2022 Annual Meeting Posters

Title

The Lived Experiences of Learning Cognitive Behavioral Therapy: A Qualitative Study of Psychiatry Residents

Presenters

Jewel Harvey, MD
Kenneth Phelps, PhD
Ashley Jones, MD

Educational Objective

Upon completion of the poster review, the participants will be able to: 1)Understand the lived experiences, beliefs, attitudes, and needs of psychiatry residents learning cognitive behavioral therapy (CBT). 2)Describe commonly used methodologies for teaching CBT in psychiatry residency programs. 3)Identify ways in which the experiences described in this study could apply to or enhance their own training program or educational experience.

Practice Gap

Cognitive Behavioral Therapy (CBT) is an evidence-based form of psychotherapy. Given the utility and applicability of CBT, it is not surprising that the Residency Review Committee (RRC) for Psychiatry of the Accreditation Council for Graduate Medical Education (ACGME) requires psychiatry residents to achieve competency in this treatment modality. While the necessity of CBT education and various methods of psychotherapy pedagogy exist in the literature, few qualitative studies have been published from the perspective of the learner to better understand the lived experiences of becoming a therapist within residency. This study aims to create a detailed and personalized narrative in order to identify key experiences of residents navigating their CBT educational experience.

Scientific Citations

References

1. Beck J. Cognitive behavioral therapy. 3rd ed. New York: The Guilford Press; 2021.
2. Sudak DM. CBT in psychiatry residency training. In: Sudak DM, Codd RT, Ludgate JW, Sokol L, Fox MG, Reiser RP, Milne DL, editors. Teaching and supervising cognitive behavioral therapy. New Jersey: John Wiley & Sons, Inc; 2016. pp. 145-158.
3. Sudak DM. Training in cognitive behavioral therapy in psychiatry residency. Beh Mod. 2008; 33: 124-137.
4. Bennet-Levy J. The value of self-practice of cognitive therapy techniques and self-reflection in the training of cognitive therapists. Beh & Cog Psyc. 2001; 29: 203-220.
5. Sudak DM. Cognitive behavioral therapy: A blueprint for attaining and assessing psychiatry resident competency. Academic Psyc; 27: 154-159.
6. Colaizzi PF. Psychological research as the phenomenologist views it. In: Vaile R., King M. Existential phenomenological alternatives for psychology. New York: Oxford University Press; 1978; 48–71.

Abstract

Objective: The purpose of this qualitative study was to investigate the lived experiences, beliefs, attitudes, and needs of psychiatry residents learning cognitive behavioral therapy (CBT).

Method: After obtaining Institutional Review Board approval and ensuring residents understood the voluntary nature of participation, eight general psychiatry residents answered open-ended questions about their experiences learning CBT. Participants were asked to describe their experiences broadly, reflect on the simple and challenging aspects of learning, identify the most and least helpful learning modalities, and share thoughts or personal reflections activated through their journey. Written data were analyzed using a phenomenological methodology, including the extraction of significance statements and collapsing of meaning statements into key thematic clusters. Verification strategies were used to ensure the validity and reliability of data analysis.

Results: Participants found various learning modalities effective, most notably individual and group supervision. While rapport building and symptom checks were least challenging, many found adhering to structure or implementation of advanced techniques to be the more arduous parts of learning. Patient progress tended to stimulate resident engagement, whereas incomplete action plans or lack of observable treatment gains led to some automatic negative thoughts ("I'm incompetent, inexperienced, and/or a failure."). Many participants applied CBT techniques to themselves to address their own automatic thoughts, biases, or behavioral patterns.

Conclusions: The results of this study offer valuable insight about learners' experiences of becoming a therapist that could help normalize residents' experiences and help educators guide residents through the learning process.

2022 Annual Meeting Posters

Title
Thumbnail Sketch of Specialty and Subspecialty Training, Certification, and Maintenance of Certification in Psychiatry

Presenters
Larry Faulkner, MD
Dorthea Juul, PhD

Educational Objective
To present data on current trends in numbers of programs and trainees in psychiatry and its subspecialties, demographic characteristics of trainees, and numbers seeking and maintaining ABPN certification.

Practice Gap
Recruitment into psychiatry and its subspecialties is an on-going issue for training program directors and faculty.

Scientific Citations
Agapoff IV, J.R., Olson, D.J. Challenges and1 1P1e1r1s1p1e1c1t1i1v1e1s1 1t1o1 1t1h1e1 1F1a1l1l1 1i1n1 1P1s1y1c1h1i1a1t1r1y1 1F1e1l1l1o1w1s1h1i1p1 1A1p1p1l1i1c1a1t1i1o1n1s1.1 1A1c1a1d1 1P1s1y1c1h1i1a1t1r1y1 14131,1 1412151 412181 1(121011191)1.1 1
1
1B1e1c1k1e1r1 1M1A1,1 1B1r1a1d1l1e1y1 1M1V1,1 1M1o1n1t1a1l1v1o1 1C1,1 1N1a1s1h1 1S1S1,1 1S1h1a1h1 1S1B1,1 1T1o1b1i1n1 1M1,1 1D1e1s1a1n1 1P1H1.1 1F1a1c1t1o1r1s1 1A1f1f1e1c1t1i1n1g1 1P1s1y1c1h1i1a1t1r1y1 1R1e1s1i1d1e1n1t1 1D1e1c1i1s1i1o1n1 1t1o1 1P1u1r1s1u1e1 1C1o1n1s1u1l1t1a1t1i1o1n1-1L1i1a1i1s1o1n1 1P1s1y1c1h1i1a1t1r1y1 1o1r1 1O1t1h1e1r1 1S1u1b1s1p1e1c1i1a1l1t1y1 1F1e1l1l1o1w1s1h1i1p1 1T1r1a1i1n1i1n1g1.1 1P1s1y1c1

Abstract
Objective: The purpose of this abstract is to describe the current trends in numbers of programs and trainees in psychiatry and its subspecialties, demographic characteristics of trainees, and numbers seeking and maintaining ABPN certification. There are five ACGME-accredited subspecialties in psychiatry: addiction psychiatry, child and adolescent psychiatry, consultation-liaison psychiatry, forensic psychiatry, and geriatric psychiatry.

Methods: Data were obtained from the ABPN data base and website and from publicly available information on the ACGME and NRMP websites.

Results: Detailed data will be presented on the following: number of psychiatry and subspecialty programs and fellows for AY 2017-18 through AY 2021-2022; recent match results

and fill rates; demographic information for residents and fellows including gender, medical school, and ethnicity from AY 2019-2020; and rates of participation in ABPN certification and maintenance of certification.

Conclusions:

- In the past five years, the numbers of programs and residents/fellows have increased for psychiatry and all five of the subspecialties.
- In recent years, psychiatry has filled almost 100% of residency positions via the match. Child and adolescent psychiatry had the highest position fill rate of the subspecialties at about 83% in recent years; most child and adolescent psychiatry fellows opted for 5-year programs. The other subspecialties had fill rates of 65% or less.
- More women than men pursued training in all subspecialties except for addiction psychiatry.
- The medical school background of fellows was similar to that of the specialty, except for forensic psychiatry which attracted a higher percentage of US LCME graduates and geriatric psychiatry which attracted a higher percentage of IMGs.
- The ethnic composition of the subspecialties was similar to that of the specialty except for forensic psychiatry which attracted more white trainees.
- Most residency and fellowship graduates sought and obtained ABPN certification.
- Most diplomates who attempted recertification were successful.
- Most psychiatrists and child and adolescent psychiatrists maintained certification; in the other subspecialties the rate was less.
- Child and adolescent psychiatrists have the option to only maintain subspecialty certification, but the majority (>80%) maintained both specialty and subspecialty certification.
- It should be noted that the early cohorts certified in addiction, forensic, and geriatric psychiatry have had to recertify twice to maintain certification, and many of them may have retired or shifted the focus of their practices.
- In 2019 for psychiatry and child and adolescent psychiatry an article-based format for MOC was introduced as an alternative to the 10-year MOC examinations, and most diplomates who were eligible to participate selected this option. An article-based option for the other subspecialties will become available in 2022.

2022 Annual Meeting Posters

Title
Psychiatry and Child and Adolescent Psychiatry Training Program First Attempt Pass Data on the ABPN Certification Examinations

Presenters
Larry Faulkner, MD
Joan Anzia, MD
Christopher Thomas, MD
Dorthea Juul, PhD

Educational Objective
To inform program directors and faculty about data on first-time taker performance on the ABPN Psychiatry and Child and Adolescent Psychiatry Certification Examinations in the context of ACGME program requirements.

Practice Gap
First-time attempt pass rates on certification examinations are one of the data points that Residency Committees review in the accreditation process.

Scientific Citations
1. Ellis RJ, Hu YY, Jones AT, Kopp JP, Soper NJ, Hoyt DB, Buyske J. Association Between Resident Physician Training Experience and Program-Level Performance on Board Examinations. JAMA Surg. 2020 Feb 1;155(2):163-165.

2. Accreditation Council for Graduate Medical Education: ACGME Program Requirements for Graduate Medical Education in Psychiatry. Available at https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/400_Psychiatry_2021.pdf?ver=2021-06-15-161510-003. Accessed 9 September 2021.

3. Accreditation Council for Graduate Medical Education: ACGME Program Requirements for Graduate Medical Education in Child and Adolescent Psychiatry. Available at https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/405_ChildAdolescentPsychiatry_2021.pdf?ver=2021-06-22-163520-083. Accessed 9 September 2021.

Abstract
This report presents data on first-time taker performance on the Psychiatry and Child and Adolescent Psychiatry Certification Examinations administered in the past four years (2017-2020) and examines the relationship between program size and pass rate.

For psychiatry, there were 217 adult programs and 137 CAP programs in which trainees were PGY-4s for a total of 354 programs. There were 132 CAP programs.

For psychiatry, there was no significant difference ($t = .487$; $p = .627$; $df = 352$) between the mean pass rates for the adult programs (.85) and the CAP programs (.84). Hence, combined results are presented here. The mean number of first-time takers by program was 21.7 (S.D. = 15.4), and the mean number of passes was 19.1 (S.D. = 14.9). The mean first time taker pass rate by program was .85 (S.D. = .18), and the pass rate ranged from 0% to 100%. Of the 354 programs, 85 (24.0%) had a 100% pass rate, and 264 (74.6%) had a pass rate of 80% or greater. Three programs had a 0% pass rate, but they had small numbers of examinees. Seventeen programs had pass rates of <46%, putting them in the bottom 4.8 percentile.

For CAP, the mean number of first-time takers by program was 12.4 (S.D. = 9.1), and the mean number of passes was 10.9 (S.D. = 9.0). The mean first time taker pass rate by program was .85 (S.D. = .16), and the pass rate ranged from 29% to 100%. Of the 132 programs, 38 (28.8%) had a 100% pass rate, and 95 (72.0%) had a pass rate of 80% or greater. Eight programs had pass rates of <56%, putting them in the bottom 6.1 percentile.

The Pearson correlation between program size and pass rate was significant for both psychiatry ($r = .251$; $p = .03$; $n = 354$) and CAP ($r = .252$; $p = .01$; $n = 132$).

The first-time taker pass rates on the psychiatry and CAP certification examinations varied across programs with high overall mean pass rates (85% for both). A significant number of programs had 100% pass rates over the past four examination administrations. Program size as indicated by number of first-time takers accounted for a small amount of variance in the psychiatry and CAP pass rates ($r2 = .063$ for both).

The ACGME requirements are either an aggregate first-time taker pass rate higher than the bottom fifth percentile of programs or an 80% first-time taker pass rate. For the four years reported here, about seventeen programs in psychiatry and eight in CAP did not meet the first ACGME criterion. In terms of the second ACGME criterion, 75% of the psychiatry programs and 72% of the CAP programs achieved an 80% pass rate.

2022 Annual Meeting Posters

Title
"Take your PGY-4 to Work day: Using Senior residents to enhance clinical skills and nurture professionalism among interns at a Community-based program"

Presenters
Dhara Shah, MD
Anuja Mehta, MD

Educational Objective
1. To illustrate how formalized peer supervision can be implemented in a community-based program
2. Appreciate the value of direct observation, guidance and mentorship from senior residents towards interns
3. Other programs will be provided with a structure for implementing a peer-led supervision model at their institutions.

Practice Gap
Despite the requirements set forth by the Accreditation Council for Graduate Medical Education, trainees continue to report inadequate supervision as a common source of medical errors during a patient's hospitalization (1). A systematic review by Farnan et al, showed generally favorable results in patient and education-related outcomes accompanied by increased supervision, with increased involvement of faculty evaluating the patient with or without the presence of the resident enabling changes to the assessment and plan (1). Yet scant information is found within the context of direct peer-led supervision. An article by the Canadian Journal of Medicine highlighted the limited peer mentorship opportunities available during medical residency (2). Limited data is available, however the impact of peer relationships on professional development may be profound. A systemic review by Pethrick et al., surmised the value of peer mentorship in resident communication skills, academic success, and career development, among other components (2). Through a direct, resident-supervised model in psychiatry training, this may allow for another means for PGY-1 residents to receive quality feedback and improve upon their clinical skills.

Scientific Citations
1. Farnan, Jeanne M. MD, MHPE; Petty, Lindsey A. MD; Georgitis, Emily MD; Martin, Shannon MD; Chiu, Emily; Prochaska, Meryl; Arora, Vineet M. MD, MAPP A Systematic Review, Academic Medicine: April 2012 - Volume 87 - Issue 4 - p 428-442 doi: 10.1097/ACM.0b013e31824822cc
2. Pethrick H, Nowell L, Paolucci EO, Lorenzetti L, Jacobsen M, Clancy T, Lorenzetti DL. Peer mentoring in medical residency education: A systematic review. Can Med Educ J. 2020 Dec 7;11(6):e128-e137. doi: 10.36834/cmej.68751. PMID: 33349761; PMCID: PMC7749692.
3. Schuller, Mary C. MSEd; DaRosa, Debra A. PhD; Crandall, Marie L. MD, MPH Using Just-

in-Time Teaching and Peer Instruction in a Residency Program's Core Curriculum, Academic Medicine: March 2015 - Volume 90 - Issue 3 - p 384-391
doi: 10.1097/ACM.0000000000000578

Abstract

*This abstract was prepared by a trainee with mentorship from the Program Director.

