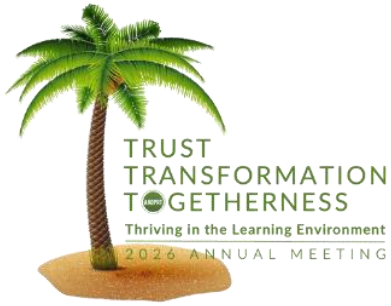


Workshop Session #2

Title
ABPN Updates and How Training Directors Can Promote Lifelong Learning

Primary Category
Program Administration and Leadership

Presenters
Jeffrey Lyness, MD, American Board of Psychiatry & Neurology, Inc.
Sheldon Benjamin, MD, UMass Chan Medical School
Sandra DeJong, MD, MSc, Cambridge Health Alliance/Harvard Medical School

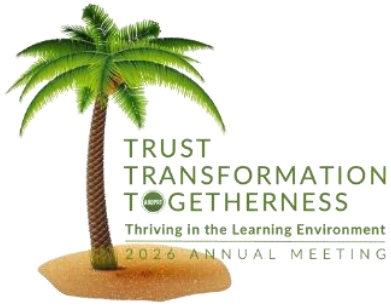
Educational Objectives

1. Describe the role of specialty certification boards as distinct from yet complementary to educational organizations.

2. Describe the rationale for ABPN continuing certification requirements going beyond self-directed continuing medical education.

3. Develop ideas for at least one new or improved project that will improve trainees' readiness for lifelong learning after completion of training and/or trainees' readiness to implement performance-in-practice projects in their careers.

Abstract
This interactive workshop, led by three members of the ABPN Board of Directors, will begin with an overview of the ABPN's mission and activities. The presenters will highlight several updates of relevance to AADPRT attendees. They will review the rationale for continuing certification requirements that go beyond self-directed CME. They will then suggest ideas for training directors to consider implementing in their programs with residents or fellows — i.e., promoting strategies for lifelong learning after the completion of formal training, and implementing exercises to improve patient care that model Performance in Practice (PIP) goals and activities. Participants will divide into small groups to develop and share ideas, which will then be shared with the whole group. The workshop will conclude with discussion, questions, and workshop evaluation.



Practice Gap

The ABPN's core mission is to serve the public and the profession by promoting lifelong learning and certifying psychiatrists and neurologists to high standards of expertise. In service to this mission, ABPN seeks to work with training directors to help their trainees understand the value and function of board certification and how its requirements for ongoing learning and performance-in-practice activities can enhance patient care. The gaps to be addressed by this workshop include: the need for attendees (and their trainees) to better understand the role of board certification; the need for training programs to better prepare trainees for lifelong learning after the completion of formal training; and the need to better prepare trainees to incorporate performance-in-practice improvement projects into their clinical practices. Addressing these gaps will simultaneously improve quality of care and help early-career psychiatrists meet key requirements for continuing certification.

Agenda

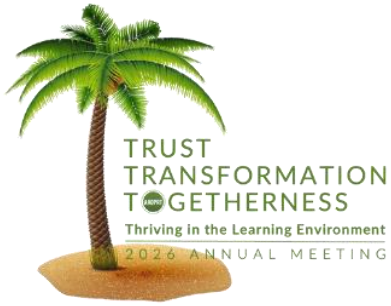
- Introductions (5 min)
- Overview of ABPN's mission and activities including recent updates (15 min)
- Presentation of rationale for continuing certification requirements that go beyond self-directed CME (10 min)
- Small group development of lifelong learning and PIP ideas (25 min)
- Report out from small groups (15 min)
- Q&A / whole group discussion (15 min)
- Workshop evaluation (5 min)

Scientific Citations

Lyness JM, McMahon GT. The Role of Specialty Certification in Career-Long Competence. Acad Med. 2023 Oct 1;98(10):1104-1106.

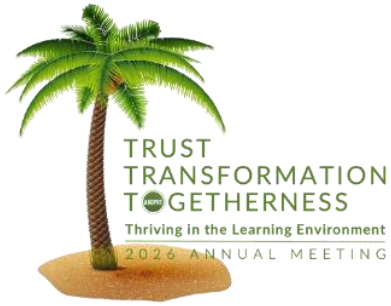
American Board of Medical Specialties. A Narrative Review of the Development and Outcomes of ABMS Member Board Continuing Certification Programs, 2000–2024. Available at https://www.abms.org/wp-content/uploads/2024/07/a-narrative-review-of-the-development-and-outcomes-of-abms-member-board-continuing-certification-programs-2000-2024.pdf , accessed August 25, 2025.

Santen SA, Hemphill RR, Pusic M. The Responsibility of Physicians to Maintain Competency. JAMA. 2020 Jan 14;323(2):117-118.



Williams LL, Sexson S, Dingle AD, Young-Walker L, John N, Hunt J. Practical Applications for Maintenance of Certification Products in Child and Adolescent Residency Training. Acad Psychiatry. 2016 Apr;40(2):309-13.

Rottman BM, Caddick ZA, Nokes-Malach TJ, Fraundorf SH. Cognitive perspectives on maintaining physicians' medical expertise: I. Reimagining Maintenance of Certification to promote lifelong learning. Cogn Res Princ Implic. 2023 Jul 24;8(1):46.



Title
Are We Playing on the Same Team? Navigating the Boundaries and Allegiances in Advising and Recruiting

Primary Category
Recruitment and Selection

Presenters
Lia Thomas, MD, UT Southwestern Medical Center
Lindsey Pershern, MD, Baylor College of Medicine
Lorin Scher, BA, MD, University of California, Davis
Dafhney Ferrer, MD, University of California, Davis

Educational Objectives

1. To delineate the dual relationships for academic faculty in the recruitment and advising process within psychiatric education.

2. To acknowledge and facilitate communication between applicants, advisors, trainees, and program leaders involved in the recruitment and advising processes.

3. To identify and address internal and external factors that influence decision-making in the recruitment and advising contexts.

4. To equip participants with strategies for navigating dual relationships through case studies and collaborative learning.

Abstract
Multiple stakeholders are engaged in the advising and recruitment process. On the GME side, program directors, residents, and departmental leadership (Chairs and Vice Chairs) seek to recruit applicants prepared to learn and thrive within their programs. On the UME side, Deans of Student Affairs, specialty-specific advisors, and applicants themselves focus on achieving successful residency matches.

During the Match, academic psychiatrists often serve as both advisors and recruiters, yet these roles can conflict. We will present a boundary framework and disclosure practices to manage dual relationships. We also map the internal (cognitive and relational) and external (policy and accreditation) forces that influence decision-making and will offer

concrete language and processes to improve interactions with applicants, trainees, and faculty.

This interactive workshop brings together faculty who serve dual advising-recruiting roles and those involved solely in residency recruitment. Through a structured review of the Match workflow and governing policies, paired with case-based reflection, participants will analyze boundary dilemmas and decision drivers. We will workshop practical strategies that align individual practice with program policies and develop shared language for transparent communication. The session is designed to strengthen collaboration across UME and GME and to promote workflows that enhance student opportunities, advocacy, and successful matching.

Practice Gap

As a program director, has there been a time where one of you felt pressured to retain one of your medical school's own students? Have you been sent an email from another PD asking for you to look at a student's application? Are you a resident working with a sub-I student who is asking you to "put in a good word" for them? As educators, can we be both advising and recruiting applicants to our programs? What are the pressures we face in navigating those roles?

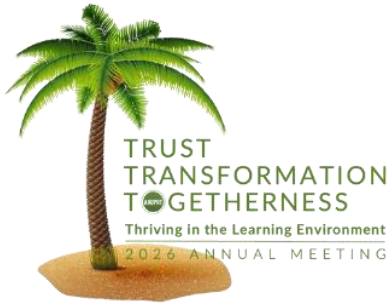
Agenda

- Organize participants using team-based learning (TBL) principles
- Provide rationale, agenda, and goals for workshop.
- Identify the various roles of faculty and trainees in the advising and recruitment cycles, with a focus on motivations and pressures.
- Working in small groups and using case examples, have audience members identify strategies for navigate dual relationships

Scientific Citations

Brach, R., Tzeng, A., Yousef, H., Tsai, M., & Greenberger, E. (2023). Recently matched students are effective residency application teachers. Medical education, 57(5), 481–482. https://doi.org/10.1111/medu.15043

Chretien, K. C., Elnicki, D. M., Levine, D., Aiyer, M., Steinmann, A., & Willett, L. R. (2015). What Are We Telling Our Students? A National Survey of Clerkship Directors' Advice for Students Applying to Internal Medicine Residency. Journal of graduate medical education, 7(3), 382–387. https://doi.org/10.4300/JGME-D-14-00552.1



Alexandraki, I., Ismail, N., Lai, C. J., Duca, N. S., Ratcliffe, T., Kisielewski, M., & Pincavage, A. T. (2023). Medical student advising during virtual residency recruitment: results of a national survey of internal medicine clerkship and sub-internship directors. Medical education online, 28(1), 2143926. https://doi.org/10.1080/10872981.2022.2143926

Sims, S. M., Cox, S. M., Bhargava, R., Everett, E. N., Fleming, A., Graziano, S., Morgan, H. K., Baecher-Lind, L., Royce, C., Sonn, T. S., Sutton, J. M., & Morosky, C. M. (2023). Clerkship director confidence in medical student career advising in obstetrics and gynecology. AJOG global reports, 3(2), 100187. https://doi.org/10.1016/j.xagr.2023.100187

Pelletier-Bui, A.E., Schrepel, C., Smith, L. et al. Advising special population emergency medicine residency applicants: a survey of emergency medicine advisors and residency program leadership. BMC Med Educ 20, 495 (2020). https://doi.org/10.1186/s12909-020-02415-8

Title
Bring your Eyes, your Brain, and your Heart! Visual Arts in Psychiatric Training: Tools to Bring Back Home.

