involuntary psychiatric care.

Posters

Practice Gap

While psychiatric residents traditionally learn about legal proceedings by observing their supervisors providing expert testimony, this passive learning approach creates a significant professional practice gap. Residents require hands-on experience to develop confidence as expert witnesses and understand the complex interplay between mental health hygiene lawyers, hospital counsel, and psychiatric care. The current educational model lacks structured opportunities for residents to appreciate patient rights, navigate court procedures, and master the intricacies of treatment over objection (TOO) and retention petitions. Additionally, residents need practical experience in selecting and defending medication choices, understanding monitoring requirements, managing side effects, and balancing treatment efficacy with human rights considerations. This educational intervention addresses these gaps through experiential learning in a structured, supportive environment.

Methods

The curriculum was implemented as a two-session module within standard residency didactics. The initial session introduced a complex clinical case involving a catatonic patient refusing treatment, requiring both retention and medication over objection. Materials included comprehensive psychiatric evaluations, progress notes, medication monitoring logs, and legal documentation templates. The second session encompassed full mock trial proceedings, with residents rotating through roles of treating psychiatrists, expert witnesses, hospital counsel, mental hygiene legal service attorneys, and family members.

Results: Qualitative analysis of resident feedback through MedHub evaluations revealed comprehensive educational impact. Residents reported significant improvement in their understanding of the legal basis for both involuntary treatment and retention. The interactive format provided valuable experience in defending clinical decisions while maintaining professional composure under cross-examination. Participants gained practical knowledge in medication selection for involuntary treatment, including consideration of side effect profiles, monitoring requirements, and alternative options. The mock proceedings enhanced understanding of patient rights and the ethical implications of involuntary psychiatric care.

Residents particularly valued learning the perspectives of different stakeholders, including mental hygiene legal service attorneys and hospital counsel. The experience helped them appreciate the delicate balance between clinical necessity and patient autonomy. Time spent crafting and defending treatment plans improved their ability to articulate medical

decision-making clearly and professionally. The curriculum also strengthened their understanding of documentation requirements for legal proceedings.

Conclusions: The mock trial format effectively bridges the gap between theoretical knowledge and practical application in forensic psychiatry education. This approach successfully addresses multiple practice gaps by providing hands-on experience in legal proceedings, medication selection, and patient rights considerations. Resident feedback demonstrated enhanced confidence in handling court-related responsibilities, improved understanding of legal-psychiatric interfaces, and better appreciation for the complexity of involuntary treatment decisions. The curriculum shows promise as a standardized educational tool for residency programs seeking to strengthen their forensic psychiatry training, particularly in areas of patient rights, medication selection, and legal testimony.

Scientific Citations
The need for this educational intervention was identified through multiple sources:

Recent literature review by Markey et al. (2020) highlighting inadequate preparation of residents for legal testimony and involuntary treatment decisions.

Program-specific feedback indicating resident anxiety about medication selection and defending treatment decisions in court (Smith et al., 2021).

National survey data showing only 25% of psychiatry residents feel confident in preparing and defending TOO petitions (Johnson et al., 2019).

Quality improvement data revealing documentation deficiencies in resident-prepared legal documents and retention applications (Williams et al., 2022).

ACGME Milestone data identifying consistent gaps in residents' understanding of patient rights and ethical considerations in involuntary treatment (Lennon et al., 2020).

Posters

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

Primary Category
Teaching, Supervision, Pedagogy

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

Educational Objectives

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

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

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

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

Practice Gap
Current psychiatric education often relies on passive, lecture-based formats, which can limit resident engagement and retention of clinical knowledge. Optimal practice suggests that interactive and hands-on learning approaches, such as team-based learning (TBL) and gamification, can significantly improve clinical reasoning, knowledge retention, and collaboration among residents. Educational escape boxes (EEBs), adapted from the escape room format, provide an innovative and immersive alternative that actively engages

psychiatry residents in problem-solving clinical scenarios. By addressing the professional practice gap between traditional didactic teaching and more effective, interactive learning methods, EEBs aim to enhance psychiatric education and prepare residents for real-world clinical challenges.

Methods

A literature review was conducted and identified ten articles related to gamification and medical education, which informed the design of our EEBs. Participants (9 first-year and 2 second-year psychiatry residents) engaged in the EEBs by working in teams of two or three to compete against each other. The goal is to solve the cognitive puzzles, riddles, and coded messages within the shortest amount of time. We utilized a sequential path design of puzzles as the game-flow, which means solving a puzzle unlocks the subsequent puzzles within the boxes. The EEBs consist of four different puzzles: 1) Crossword, 2) Clinical Vignettes, 3) Trivia Pharmacology Flashcards, and 4) DSM-5-TR™ Diagnosis Charades. A 60 minute time limit for solving all four of the puzzles was set to ensure participant engagement. Questionnaire surveys that utilized Likert scale were sent out to the participants to assess their learning preferences before and after they engaged with the EEBs.

Results:

One-tailed, paired t-tests were utilized to compare pre- and post-EEBs ratings. All the residents were subjectively more confident with DSM-5-TR™ diagnoses after engaging with the EEBs, with an 8% average increase in confidence, although one-tailed t-test yielded a p-value of 0.25. However, their confidence with prescribing psychotropic medications as per DSM-5-TR™ diagnoses actually decreased by an average of 23.08%, with a p-value of 0.055. In addition, their comfort level with applying psychotropic medication knowledge in clinical scenarios decreased by an average of 6.25%, with a p-value of 0.13. Regarding participants' preferences on working individually versus working in a team, participants preferred working in a team more, after engaging with the EEBs, showing an average increase of 10%, with a p-value of 0.08. Unsurprisingly, participants' familiarity with EEBs increased by 214% with a p-value <0.001. Finally, when rating how effective the residents found gamified learning methods, such as the EEBs, in enhancing understanding of psychiatric concepts, post-EEB ratings increased by 5.71% on average, with a p-value of 0.12.

Conclusions:

The implementation of EEBs addresses a key gap in traditional psychiatric education, which often relies on passive learning methods such as lectures. By leveraging the

principles of gamification, EEBs promote active learning, encouraging residents to apply theoretical knowledge to realistic clinical scenarios. They can help identify gaps in knowledge for new psychiatry residents and strengthen important skills such as teamwork, and teambuilding via collaborative problem solving. Future research should focus on more rigorous evaluation methods, including controlled studies and long-term assessments of the EEBs' impact on clinical performance. Further refinement of the EEBs include consistent implementation in the first-year didactics which consist of lectures for 30 minutes, followed by completion of EEBs in the latter 30 minutes of class. Overall, EEBs represent a promising direction for the future of psychiatric education, offering an enjoyable, interactive experience that better prepares residents for clinical practice.

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Posters

Title
Enhancing the Liaison Between Adult Psychiatry Residency and Civil Commitment Procedures

Primary Category
Curriculum

Presenters
Silvina Tonarelli, MD, Texas Tech University Health Sciences Center, El Paso
Patricia Ortiz, MD, Texas Tech University Health Sciences Center, El Paso
Daniela Chisolm, N/A, Texas Tech University Health Sciences Center, El Paso
Eryn Pynes, MD, Texas Tech University Health Sciences Center, El Paso
Giselle Angermaier, MD, Texas Tech University Health Sciences Center, El Paso

Educational Objectives

1. This proposal of a formal forensic psychiatry curriculum utilizes various methodologies including lectures, simulations, and practical experience in legal document writing and testifying in court, and was created with the input of a board-certified forensic psychiatrist, psychiatry residency program director, psychiatry senior residents and an Assistant County Attorney who represents the State of Texas in Civil Commitments Proceedings.

2. The objectives listed below also overlap with the ACGME milestones.(5)

    a. Develop adequate knowledge of all aspects of the civil commitments proceedings.

    b. Be comfortable to independently writing legal documents meeting court standards.

    c. Be able to increase confidence testifying in Civil Commitment Processes.

Practice Gap
The ACGME requires that residents have experience in forensic psychiatry including evaluating patients' potential to harm themselves or others, appropriateness for commitment, decisional capacity, and competency. No specific forensic rotation is currently required. (1) Few programs offer a formal training that empowers residents to fully

develop the skills to testify in court. (2) Recent results of a national psychiatry residency survey demonstrated low level of comfort with forensic psychiatry but a high desire to

learn. (3) Enhancing forensic training in the general psychiatry residency is important to not only to enhance knowledge of trainees in the interface between criminal justice and mental health but also to increase the interest of trainees in pursue this subspecialty. (4)

Methods

A pre-survey is given to first- and second-year psychiatry residents, evaluating their baseline knowledge of the mental health court process and assessing confidence levels regarding knowledge and skills of court proceedings. Five formal classroom sessions are held during protected didactics time for one-hour weekly, led by the attorney interesting in education and senior residents. In addition to the five formal classroom sessions, the Assistant County Attorney provides informal support to the junior residents testifying in mental health court. Civil Commitment Proceedings are held on a weekly basis every Monday and Thursday either in person or virtual depending on the presiding judge. Debriefing group sessions among PGY-1 and PGY-2 residents, the Assistant County Attorney and the psychiatry senior resident are held for about 20-30 minutes each at the conclusion of each court session to reflect on the experience, clarify learning points, improve performance, and offer constructive feedback in a safe environment. A post-survey is given to the residents after the five classroom sessions.

Results: The survey results indicate that participants of this curriculum reported higher levels of confidence in knowledge and skills related to testifying in court, writing legal documents, and overall knowledge of legal proceedings after the five curriculum sessions. Excellent oral feedback from junior residents about the collaboration and support from the Assistant County Attorney and senior resident was received. Since this is a new curriculum started one year ago, correlation with increases in forensic fellowship applications cannot be determined yet. The sample size will increase with the continuity of this curriculum in the coming years which will provide more robust results.

Conclusion: This curriculum is unique in the sense that residents are able to closely collaborate with the legal system early in their training and have the opportunity to receive training and debrief cases with an Assistant County Attorney. Furthermore, the residents are able to develop a deeper understanding of legal proceedings, writing legal documents and testifying in court. This course empowers residents to feel confident in their knowledge and skills, rather than feeling overwhelmed or intimidated with the legal system. Because of this, residents have an opportunity to thrive in this setting and are able to nurture their interests in this field, which may help more residents pursue this subspecialty.