The purpose of this monthly initiative is manifold. Firstly, it is an opportunity for a member of the PGY-1 psychiatry class to receive a direct observation and supervision from a senior PGY-4 resident, in the fall and then later in the spring. This peer-centered initiative offers constructive feedback, tips on how to document correctly, and guidance in refining clinical skills, all directly from a PGY-4 senior resident. An initial assessment in the fall and subsequent assessment in the spring would allow for the senior resident to monitor the P2G2Y2-212s2 2g2r2o2w2t2h2 2a2n2d2 2p2r2o2g2r2e2s2s2i2o2n2 2i2n2 2t2h2e2i2r2 2r2e2s2i2d2e2n2c2y2 2t2r2a2i2n2i2n2g2.2 2F2u2r2t2h2e2r2m2o2r2e2,2 2t2h2i2s2 2o2p2p2o2r2t2u2n2i2t2y2 2e2n2a2b2l2e2s2 2a2l2l2 2m2e2m2b2e2r2s2 2o2f2 2t2h2e2 2m2o2s2t2 2s2e2n2i2o2r2 2c2l2a2s2s2 2t2o2 2s2e2r2v2e2 2i2n2 2a2 2l2e2a2d2e2r2s2h2i2p2 2c2a2p2a2c2i2t2y2.2 2P2G2Y242 2r2e2s2i2d2e2n2t2s2 2w2i2l2l2 2a2l2s2o2 2m2o2d2e2l2 2p2r2o2f2e2s2s2i2o2n2a2l2i2s2m2 2a2n2d2 2e2x2p2l2i2c2i2t2l2y2 2p2r2o2v2i2d2e2 2t2i2p2s2 2o2n2 2n2u2r2t2u2r2i2n2g2 2p2r2o2f2e2s2s2i2o2n2a2l2 2a2t2t2i2t2u2d2e2s2 2a2n2d2 2b2e2h2a2v2i2o2r2s2 2t2o2 2t2h2e2 2i2n2t2e2r2n2s2.2D2i2r2e2c2t2 2m2e2n2t2o2r2s2h2i2p2 2a2n2d2 2g2u2i2d2a2n2c2e2 2t2h2a2t2 2i2s2 2p2e2e2r2-2l2e2d2 2m2a2y2 2e2m2b2o2l2d2e2n2 2P2G2Y2-212 2r2e2s2i2d2e2n2t2,2 2a2l2l2o2w2 2f2o2r2 2f2e2e2d2b2a2c2k2 2t2o2 2b2e2 2b2e2t2t2e2r2 2r2e2c2e2i2v2e2d2,2 2a2n2d2 2a2d2d2i2t2i2o2n2a2l2l2y2 2m2a2y2 2b2o2l2s2t2e2r2 2I2n2t2e2r2n2s2 2c2a2p2a2c2i2t2y2 2f2o2r2 2i2n2t2e2r2d2i2s2c2i2p2l2i2n2a2r2y2 2w2o2r2k2 2a2n2d2 2i2n2t2e2r2p2r2o2f2e2s2s2i2o2n2a2l2i2s2m2.2 2I2t2 2a2l2s2o2 2a2l2l2o2w2s2 2t2h2e2 2P2G2Y2-242 2t2o2 2s2e2r2v2e2 2i2n2 2a2 2l2e2a2d2e2r2s2h2i2p2 2r2o2l2e2.2 2T2h2i2s2 2w2i2l2l2 2a2l2s2o2 2p2r2e2p2a2r2e2 2t2h2e2 2I2n2t2e2r2n2 2f2o2r2 2t2h2e2i2r2 2u2p2c2o2m2i2n2g2 2C2l2i2n2i2c2a2l2 2S2k2i2l2l2s2 2e2v2a2l2u2a2t2i2o2n2 2(2C2S2V2)2,2 2a2s2 2t2h2e2 2c2l2i2n2i2c2a2l2 2i2n2t2e2r2v2i2e2w2 2s2k2i2l2l2s2 2o2b2s2e2r2v2e2d2 2a2n2d2 2a2s2s2e2s2s2e2d2 2a2r2e2 2a2n2a2l2o2g2o2u2s2 2t2o2 2t2h2o2s2e2 2a2s2s2e2s2s2e2d2 2d2u2r2i2n2g2 2t2h2e2 2C2S2V2 2p2e2r2f2o2r2m2e2d2 2b2y2 2a2 2b2o2a2r2d2-2c2e2r2t2i2f2i2e2d2 2p2s2y2c2h2i2a2t2r2y2 2a2t2t2e2n2d2i2n2g2 2p2h2y2s2i2c2i2a2n2.2 2S2t2r2u2c2t2u2r2e2:2 2 212.2 2A2 2P2G2Y2-242 2r2e2s2i2d2e2n2t2 2w2i2l2l2 2b2e2 2a2s2s2i2g2n2e2d2 2t2o2 2o2n2e2t2o2-2t2w2o2 2i2n2t2e2r2n2s2 2f2o2r2 2t2h2e2 2a2c2a2d2e2m2i2c2 2y2e2a2r2.2 2 o2 2T2h2e2 2P2G2Y2-242 2w2i2l2l2 2b2e2 2o2n2 2a2n2 2e2l2e2c2t2i2v2e2 2r2o2t2a2t2i2o2n2 2t2o2 2a2l2l2o2w2 2t2h2e2m2 2s2u2f2f2i2c2i2e2n2t2 2t2i2m2e2 2t2o2 2b2e2s2t2 2 e2v2a2l2u2a2t2e2 2a2n2d2 2a2s2s2e2s2s2 2t2h2e2 2i2n2t2e2r2n2s2 2c2l2i2n2i2c2a2l2,2 2c2o2m2m2u2n2i2c2a2t2i2o2n2,2 2a2n2d2 2d2o2c2u2m2e2n2t2a2t2i2o2n2 2 s2k2i2l2l2s2.2 2 2 o2 2T2h2e2 2P2G2Y2-212 2p2a2i2r2e2d2 2w2i2

2022 Annual Meeting Posters

Title
Racism: A Mental Health Crisis An Approach to Teaching Antiracism & Cultural Intersectionality as it pertains to Race in The UTSW Psychiatry Clerkship

Presenters
Danielle Morelli, MD
Evelyn Ashiofu, MD, MPH
Sarah Baker, MD
Lia Thomas, MD
Kathlene Trello-Rishel, MD

Educational Objective
Objectives included reflection on personal biases, identifying/understanding the impact of racism & microaggressions, and identifying discrimination as a social determinant of health. Attendees were encouraged to deepen their self-awareness/empathy skills.

Practice Gap
Amidst the national civil rights movement galvanized by the killings of Breonna Taylor and George Floyd, there is a need for teaching on racism, antiracism, and cultural intersectionality, and humility within medical education. Educators at UTSW are addressing this need through an interactive workshop with the goal of creating a culture shift that would inspire advocacy for those facing healthcare disparities. Recognizing racism's influence on the personhood of others, we aim to instill lifelong learning that is more inclusive and oriented toward moral action.

Scientific Citations
Hays, Pamela A. Addressing Cultural Complexities in Practice, Second Edition: Assessment, Diagnosis, and Therapy. American Psychological Association Overview (2008)

Sue DW, Capodilupo CM, Torino, GC, Bucceri JM, Holder AMB, Nadal, KL, Esquilin, M. Racial Microaggression in Everyday Life. American Psychologist (2007)

Kendi, Ibram X. Stamped from The Beginning (2016)

Metzl, Jonathan. The Protest Psychosis (2009)

The New York Times Magazine. 1619 Project and Podcast (2019) (https://www.nytimes.com/2020/01/23/podcasts/1619-podcast.html)

Shim RS, Compton MT. The Social Determinants of Mental Health: Psychiatrists' Roles in Addressing Discrimination and Food Insecurity. Journal of Lifelong Learning in Psychiatry (2020) (https://doi.org/10.1176/appi.focus.20190035)

Owen, J, Rinane JM, Tao KW, Adelson, J. An Experimental Test of Microaggression Detection in Psychotherapy: Therapist Multicultural Orientation. American Psychological Association. (2018)

Sternthal MJ, Slopen N, Williams DR. Racial Disparities in Health: How Much Does Stress Really Matter? Du Bois Rev. 2011 Spring; 8(1):95-113. (https://pubmed.ncbi.nlm.nih.gov/29887911/)

Abstract

Background/Purpose

Amidst the national civil rights movement galvanized by the killings of Breonna Taylor and George Floyd, there is a need for teaching on racism, antiracism, and cultural intersectionality, and humility within medical education. Educators at UTSW are addressing this need through an interactive workshop with the goal of creating a culture shift that would inspire advocacy for those facing healthcare disparities. Recognizing racism's influence on the personhood of others, we aim to instill lifelong learning that is more inclusive and oriented toward moral action.

Objectives

Objectives included reflection on personal biases, identifying/understanding the impact of racism & microaggressions, and identifying discrimination as a social determinant of health. Attendees were encouraged to deepen their self-awareness/empathy skills.

Methods

Students, residents, and faculty participated in a 2.5-hour workshop about mental health disparities, racism and its impact on Black Americans. The workshop included pre-workshop preparation with identity exercises, brave space guidelines, media pieces, and information on retraumatization. It also included didactics on racism in America and types of racism and microaggressions as it relates to social determinants. Then, there was an interactive portion, which highlighted vulnerable populations through life stories, focused on identifying microaggressions and empathy exercises on minority stress. It concluded with the provision of community resources to participants.

Pre and post-surveys, which included questions about identifying microaggressions and strengths/weaknesses of the workshop, were used to evaluate the activity.

Results

Data Collection Underway.

Discussion/Conclusion

We hypothesize attendees will have more knowledge of the impact of racism on mental health and feel more confident applying skills from the workshops toward advocacy.

2022 Annual Meeting Posters

Title
Empowering Patients and Families in Mental Healthcare: Residents' Development of an Inclusive Patient and Family Advisory Council in an Outpatient Mental Health Setting

Presenters
Ana Ozdoba, MD
Jacob Hartman, MC,
Shaina Siber-Sanderowitz

Educational Objective
Define and describe the role of a patient-family advisory council in a resident-staffed outpatient psychiatric setting

Discuss the initial stages of implementation and patient selection with an emphasis on being inclusive and representative of our diverse patient community

Described the six target areas of the Patient Family Advisory Council which include: patient organization and group identity, conveying information to patients, obtaining patient feedback about the clinic, responding to patient feedback, representing clinic patients within the broader hospital system, and helping clinic patients serve as advocates for their fellow patients

Practice Gap
Patient-centered care is an essential part of the field of psychiatry, and should be a target as we continue to improve the quality of care provided to patients. Many fields of medicine have successfully adopted a patient-family advisory council (PFAC) as a way of more actively engaging patients in their mental health care. To date, there are no publications on the use of PFACs in a resident-staffed adult outpatient psychiatric clinic. There are no descriptions in the literature of the process of engaging a diverse, inclusive council that can be reflective of the underserved community treated in urban hospital settings. Our hope is to share the initial stages of the development of this patient-family council and help motivate other trainees and residency training programs to engage their patients in playing an active role in the systemic and organizational aspects of their care.

Scientific Citations
Bardes CL. Defining "patient-centered medicine". N Engl J Med. 2012;366(9):782-783. doi:10.1056/NEJMp1200070

Smith GP, Williams TM. From providing a service to being of service: advances

in person-centred care in mental health. Curr Opin Psychiatry. 2016;29(5):292-

297. doi:10.1097/YCO.0000000000000264

Dixon L, Lieberman J. Psychiatry embraces patient-centered care. Psychiatric

News. https://psychnews.psychiatryonline.org/doi/10.1176/appi.pn.2014.2a15.

Published February 7, 2014. Accessed September 28, 2021.

Oldfield BJ, Harrison MA, Genao I, et al. Patient, Family, and Community

Advisory Councils in Health Care and Research: a Systematic Review. J Gen

Intern Med. 2019;34(7):1292-1303. doi:10.1007/s11606-018-4565-9

Schlaudecker JD, Goodnow K, Goroncy A, et al. Meaningful Partnerships:

Stages of Development of a Patient and Family Advisory Council at a Family

Medicine Residency Clinic. J Particip Med. 2019;11(1):e12105. Published 2019

Mar 20. doi:10.2196/12105

Lee SY. Leveraging an Ambulatory Patient and Family Advisory Council to

Improve Patient Experience Scores. J Patient Exp. 2021;8:23743735211039316. Published 2021 Aug 30. doi:10.1177/23743735211039316

Abstract

The concept of patient-centered care emerged in the field of psychiatry in the late 1960s. Psychiatry, with its emphasis on the biopsychosocial approach and the patient's subjective experience, was the natural breeding ground for this idea. However, psychiatrists have been hesitant to adopt this approach because many psychiatric illnesses impair patients' ability to dictate the policies that guide their healthcare. Efforts to enhance patient-centered care in psychiatry consequently present unique opportunities and challenges.

At Montefiore Medical Center/Albert Einstein College of Medicine Department of Psychiatry and Behavioral Sciences, psychiatry residents decided to advance patient-centered care by establishing a patient-family advisory council (PFAC). A PFAC is a group of patients and family members of patients who collaborate with clinicians and staff to shape a healthcare system's policies and research initiatives and improve the quality and safety of patient care. This approach has been adopted in numerous fields of medicine. To our knowledge, though, there are no publications describing the establishment of a PFAC in a general outpatient psychiatry clinic.

We will demonstrate the steps taken toward the development of a PFAC within an ambulatory resident-focused psychiatry clinic in an academic medical center that serves a diverse,

multicultural, and underserved patient population in the Bronx, NY. We will discuss the initial stages of development, including the engagement of departmental leaders, residents, and staff. We will describe the six target areas of our PFAC: patient organization and group identity, conveying information to patients, obtaining patient feedback about the clinic, responding to patient feedback, representing clinic patients within the broader hospital system, and helping clinic patients serve as advocates for their fellow patients. We will describe ways in which the PFAC will address these six target areas and details of our PFAC's structure and functions. We will discuss initial challenges in implementation, including member selection, patient confidentiality, and selection of quality measures to assess PFAC effectiveness. We will also discuss the importance of and approach to including a diverse patient population reflective of the community we treat in the Bronx, New York. Most of our clinic's patients face multiple structural inequities that impact their mental health and access to care. The PFAC was conceived out of a need to address these inequities. It does so by empowering diverse patients to shape their mental healthcare, guide hospital policy that impacts their care, and advocate for fellow psychiatric outpatients. The PFAC also enables clinicians to learn first-hand about the structural challenges faced by our patients. By sharing the initial stages of the development of this council, we hope to motivate other trainees and residency training programs to engage their patients in playing an active role in the systemic and organizational aspects of their care.

2022 Annual Meeting Posters

Title
Advancing Discourse Regarding Race, Gender, and Inequality Utilizing an Interprofessional Lunchtime Forum

Presenters
Chancelor Cruz, MD
Mara Sigalos-Rivera, MD
Isabel Lagomasino, MD, MSc
Charles Manchee, BA, MD

Educational Objective
1. Introduce a means of including diversity, equity, and inclusion education in an interprofessional space.
2. Recognize that talking about differences in race, gender, and other identities can occur in a professional space and can allow for corrective experiences.
3. Describe survey results which include perceived impact on clinical care and perceived reflection on identity/privilege.

Practice Gap
Given notable mental health disparities among individuals with low socioeconomic status, mental health clinicians are often confronted with the consequences of structural violence and systemic racism. Often, the patient population being treated is more diverse than the treating physicians. According to the American Association of Medical Colleges, 4.4% of physicians identify themselves as being Hispanic or Latino and only 4.1% identify as being African American. However, these issues regarding identity, justice, and equality are seldom addressed in the clinical space and often do not have a strong presence in educational curricula. Though national attention has increased awareness of these topics, there remain limited settings within academic psychiatry to allow for interprofessional discourse and reflection on community culture.

Scientific Citations
Howell, B., Kristal, R., Whitmire, L., Gentry, M., and Rabin, T., and Rosenbaum, J. A Systematic Review of Advocacy Curricula in Graduate Medical Education. Gen Intern Med. 2019; 34 (11): 2592-601.

Khan, N., Taylor, C., and Rialon, K. Resident Perspectives on the Current State of Diversity in Graduate Medical Education. J Grad Med Educ. 2019; 4(11): 241-243.

Ryujin DT, Collett D, Mulitalo KE. From Safe to Brave Spaces: A Component of Social Justice Curriculum in Physician Assistant Education. J Physician Assist Educ. 2016 Jun;27(2):86-8.

Abstract

Background

Addressing the dearth of diversity, advocacy, and structural violence in graduate medical and other professional education remains challenging. Barriers to advocacy curricula in graduate medical education include curricular demands, time constraints, and turnover in volunteer faculty and community partners. To help address this need the University of Southern California Department of Psychiatry and Behavioral Sciences has been holding monthly "Social Justice Forum" events over Zoom.

Methods

Each month an expert speaker is invited to discuss a particular topic regarding structural psychiatry and best practice recommendations for 30 to 40 minutes. Following the speaker's presentation, each forum consists of a 20 to 30 minute intentional discussion portion to encourage attendees to reflect on their own identities and not be shy about talking about differences to allow for corrective experiences. Topic thus far have included racial trauma, the

process of asylum seeking, and disability rights through the lens of distributive justice. The conversation is framed an opportunity to participate in a brave space as opposed to a safe space. A brave space recognizes that these conversations require courage and may include discomfort. The audience consists of attending psychiatrists, resident psychiatrists, psychologists, and LCSWs among other professionals. Survey data is collected after each session to collect demographic information on participants. Additionally, the survey assesses perceived importance of diversity education in clinical care, if information from the forums may impact clinical care, and to what extent the discourse encourages attendees to reflect on their identities and privilege.

Initial Results

Of the 32 participants in our September presentation, 16 participants responded to the survey. All the respondents either agreed or strongly agreed the material improved understanding of an area of diversity, equity, and inclusion. Additionally, all agreed or strongly agreed the presentation was clinically applicable and allowed for personal identity and privilege reflection. Survey results are being collected monthly. October attendance increased to 58 participants.

Discussion

Our initial results suggest the social justice forum is a valued learning experience that allows for identity reflection and that the topics are important to providing just clinical care. The social justice forum format uniquely allows for both didactic style and discussion-based learning among health care professionals in our community. This presentation describes how we implemented and designed these sessions and grown the forum in response to feedback.

2022 Annual Meeting Posters

Title

Training Psychiatry Residents to use the SIGNOUT Mnemonic and Effects on Perceived Quality of Patient Handoffs

Presenters

Johnathan Bilbro, MD
William Tindell, MD
Sandra Batsel-Thomas, MD

Educational Objective

1. Illustrate the need for a standardized patient handoff method among psychiatry residents.
2. Demonstrate the effectiveness of training on the use of the SIGNOUT mnemonic in improving the perceived quality of patient handoffs among psychiatry residents.

Practice Gap

In 2017, the Joint Commission released a Sentinel Event Alert recommending adoption of standardized protocols for patient handoff1. There appears to be a lack of published studies investigating the effects of training psychiatry residents in the use of the SIGNOUT mnemonic for patient handoffs.