Primary Category
Curriculum

Presenters
Laura Safar, MA, MD, Lahey Hospital and Medical Center
Paula DelRegno, MD, University at Buffalo
Stephanie Davidson, MD, Children's Hospital of Philadelphia
Vineeth John, MBA, MD, McGovern Medical School at UTHealth

Educational Objectives

1. Identify the potential merits of incorporating visual arts based curricula in psychiatry residency training.

2. Describe a strategy using visual arts to enhance observational skills.

3. Demonstrate the utilization of the visual arts to promote learners' examination of their own biases and development of curiosity and humility.

4. Demonstrate how the visual arts can be used with psychiatry residents to practice basic, supportive and uncovering psychotherapy techniques and to enhance their psychological understanding of a patient.

Abstract
The visual arts are increasingly a part of medical education. A recent survey showed that the majority of US medical schools incorporate art activities as part of their curriculum. Specialties utilizing art- based educational interventions at the graduate medical education level include medicine, dermatology, radiology, ophthalmology, and psychiatry. Integrating the visual, performing, and literary arts into medical education can supplement traditional medical knowledge with creative problem-solving, reflection, and social-emotional skills to develop more well-rounded and humanistic physicians.

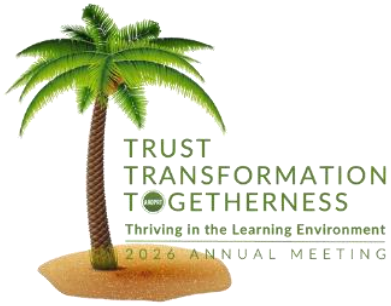
The most frequently reported aim for incorporating visual arts is to enhance learners' observation skills; other aims include increasing empathy, tolerance to ambiguity, cultural

sensitivity, team building and collaboration, and wellness and resiliency. These skills and competencies are of key importance in the field of psychiatry. Several studies showed that within psychiatric training, visual arts educational strategies may improve learners' observational skills, empathetic communication skills, and understanding of biases. They may assist in reducing learner's stigma towards individuals with mental illness and in practicing psychotherapy skills. Art activities provide a safe environment to discuss difficult topics, process challenging feelings, and practice new skills. Learners enjoy and demonstrate high engagement during these activities.

Art-based training methodologies include the careful examination of artwork, often utilizing Visual Thinking Strategies (VTS), a research-based methodology that aims to improve visual literacy, critical thinking, and communication skills. The VTS protocol poses three questions to observers in front of an art piece: "What is going on in this picture?"; "What do you see that makes you say that?"; "What more can you find?" Other methodologies include drawing, either individually or as a group, and other hands-on art activities, typically combined with verbal processing and reflection. The literature includes a proposed detailed curriculum utilizing art-making activities in psychiatric training; its goals include increased self-awareness, perspective taking, and residents' wellness. Several interventions can be successfully implemented in virtual teaching settings.

In this workshop, we provide a brief overview of the literature of visual arts-based training activities in medical and psychiatric education. We then facilitate attendees' participation in three exercises. First, we introduce a warm up activity similar to VTS focusing on observational skills. A second exercise guides the audience through the exploration of an art piece, one part at a time- a process that mirrors frequent clinical situations- and promotes the examination of one's own biases, while encouraging curiosity and humility.

Lastly, audience members will engage in an exercise that combines an art piece with a brief clinical vignette; they will practice articulating supportive and uncovering interventions to help advance the psychological themes and deepen the treatment alliance. Audience members will receive step-by-step handouts with the three activities, coaching tips from expert faculty, and key take-aways. We expect that the combination of theory background, experiential participation, coaching, handouts, and take-away points will facilitate the successful implementation of these training strategies in other programs.

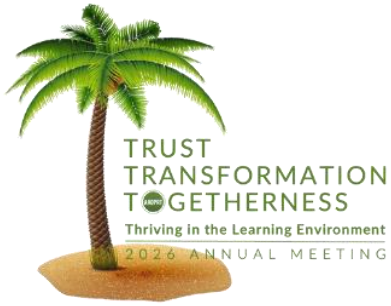


Practice Gap

The importance of the arts and humanities in medicine is widely recognized. The Association of American Medical Colleges (AAMC) released a report in 2020 that outlined the justification for the integration of the arts and humanities into medical education, and the best practices for training programs. Within the field of psychiatry, the psychiatric evaluation calls for the same discerning eye that artists and art lovers possess. Observation, self-reflection, and the development and expression of empathy are critical skills that are not always easily cultivated in the classroom and necessitate of alternative and supplementary teaching methodologies. While art-based activities are superb candidates to assist budding psychiatrists in the development of these skills, psychiatry teachers may not have enough familiarity with arts-based training methodologies to successfully utilize them. Our workshop provides the initial tools that will allow our colleagues to facilitate the successful implementation of these training strategies in other programs.

Agenda

- Present literature overview on the visual arts in medical and psychiatric training (15 min).
- Warm up exercise for the large group using a VTS-like approach, focused on observational skills (10 min).
- An experiential bias intervention, in smaller groups. Participants examine an art piece, section-by-section. They are asked to make interpretations while having access to partial information. Participants reflect on possible cultural biases (15 min).
- Psychotherapy exercise, in smaller groups. Participants examine a piece of art, created by an imaginary psychotherapy patient. Participants identify psychological themes and offer psychotherapeutic interventions (supportive, uncovering) with the intent to advance the therapeutic encounter (15 min).
- Large group discussion. Small group members present their observations, experiences, interventions (20 min).
- Conclusions: Facilitators present a summary of the conclusions. Participants receive handouts including the images, coaching tips, and steps to facilitate the activities with residents. Participants complete feedback survey (15 min).



Scientific Citations

Yaden ME, Sawaya RT, Reddy J, Jong KA, White J, Moniz T, Chisolm MS. A systematic review of the arts and humanities in psychiatry education. Int Rev Psychiatry. 2023 Nov-Dec;35(7-8):540-550. doi: 10.1080/09540261.2023.2278718. Epub 2023 Nov 8. PMID: 38461397.

Cerqueira AR, Alves AS, Monteiro-Soares M, Hailey D, Loureiro D, Baptista S. Visual Thinking Strategies in medical education: a systematic review. BMC Med Educ. 2023 Jul 27;23(1):536. doi: 10.1186/s12909-023-04470-3. PMID: 37501147; PMCID: PMC10375761.

Ike JD, Howell J. Quantitative metrics and psychometric scales in the visual art and medical education literature: a narrative review. Med Educ Online. 2022 Dec;27(1):2010299. doi: 10.1080/10872981.2021.2010299. PMID: 34866545; PMCID: PMC8648010.

Davidson SM, Benson NM, Beach SR. Drawn Together: a Curriculum for Art as a Tool in Training. Acad Psychiatry. 2021 Jun;45(3):382-387. doi: 10.1007/s40596-020-01345-3. Epub 2020 Nov 16. PMID: 33196988; PMCID: PMC7668280.

Alkhaifi M, Clayton A, Kangasjarvi E, Kishibe T, Simpson JS. Visual art-based training in undergraduate medical education: A systematic review. Med Teach. 2022 May;44(5):500-509. doi: 10.1080/0142159X.2021.2004304. Epub 2021 Nov 22. PMID: 34807802.

Nijim S, Hamdi I, Cohen S, Katz JT, Ganske IM. Prevalence of visual art education in medical school curricula: a national survey of US medical schools. Med Educ Online. 2023 Dec;28(1):2277500. doi: 10.1080/10872981.2023.2277500. Epub 2023 Nov 2. PMID: 37919950; PMCID: PMC10627040.

Title
Curricula Carnival: Psychiatry on Play Mode

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Paul Rosenfield, MD, Icahn School of Medicine at Mount Sinai (Morningside/West)
Rachel Varadarajulu, MD, Maimonides Medical Center
Haitham Salem, MD, PhD, Maimonides Medical Center
Simran Ailani, MBBS, Maimonides Medical Center
Anupam Mahadeo, MD, Maimonides Medical Center

Educational Objectives

1. Define gamification and distinguish it from game-based learning, with specific application to psychiatry resident education.

2. Apply gamification strategies across diverse residency curricula (Emergency Psychiatry, Research, Interventional Psychiatry, and Adverse Childhood Experiences)

3. Evaluate benefits and limitations of gamified approaches in terms of learner engagement, knowledge retention, and competency-based education.

4. Design and prototype a gamified activity tailored to their own residency program.

Abstract
Gamification—integrating elements of play, competition, and reward into education—offers a powerful tool to enhance motivation, deepen understanding, engagement and improve long term knowledge retention.

Within psychiatry training, gamified approaches can translate abstract concepts into interactive and memorable experiences, while promoting collaboration, problem-solving, and critical thinking. This workshop invites participants to experience gamification firsthand by transforming the session itself into an interactive game. Attendees will join "teams" and progress through missions, mini-games, and challenges designed to model gamification in action. We will showcase four distinct gamification innovations developed

in psychiatry education: (1) Board-game–style curriculum for emergency psychiatry, (2) Jeopardy style research methodology training, (3) Escape room module for interventional psychiatry, and (4) Board game to teach trainees about adverse childhood experiences (ACEs).

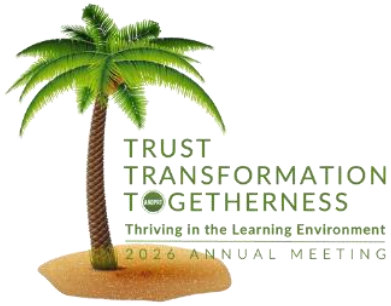
The presenters will briefly introduce the theoretical underpinnings of gamification, highlighting its relevance for adult learning theory, cognitive psychology, and experiential education. Each presenter will then demonstrate their educational intervention: the Emergency Psychiatry game uses scenario cards and system-level "Continuum of Crisis" board game to simulate decision-making in the psychiatric ED; the Research Curriculum uses competitive, interactive modules to build statistical and methodological fluency; and the ACEs game employs structured gameplay to increase understanding of trauma, social determinants of health, and resilience. The session balances play and pedagogy: while participants enjoy game mechanics that model engagement, discussion will focus on educational theory, implementation logistics, and evaluation methods. This dual experience ensures attendees not only learn about gamification but also feel its impact directly.