Posters

Scientific Citations

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Posters

Title
Establishment of an Interdisciplinary Perinatal Psychiatry Track

Primary Category
Curriculum

Presenters
Rebecca Klisz-Hulbert, MD, Detroit Medical Center/Wayne State University
Elizabeth Messenger, MD, Detroit Medical Center/Wayne State University
Tonee Sumlin, MD
Sophia He, MD, Detroit Medical Center/Wayne State University

Educational Objectives
The primary objective of the Perinatal Psychiatry Track is to develop a training model that addresses gaps in perinatal psychiatry education. Specific aims include:

1. To provide psychiatry residents with structured clinical exposure to perinatal patients through a longitudinal interdisciplinary clinic.

2. To increase resident competency in perinatal assessment, psychopharmacology management during pregnancy and lactation, and interdisciplinary communication.

3. To increase timely access to specialized care through a standardized referral protocol guided by validated screening tools.

4. To provide coordinated, efficient, and equitable care by effectively navigating and integrating healthcare systems and community resources to support the mental health and well-being of perinatal individuals and their families.

Practice Gap
Perinatal mental health disorders affect 1 in 5 birthing individuals, yet continue to be largely underdiagnosed and undertreated (ACOG, 2025), ultimately leading to adverse outcomes for both parent and infant (APA/CDC, 2023). Early psychiatric intervention in pregnancy and postpartum results in improved outcomes for parent and infant (Byatt et al., 2018; Schaefer et al., 2024), but access remains highly limited. Education alone has limited effect unless paired with clinical integration and systems-based interventions (Dubreucq et al., 2025), yet there remains a gap in clinical training and interdisciplinary exposure within psychiatry residency programs. As such, our program developed a perinatal psychiatry track

containing an interdisciplinary clinic and standardized referral protocol to simultaneously enhance resident education as well as patient care.

Methods
In academic year 2025–2026, we launched a perinatal psychiatry track embedded within our General (adult) psychiatry residency program. Key components included:
Clinical Training: PGY-3 residents participate in a weekly perinatal psychiatry clinic, while PGY-4/CAP-2 residents engage in a curbside consultation clinic and advanced case management.

Didactics: Currently led by psychiatry faculty with plans for future interdisciplinary collaboration, lectures are scheduled for every 1–2 months with focus on evidence based practices for both medical and psychiatric management of perinatal patients
Referral Protocol: Patients pregnant or ≤1 year postpartum were triaged using EPDS, PHQ-9, and GAD-7 thresholds. Scores above clinical cutoffs triggered full evaluations, while intermediate scores were routed to the curbside clinic. Lactation-safe prescribing was prioritized.

Mentorship & Scholarship: Residents met quarterly with faculty mentors and completed scholarly projects in women's mental health.

Results
During this inaugural year, we have 2 general psychiatry residents enrolled in the Perinatal psychiatry track. To date, we have 4 current perinatal patients who are being followed by psychiatry residents, currently primarily through self-referrals, with the goal of increased interdisciplinary referrals from either OB-GYN or primary care to the general psychiatry clinic. The patients present primarily with mood and anxiety disorders, postpartum depression, and substance use. The patients are streamlined to be established with perinatal track residents with supervision from dedicated faculty members with expertise in providing perinatal psychiatric care. Biweekly interdisciplinary meetings between senior residents/fellows from both the OB-GYN department as well as psychiatry aims to create a foundation of ongoing discussion and cross-collaborative care for current patients.

Conclusions
The newly established Perinatal Psychiatry Track aims to integrate clinical care, education, and interdisciplinary collaboration, with the goal of improving resident preparedness in

providing psychiatric care to perinatal patients, as well as broadening access to psychiatric care to patients through interdisciplinary referrals. Monthly lectures provide foundational

knowledge that augments residents' preparedness in addressing mental health concerns in the perinatal period.

Residents are embedded in structured perinatal experiences that improve competency, foster interprofessional skills, and expanded patient access to timely psychiatric care. The standardized referral protocols are aimed to provide consistency in triage and reduce delays in evaluation. This model is feasible, scalable, and adaptable for other residency programs seeking to strengthen perinatal training and improve maternal mental health outcomes.

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Posters

Title
Exploring Training Gaps in Immigrant Mental Health: Perspectives from a Nationwide Sample of Psychiatry Trainees

Primary Category
Curriculum

Presenters
Craig Donnelly, BS,MA,MD, Dartmouth-Hitchcock Medical Center
Talitha West, JD,MD, Dartmouth-Hitchcock Medical Center
Richard Zhang, MA,MD, Yale University School of Medicine
Poojajeet Khaira, MD, Case Western Reserve Univ/MetroHealth Medical Center
Eunice Yuen, MD,PhD, Yale University School of Medicine

Educational Objectives
1. To highlight the growing demand for psychiatrists who are sufficiently prepared to evaluate and treat immigrant patients.

2. To quantify the extent of immigrant mental health-related educational experiences among a nationwide sample of U.S. psychiatry trainees.

3. To identify avenues for enhancing psychiatry trainees' access to education in immigrant mental health.

Practice Gap
Psychiatry residents often provide mental health care for immigrant patients (1). However, they may receive little formal training in cultural adaptation of mental health services (2), effective use of interpreter services, or trauma-informed care for refugees and asylees (3). Our literature review revealed no previous studies assessing availability of training in immigrant mental health in U.S. psychiatry residencies. In this mixed-methods study, we explored existing training opportunities in immigrant mental health, and performed a needs analysis for additional training in this area.

Methods
Following guidelines established by Yale University's IRB, we gathered quantitative data regarding residency training in immigrant mental health through a 21-question survey. The survey included demographic questions, questions probing trainees' exposure to didactic

and clinical training in immigrant mental health, and questions assessing perceived need for additional training in this area. We administered the survey electronically and in-person

to a nationwide sample of psychiatry trainees (n=91), who were Fellows of the American Psychiatric Association Foundation (APAF) in 2024 and 2025, representing over 53 training institutions. Survey respondents had the option to participate in a subsequent 60-minute virtual focus group discussion, which gathered qualitative data about trainees' experiences working with immigrants, and their perceptions regarding training in this competency. Two investigators coded the focus group transcripts to identify salient themes.

Results:
Trainees from across the U.S. completed the survey, including 1 PGY-1, 14 PGY-2, 41 PGY-3, 26 PGY-4, and 9 PGY-5+ trainees. 37.4% attended residency in the Northeast, 31.9% in the South, 18% in the Western U.S., and 12.1% in the Midwest. 78.3% of respondents reported that greater than 10% of their patients were immigrants, yet only 33.7% endorsed having received any formal training in immigrant mental health. The majority of trainees rated both their didactic training (58.7%) and clinical training (59.8%) in this competency as inadequate. While only 57.6% felt confident providing psychiatric care for immigrants based on their current level of expertise, 94.6% expressed that preparing psychiatry trainees to work with immigrants is an important goal. 14 trainees participated in focus group discussions to expand upon their survey responses. Key themes emerging from focus groups included difficulties working with interpreters, the importance of confronting one's own cultural biases when assessing patients from diverse backgrounds, and the belief that current justice, equity, diversity, and inclusion (JEDI) curricula are superficial because they lack practical teaching items pertaining to culturally informed care. Trainees suggested that immigrant patients would benefit from longer appointments, and that residents would benefit if applications of cultural humility (such as the Cultural Formulation Interview) were a standard part of JEDI training modules. Our study is limited by the fact that 92.3% of respondents attended residency programs within academic medical centers, hence our results may not generalize to community programs.

Conclusions:
Our study reveals substantial and actionable training gaps related to immigrant mental health. While respondents felt that training in immigrant mental health should be a high priority for residency programs, almost two thirds expected to graduate from residency with no formal instruction in this competency. This is concerning given that immigrants are at high risk for mental health disorders such as post-traumatic stress disorder, depression, and anxiety disorders (4), and given mounting psychosocial pressures facing immigrants in the wake of recent societal changes. Ideas for bridging the gap include developing

standardized curricula in immigrant mental health, providing more didactic training in principles of cultural humility, and collaborating with community organizations to offer

psychiatric care for patients who have experienced stress and trauma as a result of migration.

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Posters

Title
From Learners to Mentors: A Near-Peer Model Transforming Residency Through Collaboration

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
Simran Ailani, MBBS, Maimonides Medical Center

Educational Objectives

1. Introduce structured near-peer mentorship earlier in residency training.
2. Provide junior residents with psychologically safe opportunities to practice case presentation and scholarship.
3. Offer mid-level residents structured experiences in feedback and mentorship as preparation for future supervisory roles.
4. Reduce hierarchies by fostering collaboration across cohorts.
5. Build a sustainable and adaptable model that requires minimal resources and could be implemented across diverse residency programs.

Practice Gap
Residency provides a foundation for independent work, though gaps remain in mentorship and collaborative learning. Opportunities for presenting cases/ receiving feedback are reserved for senior residents, limiting juniors' exposure to case formulation and scholarly communication. Senior residents may have limited opportunities to practice giving feedback, mentoring trainees, or engaging in collaborative teaching. Educational activities like conferences and case discussions are frequently organized by training level, reducing opportunities for cross-cohort learning and interdisciplinary dialogue. To address these gaps, we piloted a near-peer case presentation model fostering mentorship earlier in training and creating a collaborative, psychologically safe learning environment adaptable to programs with varying resources.

Posters

Methods
We piloted a case presentation model pairing junior and senior residents. Juniors selected clinically relevant cases from acute care rotations, while seniors mentored them through preparation and presentation, adding longitudinal and outpatient perspectives. Presentation formats were intentionally flexible - slide decks, literature reviews, interactive discussions, or creative approaches, to mirror the varied ways knowledge is exchanged in academic and clinical practice. Faculty were present only in a supportive role, ensuring resident voices remained central.

To encourage engagement and accountability, two recognition systems were introduced: the 'Best Presentation' Award, awarded to a junior resident, and the 'Best Mentor Award', awarded to a senior resident. Both awards were determined through brief resident questionnaires evaluating presentation clarity, creativity, and mentorship quality.

Results:
Implementation of this model yielded immediate, meaningful benefits. Attendance increased compared to traditional sessions, and discussions became more collaborative, with juniors reporting greater confidence in presenting cases to peers and seniors, while seniors gained structured experience in mentorship and feedback, strengthening preparation for future supervisory roles. Residents across cohorts expressed increased curiosity about psychopathology and psychopharmacology in a setting that promoted reciprocal learning. By reducing hierarchy and creating shared responsibility for teaching, the model addressed longstanding gaps in residency education and enhanced cross-cohort collaboration.