Scientific Citations

1. "Sentinel Event Alert 58: Inadequate Hand-off Communication | The Joint Commission." Accessed July 30, 2021. https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-58-inadequate-hand-off-communication/.
2. "Resident Workshop Standardizes Patient Handoff and Improves Quality, Confidence, and Knowledge." Accessed July 30, 2021. https://oce-ovid-com.ezproxy.uky.edu/article/00007611-201709000-00005/HTML
3. Sonoda, Kento, Lindsay Nakaishi, and Cynthia Salter. "Standardizing Sign-out With I-PASS Handoff in Family Medicine Residency." PRiMER?: Peer-Review Reports in Medical Education Research 5 (February 4, 2021): 8. https://doi.org/10.22454/PRiMER.2021.678175.

Abstract

Intended Audience: Residency program directors and residents

Background: Studies focused on the use of verbal handoff mnemonics, including I-PASS and SIGNOUT, with resident physicians across multiple specialties have shown improvements in clinical judgement, organization/communication, and the number of unexpected floor calls in addition to self-perceived increases in confidence, comfort, and knowledge2-3. In recent years, the University of Kentucky Psychiatry Residency Program has adopted the SIGNOUT mnemonic

for patient handoffs. While new interns have had their handoff skills assessed by their supervising PGY-2 residents, there has been no formal training on the use of the SIGNOUT mnemonic.

Objectives: (1) Better understand current level of satisfaction with the quality of patient handoffs and comfort with providing patient handoffs among University of Kentucky psychiatry residents and (2) demonstrate that dedicated training on the use of a standardized verbal handoff procedure (e.g., SIGNOUT) can improve resident comfort in providing patient handoffs and the perceived quality of handoffs among residents.

Methods: University of Kentucky PGY-1 and PGY-2 psychiatry, triple board, and internal medicine/psychiatry residents will complete a brief training (approximately 60 minutes) on use of the SIGNOUT mnemonic for verbal patient handoffs. Prior to this training, participants will complete an online pre-survey assessing resident satisfaction with current handoff procedure in addition to level of comfort proving patient handoff. After the training, a chief resident will randomly sit-in on resident handoffs to observe and provide feedback/instruction. Finally, participants with complete an online post-survey assessing changes in satisfaction with handoff procedure and confidence providing handoffs.

Results: Data will be analyzed for pre/post changes in resident satisfaction/comfort with patient handoffs utilizing paired t-tests and descriptive statistics.
Conclusion: This study will hopefully demonstrate that dedicated training on the use of a standardized verbal handoff procedure followed by direct observation of patient handoffs by a chief resident can improve both psychiatry resident comfort with providing patient handoffs and satisfaction with handoffs provided by their peers.

2022 Annual Meeting Posters

Title

A Quality Improvement Project to Address Racial Disparities on an Inpatient Psychiatry Unit

Presenters

Julia Ronecker, DO
Katherine Zappia, MD, PhD
Suzanne Sampang, MD

Educational Objective

1. Identify several racial and ethnic disparities in mental healthcare, specifically those affecting racial minority adults on inpatient psychiatry units
2. Understand and describe how to use the Model for Improvement and PDSA cycles for an intervention
3. Describe methods to discuss race and race-related topics with colleagues
4. Recognize the importance of communication and a team-based approach with all members of the care team when discussing patient placement

Practice Gap

It is well-established that there are racial and ethnic disparities that adversely affect minority patients on inpatient psychiatry units. Previous authors have suggested that members of specific racial minority groups are often perceived as more aggressive, dangerous, or "fear-inducing" which can affect mental health care provided during a hospitalization. In a retrospective study at an inpatient forensic unit, Black patients were more likely to be secluded than other racial groups.(1) In a separate inpatient unit, Black patients were more likely than White patients to be secluded after a violent incident (unadjusted odds ratio=2.86, 95% CI, 1.64-5.0), though significance was lost when adjusting for confounding variables such as age and sex.(2) Racial and ethnic disparities are also present during transfer and placement decisions; in one study, Black adolescent patients were overrepresented in correctional facilities with race being the only variable predicting site placement.(3)

Our psychiatry unit has a separate Enhanced Care Unit (ECU) designed to accommodate six high-acuity patients. Patients assigned to the ECU have more frequent nursing checks, a higher staff to patient, greater exposure to seclusion or restraint incidents, and are excluded from therapeutic groups on the main unit. The ECU has higher social density (number of patients per area) and thus increased stimulation, increased risk for trigger aggression, and reduced chances for privacy; these are factors reported in the literature associated with increased stress, feelings of confinement, and aggressive behavior.(4) Furthermore, based on a study utilizing the Ward Atmosphere Scale (WAS) to assess patient satisfaction in an acute inpatient facility, patient satisfaction was strongly correlated with ward atmosphere perceived by patients. More specifically, high levels of involvement and orientation to the unit, low levels of aggressive behavior and perceived staff control were associated with higher patient satisfaction and thus

better inpatient experience.(5) Thus, patients admitted to the ECU may be negatively impacted.

Once we determined that Black males were more frequently admitted and had longer average duration in the ECU during admission, we developed a Quality Improvement (QI) study using the Model for Improvement and PDSA cycles to address these disparities. QI has been used successfully in the past on inpatient adult psychiatry units to implement new interventions.(6) However, to our knowledge, this is the first resident-driven quality improvement (QI) project that aims to address patient unit placement, minimize high-acuity placement outside of clinical indication, and address possible racial disparities contributing to placement.

Scientific Citations

1. Price, T, David, B, Otis, D. The use of restraint and seclusion in different racial groups in an inpatient forensic setting. J Am Acad Psychiatry Law. 2004; 32 (2):163-168.
2. Gudjonsson, G, Rabe-Hesketh, S, Szmukler, G. Management of psychiatric inpatient violence: patient ethnicity and use of medication, restraint, and seclusion. British Journal of Psychiatry. 2004; 184: 258-262.
3. Cohen R, Parmelee D, Irwin L. Characteristics of children and adolescents in a psychiatric hospital and a corrections facility. J Am Acad Child Adolesc Psychiatry, 1990; 29:909-913.
4. Ulrich R, Bogren L, Gardiner S, Lundin S. Psychiatric ward design can reduce aggressive behavior. Journal of Env Psych 2018; 57: 53-66.
5. Rossberg J, Melle I, Opjordsmoen S, Friis S. Patient satisfaction and treatment environment: a 20-year follow-up study from an acute psychiatric ward. Nordic Journal of Psych, 2006; 60(2):176-180.
6. Singh K, Sanderson J, et al (2013). Quality improvement on the acute inpatient psychiatry unit using the model for improvement. Ochsner Journal, 13(3): 380-384.

Abstract

Background: Third year psychiatry residents implemented a Quality improvement (QI) project to address racial disparities at an urban, 40-bed adult psychiatric inpatient unit. The unit has a separate 6-bed high-acuity Enhanced Care Unit (ECU). Data showed that between October 2019-September 2020, Black males had longer average ECU days compared to White males during admission (23% vs. 13%, $p<0.05$). Additionally, Black males were more likely to be directly admitted to the ECU from the psychiatric emergency room compared to White males (27% vs. 18%, $p<0.05$). We postulated that patients may be negatively impacted from ECU time in excess of clinical indication due to increased social density and reduced therapeutic opportunity. Thus, our primary outcome was to reduce average ECU days and direct admissions for admitted patients, with particular focus on Black males.

Methods: Using the Model for Improvement, several resident-led interventions were implemented during October 2020-March 2021, including facilitating two daily interdisciplinary team huddles about ECU patient placement and implementing a daily dot phrase tracking system within the electronic medical record to review indication for ECU placement. We also presented initial data highlighting racial differences in length of stay and direct ECU admissions

to unit staff. We utilized modified Plan-Do-Study-Act (PDSA) cycles to evaluate for intervention effectiveness. Percent ECU days per 100 hospital days and percent direct admits were calculated for monthly encounters and then averaged over nine months, including three additional months to measure intervention sustainability.

Results: Feedback from primary teams was generally positive; clinicians overall preferred at least daily conversations involving all members of the team as opposed to scoring tools to decide placement. During the QI period, average dot phrase usage within the electronic medical record was 25% (±19%), though we suspect conversations were occurring more frequently. Between October 2020-June 2021, average percent ECU days reduced to 20% for Black males (from 23%, $p>0.05$) and 12% for White males (from 13%, $p>0.05$) and direct admission reduced to 24% for Black males (from 27%, $p>0.05$) and 15% of White males (from 18%, $p>0.05$). Statistically significant differences still existed in average percent ECU days and direct admission between races, suggesting possible confounders such as diagnosis, population demographics, or implicit bias. Though there was no significant median shift for average ECU days, the direct admissions run chart had an average median shift toward goal.

Conclusion: Our preliminary study demonstrated some benefit of QI interventions on addressing racial disparities on our psychiatric unit. We were able to identify racial differences, tailor interventions for an inpatient psychiatry unit, and demonstrate subtle improvements in direct admissions to the ECU. Future steps involve advocating for additional interventions, resources, and programming to drive further change and sustain improvements.

2022 Annual Meeting Posters

Title
Addressing Burnout and Building Resiliency Among Internal Medicine Residents through Psychoeducation and Process Group

Presenters
Brent Schnipke, MD
Zainab Saherwala, DO
Brian Merrill, MBA, MD

Educational Objective
-Describe a psychoeducation intervention for internal medicine residents piloted and delivered by senior residents
-Discuss the value of curricular development aimed at improving wellness, addressing burnout, and building resiliency among medicine residents
-Explore the value of professional development of senior psychiatry residents through development and delivery of education and support
-Present outcomes from a novel process group targeting trainee burnout

Practice Gap
This project addresses an urgent need in medical education: directly combating the burnout faced by trainees, particularly in non-psychiatric specialties, furthered and worsened by the COVID19 pandemic. Trainee wellness and resiliency are topics that psychiatry trainees are uniquely positioned to comment on, given their role as residents but also as developing experts in psychiatry and mental health. This project will highlight the professional development of senior psychiatric residents in the creation and implementation of several tools to address trainee burnout. The project also describes practical ways for psychiatry programs to meet interdisciplinary and interdepartmental needs, specifically around burnout and wellness.

Scientific Citations
Abedini, N. C., Stack, S. W., Goodman, J. L., & Steinberg, K. P. (2018). "It's Not Just Time Off": A Framework for Understanding Factors Promoting Recovery From Burnout Among Internal Medicine Residents. Journal of graduate medical education, 10(1), 26–32. https://doi.org/10.4300/JGME-D-17-00440.1
Busireddy KR, Miller JA, Ellison K, Ren V, Qayyum R, Panda M. Efficacy of Interventions to Reduce Resident Physician Burnout: A Systematic Review. J Grad Med Educ. 2017 Jun;9(3):294-301. doi: 10.4300/JGME-D-16-00372.1. PMID: 28638506; PMCID: PMC5476377.
Stephanie Detterline, Heather Hartman-Hall, Katherine Garbow, Himanshu Rawal, David Blackwood, Gregory Nizialek & Zayd Nashaat (2020) An internal medicine residency's response to the COVID-19 crisis: caring for our residents while caring for our patients, Journal of Community Hospital Internal Medicine Perspectives, 10:6, 504-507, DOI: 10.1080/20009666.2020.1807218

Satterfield JM, Becerra C. Developmental challenges, stressors and coping strategies in medical residents: a qualitative analysis of support groups. Med Educ. 2010 Sep;44(9):908-916. doi: 10.1111/j.1365-2923.2010.03736.x. PMID: 20716101; PMCID: PMC2924767.
Prasad K, McLoughlin C, Stillman M, Poplau S, Goelz E, Taylor S, Nankivil N, Brown R, Linzer M, Cappelucci K, Barbouche M, Sinsky CA. Prevalence and correlates of stress and burnout among U.S. healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study. EClinicalMedicine. 2021 May 16;35:100879. doi: 10.1016/j.eclinm.2021.100879. PMID: 34041456; PMCID: PMC8141518.

Abstract
Physician burnout has been studied and well-documented for many years, and research into the incidence, prevalence, causes and possible solutions have been written about extensively. It is well known that physician burnout among primary care physicians and residents is high, and that the ongoing effects of the COVID-19 pandemic has increased the prevalence and severity of burnout. Internal medicine residents are particularly vulnerable due to the intersecting characteristics of primary care and residents, with the added difficulty of frequently working inpatient services with a high burden of COVID-19 patients. Internal medicine residency programs have made significant efforts and some strides towards addressing this burnout and promoting wellness, but options remain limited for residents. In response to expressed needs by the WSU Internal Medicine residency, our chief residents developed and presented a Grand Rounds focused on addressing this burnout by providing psychoeducation on coping skills, CBT basics, and building resiliency. We also developed a novel method for directly addressing the distress and burnout experienced by internal medicine residents at our institution by starting a process group led by psychiatry chief residents. In this poster we will outline the interventions and their outcomes as well as recommendations for implementation of similar initiatives.

2022 Annual Meeting Posters

Title
Establishing the Foundation of a Structural Competency Curriculum with an Emphasis on Community Advocacy

Presenters
Mara Sigalos-Rivera, MD
Christine Annibali, MD
Alan Chen, MD
Isabel Lagomasino, MD, MSc

Educational Objective
-Present a framework for establishing the foundation of a structural competency longitudinal curriculum in psychiatry residency training

-Discuss how to integrate community advocacy within resident education

-Understand perceived inadequacies and barriers in structural competency focused didactic curriculum

Practice Gap
Appreciation for structural competency has been growing within the academic psychiatry community. Structural competency encourages the understanding of structure or systems that affect our patient's experiences. Within this framework there is an emphasis on addressing systems level interventions to eliminate systemic oppression and identify the role systems play in patient's clinical presentations. Often traditional didactics provide knowledge, but do not provide consistent opportunities for translation of this knowledge into practice. Our structural competency didactic curriculum works to address this important need by stressing an understanding of and an active implementation of community advocacy. We expect with the application of this curriculum residents will perceive an improved educational experience on structural competency including topics of cultural humility in clinical encounters, social justice, and community advocacy.

Scientific Citations
Castillo EG, Isom J, DeBonis KL, Jordan A, Braslow JT, Rohrbaugh R. Reconsidering Systems-Based Practice: Advancing Structural Competency, Health Equity, and Social Responsibility in Graduate Medical Education. Acad Med. 2020 Dec;95(12):1817-1822.

Hansen H, Braslow J, Rohrbaugh RM. From Cultural to Structural Competency-Training Psychiatry Residents to Act on Social Determinants of Health and Institutional Racism. JAMA Psychiatry. 2018 Feb 1;75(2):117-118.

Howell BA, Kristal RB, Whitmire LR, Gentry M, Rabin TL, Rosenbaum J. A Systematic Review of Advocacy Curricula in Graduate Medical Education. J Gen Intern Med. 2019 Nov;34(11):2592-2601.?

Metzl JM, Hansen H. Structural Competency and Psychiatry. JAMA Psychiatry. 2018 Feb 1;75(2):115-116.

Abstract
Background

At the University of Southern California psychiatry residency training program, we had previously lacked a longitudinal structural competency curriculum. This year we introduced a foundational structural competency course covering both didactic and active learning experiences tailored to each year of training. This curriculum includes foundational didactic teaching, case-based presentations, a community advocacy project, and advanced didactics/discussions.

Methods
A structural competency course was created with faculty and resident input. For our PGY1 residents, this course implements introductory didactics, implicit bias training, and a community advocacy project to be completed with a PGY4 resident. In the PGY2 year, didactic and discussion-based sessions focus on assessing clinical cases within a structural framework including concepts of cultural humility. Our PGY3 residents participate in a critical literature review discussing papers on structural topics. Finally, the PGY4 residents engage in didactic and discussion-based sessions on more advanced topics with a focus on implementation of structural competency in clinical practice. Additionally, the PGY4 residents serve as mentors and collaborate with PGY1 residents on a community advocacy project. The community advocacy project involves engaging with a local community organization with the goal of understanding how the organization serves our community and how we as physicians can help support their important work. A pre- implementation survey was sent to all residents to evaluate resident perspectives on the educational experience with regards to structural competency, cultural humility, social justice, and community advocacy. The survey includes questions about perceived barriers in improving this aspect of resident education. A post-survey is planned.

Initial Results
33 residents responded to the pre-survey out of 47 PGY1-4 residents. 39% of our respondents identified as both people of color and as underrepresented minorities in medicine. Residents rated the accuracy of various statements about education and culture in our program. For most statements residents believed our education/culture includes diversity, equity, and inclusion “a moderate amount” with the second most common response being “a little.” Areas identified as barriers or areas to improve included “not enough time in the core didactic curriculum for these topics,” “more engagement from faculty on these topics,” and “more opportunities to connect with community organizations.”