The workshop concludes with a design sprint: participants, in small groups, will prototype a gamified learning activity for psychiatry residents. Teams will share their prototypes in a friendly "demo" competition, reinforcing key concepts and showcasing creative possibilities. By the end of the session, participants will have a toolkit of adaptable, evidence-informed strategies to integrate gamification into diverse areas of psychiatry education.

Gamification not only improves learner satisfaction but also enhances skills such as teamwork, ethical reasoning, and systems-level thinking which are essential for modern psychiatric practice. As psychiatry faces increasing complexity, interactive and playful approaches may serve as catalysts for deeper engagement, resilience, and professional growth.

Practice Gap

Despite growing interest in innovative teaching methods, psychiatry residency education often relies on traditional didactics that risk disengagement and poor knowledge retention. Residents increasingly seek interactive and applied learning experiences that mirror clinical complexity. However, many training programs lack structured approaches to integrate gamification into curricula. Program directors and faculty may be unfamiliar with



educational theory underlying gamification or lack models for implementation. Without exposure to effective examples, educators may miss opportunities to strengthen competencies in systems-based practice, research literacy, adverse childhood experiences, and interventional psychiatry. This workshop addresses the practice gap by demonstrating concrete gamified interventions already used in psychiatry training, highlighting evidence on benefits and challenges, and guiding participants in designing their own gamified modules. By bridging theory and application, the session equips educators with practical tools to enhance engagement, retention, and skills development in residency training.

Agenda

- Welcome (5 min): Objectives overview. Laying out playful goals and "rules of engagement" for games ahead.
- Trivia Throwdown – Round 1 (15 min): Test your reflexes with fast-paced emergency psychiatry board game.
- Trivia Throwdown – Round 2 (10 min): Level up with challenges focused on adverse childhood experiences (ACEs) and their impact on mental health.
- Research Rumble (≈ 15 min): Jeopardy meets grad school. Teams tackle bite-sized puzzles about research methodology.
- Escape the Lab (10 min): Collaborate to crack the code and "escape" a fictional interventional psychiatry trap. The only real danger is thinking too inside the box.
- Design Sprint (20 min): Participants demo design prototypes in a lighthearted show-and-tell. The audience votes via live polling.
- Debrief & WrapUp (15 min): Wrapping up by distilling key takeaways, sharing practical tips, and having a laugh about what worked (and what didn't).

Scientific Citations

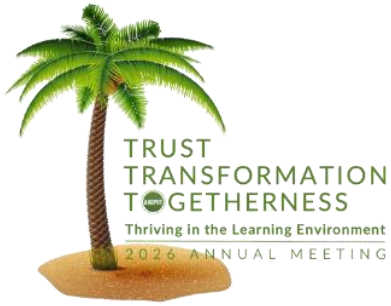
Elliott BP, Glendening J, Venkatesh S, Ahmad A, Prister J, Burtson KM. The House Cup: Using Longitudinal Gamification to Improve Didactic Attendance. J Med Educ Curric Dev. 2024;11:23821205231225922. doi:10.1177/23821205231225922.

van Gaalen AEJ, Brouwer J, Schönrock-Adema J, Bouwkamp-Timmer T, Jaarsma ADC, Georgiadis JR. Gamification of health professions education: A systematic review. Adv Health Sci Educ. 2021;26(2):683–711. doi:10.1007/s10459-020-10000-0.

Subhash S, Cudney EA. Gamified learning in higher education: A systematic review. Comput Hum Behav. 2021;121:106802. doi:10.1016/j.chb.2021.106802.

Hamari J, Hassan L, Warmelink H, et al. Gamification in education: A systematic review and outlook. Comput Educ. 2022;179:104429. doi:10.1016/j.compedu.2021.104429.

Nørgård RT, Toft-Nielsen C, Whitton N. Playful learning in higher education: A critical introduction. Higher Education 2022;84:123–140. doi:10.1007/s10734-021-00783-w.



Title
Enabling Expertise: You Too Can Teach Trainees to Manage Youth Cannabis Addiction

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Gerald Busch, MD, MPH, Tripler Army Medical Center
Ravi Shankar, MD, University of Kentucky
Ray Hsiao, BA, MD, University of Washington Program
Cathryn Galanter, MD, Stony Brook Medicine Program/Eastern Long Island Hospital
Zachary Bonzell, MD, University of California, San Francisco

Educational Objectives

1. Introduce participants to the Cannabis Youth Treatment (CYT) Manual, highlighting its structured, user-friendly design and practical teaching tools. Emphasize how the manual can be seamlessly integrated into diverse training programs without requiring advanced expertise in cognitive-behavioral therapy (CBT) or motivational enhancement therapy (MET).

2. Equip participants with practical strategies to guide child and adolescent psychiatry fellows and psychiatry residents in applying the CYT Manual in real-world clinical settings. Focus on how evidence-based interventions for cannabis use disorder can transform training into a supportive, skill-building process.

3. Create a collaborative learning environment in which participants build confidence in their ability to teach and implement the CYT Manual. Encourage faculty to view themselves as facilitators who can empower trainees and foster a culture of shared responsibility for addressing youth cannabis use disorder, regardless of prior expertise in addiction psychiatry.

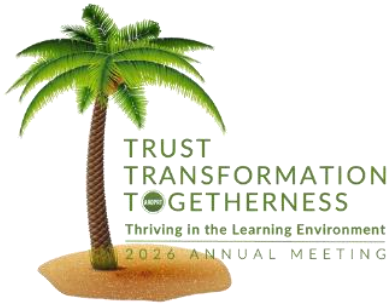
Abstract
Adolescent cannabis use has become increasingly complex due to legalization, greater social acceptance, escalating THC potency, and novel consumption methods such as vaping and edibles. In 2024, about 4.7% of adolescents ages 12–17—approximately 1.2 million youth—met criteria for a past-year marijuana use disorder, according to the National Survey on Drug Use and Health (NSDUH). This figure underscores the scale of the

problem and the pressing need for effective interventions. At the same time, child and adolescent psychiatry (CAP) fellows and general psychiatry residents often receive minimal training in addressing cannabis use disorder (CUD) in youth. Most curricula emphasize adult substance use or focus on alcohol and opioids, leaving educators underprepared to equip trainees for one of the most urgent challenges in adolescent behavioral health. This workshop introduces program directors and faculty to the Cannabis Youth Treatment (CYT) Manual, a publicly available and evidence-based resource developed by the Center for Substance Abuse Treatment. The CYT Manual provides a structured five-session intervention that integrates motivational enhancement therapy with cognitive behavioral therapy. It includes session outlines, handouts, and tools for progress monitoring that can be implemented without requiring advanced expertise in addiction psychiatry. By design, the CYT Manual enables faculty from diverse training backgrounds to confidently teach practical interventions for adolescent cannabis use disorder within their existing programs. The workshop will begin with an overview of current epidemiological trends in adolescent cannabis use and the implications for psychiatric training. Faculty will then be guided through the structure and content of the CYT Manual, with opportunities to explore how its evidence-based strategies can be adapted to different learning environments. Case-based examples will illustrate how the manual addresses developmental, psychological, and social factors that contribute to youth cannabis use.

Interactive components will provide participants with hands-on experience in applying the manual. Breakout groups will encourage faculty to consider how to incorporate the CYT Manual into their own institutions, drawing on the collective insights of peers. These exercises will emphasize collaboration, mutual support, and the sharing of practical strategies, reinforcing the idea that effective training in youth substance use disorders can be achieved regardless of prior addiction expertise.

The workshop aims not only to familiarize participants with the CYT Manual but also to strengthen their confidence as educators in this area. By reframing the role of faculty as facilitators of learning rather than content specialists, the session demonstrates how accessible tools can transform training gaps into opportunities for growth. Faculty will leave with strategies for cultivating supportive, inclusive, and skills-based learning environments where fellows and residents can thrive in addressing adolescent cannabis use disorder.

Ultimately, this workshop responds to a critical need in CAP education. By equipping educators with structured, evidence-based resources and fostering a culture of



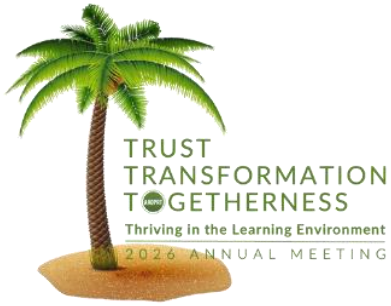
collaboration, the session advances the preparation of future psychiatrists to meet the rising tide of youth cannabis use disorder with competence and confidence.

Practice Gap

The practice gap in training Child and Adolescent Psychiatry (CAP) fellows to address substance use disorders in youth stems from both structural and educational deficiencies, first delineated in the Schwartz et al. seminal 2018 paper highlighting key gaps in general psychiatry training, such as limited addiction rotations, lack of faculty with addiction expertise, and inadequate clinical sites for hands-on learning. These issues are reflected in CAP training, where most fellows lack exposure to evidence-based psychosocial interventions for CUD. As cannabis use evolves with increased potency and novel consumption methods, fellows lack adequate training to address these emerging risks. The Cannabis Youth Treatment Manual (CYT Manual) was designed by Center of Substance Abuse Treatment in the 1990s in response to an alarming increase in the prevalence of youth cannabis use. Integrating the CYT Manual into CAP training equips fellows with the necessary clinical and therapeutic skills to treat youth CUD.

Agenda

- Introduction and Training Gaps (10 min)
    - Overview of current adolescent cannabis trends and discussion of deficiencies in CAP training.
- Case Presentation and Manual Walkthrough (15 min)
    - Review of a representative case and step-by-step introduction to the CYT Manual.
- Breakout Session 1: Exploring the CYT Manual (15 min)
    - Small-group activity to examine resources and identify opportunities for program integration.
- Applying the CYT Manual in Training Settings (20 min)
    - Strategies for adapting the manual to diverse clinical learning environments.
- Breakout Session 2: Implementation Planning (10 min)
    - Participants develop concrete plans to incorporate the CYT Manual into their own programs.
- Wrap-Up and Evaluation (5 min)
    - Summary of key takeaways, reflections, and completion of evaluation forms.