Conclusion:
This pilot demonstrates that structured mentorship across residency years is both feasible and effective, even in programs with limited resources. Success relied on several key features: resident-led case selection with flexible presentation formats, clearly defined roles for junior and senior residents to balance case presentation with mentorship, a recognition system that promoted accountability, and minimal faculty burden that preserved resident ownership of the process. Limitations include a small sample size, a single-institution setting, time constraints, and competing clinical duties. To address these, senior residents were given blocked time to meet with juniors, while juniors were scheduled to present during lighter rotations and only after at least one month of psychiatry experience. Despite these challenges, early outcomes suggest meaningful benefits in engagement, mentorship skills, and confidence in scholarly communication. By reframing case conferences as shared mentorship opportunities, this model begins to

dismantle hierarchical dynamics that can shape residency training. Without intentional structures like these, residents may otherwise complete training with less experience in mentorship, collaboration, and flexible thinking - competencies that are essential for high-quality psychiatric care.

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Posters

Title
Human-Centered Design Programming to Promote Well-Being in Psychiatry Training

Primary Category
Wellness, Burnout, Resilience

Presenters
Sabrina Reed, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)
Corinne Conn, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)
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Amber Song, MA, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)

Educational Objectives

1. To evaluate the feasibility and impact of a resident-driven wellness committee using HCD principles to design, implement, and refine wellness programming.

2. Below describes a process of programming grounded in trust building through periodic data gathering from residents themselves, transforming activities to meet their real-time levels of burn-out, and increasing each year's ability to thrive together, by connecting their wellbeing within the ecosystem of an adult psychiatry residency program.

Practice Gap
Wellness is critical in graduate medical education, affecting resident satisfaction, patient care, and workforce retention. Burnout remains widespread: 2024 AMA data report a 34.5% burnout rate among residents—an 8% drop from the previous year. Rates vary across specialties and methods, ranging from 27% to 75%. Large-scale data suggest about 36.4% of residents report burnout, with higher rates among women (39.0%) than men (33.4%). Globally, physician burnout—including among trainees—often exceeds 50%.
Traditional wellness efforts often follow top-down approaches, placing responsibility on trainees and leading to low engagement. Human-Centered Design (HCD)—which emphasizes empathy, collaboration, and iteration—offers a resident-driven alternative. However, its use in residency wellness remains limited.

Posters

Methods

This mixed-methods, longitudinal study is being conducted at the UCLA Adult Psychiatry Residency Training Program. Three wellness chiefs trained in HCD are leading a committee of residents in assessing needs and implementing wellness programming in the 2025-2026 academic year. The committee is utilizing a four-step iterative process:

- Empathy & Needs Assessment: Surveys and focus groups identified baseline levels of wellbeing and burnout, wellness priorities, and barriers.
- Ideation & Prototyping: The committee co-developed wellness interventions tailored to identified needs.
- Implementation: Pilot interventions (e.g., social events, mentorship programs, workflow modifications) were introduced.
- Evaluation & Iteration: Feedback from surveys and focus groups informed program adjustments every three months.

Primary outcomes included burnout (Maslach Burnout Inventory) and well-being (Warwick-Edinburgh Mental Wellbeing Scale) measured at baseline, 4 months, and 8 months. Secondary outcomes included program engagement, perceived effectiveness, and institutional impact. Data analysis integrated descriptive statistics, repeated measures ANOVA, regression models, and qualitative thematic analysis.

Preliminary Results:

Twenty-two resident responses were collected. Residents indicated that the top 5 factors that contribute to their wellbeing are relationships outside of residency, sleep quality, exercise, financial security, and relationships within residency. In open-ended questioning, three residents indicated lack of knowledge of resources as a factor limiting their utilization of residency resources. Residents indicated the highest level of interest in events involving social gatherings with faculty (15/22), exercise (15/22), therapy/support groups (15/22), social gatherings without faculty (14/22), volunteer opportunities (10/22), and self-care workshops (10/22). The majority of respondents expressed interest in monthly events (16/22), with most interested in programming in the evenings (15/22) or on weekends (13/22).

The wellness chiefs are currently implementing programming to address these needs. This includes monthly social activities that sometimes integrate exercise such as beach days, farmer's markets outings, and hikes. This also includes a resource sheet to allow for centralization of wellness resources and a support group for interns. Additionally, a

resident requested process group for the interns is scheduled to be led by the wellness chiefs themselves. The chiefs meet regularly with a larger committee made up of residents

from all four years, to further elucidate areas for intervention and collaborate on implementation of relevant programming. The wellness chiefs are currently recruiting for focus groups to further refine interventions for the upcoming year.

Conclusions:
This study explores whether HCD-based, resident-led wellness programming can improve engagement, relevance, and effectiveness in psychiatry residency. By centering residents as co-creators, the model may offer a scalable and responsive approach to wellness. Programming will reflect resident-identified priorities and preferred timing. Future efforts will also address limited awareness of available resources. This program offers a model of wellness intervention that may prove effective for use within other specialties, with communication occurring between the Child and Adolescent Fellowship Wellness Chiefs to further collaboration and grow the culture of wellness within UCLA.

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Posters

Title
Increasing Psychiatry and Psychology Interprofessional Collaboration and Bettering Patient Care Using a Structured Pairing Program during Training

Primary Category
Curriculum

Presenters
Angela Mayorga, MD, University of Kansas Medical Center
Daniel Ortiz, BS,MD, University of Kansas Medical Center
Alexander Brown, MD, University of Kansas Medical Center
Logan Clay, MD, University of Kansas Medical Center

Educational Objectives

1. The objective of this project is to evaluate the impact of a structured pairing program between psychiatry residents completing their 12-month outpatient rotation and psychology interns.

2. Psychiatry residents spend 2 days a week in the ambulatory clinic. Psychology interns complete a 1-year internship that includes 6 hours of ambulatory clinic each week. The primary outcome assessed will be provider perception of collaboration and integrated care.

3. The secondary outcome assessed will be patient-time to seeing a psychologist in this structured pairing program, as compared to the general wait list for psychology.

Practice Gap
The University of Kansas Medical Center supports both a psychiatry residency program and a psychology internship program. The ambulatory training occurs largely in parallel, with limited structured collaboration or integration of care between the two programs. A survey was completed by the psychology internship program that showed the majority of providers in the clinic feel there is a lack of relationship across disciplines and desire collaboration amongst providers and integrated care for patients. A review of the literature shows that increasing collaboration and integrated care increases psychological safety, decreases turnover, increases patient safety and holistic care, and optimizes healthcare outcomes. In an effort to address this issue, this project focuses on increasing collaboration between the programs.

Posters

Methods
Each psychiatry resident will be paired with a psychology intern for mutual patient referrals, including psychotherapy (e.g., CBT, supportive therapy, motivational interviewing, etc.) and psychological testing. Psychiatry residents and psychology interns will meet at a minimum of quarterly to discuss shared patients including short- and long-term care goals and clinical course. Outcomes of these interventions will be assessed using a mixed-methods approach, comparing outcomes at T0 (baseline), T1, and T2 (time points to be determined). Interprofessional collaboration will be measured via survey that implements questions selected from the Interprofessional Collaboration Scale (Orchard et al., 2012). Furthermore, impact to patient care will be evaluated by "time to first appointment" from referral, using analyses comparing pre-implementation and post-implementation periods.

Results
The results of the above quality improvement project are currently in the process of being obtained and analyzed. Primary outcome is the change in responses to the survey regarding interprofessional collaboration. We hypothesize that the above interventions will result in improved provider perception of collaboration and integrated care in the KUMC ambulatory clinic. Secondary outcomes time to first appointment following referral. We hypothesize a reduction in time to first appointment. (We should have data by the time the poster is due)

Conclusions
Integrated care is a holistic, coordinated approach to healthcare that involves different healthcare providers and disciplines collaborating to address patient care in a comprehensive manner. Integrated care has been shown to improve patient outcomes. A previous study indicated a desire to improve collaboration in the KUMC ambulatory clinic. A pilot program was created to pair psychiatry residents with psychology interns to address these concerns. This intervention aims to strengthen interprofessional relationships and reduce wait times for psychological services in the KUMC ambulatory clinic, which will be evaluated via survey. Based on these results, we hope to continue to develop and identify further interventions that help the clinic achieve the goal of better integrated care and improved collaboration.

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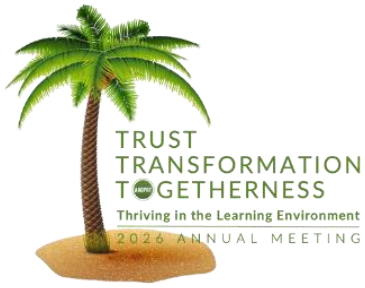

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Posters

Title
Islamic Cultural Customs and Healing Practices: A First Step in Psychiatric Training Curriculum Integration

Primary Category
Curriculum

Presenters
Craigan Usher, MD, Oregon Health Sciences University
Sameer Yousuf, MD, Oregon Health Sciences University
Boshard Devraux, DO, Oregon Health Sciences University
Karen Bos, MD,MPH, Oregon Health Sciences University

Educational Objectives
Our goals were three-fold:

1. Increase psychiatry trainees' knowledge about health inequities facing affecting Muslim patients;

2. Enhance awareness of Islamic customs, cultural practices and community resources, in the hope of,

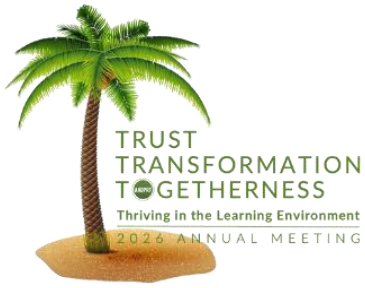
3. Increasing trainees' confidence in providing culturally- sensitive and culturally specific mental healthcare.

4. We aimed for a 50% increase in the following:

    a. the number of health inequities commonly experienced by Muslim individuals that trainees could identify,

    b. the number of healing practices and customs they could list, and

    c. trainees' subjective self-reported confidence that they can identify culturally-specific sources of strength and engage in meaningful dialogue about Muslim traditions, such as practices around Ramadan.



Posters

Practice Gap

Muslims, whether US-born or refugees and immigrants from majority Muslim countries, face significant health disparities (Dallo et al., 2024; Nguyen et al., 2024; Patel et al., 2022). Beliefs and attitudes about medicine, healing, and the mind may, at times, collide with practitioners from Western allopathic traditions. Our region has a growing population of Muslim immigrants and refugees (New Americans in Oregon, 2023). They bring into the healthcare setting a rich history and customs which promote physical and spiritual well-being, a shared sense of what constitutes mental life, and the support of their religious community. In our program, trainees acknowledged unfamiliarity with many Islamic traditions, lacking confidence in optimally listening to, eliciting information from, and supporting mental wellness in Muslim families.