Discussion

As social injustice and systematic oppression reach national attention there is a growing motivation to address these issues within society including within our health care systems and medical training. This motivation is reflected in resident's responses in our surveys. Psychiatrists- in-training express an enthusiasm and wish to improve their understanding of their patient's experience through a structural lens and grow as advocates in both clinical and non-clinical settings. We expect the implementation of this new curriculum to begin to meet this educational need and allow for future growth of structural competency-based education within our program.

2022 Annual Meeting Posters

Title
PEN CAP: Promoting Engagement in Child & Adolescent Psychiatric Online Visits Through Drawing

Presenters
Kim McKenna, MD
Craigan Usher, MD

Educational Objective
This poster presentation describes a workshop (which we will make available online to AAPDRT members) on utilizing on-line shared drawing tools to promote engagement in child and adolescent tele-psychiatric care. Those who complete the online workshop should be able to:
1) Describe the value of drawing with children and teens
2) Utilize shared drawing tools in Zoom and Webex to promote engagement with patients
3) Convey emotions using some universal cartooning techniques
4) Utilize drawing prompts to promote therapeutic conversation with knowledge and skills in exchanging ideas, thoughts, feelings, and some interpretations specifically using these frames:
• Winnicott's squiggle game
• Draw something scary
• Distill a complex story into three panels
• House Tree Person
• Draw a Family

It should be clear that these exercises may be used in all forms of child and adolescent psychiatric care, not relegated to the domain of "play therapy" sessions, and may be used as a form of exchanging ideas and dynamic co-creation even--and perhaps especially--during what are traditionally referred to as "med" or "psychopharm" visits.

Practice Gap
1) In a survey of our faculty and physicians-in-training (PGY3 general psychiatry residents and child and adolescent psychiatry fellows) we discovered a sense of COVID19 era telepsychiatry fatigue; they vast majority (91%) of individuals we polled felt that their child and adolescent psychiatry patients were less disengaged. We interpreted this as both practitioner and patient resistance/fatigue wherein they were feeling less creative.
2) We found that less than half of our providers (45%) reported being aware of how to draw with patients, together.
3) We discovered (qualitatively) by polling residents and fellows before a workshop on shared drawing tools, that none of the providers were using shared drawing exercises that were previously commonly used to engage youth.

Scientific Citations

1 Berger LR. The Winnicott Squiggle Game: a vehicle for communicating with the school-aged child. Pediatrics. 1980 Dec;66(6):921-4.

2 Usher C, Zarrinnegar P, Claveria T, Chaffin J, Hilde H, Smart K, Conrad S, Ribbers A. Sketches & squiggles: drawing + comics in child psychiatry training. Poster presented at AADPRT Annual Meeting, March 2018, New Orleans, LA

3 Winnicott DW. Therapeutic Consultations in Child Psychiatry. New York: Basic Books, Inc.; 1971.

4 Wittmann, B. Drawing cure: children's drawings as a psychoanalytic instrument. Configurations. 2010; 18 (3): 251-272. doi:10.1353/con.2010.0016

5 Woolford J, Patterson T, Macleod E, Hobbs L, Hayne H. Drawing helps children to talk about their presenting problems during a mental health assessment. Clin Child Psychol Psychiatry. 2015;20(1):68-83. doi:10.1177/1359104513496261

6 Driessnack M. Children's drawings as facilitators of communication: a meta-analysis. J Pediatr Nurs. 2005;20(6):415-423. doi:10.1016/j.pedn.2005.03.011

Abstract

Introduction

Converting from in-person to telepsychiatry visits led many trainees and faculty members in our Outpatient Child and Adolescent Psychiatry (CAP) Clinic to feel that patients were less engaged in their treatment. This was marked by reduced eye contact, spontaneity, responsiveness, and overall attention in telepsychiatry appointments. In pre-pandemic times, fellows promoted engagement with youth through collaborative drawing exercises,1,2 extending a rich tradition deployed by both D.W. Winnicott3 and Melanie Klein4 in an analytic setting. Further, Woolford and colleagues studied the use of drawing as an interview aid and concluded that "…children reported almost twice as much clinically-relevant information when they were allowed to draw during the interview."5 Others have concluded that the process of drawing may enhance the child's ability to retrieve information.6

Concerned about reduced patient engagement and loss of the "art of CAP," we anticipated our clinicians would rate patient engagement as low; that knowledge and use of online shared drawing tools were low, that a training session on the merits of drawing and technical instruction would improve knowledge about these tools, and that use of these tools would improve patient engagement.

Methods

22 clinicians completed a survey measuring perceived patient engagement as well as knowledge and use of shared online drawing tools. Clinicians participated in an optional training regarding the merits and use of drawing tools for the two online platforms used during

clinic visits: Webex and Zoom. Participants completed a follow up survey to re-measure knowledge, use of drawing tools, and the impact of their use on patient engagement.

Results*
22 participants completed the first questionnaire providing baseline data:

- 20/22 (91%) felt that children were disengaged
- 10/22 (45%) knew about online shared drawing tools
- 2/22 (9%) were using these tools

15 participants completed the survey 4 weeks after our workshop; of those

- 12/15 (80%) knew about shared drawing tools**
- 4/15 (27%) reported using these tools
- 4/4 (100%) people who used shared drawing tools found patients more engaged

*Please note: this academic year we are repeating the workshop, gathering pre/post data, and adding a question about perceived patient engagement during sessions where drawing is utilized. If accepted, we plan to add the results to our AADPRT 2022 presentation and to make the training available online.

**None of the three individuals remaining unaware of the tools attended the training

Discussion
During the COVID pandemic many outpatient CAP clinicians (85-91%) felt that children were disengaged during CAP telepsychiatry visits, with only some (45%) aware that they could use online drawing tools with youth during appointments. A workshop on this yielded a two-fold increase in awareness of online drawing tools. One person, having NEVER drawn with children in the office, immediately used drawing tools and enthusiastically reported: "I drew with my patient on Webex today! I was really excited!" A brief online module on the rationale and technique of drawing with youth during telepsychiatry appointments helps psychiatrists-in-training gain better awareness of how to use drawing tools with patients and may increase therapeutic engagement.

2022 Annual Meeting Posters

Title
Creation of a Collaborative Visiting Scholars Program for Addiction Psychiatry

Presenters
Amber Frank, MD
Scott Oakman, MD, PhD
Julia Frew, MD
Ann Schwartz, MD
Sandra DeJong, MD, MSc

Educational Objective
1-Attendees will be made aware of available resources to enhance addictions education components of their own training programs and institutions.
2-Attendees will identify potential needs within their program which might be addressed by a visiting scholar.
3-AADPRT members willing to serve as visiting scholars will be identified.

Practice Gap
Substance use disorders contribute substantially to morbidity and mortality nationally and globally, and co-occur frequently with psychiatric disorders. These disorders are also notably affected by disparities in access to equitable treatment due to issues of social policies and stigma.

Previous workshops organized by the AADPRT Addiction Committee have addressed barriers encountered by training programs in attempting to prepare psychiatrists to assess and treat these disorders in our patients. Among the barriers identified were a lack of faculty specifically trained in this specialty area, insufficient curricula, and inadequate clinical training experiences.

The magnitude of the clinical need is such that it is unlikely that it can be addressed merely through the addition of increasing numbers of specialists or subspecialty training programs, but by ensuring the competency of all psychiatrists, and indeed, all physicians, in the management of substance use disorders. Meeting this goal requires new approaches to addiction education which will utilize the wealth of available open access content to integrate training across clinical settings and specialties. In an effort to achieve this, we have proposed a virtual visiting scholars program to assist programs to identify gaps in their curricula and practice, and to provide ongoing follow up and mentorship in addressing those situations.

Scientific Citations
Balasanova AA, Ritvo AD, Yager, J. Addiction psychiatry
and addiction medicine – Strange bedfellows or separated at birth?, Substance Abuse (2021)
DOI: https://doi.org/10.1080/08897077.2021.1891493

Jordan A, Mathis ML, Isom J. Achieving Mental Health Equity: Addictions. Psychiatr Clin N Am 43 (2020) 487–500.

Schwartz AC, Frank A, Welsh JW, Blankenship K, DeJong SM. Addictions training in general psychiatry training programs: current gaps and barriers. Acad Psychiatry. 2018;42:642–7.

Scutti S. 21 Million Americans suffer from addiction. Just 3,000 physicians are specially trained to treat them. AAMCNEWS. https://www.aamc.org/news-insights/21-million-americans-suffer-addiction-just-3000-physicians-are-specially-trained-treatthem. Published December 18, 2019.

Abstract

The American Academy of Addiction Psychiatry (AAAP) and the AADPRT Addictions Committee are pleased to announce the creation of the new AAAP-AADPRT Visiting Scholars Award in Addiction Education, developed to promote and improve educational programming in addiction psychiatry for general psychiatry residents.

Member programs of AADPRT are invited to apply for this award, which will be granted to select programs each academic year. The award consists of educational consultation from a visiting scholar with expertise in addiction psychiatry and education. Scholars will be chosen by selected programs from a list maintained by the AAAP. The AADPRT Addictions Committee will also help programs identify a scholar well suited to their goals if they want or need additional guidance in scholar selection.

The structure of the consultation will be mutually agreed upon by programs and visiting scholars and may include in-person visits or virtual consultation. Consultation may be spread over the academic year or may be consolidated into a shorter time frame to meet the goals of the program. Both the program and the scholar will be announced at the annual meetings of AADPRT and AAAP.

The goal of this award is to assist psychiatry residency programs in developing and improving their addiction psychiatry teaching and training. While visiting scholars may serve as content experts to train and coach faculty in teaching addiction psychiatry, the goal is not simply to provide a lecture teaching addictions content, but rather to help programs develop innovative approaches to incorporate addiction teaching into general psychiatry settings.

Examples of educational outcomes for programs receiving this award include the following:

- Developing teaching materials
- Creating new addiction-focused rotations
- Forging relationships with addiction specialty providers in the program's local community, who may serve as educators in the program

- Improving collaboration on the care of patients with SUD across interdisciplinary settings, such as primary care integration or infectious diseases
- Developing local community partnerships for resident education, e.g. syringe exchanges, sober housing, judicial system.
- Other curricular ideas in addiction education reflecting program needs and required competencies in addictions

Selection criteria will include:

- A demonstrated commitment on the part of the program and its leadership to improve addiction training in the program's curriculum.
- A program's motivation to improve their addictions curriculum
- A need to supplement local resources to assist the program in the area of addiction education (e.g. lack of onsite faculty, lack of specialty addiction treatment programs within the psychiatry department)
- Clearly defined training needs, goals and objectives
- Identification of disparities in health equity which exist in their communities, and plans to address these.

2022 Annual Meeting Posters

Title

Creating and Implementing an Anti-Racism Committee in Residency Training Focused on Addressing Healthcare Disparities

Presenters

Emily Nash, MD
Ruth McCann, MD
Gad Noy, DO
Jean-Marie Alves-Bradford, MD
Melissa Arbuckle, MD,PhD

Educational Objective

At the end of reviewing this poster, participants will be able to:

1. Recognize the importance of resident and faculty involvement in anti-racism and health-equity efforts;
2. Identity strategies for implementing quality improvement efforts focused on healthcare disparities within residency training;
3. Appreciate that there is a need to document race in clinical settings in a way that does not perpetuate implicit bias.

Practice Gap

Since the start of the COVID-19 pandemic, several studies have found that racial and ethnic minority groups are at higher risk of getting sick and dying from COVID-19, highlighting longstanding healthcare inequities (1). In recognition of the role physicians must play in addressing such disparities, the Accreditation Council for Graduate Medical Education (ACGME) has expanded quality improvement (QI) training requirements to include “activities aimed at reducing health care disparities” (2). To date there have been few published examples of psychiatric residents involved in QI efforts focused on addressing such disparities (3).

Racism is a key component that perpetuates healthcare disparities (4). Data has shown that physicians are not immune to implicit racial bias, and frequently have more positive attitudes towards individuals who are white, versus people of color (5). Another contributing factor is the use of race in clinical algorithms, even though race is not an accurate marker of genetic differences (6). This practice only perpetuates race-based stereotypes and ignores the fact that it is often racism and structural inequalities that lead to racial or ethnic differences. There is a need to eliminate practices within medicine that serve to perpetuate these false notions, and as others have stated, to move away “from race-based medicine, to race-conscious medicine” (7). A key place to start is to change the way race has been routinely documented in psychiatric notes in clinical settings; using race in a social context that emphasizes the role of structural racism and mitigates the role of implicit bias (8).

Scientific Citations

1. Center for Disease Control and Prevention. Health Equity Considerations and Racial and Ethnic Minority Groups https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html) Accessed 10/29/21

2. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Psychiatry. effective July 1, 2021. https://www.acgme.org/globalassets/pfassets/programrequirements/400_psychiatry_2021.pdf. Accessed 10/30/21.

3. Cerdeña I, Holloway T, Cerdeña JP, Wing A, Wasser T, Fortunati F, Rohrbaugh R, Li L. Racial and Ethnic Differences in Psychiatry Resident Prescribing: a Quality Improvement Education Intervention to Address Health Equity. Acad Psychiatry. 2021 Feb;45(1):13-22. doi: 10.1007/s40596-021-01397-z. Epub 2021 Jan 25. PMID: 33495966.

4. Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. Structural racism and health inequities in the USA: evidence and interventions. Lancet 2017;389:1453-63.

5. Hall WJ, Chapman MV, Lee KM, et al. Implicit racial/ethnic bias among health care professionals and its influence on health care outcomes: a systematic review. Am J Public Health 2015;105:e60-76.

6. Vyas, D. A., Eisenstein, L. G., & Jones, D. S. (2020). Hidden in plain sight—reconsidering the use of race correction in clinical algorithms.

7. Cerdeña, J. P., Plaisime, M. V., & Tsai, J. (2020). From race-based to race-conscious medicine: how anti-racist uprisings call us to act. The Lancet, 396(10257), 1125-1128.

8. Williams CJ, Ison J, Goldenberg M, Rohrbaugh R. Grabbing the Third Rail: Race and Racism in Clinical Documentation. AADPRT Annual Meeting, Dallas TX, March 2020

Abstract

In the wake of disparities brought to the forefront by the COVID pandemic, as well as the tragic death of George Floyd and others, 2020 was a year that forced communities to re-examine the role of racism within medicine. There is growing literature about how race has been used incorrectly as a biological marker, and that instead, it is racism, and not race, that impacts clinical outcomes. With this in mind, our program acknowledged that structural inequalities undoubtedly exist within our clinical services. We felt determined to examine ways our residency program could work towards more inclusive policies and practices to reduce bias and disparities within our training community and healthcare system. As a result, we initiated an Anti-Racism Committee in 2020 aimed at improving anti-racism efforts within the learning environment. The committee had two subcommittees, one focusing on clinical services and the

other on curricular efforts. The Anti-Racism clinical subcommittee was led by a third-year resident, who received support from the Director of the Office of Equity, Diversity, and Inclusion (OEDI) in the Department of Psychiatry as well as the Program Director. The committee included 10-15 individuals at multiple levels of training and clinical involvement: residents, attendings, departmental leadership, and program directors. Individuals were able to opt-in to the committee without any specific commitment or requirement from their clinical service. The diversity of experience allowed for a unique collaboration, one that combined the perspectives of physicians doing clinical work and training across a wide range of settings (inpatient, outpatient, consultation-liaison, and emergency psychiatry). Dedicated time in the curriculum allowed the committee to host several workshops for all clinical faculty, residents, and fellows. One of the first workshops focused on race and racism in clinical documentation. This workshop examined how race is discussed and documented in clinical settings—ideally in a way that mitigates implicit bias, recognizes race as a social (and not biological) construct, and acknowledges racism (as opposed to race) as a social determinant of health. This workshop allowed us to implement a specific intervention: training Comprehensive Psychiatric Emergency Program staff on excluding race-based identifiers when not relevant. The clinical sub-committee then initiated an IRB-approved Quality Improvement project to assess if our intervention was successful, i.e. how race is documented in the EMR. Through this ongoing project, the committee aims to ensure that race is captured in a contextually appropriate way that does not perpetuate implicit bias. Additional workshops hosted by the committee over the 2020-21 academic year focused on assessing race-based trauma, understanding the personal experience of minoritized patients in psychiatric settings, addressing hate against Asian-American and Pacific Islander communities, and facilitating conversations with patients about their identity. Moving forward, our program aims to: “promote equity, diversity, inclusion and anti-racism, actively working toward dismantling structures in our program, department, and field of psychiatry”. We hope that by formalizing this committee and it’s aims, we can continue to work toward mitigating the role of racism, bias, and inequity in an ongoing basis.