Scientific Citations

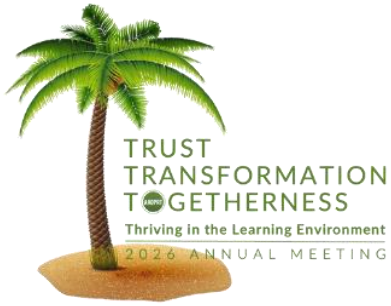
Sampl S, Kadden R. Motivational Enhancement Therapy and Cognitive Behavioral Therapy for Adolescent Cannabis Users: 5 Sessions (Cannabis Youth Treatment Series, Volume 1). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration; 2001. Available at: https://www.drugsandalcohol.ie/17831/1/Motivational_Enhancement_Therapy_and_CBT_for_adolescent_cannabis_users.pdf. Accessed 13SEP2025.

Substance Abuse and Mental Health Services Administration. Key Substance Use and Mental Health Indicators in the United States: Results From the 2024 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, SAMHSA; 2025. NSDUH Series H-60.

Pawar AKS, Firmin ES, Wilens TE, Hammond CJ. Medical and recreational cannabis legalization and cannabis use among youth in the United States: a systematic review and meta-analysis. J Am Acad Child Adolesc Psychiatry. 2024;63(11):1084-1113. doi:10.1016/j.jaac.2024.02.016

Busch G. Navigating the rollercoaster ride of adolescence [review of Clinical Manual of Youth Addictive Disorders, 2nd edition, by Y. Kaminer and K. Winters]. J Am Acad Child Adolesc Psychiatry. 2025;64(6):747-749. doi:10.1016/j.jaac.2025.01.001

Volkow ND, Han B, Einstein EB, Compton WM. Prevalence of cannabis use disorder and associated factors among US adolescents and young adults. JAMA Psychiatry. 2023;80(6):568-577. doi:10.1001/jamapsychiatry.2023.0442



Title
From Conflict to Collaboration: Reimagining the Educational Alliance in the Era of Resident Unionization

Primary Category
Program Administration and Leadership

Presenters
Andrew Halls, MD, University of California, San Francisco
Emily Bray, DO, Albert Einstein Medical Center-Philadelphia
Nicholas Prewett, DO, Albert Einstein Medical Center-Philadelphia
Marysol Encarnación, MD, MPH, University of California, San Francisco
Mimi Yen Li, MD, University of California, San Francisco

Educational Objectives

1. Describe the core components of the educational alliance and how unionization may influence trust and feedback dynamics in psychiatry residency training.

2. Explain the psychological biases, such as naïve realism, that can impact communication and conflict resolution between program directors and unionized trainees.

3. Analyze case examples of union-related challenges to identify strategies that promote collaboration and preserve the educational alliance.

4. Apply evidence-based approaches to strengthen program director–trainee relationships in unionized environments, drawing on frameworks from medical education and social psychology.

5. Develop an individualized action plan to foster trust, transformation, and togetherness in your training program amidst evolving labor dynamics.

Abstract
Resident unionization is reshaping the landscape of graduate medical education, introducing new complexities into the relationship between program directors and trainees. While unions can empower residents to advocate for improved working conditions and patient care, and well-being (CIR/SIEU/Lin et al., 2022), they may also challenge traditional hierarchies and strain the educational alliance—a foundational

framework built on trust, credibility, and shared goals (Telio et al., 2015; 2016). Psychiatry program directors face unique relational and emotional dynamics that require thoughtful navigation when labor negotiations and advocacy efforts intersect with the educational mission.

This session explores how unionization impacts the program director–resident relationship and offers strategies to preserve and strengthen the educational alliance in this evolving context. Participants will examine how union-related tensions can influence feedback credibility, communication, and mutual trust (Krzyzaniak et al., 2024). We will also integrate insights from social psychology, including the concept of naïve realism—the belief that one's own perspective is objective while others are biased—which can hinder conflict resolution and collaborative problem-solving (López-Rodríguez et al., 2022; Nasie et al., 2014).

Using interactive exercises, attendees will analyze real-world scenarios where unionization has affected educational relationships. Participants will learn to identify psychological and structural barriers to collaboration and apply evidence-based strategies to overcome them. These include alpha and omega persuasion techniques (Knowles & Linn, 2004), narrative reframing, and transparent communication practices that promote shared understanding and respect.

The session will also highlight the importance of program director well-being and resilience, drawing on literature that emphasizes the role of interpersonal support and meaning-making in sustaining leadership roles (Yager et al., 2022). By fostering a culture of trust and transformation, program directors can lead with empathy and adaptability, even amidst labor-related challenges.

Ultimately, this session aims to equip psychiatry program directors with practical tools to reimagine the educational alliance in unionized training environments. Participants will leave with a personalized action plan to strengthen relationships with trainees, promote psychological safety, and maintain the effectiveness of the learning environment. In doing so, they will contribute to a culture of togetherness that supports the unique needs of both educators and learners.

Practice Gap

Despite the growing presence of resident and fellow unions, psychiatry program directors often lack structured guidance on maintaining the educational alliance in unionized

training environments. Unionization can introduce new dynamics that challenge trust, feedback credibility, and collaborative learning—core elements of the educational alliance (Telio et al., 2015; 2016). Emerging literature highlights both the potential benefits and tensions of union involvement (Krzyzaniak et al., 2024; Lin et al., 2022), yet few resources exist to help program directors navigate these changes effectively. Additionally, psychological biases such as naïve realism may hinder mutual understanding and resolution (López-Rodríguez et al., 2022; Nasie et al., 2014). Addressing this gap is essential to fostering trust and togetherness in the ever-evolving environment of residency training.

Agenda

- Introduction & Framing (30 min)
  - Welcome, objectives, and pair-share discussion on unionization experiences
  - Overview of unionization trends in GME (Lin et al., CIR/SEIU)
  - Introduction to the educational alliance framework (Telio et al.)
  - Deep dive into three pillars: shared goals, process agreement, mutual respect (Krzyzaniak et al.)
- Small Group Breakout: Vignettes (20 min)
  - Analyze real-world scenarios of union-related challenges
- Large Group Report Out (10 min)
  - Share insights and strategies
- Social Psychology in Action (15 min)
  - Naïve realism, motivated reasoning, generational differences (Nasie, López-Rodríguez, Keenan)
- Strategies for PDs (20 min)
  - Emotional regulation, persuasion, credibility, and PD resilience (Knowles & Linn, Yager et al.)
  - Re-review vignettes with large group given new information presented
- Wrap-Up & Takeaways (5 min)
  - Group reflection, toolkit distribution, AADPRT feedback

Scientific Citations

Krzyzaniak SM, Sebok-Syer SS, Akhtar S, Gallahue F. Exploring how housestaff unions impact the program director–resident educational alliance. Acad Med. 2024;99(10):1073–1077.

Telio S, Ajjawi R, Regehr G. The “educational alliance” as a framework for reconceptualizing feedback in medical education. Acad Med. 2015;90(5):609–614.

Telio S, Regehr G, Ajjawi R. Feedback and the educational alliance: examining credibility judgements and their consequences. Med Educ. 2016;50(9):933–942.

Lin GL, Ge TJ, Pal R. Resident and fellow unions: collective activism to promote well-being for physicians in training. JAMA. 2022;328(7):619–620.

López-Rodríguez L, Halperin E, Vázquez A, et al. Awareness of the psychological bias of naïve realism can increase acceptance of cultural differences. Pers Soc Psychol Bull. 2022;48(6):888–900.

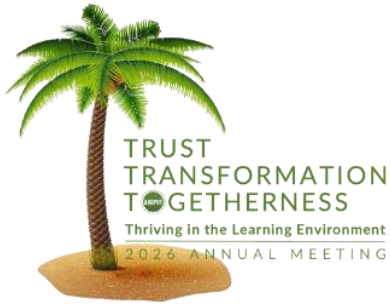
Nasie M, Bar-Tal D, Pliskin R, et al. Overcoming the barrier of narrative adherence in conflicts through awareness of the psychological bias of naïve realism. Pers Soc Psychol Bull. 2014;40(11):1543–1556.

Knowles ES, Linn JA. Approach-avoidance model of persuasion: alpha and omega strategies for change. In: Knowles ES, Linn JA, eds. Resistance and Persuasion. Mahwah, NJ: Lawrence Erlbaum Associates; 2004:117–148.

Yager J, Anzia JM, Bernstein CA, et al. What sustains residency program directors: social and interpersonal factors that foster recruitment and support retention. Acad Med. 2022;97(12):1742–1745.

Keenan AC, Leffler TG, McKenna PH. Generational differences and resident selection. In: Köhler TS, Schwartz B, eds. Surgeons as Educators: A Guide for Academic Development and Teaching Excellence. Cham: Springer; 2018:189–198. https://doi.org/10.1007/978-3-319-64728-9_10

Committee of Interns and Residents / SEIU Healthcare. CIR/SEIU Healthcare website. https://www.cirseiu.org. Accessed September 16, 2025.



Title
Game On: Preparing Psychiatrists in Training for the World of Sports

Primary Category
Curriculum

Presenters
Consuelo Cagande, MD, Zucker School of Medicine at Hofstra/Northwell
Raphaela Fontana, DO, Prisma Health/University of South Carolina School of Medicine - Greenville
Margaret Woodbury, MD, University of Maryland/Sheppard Pratt Program
Juan Sosa, MD, UT Southwestern Medical Center
Charles Bay, MD, University of California, San Francisco

Educational Objectives

1. At the conclusion of the workshop attendees will be able to define what Sports Psychiatry (SP) is and its relevance in residency and fellowship training, review sample curriculums and adapt and develop a curriculum action plan.

2. This workshop aims to provide a transforming experience of awareness and knowledge about SP and presenters will share some curriculum that has already been implemented in some training programs.

3. Together, attendees will take away an action plan they developed during the workshop and hopefully enhance the thriving learning environment in their program to prepare trainees planning a career (or not) in SP, including subspecialties of Addiction, Child and Adolescent, Forensic and Geriatric Psychiatry.