Methods

We developed a workshop detailing the history and some fundamental tenets of the Islamic faith, reviewing demographic information regarding ethnic make up of Muslim communities, examining Muslim inequities across multiple domains, and delving into ways that practitioners might provide culturally-sensitive care. The workshop highlighted local community organizations providing educational, social, health, and housing resources to individuals and families who identify as Muslim or those who have arrived as immigrants or refugees from Muslim majority countries. Workshop participants included PGY-3 psychiatry residents and child psychiatry fellows. Participants completed electronic pre- and post-workshop surveys, including questions about their confidence in eliciting culturally-specific sources of support and understanding unique challenges facing Muslim patients and their families. The pre/post-intervention survey participation was 100%
Results: Over two workshops, 20 trainees completed the training. In the initial survey, participants listed an average of 0.7 Islamic healing practices/faith pillars, improving to 3.85 in post-surveys. Participants initially only an average of 1.2 common difficulties that Muslim individuals may face, while post-workshop this average improved to 2.9. Participants were asked about their confidence in three areas: 1) knowledge of aspects of the Muslim faith and community that be sources of strength, 2) their ability to inquire about these, and 3) their capacity to be culturally-sensitive. We found improvements in their self-reported confidence levels. Using a scale where 0% = completely unconfident, 50% = modestly confident, and 100% = completely confident, the average pre/post confidence scores increased from 25.5% to 57% for knowledge of faith and community, 25% to 62% for ability to inquire about these aspects, and increased from 33% to 57% for capacity to culturally-sensitive care.

Posters

Conclusions: Individuals who adhere to the Islamic faith including individuals who may have converted to the religion, those whose families have lived in the United States for many generations, as well as Muslims who may be recent immigrants face unique challenges to receiving optimal medical and mental healthcare. At the same time, Muslims may draw strength from their faith, community, and traditional practices. In this workshop we attempted to provide an overview of this very diverse and rich faith, highlighting core principles of Islam while acknowledging the heterogeneous nature of this religion as practiced in different communities in the US and around the world. We found that in 60-90 minutes, the nod to nuance and balancing a strengths-based focus and highlighting healthcare disparities was difficult, but manageable in a manner that improved participants knowledge and cultural curiosity—that they felt they may not have new answers, but instead a new way of exploring mental health with Muslim youth and adults. Future Direction: We presented data from a similar workshop last year focused on Native American mental health, completing this workshop before residents and fellows begin engagement with high school students attending a high school supporting Native American students. We plan to use this workshop similarly, as a prelude to site visits where Muslim individuals receive culturally specific care and as we develop elective options in our Intercultural Psychiatry Program.

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Posters

Title
Lights, Camera, Education: Leveraging 'The Pitt' to Create Psychological Safety in Discussing Professional Challenges During Residency Training

Primary Category
Wellness, Burnout, Resilience

Presenters
Joanna Stanczak, BS,MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Jenna Taglienti, MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Jessica Cosgrove, DO, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Christopher Reggi, MD, Zucker School of Medicine at Hofstra/Northwell
Sonia Kumar, DO, Zucker School of Medicine at Hofstra/Northwell

Educational Objectives
1. Apply practical strategies for identifying and addressing suspected impairment and substance use in colleagues through case-based discussions.
2. Utilize institutional policies and anonymous reporting systems for managing professional wellness concerns and workplace violence.
3. Integrate trauma-informed approaches and peer support mechanisms when working with colleagues experiencing PTSD.
4. Demonstrate enhanced ability to navigate hierarchical challenges while maintaining psychological safety.
5. Synthesize learned concepts to develop comprehensive approaches to supporting colleague wellness while managing workplace violence and trauma.

Practice Gap
Current psychiatric residency education often struggles to effectively address challenging professional situations, particularly around substance use, workplace violence, and trauma among healthcare professionals. Traditional didactic approaches frequently fall short in creating safe spaces for processing difficult experiences, including COVID-related PTSD and professional burnout. With approximately 10-15% of physicians experiencing

substance use issues and increasing rates of workplace violence in healthcare settings, there is a critical need for innovative teaching approaches. Existing curricula lack contemporary, relatable contexts that allow residents to explore these sensitive issues while maintaining professional distance. This educational initiative addresses these gaps by utilizing "The Pitt," an Emmy-awarded medical drama, as a teaching tool that bridges theoretical knowledge with practical application.

Methods
The curriculum utilizes selected episodes from "The Pitt" (HBO Max) to facilitate discussions on three key areas: workplace violence, healthcare professional wellness, and substance use among medical professionals. Each 90-minute session follows a structured format incorporating scene viewing, guided discussion, and practical application. The sessions address approaching suspected impairment in colleagues, navigating hierarchical challenges in healthcare, and creating psychological safety in residency. Additional focus is placed on institution-specific policies and resources, anonymous reporting procedures, and available wellness support systems. The curriculum specifically incorporates scenes depicting healthcare worker trauma, substance use challenges, and workplace violence to facilitate meaningful discussions about real-world scenarios.

Results:
Implementation of this curriculum has demonstrated significant engagement from residents. Feedback indicates enhanced comfort in discussing sensitive professional topics through the lens of fictional scenarios. Residents report improved understanding of institutional resources and increased confidence in addressing colleague impairment. The media-based format has proven particularly effective in promoting open dialogue about challenging situations that affect approximately 10-15% of physicians during their careers. The structured discussions have led to increased awareness of available support systems and improved understanding of appropriate intervention strategies for colleagues in distress.

Conclusions:
This innovative teaching approach successfully bridges the gap between theoretical knowledge and practical application in addressing healthcare professional wellness and substance use. Resident feedback confirms the effectiveness of using contemporary media to facilitate difficult conversations, with participants noting enhanced problem-solving abilities for real-world challenges. The format provides a reproducible model that can be easily adapted by other residency programs seeking to address wellness and impairment in an engaging, meaningful way. The curriculum's success suggests that

media-based teaching can effectively create psychological safety while maintaining professional relevance, particularly when addressing sensitive topics such as substance use, workplace violence, and healthcare worker PTSD.

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Posters

Title
Making the Dream Work: Teamwork between Child and Adolescent and General Psychiatry Programs to Integrate Training

Primary Category
Program Administration and Leadership

Presenters
Christopher Czapla, BA,BS,MD, University of Oklahoma Health Sciences Center
Eleanor Lastrapes, MD, University of Oklahoma Health Sciences Center

Educational Objectives

1. Consider potential positive outcomes and negative consequences for psychiatry training departments of combining general psychiatry residency with child and adolescent psychiatry fellowship into a single track.

2. Consider benefits or risks to applicants of selecting integrated psychiatry training programs.

3. Understand the curricular and community components necessary for establishment of an integrated psychiatry program.

4. Describe steps a psychiatry training department can take to establish an integrated psychiatry program.

Practice Gap
As psychiatry residencies become more competitive, programs could benefit from expanded curriculum options to recruit applicants. Simultaneously, CAP fellowships continue to face an uphill battle attracting applicants in a psychiatry job market that often rewards residency graduates for seeking employment earlier without fellowship training. Additionally, the majority of new CAP psychiatrists decide their training path in medical school.

Integrated CAP and general psychiatry training is an underutilized option for consolidating training for the potential benefit of both applicants and programs. AACAP lists only 25 integrated programs despite there being numerous institutions equipped for developing them. Here we describe the analysis, process, and results of implementing our program's first match of an integrated psychiatry program.

Posters

Methods
At our institution, we had an established general psychiatry residency and CAP fellowship for decades. Recruitment has varied for both, but the residency has recently echoed the national trend of increasing competitiveness. The CAP fellowship had not mirrored that trajectory, so we had interest in optimizing recruitment. Residents often show higher interest in CAP fellowship early in training than we encounter from senior residents faced with the final decision to apply to fellowship. We analyzed available educational resources including potential rotations, teaching faculty, administrative support, educational materials, and funding. A prominent consideration was the availability of pediatric rotation options and teaching faculty already in use that would be synergistic with an integrated program. Another important factor was the planned construction of a child psychiatry facility on our health campus. Our discussion pertaining to the development of an integrated program involved the CAP PD, the general residency PD, the department chair, and the DIO.

Once the decision was made to establish an integrated program, we took several steps. First, funding was allocated for the integrated track from money offered by the state as part of a legislative effort to increase psychiatric training state-wide. We contacted the NRMP to create a new program entry for the upcoming match cycle. Next, we communicated our plan with ERAS to ensure the proper listing of a separate integrated program. Our internal interview strategy yielded interesting questions for consideration related to the match process. The most important approach to tackling each obstacle was regular communication between directors, respect, and compromise.

Our plan for interview selection featured the general residency PD leading the process with regular communication with the CAP PD since the majority of applicants applied at least to the general program. Integrated program interviews would be conducted in a similar format to the general program with additional sessions held with CAP faculty.
Results: For our first match season with this new model, we received approximately 600 applications to the general program and approximately 200 applications to the integrated program. 100 applicants were selected to interview for 8 spots in the general program and 2 spots in the integrated program. 70 selected applicants applied to only the general program. 28 selected applicants applied to both programs. 2 selected applicants applied to only the integrated program.

We successfully matched both spots for the integrated program. Discussions with applicants revealed common considerations about applying to the integrated program:

concerns about committing to five years of training mitigated by the potential benefit of only needing one match to ensure contiguous training in both adult and child psychiatry. Conclusions: Specialized tracks like this one can be helpful for clarifying and consolidating elements of psychiatry residency curricula and optimizing recruitment.

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Posters

Title
Preventing and managing behavioral escalation in the acute care setting: an interdisciplinary approach to internal medicine curriculum development

Primary Category
Curriculum

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

Educational Objectives

1. To create an interdisciplinary curriculum to teach to internal medicine trainees key concepts of trauma-informed agitation management in the acute care setting including:

    a. Application of a diagnostic framework to agitation.

    b. Demonstration verbal de-escalation strategies to prevent and manage behavioral escalation.

    c. Recognition of interprofessional team roles and responsibilities in de-escalation.

    d. Discussion of pharmacological and ethical-legal approaches to agitation management.

Practice Gap
90% of internal medicine residents report experiencing verbal or physical violence while in training. There is no standard of practice regarding appropriate management of behavioral events (BEs) in the hospital. To our knowledge, there are no other residency programs that have developed interprofessional curriculum to prevent and manage behavioral escalation on acute medical care units.