2022 Annual Meeting Posters

Title

Improving Cohesion in a Geographically Separate Geriatric Psychiatry Fellowship; A Silver Lining of The Covid 19 Pandemic

Presenters

Mark Nathanson, MD
Karen Cruz, BA
Melissa Arbuckle, MD, PhD
Margaret Hamilton, MD

Educational Objective

- The participants will learn how remote technology and virtual learning can add to an increased sense of belonging and community in a psychiatry program with separate sites.
- Learners will understand opportunities to use virtual technology to improve communication and collegiality in separate-site training programs.

Practice Gap

The 2020 COVID-19 pandemic brought sweeping changes to graduate medical education, with psychiatry training programs quickly pivoting to telepsychiatry (1) and remote didactics and conferences (2-3). While these changes were necessitated by the need for social distancing, they created a new opportunity for programs with multiple training sites to bring together a community of faculty, trainees, and patients in new and novel ways. Many programs have multiple training sites. This has several advantages. For example, it can provide an opportunity for trainees to have access to a wider range of training experiences and faculty experts. However, spreading limited resources across multiple programs can also be taxing on a program and can potentially lead to a lack of cohesion and consistency in training. Faculty and trainee travel between sites is also an additional burden. Over the past year, necessity forced us to find creative ways to bring separate sites and trainees together. Our lessons learned could provide a model for more cohesion for residents in programs that also have a geographic spread. It may also be a model for how smaller programs with fewer resources might partner with larger academic medical centers (which is how our fellowship was originally designed). Now that many programs have figured out how to do didactic learning (supervision, classes, case conferences) online, it may be more feasible to imagine programs partnering together to maximize limited resources available.

Scientific Citations

1. Di Carlo F, Sociali A, Picutti E, et al. Telepsychiatry and other cutting?edge technologies in COVID?19 pandemic: Bridging the distance in mental health assistance. International journal of clinical practice (Esher). 2021;75(1). doi:10.1111/ijcp.13716
2. Gottlieb M, Landry A, Egan DJ, et al. Rethinking Residency Conferences in the Era of COVID?19. AEM education and training. 2020;4(3):313-317. doi:10.1002/aet2.10449

3. Heldt, J.P., Agrawal, A., Loeb, R. et al. We're Not Sure We Like It but We Still Want More: Trainee and Faculty Perceptions of Remote Learning During the COVID-19 Pandemic. Acad Psychiatry 45, 598–602 (2021). https://doi.org/10.1007/s40596-021-01403-4

Abstract
One of the challenges of a geographically disparate fellowship program is finding ways to create community across a long-distance and split-campus. The Statewide/Columbia University Geriatric Psychiatry Fellowship has two separate tracks-a NYC track with rotations at Rockland Psychiatric Center and NY Presbyterian Hospital (Columbia Campus) in NYC, and an Upstate track based at the Greater Binghamton Health Center, located 175 miles away (approximately 3 hours by car), with rotations in community programs in Binghamton and Ithaca, New York. While each site has faculty present, the core teaching faculty is based in NYC and, prior to COVID, would travel regularly to various sites to teach. This approach was choppy and did not lend to a unified experience for the total fellow complement.

Prior to the pandemic, our fellowship had been looking for ways to unify our geographically disparate sites, to allow the interactions between the fellows to be more cohesive and to strengthen our didactic curriculum. Our initial plan was to embark upon a program of remote didactics to allow all fellows to join together for classes regardless of their placement site. We began this in Jan 2020, prior to the start of COVID in March 2020.

While the pandemic has been challenging in many ways, it has accelerated the unification of our program through increased connections between our sites, our fellows and our faculty. Our fellows now meet weekly for virtual classes, case conferences, supervision and grand rounds. The didactic curriculum has been updated; it is more robust, extensive and comprehensive. We have included new faculty members with diverse interests, many who are experts in their areas and based at NYS Psychiatric Institute.

We have also added clinical components for all fellows. A new weekly remote nursing home consult program was started, staffed by all the fellows, regardless of geographic proximity. The consults occur via Zoom- an on-site Nurse Practitioner or social worker presents the case and the patient is interviewed virtually by the team. A Collaborative Care Clinic in NYC also moved to remote treatment. While the NYC based fellows attended this clinic weekly, the upstate fellow had previously only been able to attend 1x/month when physically in NYC and now can attend weekly. These elements will continue even as the pandemic wanes and restrictions are lifted because of the added value these opportunities provide. Group supervisions of all fellows provided additional collegial and collaborative opportunities. Due to these increased opportunities for collaborative learning, the upstate and downstate fellows now see and know each other more frequently than previous fellows, despite never having met in person. They have more opportunities for discussion and to learn from each other as well as from the faculty. They report feeling less isolated and more collegial.

Our future goals are to keep the fellowship sites tethered via virtual education, clinical conferences and faculty/fellow supervision. We will continue to refine the experience with higher quality platforms at our upstate location and within the state hospital system.

2022 Annual Meeting Posters

Title
How Useful are psychiatry residency program websites to prospective applicants

Presenters
Austin Armstrong, MD
Shelby Nix, MD
Kenneth W. Fraser, MD
Matthew Macaluso, MD
Rachel Brown, MBBS

Educational Objective
1. Evaluate general psychiatry residency program websites for informational content for prospective applicants for all programs throughout the United States.
2. Analyze website content for all general psychiatry residency programs nationally for trends that may determine a common standard or areas for improvement.
3. Compare website content for all general psychiatry residency programs nationally to the general recommendations for website content made by the Journal of Graduate Medical Education (JGME) in October 2020.

Practice Gap
Residency program websites assist applicants in deciding which programs to apply to and outline program requirements and the application process. This information helps applicants judge program fit, which could reduce costs for applicants by helping them decide which programs may or may not be worth applying to. While residency program websites have been systematically evaluated for several other medical specialties, no such evaluation or study of program websites has been completed in psychiatry.

With residency program interviews going fully virtual during the COVID-19 pandemic, electronic program materials have arguably never been more important. In response, programs have attempted to convey the culture and identity of their program through electronic materials found on their websites. The Journal of Graduate Medical Education (JGME) recently (October 2020) made recommendations on what content should be included on program websites to assist applicants with assessing programs. This project seeks to assess general psychiatry residency program websites for information that assists applicants and programs in determining goodness of fit during the application process. This study will also: 1) be the first of its kind assessing psychiatry residency program websites and 2) assess if program websites nationally contain the content recommended by the JGME.

Scientific Citations
none applicable

Abstract

Program websites of all general psychiatry residency programs were evaluated systematically between September 2021 through present. The programs were all assessed for the presence or absence of specific content including: 1) resident information (resident background, research, education, alumni, and photos), 2) faculty information (faculty education, research, awards, and photos), 3) residency program information (application information, benefits, program contacts, informational videos), 4) program setting (hospital and clinic settings, patient population, geographic location and affiliations), and 5) educational information (didactic and rotation information, on-call information, clinical opportunities). A complete list of programs was obtained through the American Medical Association (AMA) FREIDA Residency Program Database. Multiple-board programs (eg triple board programs), military programs, programs lacking websites, and new programs that were not yet open for recruitment were excluded from this study. Out of 285 general psychiatry residency programs listed on the FREIDA website, 275 programs were assessed and 10 were excluded for reasons listed above. The websites were each qualitatively assessed by two different independent raters for the content outlined in the five categories above. If there was discordance on any data points between the two independent reviewers, a third reviewer was selected to review the data points in question. The study and its methodology were approved by the KUMC institutional review board (IRB).

Results: Direct links to residency program websites on FREIDA ranged from a high of 54% for West Coast programs to a low of 32% for Midwest programs. The most frequently reported category across all regions was program information (application information, benefits, program contacts, videos), with the highest percentage of programs on the West Coast containing program information compared to programs in other regions (72% vs 65-69%). Fewer than 1/3rd of programs reported a licensing board score cut-off for application purposes, which may indicate that programs in psychiatry are not widely using such cut-off scores. All programs, regardless of geographic region, report resident and faculty information at a high rate, with over 70% of programs in all regions including names and photos of residents and faculty. However, many program websites were lacking details, with the most frequent being the research experience of residents, which was missing on 10-17% of websites overall. Information regarding program setting was the lowest reported category (40-42%) programs outside of the West Coast. Across all regions, programs reported “educational information” at equivalent rates (43-46%). When it comes to educational information about the program, the most and least frequently reported content was rotation information (>90%) and on-call schedules (<25%). Further analysis will be completed, including analyzing trends between regions and type of program (ie university vs community setting).

Conclusion: Programs report a vast array of information on their websites. The least frequently reported content categories are “program setting” and “educational information.” No significant differences in program content based on geographic region or program type (ie university vs community setting) have been identified..

2022 Annual Meeting Posters

Title
Bridging Research Gaps: A Community Based Research Workshop Series Targeting Early Career Faculty and Residents

Presenters
Dustin DeMoss, DO, FAPA, MSc

Educational Objective
1) Identify unique patient cases that are interesting, educational, and would contribute to current literature
2) Acquire educational tools to efficiently and effectively evaluate current body of literature about particular cases in order to identify potential knowledge gaps in existing literature
3) Learn effective scientific writing techniques to empower busy clinicians to efficiently write competitive case reports for consideration of publication or presentation for targeted audiences

Practice Gap
The practice gap being addressed by this educational program is the two-fold. 1) Assisting both the busy early career faculty and resident to identify and write up unique case reports within the same workshop series and 2) performing such a seminar series within a community based program setting.

Scientific Citations
McCarthy LH, Reilly KEH. How to write a Case Report. Fam Med 2000; 32:190-5
Bavdekar, S. B., & Save, S. (2015). Writing case reports: Contributing to practice and research. Journal of the Association of Physicians of India, 63(4), 44-48.
Petrusa, E., & Weiss, G. B. (1982). Writing case reports: an educationally valuable experience for house officers. Academic Medicine, 57(5), 415-7.

Abstract
Case report writing is a long held tradition in psychiatric training. It is commonly seen as a first step towards publication for many residents and early career faculty. Many academic centers have either specific research tracks for their residents and faculty or have access to research personnel to assist with publications on their case reports. Most community based programs have either limited or no such resources available to their faculty or residents. This poster details a 10 week workshop series through which 12 early career faculty (10) and residents (2) at a community based psychiatry residency program learn how to identify appropriate cases for publication/presentation consideration, digest the latest body of literature regarding their specific case, and write in a fashion as to make their report competitive for acceptance for publication or presentation for their targeted audience.

2022 Annual Meeting Posters

Title
Shots in the Back – Using a Podcast to Explore Issues of Race and Policing on a Local Community

Presenters
Dale Peeples, MD
Sandra Sexson, MD
Amal Asiri, MBBS
Evelyn Rodriguez, MD

Educational Objective
This poster will share a novel curriculum approach that allowed our fellows to achieve the following educational objectives:

1. Describe the histories of the historically Black neighborhoods around our institution, and understand how that history impacts the lives of our patients
2. Identify ongoing needs for juvenile justice reform in the context of the history of policing in Augusta
3. Discuss the material impact caused by housing discrimination, pollution, lack of educational resources, and job discrimination on the local Black community

Practice Gap
Residents and fellows often find themselves in a new city or state as they begin their medical education. Based on the 2019 AAMC State Physician Workforce Data Report, about 40% of students remain in state as they transition to residency. As such, it is more likely than not that residents and fellows find themselves in a new community unaware of its history. It is critical to educate trainees about the communities they serve. This educational curriculum looks to address this lack of community knowledge by engaging with a podcast exploring the 1970 Riots in Augusta Georgia, reflecting on material conditions that lead up to the riot and how some of these inequities remain to this day.

Scientific Citations
Increasingly podcasts are being introduced into medical education:
https://doi.org/10.1007/s40596-020-01268-z

AAMC 2019 State Physician Workforce Data Book shows most states retain 40% of their medical students so the majority of residents are moving to new cities and states and will have limited familiarity with those communities:
https://www.aamc.org/data-reports/workforce/data/2019-state-profiles

The “Shots in the Back” podcast explores how themes of structural racism led to the 1970 riots in Augusta, and how those issues remain at play in American culture today:
https://www.npr.org/2020/10/01/918414307/remembering-the-augusta-civil-rights-riot-50-years-later

Structural racism in housing, education, employment, and criminal justice contributes to inequalities in health and mental health outcomes. Better understanding the history of these factors in a community can help physicians address issues to advance health equity: https://doi.org/10.1016/s0140-6736(17)30569-x

Abstract

Shots in the Back: Exhuming the 1970 Augusta Riot (2020) by Georgia Public Broadcasting is the 2021 Edward R Murrow Awards recipient for Excellence in Diversity, Equity and Inclusion, hosted by Sea Stachua. The story begins with the death of Charles Oatman in police custody. A 16-year-old with an intellectual disability, Charles was detained in the county jail after the accidental death of his niece. While held he was repeatedly tortured. When details of his death reached the public, it became the spark that ignited the Augusta riot which led to six shootings by police. The six episode podcast explores this history around Charles' death, and the riots, and the systemic issues in place that laid the groundwork for the social unrest. In addition to interviewing individuals directly involved in this piece of history, the podcast also seeks out the perspective of middle school students at the Jessye Norman School of the Arts. Their discussion offers parallels to current issues with police violence, racism, and systemic inequity, and illustrates the challenges children face in discussing these issues.

As part of our curriculum we devoted four sessions of two hours duration to listening and discussing the podcast. The first episode and first bonus episode were shared as a group, with subsequent discussion focusing on issues of juvenile justice, and identifying aspects of the story particular to Augusta for fellows to learn more about independently.

In the second session, we continued listening to the second episode and the second bonus episode as a group, moving into themes of housing discrimination/red lining, industrial pollution, and school desegregation. Once more, we identified how these issues impacted Augusta directly.

The third and fourth sessions took a flipped classroom approach. Fellows listened to the third and fourth episode and the third bonus episode independently prior to the third meeting, and the fifth and sixth episode and final bonus episode at the fourth and final meeting. Here we discussed policing and police violence, and our city's response to Black Lives Matter protests. We also discussed the historic black communities of Augusta, and became more familiar with the downtown historic districts. Between sessions fellows were tasked with identifying learning objectives to explore to help them develop a greater understanding of the city and the community around them.

Although specific in focus on Georgia, the themes uncovered by the podcast are universal to American cities, and resonate with the frustration and outrage experienced in many communities that continue to experience violent policing and systemic racism. Inequities in policing and the treatment of the historically Black neighborhoods of Augusta serves as a reminder of redlining, environmental pollution struggles, and a lack of basic utilities that

continue to impact many of our patients. Training programs could consider similar novel ways to explore the histories of the communities that they directly serve.

2022 Annual Meeting Posters

Title
Structuring Overnight Call in a New Psychiatry Residency Program: Pearls and Pitfalls

Presenters
Tyler Zahrli, MD
Autumn Brunia, DO
Rebecca Lundquist, MD

Educational Objective
1. Review pearls and pitfalls of implementing a new overnight call system into a new psychiatry residency.
2. Suggest methods to objectively measuring hospital need for overnight residency rotations.
3. Evaluate educational value, service need, and wellness of resident physicians on overnight rotations.

Practice Gap
New psychiatry residency programs face many challenges when planning and implementing clinical rotations. Both academic medical centers and community-based programs often have to balance educational and service opportunities for new rotations. One area of the curriculum historically difficult for both faculty and residents is a night float program. In addition to balancing education and service, a program must also adhere to specific Accreditation Council for Graduate Medical Education (ACGME) requirements by coordinating services available at their respective institution (ACGME, 2011). Also, residency programs should consider resident feedback, consider patient safety, and monitor for burnout. In summary, the program faculty and residents are charged with knowing and monitoring many variables to implement new clinical rotations.

Despite the ACGME having many requirements for night float, there is very little guidance offered to help programs implement these rotations. Detailed literature review provides specific information on what a resident should do on call (Cooke et al, 2012), determining goals and objectives (Tynes & Crapanzano, 2016), feedback strategies (Sadowski et al, 2017) and evaluating resident perceptions (Jasti et al, 2009) and burnout. A general guide to planning and implementing a psychiatry night float rotation is largely absent in the literature.

Scientific Citations
1. Common Program Requirements: effective July 1, 2011. available at http://acgme-2010standards.org/pdf/Common_Program_Requirements_07012011.pdf
2. Cooke B.K., Cooke E.O., Sharfstein S.S. (2012). Evaluating the workload of on-call psychiatry residents: which activities are associated with sleep loss? Acad Psychiatry, 36(1):43-6. DOI: 10.1176/appi.ap.10060086. PMID: 22362436.