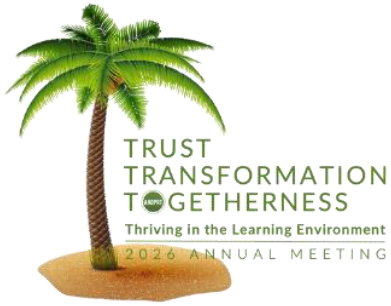
Abstract
Athletes are a unique population that are vulnerable to a range of mental health problems, such as substance misuse/use, eating disorder, performance anxiety, depression and suicide which may be related to sporting factors (e.g. injury, overtraining and burnout.) They are also at a comparable risk of high-prevalence mental disorders relative to the general population. (Rice) There is considerable evidence to support that no matter the level of participation, athletic identity including race, may be linked to psychological distress. Furthermore, stigma also prevents athletes from seeking psychiatric treatment. (Stewart) For a lot of athletes, without the ability to play a sport, it can lead to mental health

problems. Psychiatrists are critical in the assessment, prevention and intervention of struggling athletes of all ages, especially elite athletes who thrive on sports as their livelihood and sense of agency. (Reardon) Therefore, providing SP training opportunities will help prepare our trainees to address this need.

Presenters will discuss the importance of Sport Psychiatry (SP) and where it fits in various subspecialties. A few curricula will be discussed, including didactics, rotations and electives. For example, there are several ways that adult psychiatry training programs can structure SP, such as an elective rotation at their home institution. An SP elective can enhance the knowledge base of trainees in the field of psychiatry by offering a unique opportunity to work with athletes in the clinical learning environment. Residency programs can utilize a competency-based evaluation alongside the Accreditation Council for Graduate Medical Education (ACGME) Milestones 2.0 to determine successful completion of an SP rotation. (Fontana)

The audience will participate in an engaging and interactive discussion using case vignettes related to common mental health issues in athletes, e.g. performance anxiety, substance misuse. They will then examine the curricula and adapt and develop their own curriculum that is customizable and feasible to their program.
Attendees will leave knowing more about SP, resources and an action plan for developing, integrating and implementing an SP curriculum in their residency or fellowship program. They will also appreciate how having this opportunity for trainees will enhance their residency/fellowship training program.

Practice Gap
There is an increasing interest in Sports Psychiatry (SP). There is not much training for Psychiatrists to address the impact of competing, losing and winning among athletes. In 1994, Dan Begel, credited with launching “sport psychiatry” as a discipline, co-founded the International Society for Sport Psychiatry (ISSP) to “facilitate scientific communication about, and understanding of, disorders of the brain and behavior associated with sport, and to advance their prevention and treatment.” (Stewart) Athletes are unique patients who require attention to many aspects of the psychology of athletes and sport, and our trainees need to be prepared to address the psychological and physical impact of a sport on athletes of all ages, including retired and aging athletes.



Agenda

- Welcome, introduction (5 min)
- Why Sports Psychiatry in training (5 min)
- Mental illness in athletes (didactic, overview of different disorders common in athletes and how subspecialties can be important) (15 min)
- Think-Pair-Share activity with case vignettes (athletes with specific disorder; separate subspecialty vignettes, e.g. eating disorder, addiction/stimulant misuse/performance enhancement drugs, performance anxiety/OCD, TBI) (25 min)
- Sample curriculum for trainees (5 min)
- Adapt and develop overview (5 min)
- Activity on Action Plan Worksheet on what is a wish-list vs feasibility in implementing a curriculum in your program (10 min)
- Group sharing and wrap up (10 min)
- QA and complete survey (10 min)

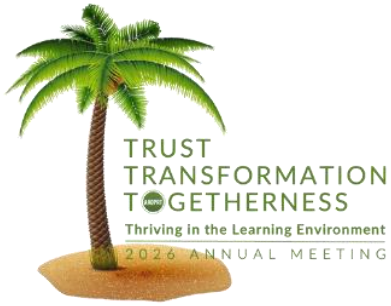
Scientific Citations

Fontana RS, Nevels B, & Reardon CS. Creating a longitudinal sports psychiatry rotation for senior psychiatry residents and fellows. Advances in Psychiatry. 4:1, Sept 2024; 11-18. doi: https://doi.org/10.1016/j.ypsc.2024.05.008

Rice SM, Purcell R, De Silva S, Mawren D, McGorry PD, Parker AG. The Mental Health of Elite Athletes: A Narrative Systematic Review. Sports Med. 2016 Sep;46(9):1333-53. doi: 10.1007/s40279-016-0492-2. PMID: 26896951; PMCID: PMC4996886.

Stewart AJ, Malveaux WMSC, Vieux U. Sports Psychiatry in Child and Adolescent Psychiatric Clinics of North America, 2024-01-01, Volume 33, Issue 1, Pages e1-e15

Reardon CL, Hainline B, Aron CM, et al. Mental health in elite athletes: International Olympic Committee consensus statement (2019) British Journal of Sports Medicine 2019;53:667-699.



Title
Recruitment of Tomorrow: Trusting the use of Artificial Intelligence in Psychiatry Recruitment?

Primary Category
Recruitment and Selection

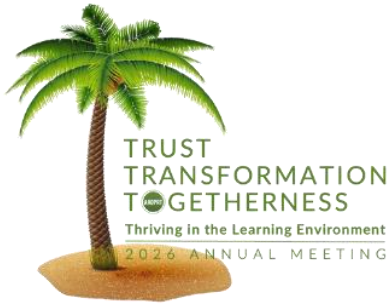
Presenters
Denise Baughn, MD, University of Texas Medical Branch, Galveston
Gillian Sowden, MD, Dartmouth-Hitchcock Medical Center
Martin Huynh, BS, MD, McGovern Medical School at UTHealth
Carrie Ernst, MD, Icahn School of Medicine at Mount Sinai

Educational Objectives

1. Define artificial intelligence language and tools as they relate to psychiatry residency and fellowship recruitment.
2. Evaluate the challenges and opportunities of using AI in recruitment.
3. Describe literature regarding the use of AI in UME and GME recruitment.
4. Define current policies which impact the use of AI in recruitment.
5. Analyze potential AI recruitment tools available to residency programs and how they may (or may not) improve efficiency and effectiveness of holistic review, reduce bias, and uncover applicants otherwise overlooked in traditional review processes.

Abstract
The use of artificial intelligence (AI) in healthcare is expanding rapidly. Leaders in psychiatry training highlight the promise of AI in areas that include recruitment, education, and clinical care. As we consider the use of AI in recruitment, there may be a tendency to distrust unfamiliar tools alongside recognition that incorporating these technical advances may be necessary to keep up with our rapidly evolving field.

AI tools are used by both applicants and program directors alike. Large language models (such as ChatGPT) are a type of AI that generate human-like responses to inquiries by

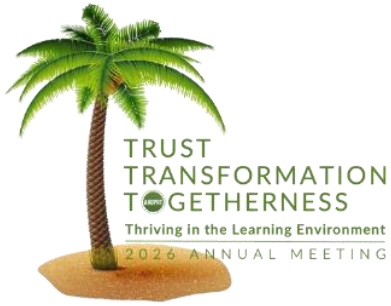


analyzing expansive sources of data. Generative AI tools could be used in a myriad of ways in psychiatry recruitment, including drafting personal statements, compiling ERAS applications, writing faculty letters of recommendation, and assisting with holistic review of applications, interview selections, and ultimately ranking.

There are a few notable guidelines regarding the use of AI in residency applications and selection. AAMC cautions program directors to balance the use of AI with human judgment, insights, and ethical standards while encouraging the exploration of AI tools to augment existing selection procedures. It gives clearer guidance to applicants preparing personal statements, noting, "The use of AI tools is acceptable for brainstorming, proofreading, or editing the personal statement, but the final submission should represent your own work." Numerous psychiatry applicants are engaging with emerging AI tools unfamiliar to many program directors as they complete their ERAS applications, and current evidence reveals that AI detection software is inconsistent in its accuracy and vulnerable to both false positives and false negatives.

Program director interest in AI tools is natural as they search for authenticity in a growing pool of applications, with the average program director receiving approximately 900 applications each year. Many program directors are unfamiliar with AI recruitment tools purported to provide streamlined, holistic application reviews that may reduce bias, improve reviewer consistency and identify otherwise overlooked applicants (Michaelson 2025, Ruiz 2024). Despite this promise, a recent study comparing surgery program director and AI driven selection found only a 7% overlap in applicants selected for interview (Hassan 2025), suggesting caution in the use of a solely AI driven selection process. Additionally, many, including AADRPT's AI Task Force, are concerned that the use of AI for application screening in recruitment could worsen pre-existing biases or even create new ones.

In this evolving world, transparent processes and consistent monitoring are paramount. We must consider ways to clearly communicate our policies and expectations to applicants and ourselves in the consideration of AI augmented recruitment procedures. To do so, we must become familiar with how to utilize AI and determine our own comfort in its use. While many are hesitant regarding the future of AI use in psychiatry recruitment, the future is now.



Practice Gap

Residency recruitment is a time-consuming and resource-intensive process. Meanwhile, the use of artificial intelligence (AI) in healthcare is expanding rapidly. AI has been touted as a tool that may reduce the burden on residency recruitment committees by improving the efficiency and effectiveness of holistic review, reducing bias and enhancing the opportunity to find applicants previously overlooked by traditional review processes. Despite these purported benefits, many program directors are not aware of the available AI tools, as well as their advantages and potential pitfalls. This workshop will introduce attendees to several AI tools that can be used in recruitment, the pros and cons of their use, and the policies that currently guide the field.

Agenda

- Introductions (5 min)
- Poll to gauge audience experience with AI (5 min)
- Didactic presentation: Explain AI tools as applied to recruitment; Identify rules and guidelines related to AI use by AAMC/ERAS; Discuss potential and challenges of AI use in recruitment (20 min)
- Breakout vignettes related to AI use cases/tools in recruitment followed by large group discussion and presentation of related available literature for each vignette (30 min)
- Summary of potential best practices regarding AI in recruitment (10 min)
- Q&A Discussion for audience sharing about best practices and personal experience with AI in recruitment (5 min)
- Designated time for evaluation and Feedback (5 min)

Scientific Citations

AADPRT AI in Psychiatric Education Task Force. AADPRT AI in Psychiatric Education Task Force Final Report. AADPRT; 2024. Accessed September 5, 2025. https://www.aadprt.org/application/files/1717/4343/2312/AADPRT_AI_Task_Force_Report_F_small.pdf

Luna A, Hyler S. From bytes to insights: the promise and peril of artificial intelligence–powered psychiatry. Acad Psychiatry. 2025;49(1):18-21.