Methods
A team of faculty from the internal medicine and psychiatry departments partnered to design and deliver the curriculum. The curriculum consists of two separate 90-minute

presentations to the PGY-1 and PGY2/3 groups as part of the general internal medicine residency educational series. The presentations differed slightly between the classes

regarding the emphasis on capacity evaluation versus pharmacological management of behavioral emergencies. To assess the curriculum, the team asked the residents to fill out pre and post anonymous electronic surveys and collected quantitative and qualitative data.

Results:
111 internal medicine residents participated in and completed the pre-survey.
72% reported prior training in behavioral de-escalation.
Only 30% reported they felt prepared to manage a behavioral emergency.
72 residents completed the post-survey.
94% felt session demonstrated effective de-escalation techniques that could be applied to real-life de-escalation situations.
89% agree or strongly agree that they felt better prepared to attend to behavioral escalation situations in the hospital after this session
61 residents completed both the pre- and the post-surveys with 35-100% improvement in those who agree or strongly agree that they have a framework to approach agitation, can demonstrate the 10 domains for de-escalation, that they are aware of the Epic agitation pathways, that their role during a behavioral emergency is clear.
Qualitatively, residents reported they enjoyed the collaboration between hospital medicine and psychiatry faculty and requested additional time and integration of nursing and other behavioral health colleagues.

Discussion:
Our interdisciplinary curriculum was feasible, valued by the residents, and increased confidence in all domains assessed in the survey. Residents appreciated both evidence-based and specialist approaches to behavioral emergencies. Next steps include creation of specific PGY-2/3 curriculum that will primarily be made up of case-based learning and small group discussions. We will continue to measure the effectiveness of our curriculum and the hope is that it can be used by training programs within CU and at other institutions across the U.S.

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Posters

Title
Reentering Residency as a New Parent: An Interactive Return-to-Work Parent Elective for Psychiatry Residents

Primary Category
Curriculum

Presenters
Mayada Akil, MD, Georgetown University Medical Center

Educational Objectives

1. Understand the neuroscientific basis of perinatal and postpartum brain changes and infant neurodevelopment.

2. Learn the diagnostic criteria, differential diagnosis, and evidence-based treatments for mood and psychotic disorders in the peripartum period.

3. Learn about the impact of attachment, temperament and parenting on human development.

4. Understand the impact of psychopathology on the trajectory of infant neurodevelopment.

5. Increase awareness of challenges facing working parents, including increased responsibility, shifts in identity and social dynamics.

6. Ease the transition back to work for trainees who are new parents, including personal and professional considerations such as childcare, psychosocial support, and clinical reintegration.

Practice Gap
Residents in training face academically rigorous and physically taxing workloads leading many to postpone family building, creating fertility challenges in the future. For those who choose to have children during residency, return to work after parental leave is a particularly vulnerable period that affects mental health and job satisfaction. We designed a new parent elective curriculum that facilitates the return to work through a gentle transition and provides residents with the opportunity to gain knowledge directly relevant to their personal experience and compatible with ACGME milestones through a flexible and interactive schedule. This elective offers an innovative structure by adopting an interactive

style, emphasizing adult-learning principles, and incorporating wellness activities aimed to ease the transition for new parents.

Methods

We designed a 4-week elective curriculum that can be completed remotely. Each week focuses on one topic and includes review modules, videos, interactive case conferences and wellness activities. The topics are: week 1 “Pregnancy and Perinatal Period”, week 2 “Postpartum Period and Transition to Parenthood”, week 3 ”Infant Mental Health and Development”, week 4 “Perspectives on Working Parenthood”. Each week includes interactive learning modules from NNCI, NCRP and AACAP chosen to fit the theme, as well as time to attend Virtual Rounds at the MGH Center for Women Mental Health. Reflections, wellness activities and other relevant interactive materials are also provided. In our choice of materials, we used some materials that were included in Dr. Olsavsky’s “Welcome Back” elective, we consulted with child and infant mental health experts, Dr. Emily Aaron, and Dr. Londono-Tobon and with Lori Mihalich-Levin, founder of “Mindful Return”. Three members of our team reviewed each module and rated them for content, relevance, and adult learning principles before they were selected. Each module was strategically placed in the schedule, with knowledge-based activities in the morning and wellness-related activities in the afternoon.

This curriculum is unique in its emphasis on an interactive, adult-style learning model. Each day consists of modules that are in a case-based format with reflection prompts, discussion questions, and opportunities to learn in groups or join live virtual grand rounds. Residents will have several opportunities for evaluation and feedback, including reflection pieces and post-module assessments. This curriculum will be evaluated with pre and post-elective feedback surveys on Qualtrics.

Conclusion

The objective of this elective is to aid in transition back to residency for new parents, as well as address common gaps in ACGME core curriculum requirements related to women’s mental health, infant development, and psychosocial aspects of parenthood. Key takeaways from our new elective include designing a curriculum model with an emphasis on adult-style learning, filling knowledge gaps in ACGME psychiatry residency curriculum related to reproductive psychiatry, and providing added opportunities for social connection, engaging in wellness, and optimizing the return-to-work experience for new resident parents. We hope to continue to expand this project and collaborate with other programs to create a group-based experience for residents currently on the elective.

Posters

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American Academy of Child and Adolescent Psychiatry www.aacap.org

Mindful Return website https://www.mindfulreturn.com/

Posters

Title
Reinforcing Longitudinal Psychotherapy Education – Using 'Mini-courses' to Bridge Theory and Praxis

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Tyler Fleming, DO,MPH, University of Rochester School of Medicine & Dentistry

Educational Objectives

1. Our objective is to apply and utilize Malcolm Knowles's andragogy principles—"need to know," "readiness to learn," and "orientation to learning"—to strengthen residency psychotherapy education.

2. Specifically, this poster will demonstrate how psychotherapeutic theory can be bridged to psychotherapeutic praxis through a structured model that embeds targeted teaching within the PGY3 psychotherapy clinic.

3. Residents are expected to apply theoretical concepts first introduced in didactics, then reinforce and analyze them through supervised clinical practice, creating cross-talk between the classroom and clinic.

4. By sharing this framework and evaluating its effectiveness, we aim to provide other programs with an adaptable model that supports replication and enhances longitudinal retention of psychotherapy skills across residency curricula.

Practice Gap
Imparting strong clinical and theoretical skills in psychotherapy is a requirement of all psychiatric residencies and a key ACGME milestone. Yet programs face significant practice gaps: didactic time is limited, opportunities for supervised psychotherapy may be constrained, and skills taught early in training are often forgotten or insufficiently reinforced. As a result, residents may struggle to carry forward essential competencies into their outpatient years. To address this gap, our residency launched a year-long series of praxis-focused mini-courses embedded within the PGY3 psychotherapy clinic. These targeted courses reinforce and expand upon skills introduced in PGY1–PGY2 didactics, strengthen retention, and promote longitudinal learning across all years of residency training.

Posters

Methods

Psychotherapy is a critical element of the professional identity and practice of psychiatry and is explicitly enshrined in ACGME guidelines and milestones for resident development. Despite its central importance, residency programs frequently encounter significant challenges in delivering high-quality psychotherapy training in both didactic and clinical venues. Time in didactics is limited, supervision resources are often stretched thin, and the integration of theory into practice can be inconsistent. In response to these gaps, our program implemented a novel educational initiative during the past academic year: a series of mini-courses embedded directly within the PGY3 psychotherapy clinic.

The design of these mini-courses was guided by Malcolm Knowles's principles of andragogy—"need to know," "readiness to learn," and "orientation to learning." Didactics in earlier training years (PGY1–PGY2) provide the theoretical foundation, but residents often struggle to apply these frameworks in clinical practice months or years later. By embedding targeted, practice-oriented modules within the PGY3 clinic, we sought to reinforce previously taught psychotherapy models with a heightened emphasis on clinical implementation, aligning theoretical knowledge with residents' readiness to apply skills in their own patient care.

The curriculum was structured to cover both required and commonly encountered psychotherapies. Mini-courses began with the ACGME-mandated modalities—psychodynamic, supportive, and cognitive behavioral therapy (CBT)—and then progressed to additional frameworks frequently used in clinical practice or referral settings, including interpersonal therapy (IPT), dialectical behavior therapy (DBT), motivational interviewing (MI), acceptance and commitment therapy (ACT), schema therapy, and group therapy. Each 30-minute session focused on a concrete clinical intervention, such as conducting a mood shift form, performing a behavior chain analysis, or applying defense analysis using Malan's Triangles. By breaking down abstract concepts into specific, actionable techniques, the mini-courses offered residents clear tools they could implement immediately with patients.

Evaluation of the program during its first year relied on narrative feedback from residents and their individual psychotherapy supervisors. Early results were strongly positive. Trainees consistently described the sessions as well-timed, highly targeted, and directly relevant to their concurrent clinical work. Supervisors noted that residents more readily incorporated techniques into therapy sessions, and residents themselves reported greater confidence in moving from theory to practice. Importantly, the format was also well received because it complemented, rather than competed with, existing didactic

structures, reinforcing the principle that theory is best taught in the classroom while praxis is best developed in the clinic.

We conclude that the integration of structured, practice-focused mini-courses into the psychotherapy clinic is a feasible and effective innovation in residency education. This approach addresses common resource limitations, lowers barriers to implementing psychotherapy techniques, and enhances longitudinal retention of skills across training years.

By aligning adult learning principles with the realities of residency training, we transformed abstract theory into actionable clinical skills. This model not only strengthens resident confidence and competence but also offers a replicable framework for programs nationwide seeking to bridge the gap between psychotherapy theory and practice.

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Posters

Title
Seeing the Diagnosis: The use of visual tools to enhance learning of psychiatric diagnoses

Primary Category
Curriculum

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

Educational Objectives

1. To address these challenges, we propose a framework for cartoon-based illustrations of DSM-5-TR™ diagnoses, designed as digital "visual flashcards" to reinforce diagnostic criteria and broaden residents' exposure to conditions they may not encounter in training.

Practice Gap
Psychiatric diagnoses are inherently subjective, relying heavily on symptom interpretation. According to dual coding theory, pairing verbal and visual information enhances learning and memory (Li et al., 2022), while the picture superiority effect shows that images are more easily recalled than words alone (Paivio, 1971; Mintzer & Snodgrass, 1999). Visual aids have also been shown to improve outcomes and engagement in medical education (Bland, 2024). Psychiatric education varies widely across countries and even within the United States, where differences between academic and community hospitals may limit residents' clinical exposure to diverse psychiatric presentations.