3. Tynes, L.L. and Crapanzano, K.A. (2016). Goals and Objectives for the Psychiatry Resident On-Call Experience: A Survey of Psychiatry Training Programs. Acad Psychiatry, 40: 558-559.
4. Sadowski B.W., et al. (2017). Nighthawk: Making Night Float Education and Patient Safety Soar. J Grad Med Educ, 4(3): 755-758.
5. Jasti H., et al. (2009). Residents' perceptions of a night float system. BMC Medical Education, 9(52): 1-6.
6. Dyrbye L., West C., Satele D., et al. (2014). Burnout among U.S. medical students, residents, and early career physicians relative to the general U.S. population. Acad Med, 89:443–51.
7. Prins J.T., et al. (2007) Burnout in medical residents: A review. Med Educ, 41(8):788–800.

Abstract

Optimizing service need, patient obligations, education and resident wellness is an ongoing challenging issue for programs. The ACGME has implemented duty hour restrictions most recently updated in 2011 in part to target these issues (Jasti et al, 2009). Studies have demonstrated that training directors should use caution when implementing changes without having data that describe the on-call activities of their residents (Cooke et al, 2012). It is also well documented that a high number of medical students, residents and fellows experience severe work-related stress and burnout. (Dyrbye et al, 2014; Prins et al 2007) This was demonstrated when structuring a new overnight call rotation in our new residency program. After implementing a psychiatry overnight call system modeled after an existing family medicine overnight call system, residents quickly realized that the same standards and needs do not apply for psychiatry. Without appropriate planning and data collection, resident wellness and education are negatively affected.

The purpose of the current study was to determine how night float/evening float can be optimized to balance resident wellness, service and education. Residents established tracking system to monitor new consults and new admissions during a 14-hour in-house psychiatry overnight rotation. We found that the majority of admissions, consults and calls were received before 9PM. We also tracked the perceived educational value of this shift through the program's resident evaluation forms. Due to overwhelming negative feedback from residents, the results from data collection and concerns of meeting ACGME requirements, the program changed the rotation schedule based on both the time when admissions/consults presented and the feedback received from residents on educational benefit and value. The rotation was ultimately changed to an 8-hour evening shift with improvement in perceived educational benefit and resident wellness (averaging improving scores to average 4.5/5 compared to average 2.5/5 on previous rotation) while continuing needed service to the hospital.

We propose that when designing and implementing a new call rotation, tracking calls and admissions and closely monitoring resident feedback helps determine hospital need and optimizes resident experience. The goal is to optimize educational value, service, and resident wellness.

2022 Annual Meeting Posters

Title

Teaching trainees and faculty skills for risk assessment of patients who threaten mass killing

Presenters

Jacquetta Blacker, MD
Thomas Briese, MD
Chinmoy Gulrajani, MD

Educational Objective

1. Outline the educational importance of learning how to perform a threat assessment within a non-forensic psychiatrist's scope of practice.
2. Review available resources for psychiatrists, including clinical, non-clinical, and legal literature.
3. Describe a structured framework for threat assessment within the role of a psychiatrist: collecting clinical data and collateral information, threat assessment, decision-making, and documentation.
4. Consider how these skills can be incorporated into a curriculum for trainees and faculty across different subspecialty programs.

Practice Gap

Psychiatric residents and fellows in various training programs are increasingly likely to care for adult and pediatric patients who make threats to kill multiple people (ESSN, 2019; FBI, 2021). Both trainees and their supervisors would benefit if training programs could teach cognitive frameworks by which to approach these highly emotive, anxiogenic patient encounters. This preparation would equip supervisees and their faculty to feel confident in gathering data adequately and in a timely fashion, access appropriate support and assistance, and conduct risk assessments within their scope of practice as psychiatrists. Currently, little structured educational support exists to teach non-forensic psychiatrists how to conduct mass killing threat assessments.

Scientific Citations

1. ESSN (Educator's School Safety Network) (2019). Violent Threats and Incidents in Schools: An Analysis of the 2018-2019 School Year. Electronic publication available at: https://eschoolsafety.org/violence/ (Accessed 10/25/21).
2. FBI(2021). FBI Reports and Publications. Available at: https://www.fbi.gov/resources/library (Accessed 10/25/21).
3. Mossman, D. (2008). Violence risk: is clinical judgment enough? Current Psychiatry, 7, 66–72.
4. Large, M.M. (2018). The role of prediction in suicide prevention. Dialogues in Clinical Neuroscience, 20(3): 197–205. https://doi.org/10.31887/DCNS.2018.20.3/mlarge

5. Westreich, L. (1991). Assessing an adult patient's suicide risk. What primary care physicians need to know. Postgraduate Medicine. 90(4), 59-62. https://doi.org/10.1080/00325481.1991.11701059
6. Douglas T, Pugh J, Singh I, et al. (2017). Risk assessment tools in criminal justice and forensic psychiatry: the need for better data. European Psychiatry, 42, 134–137. https://doi.org/10.1016/j.eurpsy.2016.12.009
7. Resnick, P., Saxton, A. (2019). Malpractice Liability Due to Patient Violence. Focus, 17(4), 343-348. https://doi.org/10.1176/appi.focus.20190022
8. Weisbrot, D.M. (2020). "The Need to See and Respond": The Role of the Child and Adolescent Psychiatrist in School Threat Assessment. Journal of the American Academy of Child & Adolescent Psychiatry, 59:1, 20-26. https://doi.org/10.1016/j.jaac.2019.09.001
9. Flannery, D.J., Modzeleski, W., Kretschmar J.M. (2013). Violence and School Shootings. Child and Adolescent Disorders, 15, 331. https://doi.org/10.1007/s11920-012-0331-6
10. Twemlow, S.W., Fonagy, P., Sacco, F.C., O'Toole, M.E., Vernberg, E. (2002). Premeditated Mass Shootings in Schools: Threat Assessment. Journal of the American Academy of Child & Adolescent Psychiatry, 41:4, 475-477. https://doi.org/10.1097/00004583-200204000-00021

Abstract

Weighing risks is a part of psychiatrists' daily clinical duties, whether it is assessing the possibility of suicide, self-harm, homicide, or behavioral dyscontrol. Programs teach trainees to perform clinical assessments that balance the risk of harm to the patient/others against the patient's autonomy and clinical needs. They also teach trainees to understand the limitations of such predictions (Mossman, 2008; Large, 2018). All psychiatric training programs are comfortable with teaching suicide risk assessment (Westreich, 1991). However, most programs and their faculty are probably less familiar or comfortable with managing situations where a pediatric or adult patient threatens mass homicide, such as a school/college shooting, a hospital bombing, etc. While completed mass homicide events are extremely rare, the threats are being reported more frequently (ESSN, 2019; FBI, 2021). Threats of mass killings can be intensely worrying for community and academic psychiatrists, partly because they typically lack specialty training and experience in forensically assessing violence risk in patients (Douglas, 2017).

It is not possible for any psychiatrist to predict outcomes with absolute certainty (Resnick, 2019) but it is possible to teach faculty and trainees how to make thoughtful threat assessments, engage appropriate assistance, and utilize clinical, legal, county, school, and family resources (Weisbrot, 2020). We describe how program directors and other academic faculty can prepare their trainees to assess a child or adult patient who has made a mass killing threat, while staying within their scope of practice. We review the role of a non-forensically trained psychiatrist, different sources of collateral information, various community resources, basic legal considerations, and documentation techniques (Flannery 2013; Twemlow 2002). We describe the teaching documents and joint curriculum we created for a forensic and a CAP fellowship program.

2022 Annual Meeting Posters

Title

Building and Sharing: A GME Collaboration Between Two New Psychiatry Residency Programs and a VA Medical Center

Presenters

Paul Deci, BA,DFAPA, MD
Anuja Mehta, MD
Jose Torres-Miranda, MD
Hassan Kanani, MD
Lucy Liu, MD

Educational Objective

1. Develop an understanding of the feasibility of collaborating with another psychiatry residency program when implementing new residency programs.
2. Develop an understanding of the benefits to the program leadership, faculty, and residents from closely collaborating with another psychiatry residency program, particularly for new and community-based programs.
3. Develop an understanding of the benefits of having a VA medical center as a partner in the collaboration of two or more psychiatry residency programs.

Practice Gap

In the last few years, there has been a significant growth in the number of new Psychiatry residency programs primarily fueled by community-based programs. This is also evident in the expanding AADPRT membership. While new Psychiatry training programs are sorely needed to fill the need for Psychiatrists to treat our population, new programs face unique challenges in their formative years. Besides arranging funding and program leadership, significant effort and resources are required to assemble a qualified and diverse faculty; design and implement a four-year didactic curriculum and finding appropriate presenters; and create high quality rotations. In addition, ACGME continues to have increased expectations from the Program Director in terms of monitoring burnout and ensuring wellness not only among the residents but also for the core faculty of the program. When Community-based programs gain ACGME accreditation, they are often only dependent on Program Director's protected time to run the program. Most of the other core faculty tend to be clinical and have little protected time for teaching. In these situations, if newer programs that are located in the same geographical vicinity can team up to share didactic, supervisory and mentorship resources, it can be mutually beneficial to both the programs and improve the quality of the residency training.

Scientific Citations

1. Barajaz, M, Turner, Teri. Starting a new residency program: a step-by-step guide for institutions, hospitals, and program directors. Medical Education Online, August 18, 2016.

2. AADPRT Workforce Taskforce 2020, Creation of a new program or expansion of a program resource guide

Abstract

A new VA medical center with a prior and expanding affiliation with one psychiatry residency program was asked to affiliate with a new psychiatry residency program from a different medical school. The Orlando VAHCS psychiatry residency site director became the NSU KPCOM psychiatry residency program director when the program was shifted to being based at and expanded at the Orlando VAMC in early 2018. The UCF/HCA Greater Orlando GME Consortium implemented a new psychiatry residency program in July 2018 and requested to have a significant number of VA rotations beginning in July 2019. With the support of the Orlando VAHCS, the NSU KPCOM and UCF/HCA Orlando psychiatry residency program directors implemented a strong collaboration model in which VA faculty, VA rotations, evaluations, didactics, journal clubs, case conferences, grand rounds, faculty mentors, faculty meetings, and faculty development activities are shared between the programs while the programs retained separate but overlapping clinical competency committees and program evaluation committees. A NSU KPCOM program coordinator based at the Orlando VAMC supports psychiatry residency training at the VA for both programs.

The extensive sharing of clinical and program resources has greatly enhanced the training quality of both programs, while minimizing the burden on VA and UCF/HCA faculty. Each program has specific strengths that it shares with the other program, leading to more optimal resident training for residents in both programs. The sharing results in an effectively larger group of residents at different postgraduate levels which is particularly helpful when new programs are being implemented in different years and expands the faculty and didactic presenter resource pool for both the programs. The collaboration has been quite successful and well received, lending itself to possible implementation by other programs, with or without a relationship with a VA medical center.

2022 Annual Meeting Posters

Title
Resident Education on Dissociative Identity Disorder: A National Survey

Presenters
Judith Lewis, MD
Adam Fakhri, BS

Educational Objective
1. Learn the variability in teaching about Dissociative Identity Disorder in general psychiatry residency programs in the United States
2. Learn of the disparate views of program directors about this controversial diagnosis
3. Recognize the bind that psychiatry residents find themselves in regarding diagnosing this disorder
4. Discuss the risks of not teaching about this disorder in residency

Practice Gap
There are no published national surveys regarding residency training about Dissociative Identity Disorder. This topic is rarely represented amongst the offerings at AADPRT and other national educational meetings in psychiatry to date.

Scientific Citations
1) Gillig PM. Dissociative identity disorder: a controversial diagnosis. Psychiatry (Edgmont). 2009;6(3):24-29.
2) Pope HG Jr, Oliva PS, Hudson JI, Bodkin JA, Gruber AJ. Attitudes toward DSM-IV dissociative disorders diagnoses among board-certified American psychiatrists. Am J Psychiatry. 1999 Feb;156(2):321-3. doi: 10.1176/ajp.156.2.321. PMID: 9989574.
3) Boysen GA, VanBergen A. A review of published research on adult dissociative identity disorder: 2000-2010. J Nerv Ment Dis. 2013;201:5-11.
4) Madson, Linda. Dissociative Disorders Curriculum. MedEdPortal. 2011.

Abstract
Dissociative Identity Disorder (DID) is uniquely challenging to teach in residency programs given its controversial status. Since the DSM-III in the 1980's, DID has been included in our official taxonomy, however the perception of DID amongst psychiatrists has not changed significantly over the last 40 years. Clinical staff can have widely disparate views of both the existence and the etiology of the disorder, and these conflicting views are often not discussed openly. The aim of this study is to understand the spectrum of pedagogical approaches to DID in psychiatry residency programs. A 12-item anonymous survey was sent through RedCap to general program directors in the United States with the goal of understanding how DID training is approached at each institution. A total of 41 program directors participated in the survey with a response rate of 15% across a wide geographic distribution and size. Most program directors (63%) answered that they believe DID is a valid clinical diagnosis. Only 7% of program directors

were not taught about DID during their own training, and yet 22% of the 41 programs do not teach residents about DID in didactic seminars and 27% do not teach about DID on clinical rotations. While the empirical literature on DID is expanding, it is important to both quantify and describe the challenges of DID education in residency programs nation-wide. Comments provided by 29 respondents will be grouped according to themes. For future directions, it would be interesting to survey psychiatry residents about their educational experience directly.

2022 Annual Meeting Posters

Title
Wellness When It Counts: Cultivating Resilient Psychiatrists Through a Patient Suicide Curriculum

Presenters
Brooke Gertz, MD
Emily Hochestetler, MD
Jyotsna Ranga, MD
Syed Faiz Qadri, MD
Michelle Roley-Roberts, PhD

Educational Objective
At the end of the poster review, participants will be able to:

1. Describe the steps in construction of a curriculum that prepares residents for the traumatic event of patient suicide.

2. Discuss a multipronged approach to educating residents about the protocol and resources.

3. Design a patient suicide protocol for psychiatry residents.

4. Assess impact of the constructed curriculum and protocol on resident confidence by surveys.

Practice Gap
Although one in three psychiatry residents experiences the loss of a patient to suicide, few training programs formally address the topic of patient suicide. The lack of program attention to this common and significant traumatic event leaves trainees unsupported as residents and unequipped as attending physicians to handle patient suicide medicolegally, professionally, and emotionally. Several studies and publications have recommended that programs address resident exposure to patient suicide, but few specific curriculum protocols have been described. The American Psychiatric Association (APA) has included a section about coping with patient suicide on its website, but it does not address program policies, resident/physician responsibilities, or program-specific resources. There is also a lack of data about the effectiveness of formal patient suicide protocols and training in residency programs. Despite a recent emphasis on wellness in residency programs, there is work needed to foster resident wellness during one of the most difficult events that trainees and psychiatrists encounter. By creating and evaluating a curriculum for patient suicide, a practice gap that affects professional identity formation and provider resilience will be addressed.

Scientific Citations
1. Brown HN. Patient suicide during residency training (I): incidence, implications, and program response. Acad Psychiatry. 1987; 11: 201-216.

2. Cazares PT, Santiago P, Moulton D, Moran S, Tsai A. Suicide response guidelines for residency trainees: a novel postvention response for the care and teaching of psychiatry residents who encounter suicide in their patients. Acad Psychiatry. 2015; 39: 393-397.
3. Ellis TE, Dickey TO, Jones EC. Patient suicide in psychiatry residency programs: a national survey of training and postvention practices. Acad Psychiatry. 1998; 22(3): 181-1894.
4.Lerner U, Brooks K, McNiel DE, Cramer RJ, Haller E. Coping with a patient's suicide: a curriculum for psychiatry residency training programs. Acad Psychiatry. 2012; 36: 29-33.
5. McCutcheon S, Hyman J. Increasing resident support following patient suicide: assessing resident perceptions of a longitudinal, multimodal patient suicide curriculum. Acad Psychiatry. 2021; 45: 288-291. 6. Qayyum Z, AhnAllen CG, Van Schalkwyk GI, Luff D. "You Really Never Forget It!" Psychiatry trainee supervision needs and supervisor experiences following the suicide of a patient. Acad Psychiatry. 2021; 45: 279-287.

Abstract
Psychiatrists are devastated when they encounter patient suicide. Suicide is among the top 10 leading causes of death for all age groups in the U.S. About 25% of the patients who die by suicide have seen their behavioral health provider in the previous month. One in three residents experiences a patient suicide. Despite the common occurrence, formal training in the management of patient suicide is lacking. If a patient dies by suicide, the treating psychiatrist and resident have several responsibilities and responses. Psychiatrists have leadership roles that include informing the family, supporting staff, communicating with the proper officials, and accurately documenting events in the medical record. Despite the important role of psychiatrists, they are not well taught how to manage a patient suicide. This study examines whether a multipronged curriculum in the residency prepares residents and attending psychiatrists to better deal with this adverse event.