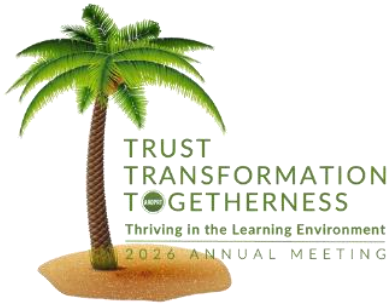
Hassan M, Ayad M, Nembhard C, et al. Artificial intelligence compared to manual selection of prospective surgical residents. J Surg Educ. 2025;82(1):103308. doi:10.1016/j.jsurg.2024.103308

Michaelson G, Karasik D, Polen E, Rangarajan SV, Zhao NW. Preparing for AI in resident selection: a scoping review of current applications and limitations. Laryngoscope. Published online June 7, 2025. doi:10.1002/lary.32308

Ruiz de Luzuriaga AM. The potential for artificial intelligence tools in residency recruitment. Cutis. 2024;113(2):56-59. doi:10.12788/cutis.0947

Association of American Medical Colleges. Principles for responsible AI in medical school and residency selection. Accessed September 5, 2025. https://www.aamc.org/about-us/mission-areas/medical-education/principles-ai

Mansour J, Burman M, Bernstein M, et al. Should my recommendation letter be written by artificial intelligence? Can J Surg. 2024;67(3):E243-E246. doi:10.1503/cjs.009623



Title
Starting a New Program or Track - A Practical Toolkit

Primary Category
Program Administration and Leadership

Presenters
Rebecca Lundquist, MD, Broadlawns-UnityPoint Psychiatry Residency
Tanya Keeble, MD, Providence Sacred Heart Medical Center
Jennifer Purses, DO, AADPRT Affiliate Members
Elizabeth Botts, MD, University of Utah School of Medicine

Educational Objectives

1. Name three funding opportunities available for new program development, track development or program expansion.

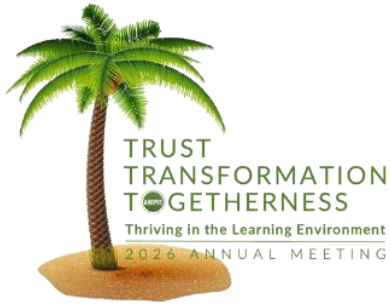
2. Give a one sentence rationale for right sizing a program from the beginning – including fellowship.

3. Understand the rationale for alignment of the program mission, vision and aims with those of the sponsoring institution.

4. Understand several effective approaches to developing scholarly culture in a new program – including faculty development.

5. Outline one recruitment (faculty and residents) (including diversity) strategy achievable in your specific residency training setting.

Abstract
Growth in psychiatry residency development reflects the trend in numbers of medical students applying into psychiatry residency. New programs and tracks offer the opportunity to capitalize on this interest in psychiatry with the goal of alleviating the shortage of psychiatrist in the US which continues to be dire. New programs in psychiatry continue to be developed with eight new programs listed in ERAS in the 2026 match. Sharing our wisdom with new program directors and administrators is a key responsibility of the AADPRT annual meeting.



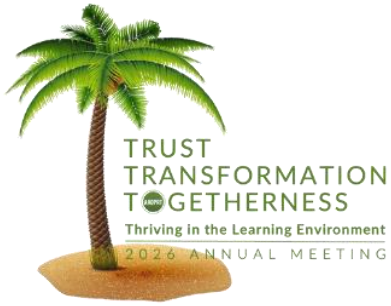
This workshop will provide a set of practical tips and resources aimed at helping those in the early planning stages of psychiatry residency and/or fellowship development as well as those programs with initial accreditation or in the early stages of an existing program, and those who are considering track development. The workshop focuses on the stage of development past the needs assessment. It tackles funding models, to include typical CMS funding, grants, VAMC, state and other more recent funding mechanisms, including FQHC and teaching health clinic opportunities. Lastly, it emphasizes direct revenue generating opportunities.

We will discuss ways in which to right size programs from the beginning, sharing some examples of programs that under sized their programs or did not consider fellowship development, as well as an example of a program that anticipated growth, right from the earliest stages of development.

Errors made during initial program or fellowship development, have lasting impact. Those errors include under sizing the program, failing to consider desired expansion, fellowship development, or other novel funding sources. Spending inadequate time considering alignment with the sponsoring institution can undermine program strategy and impact faculty and resident recruitment. Exploring community partnerships is critical in diversifying funding and rotation opportunities. New community programs face challenges in developing of scholarly culture that includes faculty development and teaching, as well as formal scholarly activity work.

Intentional work aligning program mission, vision and goals with those of the sponsoring institution or other funding partners is critical, and will help scaffold curricular components, and help with initial faculty and resident recruitment. We will work in small group format to model how this work can be implemented.

Inadequate focus on development of a scholarly academic culture in a new program is one of the errors many programs make and can impact initial accreditation or result in new program citations. Faculty development in a new program is often a significant challenge. We will walk you through several ways to approach this and allow for group brainstorming. Successful initial marketing and a recruitment strategy is a must. Attending to the increased reach of your program given virtual recruitment fairs and social media is essential. Collaborating with the institutional recruitment department is an underutilized way to enhance your success. We will provide a handout to all participants, and facilitate group discussion.



Practice Gap

Workforce development is a critical issue in the United States, with many parts of the country without any mental health provider, let alone psychiatrist.
It is clear from four previous workshops on this subject (the last in 2022) that AADPRT attendees include those who are in the planning stages of psychiatry residency, new track, fellowship development, initial stages of accreditation, have not yet graduated their first class or are programs considering expansion, track or fellowship development. There are currently few practical resources to help guide new program developers though the novel challenges they face.

Facilitators in this workshop have successfully steered their programs through early stages and aim to provide attendees with a community on which they can lean, as they navigate the choppy waters, and exciting times that those early years bring.

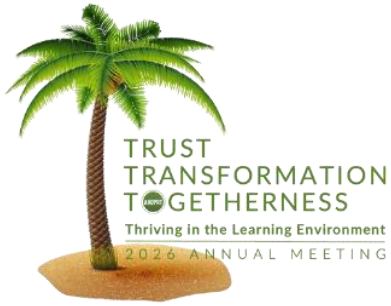
Agenda

- Overview of ACGME psychiatry residency program accreditation in the past 10 years - Didactic (5 min)
- Let's get to know a little about you, your programs, your main challenges what you hope to get out of attending this workshop - Poll (5 min)
- Sponsorship and funding - Didactic, Large group discussion (15 min)
- How to right size your program including fellowship development - Didactic , Large group discussion (5 min)
- Mission vision values alignment - Didactics , Small group work (10 min)
- Creating a scholarly culture - Didactic, Large group discussion (15 min)
- Initial marketing and recruitment Didactic, Large group brainstorming session (10 min)
- Wrap up – Ideas for mentoring and peer mentoring - Didactic, Large group brainstorming (10 min)

Scientific Citations

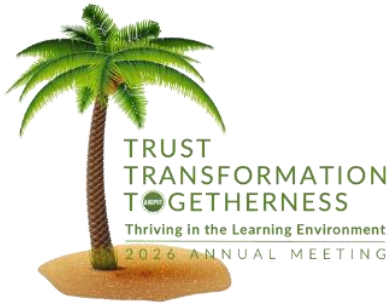
https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/bh-workforce-projections-fact-sheet.pdf accessed on September 17, 2025

https://www.psychiatry.org/psychiatrists/advocacy/federal-affairs/workforce-development accessed on September 17, 2025



Pheister M, Cowley D, Sanders W, Keeble T, Lu F, Pershern L, Wolf K, Walaszek A, Aggarwal R. Growing the Psychiatry Workforce Through Expansion or Creation of Residencies and Fellowships: the Results of a Survey by the AADPRT Workforce Task Force. Acad Psychiatry. 2022 Aug;46(4):421-427. doi: 10.1007/s40596-021-01509-9. Epub 2021 Jul 22. PMID: 34292538; PMCID: PMC8296832.

Aggarwal R, Balon R, Beresin EV, Coverdale J, Morreale MK, Guerrero APS, Louie AK, Brenner AM. Addressing Psychiatry Workforce Needs: Where Are We Now? Acad Psychiatry. 2022 Aug;46(4):407-409. doi: 10.1007/s40596-022-01690-5. PMID: 35882768; PMCID: PMC9321299.



Title
Sticks and Stones May Break My Bones, but (ACGME, GME, Consultative) Reviews Will Never Hurt Me

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

Presenters
Khyati Kothari, MD, University of Tennessee, Memphis
Ahmad Hameed, MD, Penn State University, Hershey Medical Center
Heather Schultz, MD, MPH, University of Michigan
Jacqueline Hobbs, MD, PhD, University of Washington Program

Educational Objectives

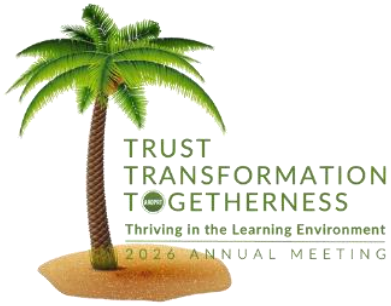
1. Differentiate among the 3 major types of external program reviews and identify common triggers and circumstances that lead to each.

2. Recognize and describe the impact of external program reviews on emotional responses, professional identity and well-being.

3. Discuss strategies to prepare for successful external program reviews and continue to meet common program requirements.

Abstract
There are 3 major types of external program reviews that will be described during this workshop: 1) institution-led internal/special reviews, 2) ACGME site visits, and 3) consultative. Consultative reviews are generally requested by the program to a GME leader outside their department or institution. There are common triggers and circumstances for each type of review that will be delineated. Some examples of common triggers for external reviews include significantly negative trends in one or more items on the ACGME survey and inaccurate, incomplete or inconsistent information in the Accreditation Data System (ADS).