Methods
We conducted a literature review using search terms related to psychiatry education and visual learning in medical education, with a focus on how visual aids, particularly comics, might be used to teach DSM-5-TR™ psychiatric diagnoses to psychiatry residents. Forty-five articles met inclusion criteria. Films and video-based media were the most commonly employed visual tools in psychiatric teaching (Yaden et al., 2023), followed by the use of 2D portraits (Ryznar et al., 2023; Ballou and Gaufberg, 2023) and 3D visualizations (Weldon et al., 2019). Across these studies, visual media were primarily applied to enhance psychiatric interview skills, teach empathy, and explore cultural and stigma-related

contexts in mental health. However, we found little evidence of 2D comics, cartoons, or illustrations being used specifically to teach DSM-5-TR diagnostic categories. Our findings highlight a significant gap in the literature. Although visual methods are effective in medical education broadly, their application to psychiatric diagnostic teaching remains unexplored. In response to this, we created 20 visual boards, each pertaining to a DSM-5-TR™ diagnosis. Each visual board has a square format that consists of 4 panels that will detail symptoms hinting at each diagnosis. The panels may be digitized or used as flashcards and utilized in various ways to enhance psychiatry education. Developing and systematically evaluating cartoon-based illustrations offers a low-cost, scalable opportunity to enhance psychiatry residency training. By consolidating existing evidence and identifying this gap, our review underscores the potential for innovative visual methods to enrich psychiatric education and strengthen diagnostic learning.

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Posters

Title
Self-directed learning in health professions education: A systematic review and meta-analysis

Primary Category
Teaching, Supervision, Pedagogy

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

Educational Objectives

1. This study aimed to provide an updated and comprehensive synthesis of self-directed learning (SDL) in health professions education.

2. Specifically, we sought to

    a. systematically review comparative studies of SDL interventions to determine their impact on knowledge, skills, behaviors, and clinical performance;

    b. conduct a three-level meta-analysis to quantify overall effects and evaluate moderators such as profession, outcome type, instructional modality, and facilitator role; and

    c. examine the extent to which key SDL components (educator facilitation, learner involvement in resource selection, and learner participation in assessment) are enacted in practice, thereby identifying gaps between SDL theory and implementation.

Practice Gap
Self-directed learning (SDL) is widely regarded as a cornerstone of health professions education (HPE) because it emphasizes learner autonomy, self-assessment, and responsibility for progress. Accrediting bodies, including the ACGME, highlight SDL as central to practice-based learning and improvement, while educational frameworks such as the Master Adaptive Learner model underscore its role in preparing clinicians for continuous growth. Yet despite this conceptual importance, SDL is implemented and studied inconsistently across medical, nursing, dental, and allied health training programs. Questions remain about which elements of SDL are most effective and whether

interventions truly reflect its theoretical foundations. This systematic review updates and extends the landmark synthesis of Murad et al. (2010).

Methods
We searched CINAHL, Embase, OVID Medline, PsycINFO, and Web of Science (2009–2023) for comparative studies evaluating SDL interventions in HPE. From 6,786 screened articles, 125 studies met inclusion criteria, with 48 eligible for meta-analysis. We conducted a three-level random-effects meta-analysis and moderator analyses on profession, outcome type, SDL modality, and facilitator role. Five independent reviewers conducted screening and extraction, resolving discrepancies via consensus.

Results
The meta-analysis incorporated 74 effect sizes from 48 studies, revealing a small-to-moderate overall effect (Cohen's d = 0.34, 95% CI 0.04, 0.64) with significant heterogeneity (I^2 = 87%). SDL as intervention showed larger effects (d = 0.54 vs. d = -0.27, p = 0.004). Most studies involved Kirkpatrick Level 2 outcomes (knowledge/skills, 78%), with some Level 3 outcomes (skills/behaviors, 22%) and no Level 4 outcomes (patient/system) reported. Most teachers were absent or acted as facilitators, while learners were less likely to be involved in choosing resources (21%) or in assessments (25%).

Conclusions
This updated meta-analysis reaffirms that SDL reliably enhances knowledge acquisition but suggests that it may yield only modest gains in clinical skills and behaviors. The wide variability in how SDL is defined and reported underscores the need for a consensus definition of SDL.

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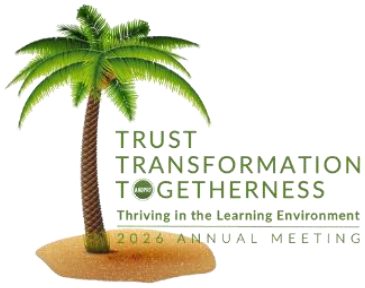

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Posters

Title
Simulating Ethics: Case Report and Literature Review of Simulation-Based Medical Education for Training Psychiatry Residents in Moral Decision-Making

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Margo Funk, MA,MD, Brigham and Women's Hospital/Harvard Medical School
Joseph Wu, MD,PhD, Brigham and Women's Hospital/Harvard Medical School
Mary Shen, MD,MS, Brigham and Women's Hospital/Harvard Medical School
Matthew Baum, MD,PhD, Brigham and Women's Hospital/Harvard Medical School

Educational Objectives
1. Here, we provide a case study on observations and key takeaways from our experience implementing an ethics simulation and a review of the literature on SBME for training residents in psychiatric ethics.

Practice Gap
Simulation-based medical education (SBME) is widely used in graduate medical education across many specialties to teach clinical skills, but its use in psychiatry training is less common and its potential for teaching psychiatric ethics remains underexplored. Psychiatry is unique in that moral and clinical decisions are often entwined more integrally than elsewhere in medicine, for example, how to respect patient autonomy and shared decision making when a patient is admitted involuntarily. SBME offers an immersive environment, with state-of-the-art replica clinical environments and professional actors in simulation centers, where trainees can practice navigating ethical dilemmas, apply theoretical principles, and reflect on real-world implications.

Methods
At our Psychiatry residency program, we designed and implemented a simulation scenario for second-year psychiatry residents focused on the ethics of communicative strategies during involuntary hospitalizations. Now in its second year of implementation, the scenario places residents on an inpatient unit where recommended treatment is being declined secondary to psychosis. The simulation prompts learners to consider the moral tradeoffs of different treatment pressures ranging from persuasion to coercion, and to act on decisions that balance the nuances of autonomy, transparency, and power imbalances in

mental healthcare. The simulation is followed by a facilitated debrief to integrate ethical theory, clinical reasoning, and group reflection.

Results:
A search of the medical literature revealed no prior reports of using SBME to train residents in psychiatric ethics, underscoring the novelty and timeliness of this work. Feedback from residents suggests that the ethics simulation format encouraged active engagement, deepened their understanding of how ethical considerations shape communicative strategies, and created space for candid peer discussion. Moreover, the simulation prompted a call for further expansion of ethics simulation training, leading to the development and implementation of a second ethics simulation on initiating involuntary hospitalization from an outpatient virtual visit that has been incorporated into the second-year didactic curriculum.

Conclusion:
Ethical challenges are central to psychiatric practice, yet traditional didactic formats to teach ethics often remain abstract. SBME offers a dynamic tool to bring these dilemmas to life, bridging theory and practice in ways that enhance learning. While simulations have traditionally been reserved for teaching clinical decision-making, our experience demonstrates their promise for cultivating moral reasoning in psychiatric training and underscores that further research on their promise would be fruitful.

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Posters

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Posters

Title
Talking to Each Other: Five Years of Care Coordination Between Schools and Health Care for Youth with Mental Illness

Primary Category
Research and Scholarship

Presenters
Molly Wimbiscus, MD, Cleveland Clinic Foundation
Gaelle Rached, MD,MS, Cleveland Clinic Foundation
Dimitri Fiani, MD, Cleveland Clinic Foundation
Tiffany Ogundipe, BA, Case Western Reserve Univ/MetroHealth Medical Center
Sarah Fracci, MD, Cleveland Clinic Foundation

Educational Objectives
The School Mental Health Program (SMHP) was developed to enhance access to psychiatric services for students through integration of school personnel, primary care providers, and mental health specialists. This abstract aims to:

1. Describe strategies for increasing the effectiveness of school-based psychiatric care through partnerships with local medical homes and training programs.

2. Highlight the role of a dedicated Mental Health Navigator in strengthening communication between schools and healthcare providers for youth with serious mental illness; and

3. Compare the impact of collaborative versus co-located school-based models of care on access to psychiatric services and care coordination, emphasizing lessons learned to inform sustainable school mental health initiatives.

Practice Gap
Psychiatric disorders affect 13–20% of U.S. youth annually and, when untreated, are associated with impaired educational attainment, occupational functioning, and increased suicide and substance use risk. Despite the availability of effective treatments, the majority of children and adolescents who need mental health care do not receive appropriate services because of stigma, cost, and a severe shortage of child and adolescent psychiatrists, resulting in long wait times. Schools are uniquely positioned to bridge this gap by promoting mental health literacy, providing early identification and prevention

programs, and integrating counseling and psychiatric services into the school environment. Collaborative care models have demonstrated improved outcomes in adults, and emerging evidence suggests similar promise for youth, though engagement remains a key challenge.

Methods
The SMHP serves multiple Ohio school districts (≈20,000 students), with a flagship urban district of 4,000 students evaluated from 2018–2023. The program includes: (1) a Mental Health Navigator to coordinate communication between schools, families, and providers; (2) a Transition Bridge Program to support reintegration after psychiatric hospitalization; (3) a Primary Care–Psychiatry Collaborative Care Clinic (PCC) integrating child psychiatry consultation into school-based primary care; and (4) a Virtual Access Clinic offering rapid telepsychiatry evaluation for urgent, non-emergent cases. This naturalistic evaluation combined administrative data, structured observations, stakeholder interviews, and student outcome measures.

Results:
Since its launch, SMHP delivered 3,359 services to over 1,000 unique students (≈25% of the district). Mental health accounted for nearly 70% of all visits, and average wait times for psychiatric evaluation fell to 1–3 weeks compared with 6–10 months in community settings. Half of all navigator encounters involved care coordination. Referrals primarily originated from school staff (50%), followed by parents (16%) and health system staff (10%). High school students represented the largest referral group (54%). From 2018 to early 2022, >60% of school-based primary care encounters addressed mental health. In early 2022, the model shifted from collaborative care to a co-located model due to staffing changes; psychiatric wait times then increased by 300%, and mental health encounters in primary care dropped to 20–30%. Survey data showed progressive improvement in cross-system communication and perceived importance of warm hand-offs from 2017–2021, sustained during the COVID-19 pandemic with continued virtual team huddles.