This curriculum was created with input from interested psychiatry residents and will be mainly presented by them. The first part of the curriculum was an initial brief presentation during orientation week in June 2021 that introduced the patient suicide protocol. Residents also received a resource brochure that includes a flow chart of steps to take following a patient suicide and information about what to expect from the residency program, such as scheduled check-ins from residency leadership. Second, a psychological first aid training course will be provided in November 2021, in which residents revise and practice coping skills to navigate difficult situations in their professional lives. The last step will be a Schwartz Center Rounds in February 2022, which will focus on compassionately supporting experienced clinicians who will share their stories of loss and resilience. An Epic smart phrase will accompany the curriculum to guide documentation following patient suicide.

The effectiveness of the intervention will be assessed by a Qualtrics survey administered before, during, and after the curriculum. The objective is to improve resident confidence in managing patient suicide, which will be measured by a series of questions with subjective and numeric responses that describe resident comfort level to address various aspects of patient suicide, such as accessing help, following medicolegal processes, disseminating information, and documenting correctly.

Results from the pre-curriculum survey of 27 residents revealed that although 74.1% of residents believed that patient suicide is common, 14.81% of residents were “not at all confident” to manage the clinical situation, and 29.63% of the residents reported that they were only “a little confident.” Furthermore, no one identified as “very confident” to address documentation, medicolegal processes, or root cause analyses related to patient suicide. Although this study is currently being conducted, more data will be available for presentation in the coming months. This project is designed to be performed annually so that the results can continuously improve the curriculum and patient suicide protocol as needed. By developing a model for teaching the management of patient suicide, we will prepare our learners to better handle this event when it occurs either in training or in their psychiatry careers

2022 Annual Meeting Posters

Title

Do Journal Clubs work? Effectiveness of a new Standardized Presentation Format for journal club

Presenters

Syed Hasan, DO
Shambhavi Chandraiah, FRCP (C), MD, DFAPA

Educational Objective

1) Establish an alternative way of conducting journal club that requires a standardized format for journals to be presented
2) Improve resident engagement with journal club
3) Create a repository of journal articles that could be utilized by residents to lead evidence-based teaching on psychiatric rotations

Practice Gap

The goals of a journal club include keeping up with important studies, practicing evidence-based medicine, applying critical appraisal skills, and encouraging life-long learning. Residency journal clubs frequently suffer from low attendance, limited reading of the primary article, and poor resident engagement. If structured as a didactic presentation, they also run the risk of attendees becoming passive listeners (1-3). There is a need to find effective ways to run journal clubs that encourages involvement and lively discussion of articles that result in sustained learning.

Scientific Citations

1. Deenadayalan, Y., et al. “How to Run an Effective Journal Club: A Systematic Review.”?Journal of Evaluation in Clinical Practice, vol. 14, no. 5, 2008, pp. 898–911.,?https://doi.org/10.1111/j.1365-2753.2008.01050.x.
2. Thangasamy, Isaac A., et al. “Evaluating the Effectiveness of an Online Journal Club: Experience from The International Urology Journal Club.”?European Urology Focus, vol. 7, no. 2, 2021, pp. 482–488.,?https://doi.org/10.1016/j.euf.2019.10.006.?
3. McGlacken-Byrne?SM,?O'Rahelly?M,?Cantillon?P, et al?Journal club: old tricks and fresh approaches?Archives of Disease in Childhood - Education and Practice?2020;105:236-241.
4. Dzara, Kristina, et al. “The Self-Directed, Structured Summary as a Teaching Tool in a Psychiatry Journal Club.”?Academic Psychiatry, vol. 36, no. 6, 2012, p. 490.,?https://doi.org/10.1176/appi.ap.12010005.
5. Enders, Felicity. “Evaluating Mastery of Biostatistics for Medical Researchers: Need for a New Assessment Tool.”?Clinical and Translational Science, vol. 4, no. 6, 2011, pp. 448–454.,?https://doi.org/10.1111/j.1752-8062.2011.00323.x.

Abstract

Introduction:

Journal clubs are conducted in different ways depending on the specialty and the residency program. We felt that having a standardized presentation format would enhance learning and improve satisfaction with the journal club. Our approach for reformatting journal club was modeled by a systematic review article (1) that found characteristics of successful journal clubs to include anticipated meetings, mandatory attendance, clear long- and short-term purpose, appropriate meeting timing and incentives (i.e. food), a trained journal club leader to choose papers and lead discussions, circulating papers prior to meeting, using the internet for wider dissemination and data storage, using an established critical appraisal process, and summarized journal club findings (1-3).

Method:

The overarching goal of the journal club was agreed upon by the residents namely to limit articles covered in the journal club to specifically those with significant psychiatric clinical implications and/or hallmark studies in psychiatry. The journal club was held within a protected time during work hours and residents were encouraged to bring their lunch. Our standardized presentation format utilized a more detailed version of the format used in the article by Dzara (4). The chief resident (first author) presented the first journal club article using a standardized 1-page summary of the core components of a self-selected core article. The same presentation format was utilized for each subsequent PGY resident group to present their chosen article. Attention was given to ensure that the primary literature (selected article) was distributed on average at least 1 week prior to the journal club. The 1-page summary was sent to the residents either 20 minutes into or after the journal club presentation. This 1-page summary was then archived and stored on a cloud drive to be accessible to all residents. During the journal club, led by a faculty, discussion about the premise, the methods and statistical analyses used, the results noted, and the validity of the conclusions occurred. Journal club occurs on average once per month.

Our project assessed:

a) subjective satisfaction (2) regarding the process, content, and perceived utility of journal club using a 10-question anonymous survey prior to and after implementation of the standardized format of presentation

b) objective learning (5) of knowledge of common study designs and biostatistics used in critical appraisal of journal articles (e.g. study validity and design, probability, power and sample size, significance and p-value, multiple comparisons, clinical relevance versus statistical significance, etc.).

We plan to report on the outcome of multiple journal clubs that will have occurred before the spring meeting to illustrate the value of this standardized presentation format intervention.

Results:

Early input from residents suggested a preference for using a standardized presentation format as this enhanced their critical appraisal abilities as they reviewed and compared different

studies. Residents have also been using these core article summaries to instruct rotating medical students as well.

Conclusion:
Regularly scheduled and structured journal clubs are a way to demonstrate commitment to evidence-based practice. The poster will share literature reported pros and cons for different ways of conducting journal clubs. Mandatory, structured, leader led journal clubs involving all residents in the process improve learning and satisfaction. Additionally, archived journal club article summaries can be further utilized to drive evidence-based teaching for medical students rotating on psychiatry rotations.

2022 Annual Meeting Posters

Title

Development of an Illness-Based Modular Core Curriculum for a General Psychiatry Residency Program

Presenters

Neha Hudepohl, MD
Raphaela Fontana, DO
Benjamin Griffeth, MD

Educational Objective

At the conclusion of this poster session, participants will be able to:

- Discuss the development, implementation and review of an illness-based modular curriculum for general psychiatry trainees.
- Create novel learning strategies to supplement a modular curriculum for psychiatry residents
- Review satisfaction data from residents on a modular curriculum compared to traditional learning styles.

Practice Gap

Many models exist for the presentation of didactic curricula for general psychiatry residency programs. In programs that are of smaller size (<6 residents per training year), it can be more difficult to create true spiral-structured curricula due to limited faculty availability and time. Further, residents often feel that their lectures are disjointed and non-congruous, making in-depth learning of specific topics difficult due to lack of cohesion. Adult learning theory also informs that topics are best encoded when practiced information is learned in multiple ways, using problem-solving and interactive methodology to help reinforce concepts and critical thinking skills.

Scientific Citations

Arbuckle, M. R., Weinberg, M., Cabaniss, D. L., Kistler, S. C., Isaacs, A. J., Sederer, L. I., & Essock, S. M. (2013). Training psychiatry residents in quality improvement: an integrated, year-long curriculum. Academic Psychiatry, 37(1), 42-45.

Coverdale, J., Balon, R., Beresin, E. V., Louie, A. K., Tait, G. R., Goldsmith, M., & Roberts, L. W. (2014). Teaching clinical neuroscience to psychiatry residents: model curricula. Academic Psychiatry, 38(2), 111-115.

Glick, I. D., Janowsky, D. S., Salzman, C., & Shader, R. I. (1993). A proposal for a model psychopharmacology curriculum for psychiatric residents. Neuropsychopharmacology, 8(1), 1-5.

Muzyk, A.J., Gagliardi, J.P., et al. (2017). Development of a diverse learning experience for diverse psychiatry resident needs: A four-year biological psychiatry curriculum incorporating principles of neurobiology, psychopharmacology, and evidence-based practice. Psychiatry Investig, 14(3), 289-297.

Sandrone S., Berthaud, J.V., Carlson C., Cios, J., Dixit, N., Farheen, A., Kraker J., Owens J.W.M., Patino G., Sarva H., Weber D., Schneider L.D. (2020). Active learning in psychiatry education: Current practices and future perspectives. Front. Psychiatry
https://doi.org/10.3389/fpsyt.2020.00211

Abstract
This poster will present the concept of a modular core curriculum for general psychiatry trainees, modeled on organ-systems based curricula used in most medical schools. Illness-based modules that focus on epidemiology, phenomenology, neurobiology & neuroscience, genetics, psychological theories, psychopharmacologic and psychotherapeutic treatment options, relevant clinical trials and treatment algorithms, ethical controversies, future directions in treatment, and other information are presented in an interactive, case-based format with the use of multi-media, debate-style discussion, and popular media representation and/or books and movies to illustrate various points in the context of this curriculum. Each module lasts 6-8 weeks and allows for in-depth exploration of topics relevant to the illness. The curriculum spans 24 months and involves multiple PGY-levels. The development of this curricula will be presented in this poster, as well as data from surveys of resident experience with their didactic learning pre- and post-implementation. Integration with foundational concepts for early residents and advanced concepts for later residents will be demonstrated in a model curriculum.

2022 Annual Meeting Posters

Title
A Survey of Psychiatry Resident Study Habits and Most Used Resources.

Presenters
Jason Papaconstandinou, MD
Aminah Khan, DO
Daniel Smith, DO
Esther Akinyemi, MD
Theadia Carey, MD, MS

Educational Objective
- To understand which electronic resources trainees are using.
- To interpret how psychiatry residents study.
- To recognize barriers residents face being consistent with a study plan.
- To provide information and strategies to program directors and faculty regarding guiding resident's choices for electronic resources.

Practice Gap
One of the goals of training, as outlined in the Accreditation Council for Graduate Medical Education (ACGME), is Practice-Based Learning. The intention is, "to help a physician develop the habits of mind required to continuously pursue quality improvement, well past the completion of residency." Ensure the knowledge residents acquire and evaluation of practice are compared to quality information. Therefore, it is necessary for Program Directors and Faculty understand what resources trainees are using and direct them to reputable sources of information.

Scientific Citations
Accreditation Council for Graduate Medical Education. Common program requirements. www.acgme.org/Portals/0/PFAssets/ProgramRequirements/ CPRs_2017-07-01.pdf. Published 2017. Accessed January 21, 2019

Torous, J., Franzan, J., O'Connor, R. et al. Psychiatry Residents' Use of Educational Websites: A Pilot Survey Study. Acad Psychiatry 39, 630–633 (2015). https://doi.org/10.1007/s40596-015-0335-8

Reddy A, Duenas H, Luker A, Thootkur M, Kim JW. Preference of Electronic Versus Paper Reading Resources Among Trainees in Psychiatry. Acad Psychiatry. 2018 Oct;42(5):743-745. doi: 10.1007/s40596-018-0930-6. Epub 2018 May 3. PMID: 29725992.

Kelleher M, Miller RE, Duckett A, O'Rourke P, Hall L, Yen MS, Call SA, Bishop SE, Tackett S. Self-Directed Learning among Internal Medicine Residents in the Information Age. South Med J. 2020 Sep;113(9):457-461. doi: 10.14423/SMJ.0000000000001144. PMID: 32885266.

Edson, R. S., Beckman, T. J., West, C. P., Aronowitz, P. B., Badgett, R. G., Feldstein, D. A., Henderson, M. C., Kolars, J. C., & McDonald, F. S. (2010). A multi-institutional survey of internal medicine residents' learning habits. Medical teacher, 32(9), 773–775. https://doi.org/10.3109/01421591003692698

Torous, J., Chan, S., Luo, J., Boland, R., & Hilty, D. (2018). CLINICAL INFORMATICS IN PSYCHIATRIC TRAINING: PREPARING TODAY'S TRAINEES FOR THE ALREADY PRESENT FUTURE. Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 42(5), 694.

Hilty, D. M., & DeJong, S. (2018). Putting Technologies Used for Clinical Care and Education in Context. Academic Psychiatry: the Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 42(6), 753-758.

Hilty, D., Chan, S., Torous, J., Luo, J., & Boland, R. (2020). A framework for competencies for the use of mobile technologies in psychiatry and medicine: scoping review. JMIR mHealth and uHealth, 8(2), e12229.

Abstract

The Accreditation Council of Graduate Medical Education (ACGME) has a requirement that residents should engage in practice based learning. This was done primarily in the past through the use of textbooks and journals. Over the last 30 years, the world of information technology has grown significantly, and with-it medical education has transformed dramatically. From the introduction of computers and the worldwide web to cell phones and now to smart phones, this has ascended to a society where there is access to vast amounts of knowledge in our pockets, no matter where medical service is provided. Many physicians are no longer relying on physical textbooks, articles, or encyclopedias in libraries as the source of their knowledge. Our acquisition of knowledge can now vary across many different platforms and resources. This has led to a change in the use of resources for self-directed learning in many specialties including psychiatry. There is evidence to suggest that the habits developed by residents during their training years are carried into their clinical practice for many years. Psychiatry training programs and residents spend thousands of dollars each year on educational resources. In a previous study that surveyed psychiatry residents in one program, it was found that psychiatry residents preferred studying with traditional textbooks and note taking for in depth knowledge, but preferred electronic resources only for medication related inquiries. This study is in contrast with studies from other specialties that suggest electronic resources are utilized more frequently, preferred and with no loss of comprehensive ability. To our knowledge, there has been no study of psychiatry residents' habits in relation to when, and where studying occurs as well as the preferred resources used by psychiatry residents. It would be good to have an understanding of how and where psychiatry residents study, and which resources residents find most useful. As such, this study aims to evaluate and gather information on the motivation for study, where residents study and which are the most commonly used sources amongst

psychiatry residents to best aid programs in recommending quality learning materials for future trainees.

2022 Annual Meeting Posters

Title
Supporting patient and resident families: creating a parallel opportunity for education and reflective capacity through perinatal psychiatry and parental leave electives

Presenters
Katie Thorsness, MD
Lindsay Fox, MD
Lauren Klee, MD
Supra Khare, MD
Stamatis Zeris, MD

Educational Objective
1. Audience will understand how the benefits of accessing an integrative, multi-generational healing, perinatal psychiatry elective can foster trauma-informed trainees who support families by reducing health inequities, addressing generational trauma, and acknowledging the impact of systemic racism and discrimination on parenting.
2. Audience will recognize how an integrative perinatal psychiatry rotation can serve as an inspiration and a foundation for the development of a resident parental elective.
3. Audience will appreciate how a parental elective improves wellbeing, program satisfaction, and decreases burnout among parenting residents.
4. Audience will appreciate the opportunity that a parental elective can provide to increase reflective capacity and relational empathy with patient families through lived experience and systemic support.

Practice Gap
1. Access to and expectations of perinatal psychiatry education within ACGME programs varies widely including foci of educational objectives. Expanding training to include an integrative and multi-generational approach to healing is of benefit to both patient families and trainees.
2. Residency is a time that correlates strongly with the desire for some trainees to start or expand their family. Providing a structured four week, at-home elective in the time following the addition of a new child to a trainee family can promote resident wellness, child/infant health, attachment, and reduce gender disparities. This is vital to the progress and mission of academic medicin

Scientific Citations
1. Osborne, L., MacLean, J. V., Barzilay, E. M., Meltzer-Brody, S., Miller, L., & Yang, S. N. (2018). Reproductive Psychiatry Residency Training: A Survey of Psychiatric Residency Program Directors. Academic Psychiatry, 42(2), 197-201. https://doi.org/10.1007/s40596-017-0672-x

2. Osborne, L.M., Kimmel, M.C. & Surkan, P.J. The Crisis of Perinatal Mental Health in the Age of Covid-19. Matern Child Health J 25, 349–352 (2021). Doi: 10.1007/s10995-020-03114-y

3. Davenport MH, Meyer S, Meah VL, Strynadka MC and Khurana R (2020) Moms Are Not OK: COVID-19 and Maternal Mental Health. Front. Glob. Women's Health 1:1. doi: 10.3389/fgwh.2020.00001

4. Redleaffamilyhealing.org

5. Blair JE, Mayer AP, Caubet SL, Norby SM, O'Connor MI, Hayes SN. Pregnancy and Parental Leave During Graduate Medical Education. Acad Med. 2016 Jul;91(7):972-8. doi: 10.1097/ACM.0000000000001006. PMID: 26606722.