When program directors first learn their programs have been selected for an ACGME site visit or institutional GME internal or special review, their first response may be one of panic. They may worry that their program will be placed on an adverse accreditation status (e.g.,



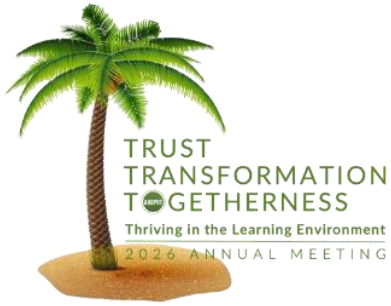
warning or probation) or even worse, be forced to close. Many emotions may be invoked in program leadership such as anger, fear, shame, doubt, guilt, and externalizing these as personal failures. This can lead to imposter syndrome and feelings of burnout. It is important for programs to understand that all programs have areas for improvement and external entities such as the ACGME want programs to be successful and continue to train residents.

The workshop leaders all have significant experience with ACGME, GME, and consultative program reviews. During the workshop, in small group sessions or pair-share, there will be opportunities for program directors and other program personnel to engage, reflect, and discuss their concerns and emotional responses to a review as well as coping strategies that may have helped them in the past. Example vignettes from the workshop leaders' own experience will be provided to guide discussions and learning by participants.

It is the primary goal of the workshop leaders to instill confidence in participants to manage reviews and mitigate emotional responses and professional stressors, ensure compliance with common program requirements, and lead a culture of continuous improvement in their programs while also practicing good self-care, reflection, and seeking mentorship and further professional development. An additional goal is to foster a proactive mindset toward accreditation and program evaluation, emphasizing targeted communication of progress, resilience, leadership growth, and system-based thinking

Practice Gap

New program directors and other program leadership may not be familiar with the different types of external program reviews such as GME internal/special reviews, ACGME site visits, and consultations. New program directors should be familiar with common triggers and circumstances that may lead to such external program reviews. Many program directors may also not be familiar with the utility or logistics of external reviews for continuous program improvement. Professional and leadership development in how to manage and mitigate the emotional challenges that often arise with external reviews may be limited. Opportunities may be lacking for program leadership to have time for reflection and collaboration with colleagues who have had similar experiences with external program reviews or with experts in the field. Due to less frequent external reviews during the COVID-19 pandemic, updated best practices and strategies to ensure an intentional approach to preparation for external program reviews is warranted.



Agenda

- Introduction (5 min): Introduction. Sharing the personal journey of a recent external program review experience.
- Small group/share-pair (10 min): Identify specific worries about your programs that you think could potentially trigger an external review.
- Small group discussion on identified triggers (10 min): Using word cloud
- Didactic on common triggers of ACGME/GME/Consultative program reviews (15 min)
- Small group discussion on addressing the 3 types of reviews through vignettes (15 min)
- Small group report out of vignette discussion outcomes (10 min)
- Didactic and discussion on how to prepare for reviews and meet common program requirements (10 min)
- Q&A/Evaluation (15 min)

Scientific Citations

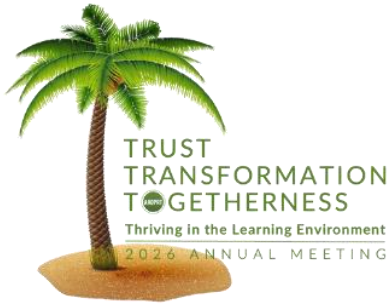
Accreditation Council for Graduate Medical Education. (2025). Institutional requirements: Reformatted version. https://www.acgme.org/globalassets/pfassets/programrequirements/2025-reformatted-requirements/institutionalrequirements_2025_reformatted.pdf

Accreditation Council for Graduate Medical Education. (2025, September 5). ACGME glossary of terms. https://www.acgme.org/globalassets/pdfs/ab_acgmeglossary.pdf

Boland, R.J., Sampang, S.J. (2022). Understanding and Meeting Program Accreditation Requirements. In: Macaluso, M., Houston, L.J., Kinzie, J.M., Cowley, D.S. (eds) Graduate Medical Education in Psychiatry. Springer, Cham. https://doi.org/10.1007/978-3-031-00836-8_3.

Caniano DA, Martinez SA, Nace C, Hogan SO. Reasons for Data-Prompted Site Visits: Field Staff Findings and Review Committee Decisions. J Grad Med Educ. 2021 Jun;13(3):447-454. doi: 10.4300/JGME-D-21-00435.1. Epub 2021 Jun 14. PMID: 34178287; PMCID: PMC8207924.

Hobbs JA, Cowley DS, Crapanzano KA, Soman A, Camp ME, Houston LJ, New AS, Young JQ, Idicula SA, Brown GP, De Golia SG. Charting the Course for the Future of Psychiatric Residency Education: Guiding Considerations. Acad Psychiatry. 2024 Oct;48(5):451-457. doi: 10.1007/s40596-024-01977-9. Epub 2024 May 6. PMID: 38710981.



Title
To Supplement, Not Supplant: An Interactive Workshop on Harnessing AI in Psychiatry Training Programs

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Rehan Aziz, MD, Hackensack Meridian Health- Jersey Shore University Medical Center
Daniel Weiner, MD, Hackensack Meridian Health- Jersey Shore University Medical Center
Tobi Ariyo, MD, Hackensack Meridian Health- Jersey Shore University Medical Center
Nathan Carroll, DO, MBA, MPH
Mahaksh Kotdawala, MD, Hackensack Meridian Health- Jersey Shore University Medical Center

Educational Objectives

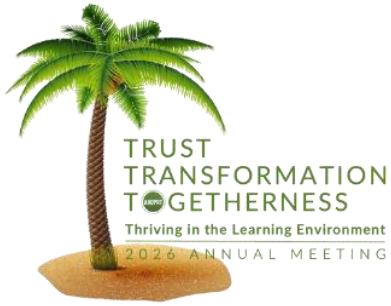
1. This workshop will provide psychiatry educators with a foundation for understanding and responsibly applying artificial intelligence (AI) in training.

2. Participants will define core AI concepts, including large language models (LLMs), natural language processing, and deep learning, and examine current positions from the APA and AADPRT, alongside the ethical implications of AI use in medical education.

3. The session will highlight a Digital Psychiatry rotation for PGY-1 residents at Hackensack Meridian Health (HMH) as a case example of structured integration.

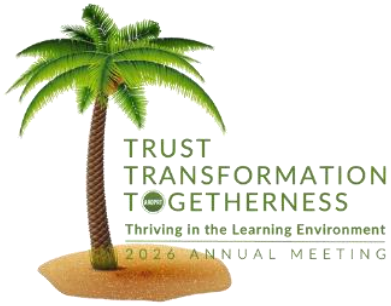
4. Faculty will explore practical strategies for incorporating AI into didactics delivery and planning, as well as assessments to enhance medical knowledge and supplement clinical training.

5. Finally, participants will be guided through the steps required to create a custom, voice-driven AI tool tailored to psychiatric education, equipping them with the knowledge and confidence to begin adapting these innovations within their own programs.



Abstract

Artificial Intelligence (AI) is rapidly reshaping the medical landscape, including psychiatric practice, and its influence on residency training is no longer a question of if but when. Whether or not we actively teach AI, our trainees, and increasingly, our patients, are already interacting with AI tools in both clinical and personal settings. This workshop will explore how AI can enhance psychiatric education and why now is the time for training programs to engage with this technology. The session will begin with an interactive overview of foundational AI concepts, including large language models (LLMs), natural language processing (NLP), and deep learning, ensuring all participants develop a baseline understanding. We will then discuss current positions from professional bodies such as the APA and AADPRT, along with ethical considerations and potential risks related to confidentiality, over-reliance, and the preservation of clinical judgment. We will highlight the new Digital Psychiatry rotation piloted at Hackensack Meridian Health (HMH) as a case example of structured integration. This rotation demonstrates how residents can be trained to critically evaluate digital tools, understand their clinical applications, and recognize limitations. Beyond formal rotations, AI has the potential to support core elements of psychiatric education. For example, AI can be incorporated into journal clubs by generating concise article summaries, suggesting critical appraisal questions, and facilitating structured debate. It can assist in case-based learning by producing vignettes tailored to competency milestones or by simulating patients with specific psychopathology for role-play and supervision. AI can also be used to generate board-style questions, analyze practice exam performance, and provide targeted feedback to supplement test preparation. Lastly, AI can be harnessed to assist with curriculum and didactic development. The core of the workshop will be a hands-on demonstration. Additionally, participants will design a customized AI tool tailored to their residency program's specific needs using ChatGPT's Custom GPT feature. No programming expertise is required. Attendees will define rules, behaviors, and educational goals to develop a working AI model that could, for example, support didactics, assist with mock OSCEs, or help residents practice psychotherapy micro-skills. We will also demonstrate voice recognition and speech simulation capabilities, allowing participants to experience AI as a real-time simulated patient, an innovation that could provide on-demand practice opportunities for learners. Finally, the workshop will address implementation challenges, including safeguarding patient confidentiality, aligning AI use with competencies, and avoiding resident over-reliance on technology. Strategies for phased adoption, faculty oversight, and program-level customization will be discussed. By the conclusion of this session, participants will have a clear understanding of how AI can be responsibly incorporated into psychiatry training to enhance education. They will leave with practical strategies, hands-



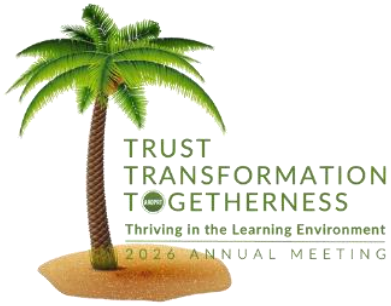
on experience in customizing AI for their own curricula, and the confidence to begin piloting AI-driven educational tools within their residency programs.