Conclusion:
Embedding collaborative care, rather than mere co-location, within school settings improves access, timeliness, and coordination of psychiatric services for youth. Mental Health Navigators are critical to bridging sectors and reducing repeated hospitalizations during vulnerable transition periods. This model also trains primary care and child psychiatry trainees in integrated care, strengthening the workforce. Future efforts should focus on sustaining collaborative models, expanding training for educators and clinicians, and testing braided funding streams to support navigators across diverse school systems.

Posters

Broader adoption has the potential to transform how schools and health systems partner to support youth mental health at a population level.

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Posters

Title
The determinants of adaptability and thriving among IMGs in psychiatry residency training

Primary Category
Research and Scholarship

Presenters
Vineeth John, MBA,MD, McGovern Medical School at UTHealth
Adeleye Adaralegbe, MD,PhD, McGovern Medical School at UTHealth
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Maykel Farag-Ghabrash, MD, McGovern Medical School at UTHealth

Educational Objectives

1. This study aimed to understand the peculiar challenges faced by IMGS in psychiatry residency training in the United States and to explore the determinants of thriving among this population.

2. Furthermore, we aimed to identify interventions that may assist IMG residents in adapting faster and thriving better in their work roles.

Practice Gap
International medical graduates (IMGs) are vital to U.S. psychiatry, addressing workforce shortages and expanding access to underserved populations. IMGs have a higher representation in the psychiatric workforce than other specialties (29% vs. 23%), often filling residency gaps avoided by U.S. graduates due to stigma and perceived burdens. Their cultural and linguistic diversity enhances culturally competent care, improving treatment adherence and patient satisfaction. IMGs also face peculiar challenges as they transition to residency despite their wealth of experience. While various studies document the challenges well, there is a dearth of information on how this specific group adapts and thrives in their roles as residents across the nation.

Methods
This cross-sectional study utilized an online survey distributed by email to collect self-reported data from IMG psychiatry residents (PGY-1 to PGY-4) across the United States between November 2024 and April 2025. Institutional Review Board (IRB) approval was obtained from the sponsoring institution prior to data collection. The survey achieved a completion rate of 58.7% at a sample size of 82 participants. Participants were

predominantly male (55.6%), with a mean age of 33.6 ± 5.9 years, and were fairly distributed across training levels. The most reported challenges during residency included difficulties with belonging, financial stressors, cultural dissonance, limited social support, and adapting to electronic medical records. Notably, 94.6% of respondents indicated these challenges had either improved or been fully overcome over time. Coping and adaptation were most strongly attributed to program-related support such as mentorship, wellness resources, peer collaboration, and accessible leadership, in addition to family support. Primary sources of high stress were finances, residency training demands, and personal relationships. IMGs demonstrated strong resilience, reflected in high scores on the Brief Inventory of Thriving scale and scholarly engagement. The majority (80%) of the participants reported involvement in scholarly activities, including peer-reviewed publications, national and regional conference presentations, and recognition through professional awards, grants, and program-specific awards. Factors such as postgraduate education or prior residency training, previous US work experience, and mentorship in the US positively influenced adaptability and thriving. In conclusion, this study highlights the significant challenges and remarkable resilience of IMG psychiatry residents in the United States. Similar to other studies, residents with balanced work–life conditions and low emotional exhaustion scored significantly higher on thriving scores. Findings from other studies also indicated that program leadership, connectedness, and work climate are critical contributors to thriving. Our results underscore the importance of systemic support to transform early residency challenges into long-term professional growth.

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Posters

Title
The Missing Rotation: Making Forensic Psychiatry Unmissable in Residency

Primary Category
Curriculum

Presenters
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Jasmine Kim, MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital
Jialin Li, MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital
Anna Costakis, MBA,MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital

Educational Objectives

1. To review recent literature describing:

    a. limitations in forensic exposure within general psychiatry residencies;

    b. strategies to incorporate forensic experiences into residency training; and

    c. benefits of greater forensic exposure for residents, including interest in forensic careers, confidence with legal interfaces, and preparedness for clinical work with justice-involved populations.

Practice Gap
The ACGME requires dedicated rotation in child and adolescent and addiction psychiatry for general psychiatry residencies but provides limited guidance on exposure to other subspecialties, including forensic psychiatry. Early, structured exposure helps residents explore careers, build mentorship, and pursue fellowships through authentic clinical settings rather than didactics alone. Current ACGME language on forensic training remains general—didactic instruction in fundamental principles, clinical experience at the psychiatry–law interface, and competence in forensic topics—without specifying key settings such as correctional facilities, forensic psychiatric hospitals and secure units, or distinctions between criminal and civil courts. This review synthesizes literature on current

limitations in forensic exposure, strategies to deepen resident engagement, and potential benefits of implementing a more structured forensic rotation.

Methods
We searched PubMed (2015–2025) using MeSH terms and keywords combining Forensic Psychiatry with Internship and Residency, psychiatry residency, and graduate medical education. Additional terms (curriculum, program development, program directors, mentorship, exposure, recruitment) targeted strategies to enhance training and interest in forensic psychiatry. Titles and abstracts were screened for relevance.
Results: The search identified 61 articles; 15 met inclusion.

Limitations in current training: Two studies directly examined gaps in residency exposure. A multi-site survey of general psychiatry residents found fewer than half had completed or were required to complete a forensic rotation or had robust forensic resources. Another U.S. survey similarly reported that fewer than half trained in programs with a required forensic rotation, and many residents reported low comfort with forensic topics and populations.

Strategies to mitigate gaps: Eight articles described practical approaches. One advocated leveraging community partners—court-ordered substance use clinics, jail diversion programs, mental health/drug courts, law enforcement collaborations, and versatile clinics (e.g., FORDD)—to provide clinical exposure where traditional forensic resources are limited. Comparative examples from Belgium and the Netherlands outlined national pathways to develop competencies; the Netherlands offers training in expert report writing and court testimony, and Belgium recognizes a defined professional competency in forensic psychiatry. Wasser et al. showed that interactive, online, case-based modules can expand access to content. Additional strategies included a structured, PGY-level curriculum; incorporation of mock trials to build knowledge and courtroom testimony skills; and development of state–academic partnerships to support forensic teaching services.

Benefits of required experiences: Seven articles assessed outcomes of structured exposure. Two studies linked mandatory forensic rotations to increased interest in working with forensic populations and pursuing fellowship, though without clear changes in self-reported comfort or knowledge of supervisory/consultative resources. One study found a geriatric forensic psychiatry rotation to be a valuable learning experience with post-graduation utility. Another reported that residents exposed to structured forensic educational modules were more confident conducting evaluations across case types compared with peers without such exposure.

Posters

Rationale for expanded training: Two articles underscored the growing need for forensic education, citing deinstitutionalization, the high prevalence of serious mental illness in correctional settings, a shortage of forensic psychiatrists, and the need to address stigma and countertransference. While only a minority will pursue forensic careers, nearly all psychiatrists encounter legal issues in practice. Notably, mandatory rotations—rather than unspecified experiences—were associated with greater trainee interest in forensic work and fellowship.

Conclusions: General psychiatry programs commonly provide limited forensic exposure; fewer than half of residents complete a forensic rotation, and many report low comfort with forensic topics and populations. Feasible strategies—mandatory rotations, structured PGY-spanning curricula, online case-based modules, mock trials, and community/state partnerships—can expand access. Reported benefits include increased trainee interest in forensic populations and fellowship and improved confidence with evaluations. Given workforce needs and the ubiquity of legal interfaces in practice, residencies may benefit from adopting structured, longitudinal forensic training to enhance competence, address stigma, and improve patient care.

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Posters

Title
Transforming competency to expertise in reproductive psychiatry: developing a subspecialty clinical track in a residency training program

Primary Category
Curriculum

Presenters
Anetta Raysin, DO, Maimonides Medical Center
Suan Lee, MD, Maimonides Medical Center
Sara Carlini, MD,

Educational Objectives

1. Develop a longitudinal reproductive psychiatry clinical training track to address the growing need for expertise in this population.

2. Provide a framework for how subspecialty training can be implemented in resource-challenged settings to address both gaps in training and in clinical services.

Practice Gap
Perinatal mood and anxiety disorders (PMADs) are the leading complications of childbirth, yet access to care remains limited by a national shortage of trained reproductive psychiatrists. This gap extends to residency training, where clinical experience in reproductive psychiatry is often lacking; it not required by the Accreditation Council of Graduate Medical Education (ACGME) despite its relevance to nearly half the population. PMADs present with distinct etiologies and treatment considerations, underscoring the need for specialized education. Addressing this gap is not only essential to preparing future psychiatrists to competently care for perinatal patients, but it is also critical to improving obstetric outcomes.

Methods
The Maimonides Adult Psychiatry Training Program identified training in reproductive psychiatry as a gap in routine needs assessments per resident feedback. An outline for a longitudinal elective reproductive psychiatry clinical training track for PGY3-4 was developed with intent to utilize the recent formation of a perinatal subspecialty clinic in the Maimonides Psychiatry Adult Outpatient Services as a source for focused referrals. The core requirement of the track is that residents carry a dedicated perinatal caseload of 10-20% of their total outpatients in PGY3 year and 30-50% of their total outpatients in PGY4

year. These changes occurred within the current PGY3-4 time allotment and did require increased FTE. Additional track requirements are regular clinical supervision with a content expert and participation in near-peer teaching for the residency-wide reproductive psychiatry curriculum. Optional activities are available to meet the personal goals of the learner and include increased exposure to psychotherapy for perinatal mood and anxiety disorders (PMADs), serving as junior lead of perinatal group therapy, and scholarly project opportunities. needs assessment and identifying gaps per resident feedback.

Since its inception in academic year 2023-2024, six total residents have elected to participate in the reproductive psychiatry clinical track. No residents elected to end their participation in the track before graduation. Global subjective assessment provided to residency training program leadership has reflected subjectively increased knowledge and expertise within the topic area. Scholarly output within the reproductive psychiatry topic area generated by residents while involved in the clinical track have included two education-based quality improvement projects, 5 posters presented at local and national conferences, two Maimonides Psychiatry Grand Rounds presentations, one manuscript under review, and one manuscript accepted for publication. Direct feedback has been solicited from residents to allow for iterative learner-driven expansions to the clinical track, including a recent adoption of a “mini didactic” schedule to ensure that core topics are covered in supervision. Furthermore, of the three track participants who have graduated residency, two have gone on to reproductive psychiatry focused subspecialty training or clinical appointments.

The establishment of a reproductive psychiatry clinical track at our training program has allowed for well-received clinical training as well as opportunities for scholarly activities that have positioned our graduates for further training and career opportunities, which in turn increases the pool of providers able to address the growing need for well-trained clinicians in this topic area. Important future directions include plans to implement competency-based assessments for learners by supervisors and more formalized assessments of learner experience.

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Posters

Title
Transforming Psychiatry Education Through Lifestyle Medicine Principles: Exploring the Impact on Resident Knowledge

Primary Category
Curriculum

Presenters
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Amanda Buzzetta, DO, University of Central Florida/HCA Graduate Medical Education Consortium (Greater Orlando) Program
Aashna Patel, DO, University of Central Florida/HCA Graduate Medical Education Consortium (Greater Orlando) Program
Karla Flores-Perez, MD

Educational Objectives

1. Teach psychiatry residents about the six pillars of LP via didactics curriculum and self-paced study.

2. Identify self-reported levels of psychiatry resident knowledge and confidence on topics of restorative sleep, physical activity, nutrition, positive connectivity, risky substance harm reduction, and stress management with a pre-survey and compare this with self-reported levels of knowledge and confidence following the learning interventions using a post-survey.

3. Promote psychiatry resident interest in further learning and implementation of LP in clinical practice.

Practice Gap
Lifestyle Medicine (LM) is defined by the American College of Lifestyle Medicine as “a medical specialty that uses therapeutic lifestyle interventions as a primary modality to treat chronic conditions including cardiovascular diseases, type 2 diabetes, and obesity. LM certified clinicians are trained to apply evidence-based, whole person, prescriptive lifestyle change to treat and, when used intensively, often reverse such conditions.” The six pillars of LM include the following: restorative sleep, physical activity, nutrition, positive connectivity, risky substance harm reduction, and stress management.

Posters

More recently, the field of Lifestyle Psychiatry (LP) has emerged as a psychiatric approach to LM to improve brain health. These lifestyle pillars, however, have not been formally implemented into psychiatric residency curriculum, resulting in gaps in education.

Methods
The field of LP has been transformative in its impact on brain health and overall wellbeing. While psychiatry residents do learn about topics such as sleep, nutrition, and stress management as individual concepts in the traditional psychiatric curriculum, the field of LP goes on to further connect them to practical aspects of brain health and overall wellbeing. This poster highlights our efforts to identify gaps in knowledge in areas of LP and to reduce these gaps in knowledge via resident-led presentations using evidence-based materials.

Methods
In this project, a pre- and post-intervention survey was administered to PGY1–PGY4 psychiatry residents using a 5-point Likert scale. The survey assessed five domains: (1) General Knowledge, (2) Evidence-Based Knowledge, (3) Assessment and Implementation, (4) Individualized and Cultural Factors, and (5) Confidence in Knowledge Application. Survey items addressed topics such as the influence of physical activity and nutrition on mental health, gut-brain relationships, tools for lifestyle assessment, and the role of culture and socioeconomic factors in patient care. Educational content included resident-led lectures based on the textbook Lifestyle Psychiatry: Through the Lens of Behavioral Medicine and self-guided modules from the University of South Carolina School of Medicine Greenville's Lifestyle Medicine Curriculum.

Results
Post-intervention data demonstrated a consistent increase in resident self-reported knowledge across all five domains. Improvements were noted in residents' understanding of foundational LP concepts, awareness of relevant research, confidence in assessing lifestyle factors, and preparedness to implement lifestyle-based strategies in patient care.

Conclusions
The field of LP is an emerging field of evidence-based treatment for mental health conditions recognized internationally, and gaining momentum in management of brain health in recent years. The survey questions posed to psychiatry residents in this project inquire about the level of knowledge in LP foundations and its pillars. Pre-survey results demonstrated low levels of knowledge of its foundations, and low levels of knowledge in

evidence-based methods of addressing mental health conditions with LP recommendations. Following the brief didactic based curriculum, residents showed

improved understanding of the relationships between lifestyle factors and mental health, increased awareness of evidence-based interventions for psychiatric conditions, and greater familiarity with tools for assessing and implementing lifestyle strategies in clinical settings. Additionally, residents reported enhanced confidence in applying LP principles and recognized their importance in psychiatric training. Despite this increase in knowledge, the survey data suggests that there continued to be gaps in knowledge, likely due to the brief and foundational nature of the educational materials, as well as time limitations in didactic lectures. These findings suggest that targeted educational efforts can effectively improve competency in LP and support its integration into psychiatric residency programs as a means to promote holistic, preventive, and neuroscience-informed care.

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Posters

Title
What Does This Article Mean?: A Structured Framework for Teaching Residents to Critically Appraise Literature

Primary Category
Curriculum

Presenters
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Mark Mullen, MD, St. Louis University School of Medicine
Sara Bharwani, EdD, Creighton University Psychiatry Residency Program (Omaha)
Albert Dickan, MD, Creighton University Psychiatry Residency Program (Omaha)
Rajesh Tampi, DFAPA,MD,MS, Creighton University Psychiatry Residency Program (Omaha)

Educational Objectives
The objectives of this project are to:

1. Develop a standardized approach to psychiatric literature critical appraisal and teach residents to practice this routinely.

2. Embed opportunities in residency curriculum that guide residents through extending the reach of their critical appraisal and coaching near-peers on this process.

3. Assess resident feedback on our program's critical appraisal teaching and other curricular topics.

Practice Gap
ACGME Psychiatry Milestones set goal benchmarks (Levels 4 and 5) for Practice-Based Learning and Improvement for residents regarding participation in critical appraisal of evidence. While residents should learn early how to assess and apply evidence to their clinical practice, studies have shown that many residents have limited understanding of how to do this. Although journal clubs have become more commonplace in residency in order to address this deficit, we are not aware of other programs that have implemented measures to both 1) give residents a structured framework for regular literature critical appraisal as a group and 2) similarly structure opportunities for residents to publish the findings of their critical appraisal (both in book chapters and a recurring Psychiatric Times series).

Posters

Methods
Creighton University (CUSOM) psychiatry residents received an annual didactic session focused on the critical appraisal process and relevant statistics. A standardized tool for literature critical appraisal was developed and distributed to the residents, who were divided into pairs (a senior and a junior resident) to lead a monthly critical appraisal club discussion of salient articles during weekly didactics. Residents were also provided previously developed scales for critical appraisal (Jadad scale and Centre for Evidence-Based Medicine randomized controlled trial critical appraisal sheet). We later incorporated a monthly series in Psychiatric Times (Translating Research Into Practice) and provided guidelines for each pair on how to present the appraisal findings in a structured and relevant manner for a broader audience. Residents who had completed at least one year of residency were then administered a post-intervention qualitative didactics survey to gather feedback on critical appraisal teaching and other curricular topics. Finally, in collaboration with residents and medical students at several sites, all CUSOM psychiatry residents have begun writing a book that critically appraises seventy-five of the most impactful recent articles across a variety of topics in psychiatry. These articles were selected through literature review by several faculty and senior residents, who are also serving as section editors for the book. Section editors provide regular feedback to the book contributors and meet monthly to discuss progress and further develop research leadership skills under the guidance of a department chair who has authored related books.

Results:
Residents provided generally positive feedback about the critical appraisal club, near-peer teaching, and the recurring Psychiatric Times series in the didactics survey from June 2025. Responses were somewhat limited, with only 45% (9) of residents responding to the survey. The collaborative book writing effort involving appraisal of landmark articles in psychiatry is ongoing with edits to be completed by early 2026.

Conclusions:
This structured approach to literature critical appraisal was well-received by residents and has allowed each of our residents to practice this appraisal numerous times during training, contribute at least annually to published analysis of impactful psychiatric articles, and eventually coach near-peers on the critical appraisal process. In future cycles of critical appraisal teaching, we will consider administering a pre- and post-test of critical appraisal knowledge to junior residents to better elucidate the impact of this intervention on their knowledge base.

Posters

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Posters

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

Primary Category
Teaching, Supervision, Pedagogy

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

Educational Objectives

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

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

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

Practice Gap
The ACGME requires residents to receive at least one hour of individual faculty supervision weekly1. In our program, residents are paired with one faculty member, and we block their schedules for individual supervision time. This Educational Supervision is distinct from the Clinical Supervision that occurs during patient staffing,2 and is an opportunity for mentorship, which is shown to improve burnout (for the mentor), and community and career success (for the mentee)3,4. Our faculty described varying levels of comfort with knowing what to do during this supervision time. This is consistent with research showing that nearly 1/3rd of mentors describe lacking "ability, information, or resources"5. The supervision alliance includes the working relationship, the goals, and the goal-directed tasks in supervision6.

Posters

Methods
A supervision "menu" was created with suggested activities for each year of residency and a list of entrustable professional activities for psychiatry. Residents and faculty were surveyed prior to the menu being provided about their supervision during the 2024-2025 academic year. The menu was distributed, and approximately one month later, a post-survey was given to the residents and faculty asking about their experiences in supervision in the past month.

Results: There were 21 respondents to the pre-survey (11 residents and 10 faculty) and 11 respondents to the post-survey (6 residents and 5 faculty). Descriptive statistics were used to evaluate engagement in supervision activities. Fifteen potential activities were described, and respondents were asked to rank the frequency of performing these activities in supervision (1 = never, 2= sometimes, 3 = often, 4 = very frequently). The most common responses in the pre-survey were 1) discussion of complex cases, 2) career advice and 3) feedback from faculty about the resident; these were also the three items that the residents found to be the most helpful. Chi square tests were used to evaluate faculty pre/post survey responses. There was not a statistically significant change in the faculty items "I feel confident in knowing what content to cover during supervision" ($p = 0.46$) or "I have a good awareness of items in which the resident needs further growth" ($p = 0.083$). There was a statistically significant increase from pre- to post-survey on the faculty item "The agenda setting is based on objective measures (e.g., evaluation feedback, milestones, PRITE scores, Entrustable Professional Activities)" ($p = 0.007$).

Conclusions: Residents find case discussions, career advice, and faculty feedback to be the most helpful activities during supervision. Providing optional scaffolding to the weekly hour for educational supervision can assist the supervisor and supervisee with designing the supervision agenda.

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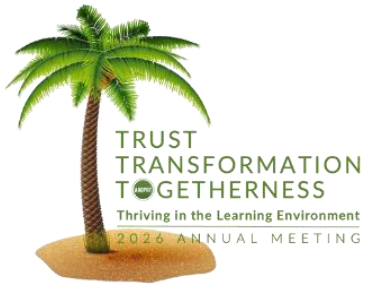

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