Practice Gap

Psychiatry training programs face several gaps in understanding and applying artificial intelligence (AI). First, faculty and program directors often lack foundational knowledge of AI concepts and how they apply to psychiatric education. Second, there is uncertainty about the ethical implications of AI and limited awareness of position statements and guidance from professional bodies such as AADPRT, APA, and ACGME. Third, programs lack the know-how for integrating and utilizing AI in didactics and assessments. Finally, there is limited expertise in adapting AI tools to residency-specific needs. Addressing these practice gaps will help ensure program leaders are equipped to evaluate, adopt, and customize AI responsibly, preparing residents for a future where AI will play an increasingly important role in psychiatric training and clinical care.

Agenda

- Introduction: Welcome and objectives (15 min).
    - Overview of AI in psychiatry: definitions, key concepts, and how models like ChatGPT function.
    - Presentation of current APA and AADPRT statements on AI and its emerging role in psychiatric education.
- Audience Poll & Discussion: Gauge participants' current knowledge, attitudes, and concerns about AI in training (5 min).
- Presentation: Applications of AI in Psychiatric Education - Digital Psychiatry rotation at Hackensack Meridian Health (5 min)
- Interactive Demonstration #1: AI in Action (10 min)
    - Practical applications: didactic development, enhancing journal clubs, case-based teaching, board-style exam prep, and psychotherapy micro-skills practice.
    - Demonstration of voice-driven AI as a simulated patient.
- Interactive Demonstration #2: Guided Creation of a Custom AI - Walk-through of ChatGPT's Custom GPT feature (30 min)
- Breakout Groups: AI Integration Strategies Participants discuss adoption in their programs (10 min).
- Closing Remarks: Summary of key takeaways (5 min).
- Q&A Session: Open forum for participant questions (5 min)
- Evaluations: Completion of evaluations (5 min)



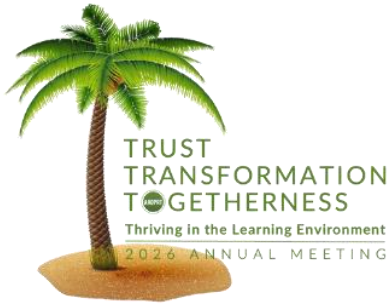
Scientific Citations

Booth, G. J., Ross, B., Cronin, W. A., McElrath, A., Cyr, K. L., Hodgson, J. A., Sibley, C., Ismawan, J. M., Zuehl, A., Slotto, J. G., Higgs, M., Haldeman, M., Geiger, P., & Jardine, D. (2023). Competency-Based Assessments: Leveraging Artificial Intelligence to Predict Subcompetency Content. Academic medicine : journal of the Association of American Medical Colleges, 98(4), 497–504. https://doi.org/10.1097/ACM.0000000000005115 2.

Sriharan, A., Sekercioglu, N., Mitchell, C., Senkaiahliyan, S., Hertelendy, A., Porter, T., & Banaszak-Holl, J. (2024). Leadership for AI Transformation in Health Care Organization: Scoping Review. Journal of medical Internet research, 26, e54556. https://doi.org/10.2196/54556 3.

Russell, R. G., Lovett Novak, L., Patel, M., Garvey, K. V., Craig, K. J. T., Jackson, G. P., Moore, D., & Miller, B. M. (2023). Competencies for the Use of Artificial Intelligence-Based Tools by Health Care Professionals. Academic medicine : journal of the Association of American Medical Colleges, 98(3), 348–356. https://doi.org/10.1097/ACM.0000000000004963 4.

Levin, C., Naimi, E., & Saban, M. (2024). Evaluating GenAI systems to combat mental health issues in healthcare workers: An integrative literature review. International journal of medical informatics, 191, 105566. https://doi.org/10.1016/j.ijmedinf.2024.105566 5. Hobbs, J.A., Cowley, D.S., Crapanzano, K.A. et al. Charting the Course for the Future of Psychiatric Residency Education: Guiding Considerations. Acad Psychiatry (2024). https://doi.org/10.1007/s40596-024-01977-9



Title
Who Put Me in Charge?: Leadership Launchpad for Developing Chief Residents

Primary Category
Program Administration and Leadership

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

Educational Objectives

1. Identify key domains of leadership relevant to the psychiatry chief resident role, including intrapersonal, interpersonal, and systems-level responsibilities.

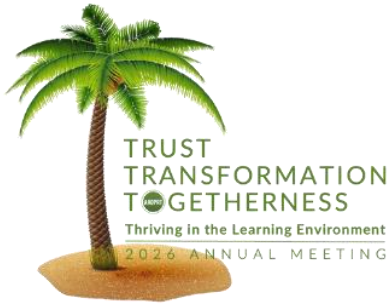
2. Describe the concept of the chief resident as a middle manager and differentiate between adaptive and technical challenges in common residency leadership scenarios.

3. Apply at least two communication frameworks (e.g., Nonviolent Communication, feedback models) to give psychologically safe, values-based feedback to peers or trainees.

4. Evaluate how cultural identity factors (e.g., gender, race, age) can influence how resident leaders are perceived and how they experience authority and pushback.

5. Design a personalized leadership development strategy or curricular scaffold using the provided framework as a launch point.

Abstract
This interactive session introduces a practical framework to guide chief resident leadership development. Designed as a launchpad, rather than a comprehensive curriculum, this session offers a broad sampler pack of foundational concepts and teachable skills to support chiefs in navigating their dual role as a learner and leader. Drawing from systems thinking, adult development theory, and clinical communication models, the session approaches leadership development from three perspectives: intrapersonal reflection, interpersonal fluency, and organizational impact.



Key topics include fostering psychological safety, navigating imposter syndrome through humility, managing task saturation with strategic prioritization tools, and learning to "slide up" and "slide down" in complex middle-management roles. We'll draw on therapy and improv principles to explore leadership in culture building and offer practical language tools for feedback and conflict resolution, including nonviolent communication and feedforward coaching. To conclude, the session will briefly review Implicit Leadership Theory (ILT) and invite attendees to reflect and share experiences on how cultural factors, such as identity, perception, and context, alter the practice of leadership.

The session is intended for both program directors seeking to scaffold leadership growth in their residents and for current or rising chiefs stepping into the role. Participants will leave with ideas for leadership development and a handout of sample feedback tools and reflective prompts.

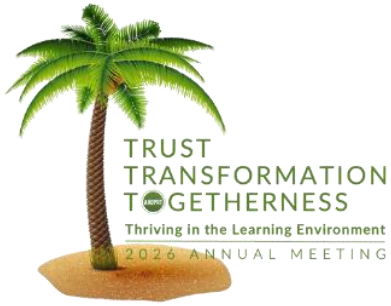
Ultimately, the workshop aims to reframe chief residency not just as an administrative function but as a deeply formative opportunity to model values, shape culture, and leave a legacy. In doing so, it advances the conference theme: Trust, Transformation, and Togetherness in the learning environment.

Practice Gap

Becoming a chief resident is one of the most complex and high-impact developmental transitions in graduate medical education. Chief residents must simultaneously navigate upward accountability to program leadership, lateral relationships with peers, and downward influence on junior trainees, all while learning to lead. Yet most receive little formal preparation for this work.

Agenda

- Introduction- Didactic (5 min)
- Conceptual Framework: Chiefs as Middle Managers – Didactic (5 min); Think-Pair-Share (10 min)
- Intrapersonal Leadership: Identity and Growth – Didactic (5 min); Small-Group discussion (10 min)
- Interpersonal Leadership: Communication and Feedback- Didactic (5 min); Paired role-play with group debrief (10 min)
- Systems Thinking and Change Leadership – Didactic (5 min); Small group discussion with case vignette (10 min)



- Cultural Considerations in Leadership- Didactic (5 min); Think-pair-share experiences (10 min)
- Conclusion and Q&A (10 min)

Scientific Citations

Berg, D. N., & Huot, S. J. (2007). Middle Manager Role of the Chief Medical Resident: An Organizational Psychologist's Perspective. Journal of General Internal Medicine, 22(12), 1771–1774. https://doi.org/10.1007/s11606-007-0425-8

Broquet, K. E. (2006). Leadership: From a Psychiatric to an Institutional Perspective. Academic Psychiatry, 30(4), 289–291. https://doi.org/10.1176/appi.ap.30.4.289

Greiner, C. B. (2006). Leadership for Psychiatrists. Academic Psychiatry, 30(4), 283–288. https://doi.org/10.1176/appi.ap.30.4.283

Saxena, A., Garg, A., & Desanghere, L. (2015). Common pitfalls in the chief resident role: Impact on effective leadership practices. International Journal of Leadership in Education, 18(3), 386–393. https://doi.org/10.1080/13603124.2014.962102

Mirabal, S.C., Wright, S.M. & O'Rourke, P. The selection of chief residents across residency programs at a large academic medical center. BMC Med Educ 23, 931 (2023). https://doi.org/10.1186/s12909-023-04896-9

Ratnakaran B, Hanafi S, Wobbe H, Howland M. Evolving Roles and Needs of Psychiatry Chief Residents During the COVID-19 Pandemic and Beyond. J Healthc Leadersh. 2023 Jun 15;15:95-101. https://doi.org/10.2147/JHL.S408556

Laird LD, Bloom-Feshbach K, McNamara T, Gibbs B, Pololi L. Psychological Safety: Creating a Transformative Culture in a Faculty Group Peer-Mentoring Intervention. Chron Mentor Coach. 2024 Jun;8(1):127-140. https://doi.org/10.62935/hz7383

Dong, C., Altshuler, L., Ban, N., Wong, L. Y., Mohammed, F. E., Tang, C. T., & Kachur, E. (2025). Psychological safety in health professions education: Insights and strategies from a global community of Practice. Frontiers in Medicine, 11. https://doi.org/10.3389/fmed.2024.1508992

Orsini C, Rodrigues V, Tricio J, Rosel M. Common models and approaches for the clinical educator to plan effective feedback encounters. J Educ Eval Health Prof. 2022;19:35. https://doi.org/10.3352/jeehp.2022.19.35

Cherfan, Joy, and Myria Allen. “Preferred Leadership Communication Styles Across Cultures.” Journal of intercultural communication research 51.2 (2022): 134–152. Web. https://doi.org/10.1080/17475759.2021.1963306