6. Hutchinson AM, Anderson NS 3rd, Gochnour GL, Stewart C. Pregnancy and childbirth during family medicine residency training. Fam Med. 2011 Mar;43(3):160-5. PMID: 21380947.

7. Ortiz Worthington R, Feld LD, Volerman A. Supporting New Physicians and New Parents: A Call to Create a Standard Parental Leave Policy for Residents. Acad Med. 2019 Nov;94(11):1654-1657. doi: 10.1097/ACM.0000000000002862. PMID: 31299674.

8. Stack SW, McKinney CM, Spiekerman C, Best JA. Childbearing and maternity leave in residency: determinants and well-being outcomes. Postgrad Med J. 2018 Dec;94(1118):694-699. doi: 10.1136/postgradmedj-2018-135960. Epub 2018 Dec 15. PMID: 30554173; PMCID: PMC7466823.

9. Stack SW, Jagsi R, Biermann JS, Lundberg GP, Law KL, Milne CK, Williams SG, Burton TC, Larison CL, Best JA. Maternity Leave in Residency: A Multicenter Study of Determinants and Wellness Outcomes. Acad Med. 2019 Nov;94(11):1738-1745. doi: 10.1097/ACM.0000000000002780. PMID: 31094723.

10. Cree-Green M, Cree J, Urban K, Bunik M, Sass AE, Rosenberg A. A Structured Neonatal Parenting Elective: An Approach for Parenting Leave During Residency. Acad Pediatr. 2020 Jul;20(5):595-599. doi: 10.1016/j.acap.2020.02.008. Epub 2020 Feb 8. PMID: 32045680.

Abstract

The importance of adequate perinatal mental health training in psychiatry residency programs is becoming more apparent as a substantial percentage of parenting families suffer from mental illness.1,2 These illnesses can cause short and long-term risks for parents' overall health and functioning, as well as increased risks for birth complications, parent-infant bonding, and cognitive/developmental delays in the infant.3 Untreated mental illness during the perinatal period can further exacerbate health inequities and compound generational trauma for those already at a higher risk of experiencing maternal and infant mortality during this particularly vulnerable time.3 As there are insufficient numbers of perinatal psychiatrists and limited training opportunities, attempts should be made within programs to incorporate high quality, evidence-based, family-centered, and integrative approaches to perinatal mental health education.1 In the Redleaf Center for Family Healing (RCFH) at Hennepin Healthcare, our interdisciplinary team offers a perinatal psychiatry longitudinal elective for residents to expand

their perinatal psychopharmacology knowledge with equal importance placed on acknowledging and addressing parents' lived experiences, adverse childhood events, persistent toxic stress, systemic racism, generational trauma, and reproductive justice.4 These holistic lenses provide residents the tools to better partner with families to support safety, emotional health, and parenting capacity.4

The opportunity to rotate in the RCFH has served as a catalyst to extend this advocacy and support for patient families to residents and their own families. The practice of identifying the lack of parental support and right for reproductive justice in patient interactions has allowed for residents to reflect on the needs of parenting trainees in our own system. Thus, in addition to improving resident training in perinatal psychiatry, our program has created an opportunity to support residents who have expanded their family through a parental elective. Studies have shown that experiencing family growth is common during residency.5 However, the duration of parental leave is often inconsistent among programs and generally felt to be inadequate.6,7 This contributes to adverse outcomes including higher rates of postpartum depression, burnout, and more difficulty with breastfeeding.8,9 By offering a four-week, structured, at-home elective which focuses on parenting through the developmental psychiatric lens, we can increase the paid-time residents are able to spend at home with their child without impacting on-time graduation or putting parents in the difficult situation of choosing family over financial security.10 This elective can also provide residents with opportunities to learn about the critical role parenting can play in parental and infant mental health, increase parenting reflective capacity, and improve wellness translating into enhanced compassion for our patient families through lived experience.4

We plan to collect data on our residents' experience with parental leave both prior to and after offering this parental elective.10 We anticipate improved outcomes for parent and child wellness, readiness to return to work, and satisfaction with work-life integration for those who participated in this parenting elective.10 We hope to advocate for wider implementation of this educational elective by encouraging other ACGME specialty programs to consider adopting a similar approach within the scope of their curriculum.

2022 Annual Meeting Posters

Title
Mental Health Policy & Advocacy in Action: Developing a Workshop-Based Didactic Elective for Psychiatry Residents

Presenters
Sara Noble, MA, MD, BBA
Jessica Sandoval, MD
Charles Mathias, PhD

Educational Objective
· Discuss the need for inclusion of mental health policy and advocacy in psychiatry residency training
· Describe the development and implementation of an elective mental health policy and advocacy workshop course in a general residency training program
· Describe future directions and opportunities for further development of mental health policy and advocacy curriculum in graduate medical education

Practice Gap
Possibly more than any other specialty, psychiatrists are confronted by the social determinants of health impacting their ability to care for their patients. This can lead to a moral injury: when the clinical interventions they deliver are not addressing the conditions in of patients' lives, education, work, and recreation that ultimately determine their health and quality-of life. By equipping residents with skill development in health advocacy they are better prepared to meet the workload demands addressing these social determinants and reduce the burden of burnout.

While advocacy is increasingly recognized across transdisciplinary literature as a core aspect of a psychiatrist's professional role, formal residency training on this topic remains limited. Just last year, American Psychiatric Association Publishing produced A Psychiatrist's Guide to Advocacy (2020), describing the absence of any standardized curricula for advocacy and health policy in psychiatry residency education. Lack of explicit formal training is in contrast with notation that advocacy has been endorsed as a professional responsibility by the APA since 2002 and recognized as a core competency by Accreditation Council for Graduate Medical Education starting in 2019.

To successfully advocate at a community, state, or national level requires knowledge of complex health care system dynamics, funding, and policies. Acting as an advocate may require outreach, public speaking, or expositional writing targeting legislators, media, or the general public. Acquiring the additional knowledge, skills and experience in these areas is not intuitive for and stretches beyond the traditional biological realm of medicine.

A challenge presented by the emerging recognition of the role of advocacy in Psychiatry is that many faculty at academic medical centers did not experience formal training in health policy themselves. Those faculty who have advocacy experience often acquired it via an idiosyncratic course of self-taught policy activities. In the absence of formal training and established curricula, it is crucial to the development of a set of best practices for advocacy skills within academic programs that incorporate both didactic and experience in a manner that is sensitive to the needs of the local programs and communities.

This poster describes our experience designing and implementing a new elective seminar series, Mental Health Policy & Advocacy in Action, at UT Health San Antonio.

Scientific Citations

1. Marcos L, Gil R. Teaching mental health policy to psychiatric residents. Acad Psychiatry. 1985;9(1):40-48. doi: 10.1007/BF03399944.

2. Vance MC, Kennedy KG. Developing an advocacy curriculum: Lessons learned from a national survey of psychiatric residency programs. Academic psychiatry. 2020;44(3):283-288. https://www.ncbi.nlm.nih.gov/pubmed/31950369. doi: 10.1007/s40596-020-01179-z.

3. Vance MC, Kennedy KG, Wichers I, Levin S: A Psychiatrist's Guide to Advocacy. Washington, DC. American Psychiatric Association Publishing, 2020.

4. Council on Advocacy and Government Relations, Kennedy KG, Vance MC. Resource Document: Advocacy Teaching in Psychiatry Residency Training Programs. American Psychiatry Association. 2018. Available at: https://www.psychiatry.org/File% 20Library/Psychiatrists/Directories/Library-and-Archive/resource_ documents/2018-Resource-Document-Advocacy-Teaching-in- Psychiatry-Residency-Training.pdf. Accessed on October 27, 2021

5. Minkovitz CS, Goldshore M, Solomon BS, Guyer B, Grason H, Community Pediatrics Training Initiative Workgroup: Five-year follow-up of community pediatrics training initiative. Pediatrics, 134(1), 83-90, 2014. doi:10.1542/peds.2013-3357

6. Pardes H, Gordon J, Leiman J. The role of academic psychiatry in leading health policy reform. Acad Psychiatry. 2014;38(5):561-565. https://www.ncbi.nlm.nih.gov/pubmed/25030612. doi: 10.1007/s40596-014-0143-6.

7. Patel M, Chahal J, Simpson AIF. Teaching advocacy through community-based service learning: A scoping review. Academic psychiatry. 2021. https://www.ncbi.nlm.nih.gov/pubmed/33738761. doi: 10.1007/s40596-021-01411-4.

8. Isom J, Jordan A, Goodsmith N, et al. Equity in progress: Development of health equity curricula in three psychiatry residency programs. Academic psychiatry. 2021;45(1):54-60. https://www.ncbi.nlm.nih.gov/pubmed/33452664. doi: 10.1007/s40596-020-01390-y.

Abstract

Background: Advocacy is an important role within the professional identity of psychiatrists. Academic psychiatry is well-positioned to make a significant impact in advocacy training, given the engagement with multiple sectors of society and the mental health care system, coupled with core values that prioritize advances in care, teaching, research, and justice. Physicians who received formal advocacy training during residency are more likely to engage in advocacy activities post-training, further underscoring the importance of incorporating advocacy education into training curriculum. However, there remains a lack of standardized or wide-spread curriculum to help trainees develop the skills and confidence to make an impact as an advocate. This seminar was born out of a need to lower barriers for using health advocacy as a tool psychiatrist's can use to improve the health of their patients. Acknowledging the gap in our institution's advocacy training, we developed and implemented a new elective seminar series, Mental Health Policy & Advocacy in Action.

Methods: In keeping with recommendations by the APA Council on Advocacy and Government Relations, the course co-directors designed both didactic and experiential learning activities to maximize learner engagement while building fundamental knowledge and fostering skill acquisition. Our Mental Health & Advocacy in Action course was offered for the first time in August 2021 and enrolled 12 psychiatry residents (PGY2-4) This four-week course consisted of each weekly sessions composed of 2-hours each of didactic and experiential components.. Didactic focused on teaching advocacy principles, techniques, and strategies for researching topics rather than specific advocacy topics. In addition to course presentations, the didactic component included multiple guest speakers and panel discussion. The experiential component included a writing workshop given our institution's current limitations in face-to-face engagement due to COVID pandemic precautions. Pre- and post-course surveys were collected to assess their familiarity with institutional policy on political activity, perceptions of institutional health policy stance, core knowledge of advocacy principles, and motivation to engage in mental health advocacy behaviors based on a 10-point Likert scale.

Results: Each of the residents successfully wrote an op-ed, an email to a legislator, or a policy brief during the course. The diversity of advocacy topics, positions, and policies reflected successful engagement of resident's individual interests. Pre- to post-course survey revealed that over 85% of residents reported increased knowledge, readiness, confidence, and likelihood to engage in mental health advocacy.

Conclusions: It is imperative that academic institutions develop innovative, engaging curricula to equip trainees with the knowledge, skills, and experience to act as advocates in their careers as psychiatrists. Future directions for advocacy education at our institution include expansion of the experiential component of our curriculum to include organized meetings with legislators through activities like Capitol Day, community-based service learning projects, or expansion to a longitudinal curriculum integrated with didactics that share overlapping themes, such as cultural psychiatry or community psychiatry courses.

2022 Annual Meeting Posters

Title
Using Evidence-Based Approaches to Promote Wellbeing in Residency Training

Presenters
Renu Culas, MD
Shayna Ratner, MA
Kyu Oh, MD
Deborah Cabaniss, MD
Melissa Arbuckle, MD, PhD

Educational Objective
At the end of reviewing this poster, participants will be able to:
1. Describe the definition and dimensions of wellbeing and the importance of physician wellbeing at both an individual and systems level;
2. Describe evidence-based frameworks for building wellbeing within residency training to create and promote joy at work;
3. Identify ways to build meaningful relationship and community in healthcare settings; and
4. Identify various ways to enhance personal resilience among residents, faculty, and staff, with a strong focus on building meaning and connection to purpose.

Practice Gap
Physician burnout is at epic proportions. (1) Physician engagement has been declining for over a decade and 22% of final year medical students wish they had selected a different career (2). The Covid 19 pandemic continues to exert a heavy toll on physician wellbeing and professional fulfillment. In a recent 2021 survey, 61% of physicians reported feelings of burnout as compared to only 40% in 2018. Twenty-three percent of physicians indicated they would like to retire within the next year. This rate was even higher among those physicians 46 years old or older, with one-third reporting they would like to retire within the next year. Only 46% would still recommend medicine as a career to young people, significantly lower than 59% in 2014. (3) The Association of American Medical Colleges (AAMC) projected total physician shortage of between 37,800 and 124,000 physicians by 2034 (4). Given this looming shortage, it is vital that physicians remain in patient care roles.

Burnout causes harm to both physicians and patients. Physicians have higher rates of burnout, depressive symptoms, and suicide risk than the general population (5). Burnout leads to lower levels of engagement, lower productivity, decreased empathy, and an increased risk of workplace accidents (6-7). The impact on patient care and safety is extremely concerning. Physicians who know that their wellbeing is a priority are more engaged, more productive, less likely to experience burnout, less likely to turnover, more satisfied, and more likely to deliver effective and safe care (8-12).

Recognizing the critical importance of physician wellbeing, the Accreditation Council for Graduate Medical Education (ACGME) revised the Common Program Requirements for residency training, noting that residents must demonstrate competence in the "ability to recognize and develop a plan for one's own personal and professional wellbeing." At the same time, the learning and work environment must emphasize a "commitment to the wellbeing of the students, residents, faculty members, and all members of the health care team" (13). This heightened focus on wellbeing is also reflected in the new ACGME psychiatry milestones that went into effect as of July 2021 (14).

Residency training programs need a framework for creating safe, humane places for physicians to find meaning and purpose in their work while providing quality clinical care.

Scientific Citations

1. Colin West et al "Interventions to Prevent and Reduce Burnout: A Systematic Review and Meta-analysis, Lancet November 2016
2. Merrit Hawkins. 2017 Survey of Final – Year Medical Students: A survey examining the career preferences, plans and expectations of physicians completing their residency training" 2017.
3. The Physicians Foundation. 2021 Survey of America's physicians: COVID 19 Impact Edition: A year later. June 2021.
4. Association of American Medical Colleges. The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. June 2021
5. American foundation for suicide prevention: Facts about mental health and suicide among physicians
6. Dewa CS, Loong D, Bonato S, Thanh NX, Jacobs P. How does burnout affect physician productivity? A systematic literature review. BMC Health Services Research. 2014;14(325).
7. Swensen S, MD, Kabcenell A, Shanafelt TD. Physician organization collaboration reduces physician burnout and promotes engagement: The Mayo Clinic experience. Journal of Healthcare Management. 2016;61(2):105-127.
8. Lucian Leape Institute. Through the Eyes of the Workforce: Creating Joy, Meaning, and Safer Health Care. Boston, MA: National Patient Safety Foundation; 2013.
9. Z Paller DA, Perkins E. What's the key to providing quality healthcare? Gallup Business J ournal. December 9, 2004.
10. Bassi L, McMurrer D. Maximizing your return through people. Harvard Business Review. March 2007
11. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. Mayo Clinic Proceedings. 2015 Dec;90(12):1600-1613.
12. Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. IHI Framework for Improving Joy in Work. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)
13. Accreditation Council for Graduate Medical Education. ACGME Common Program Requirements (Residency). Effective July 1, 2020.

14. Accreditation Council for Graduate Medical Education. Psychiatry Milestones. Second Revision. March 2020.

Abstract

With physician burnout at epic proportions, made significantly worse by the COVID-19 pandemic, we at the Columbia Psychiatry Residency Training Program recognized the urgency to prioritize physician wellbeing. This past year more than ever before has shown us the importance of taking care of ourselves and each other. With social isolation and the many losses, challenges, and fears of the pandemic, we recognized the need to come together as a community, to build trust, and to be intentional in our efforts to build a system that promotes physician wellbeing.

Our conceptualization of wellbeing is aspirational towards thriving. We developed a framework for our efforts informed by: (1) Stanford's WellMD model which recognizes well-being is driven by individual personal resilience, a culture of wellness, and efficiency of practice; (2) the Benson-Henry Institute (BHI) Stress Management and Resiliency Training (SMART) program for developing personal resilience strategies; and (3) the Institute for Healthcare Improvement (IHI) framework for joy at work to create an environment where residents feel physically and psychologically safe, appreciated, recognized, included, respected, camaraderie and teamwork, and meaning connected to purpose.

Through this poster, we will highlight how these various frameworks connect to specific initiatives undertaken in our program to make physician wellbeing a core part of our mission. For example, we targeted camaraderie and teamwork by hosting a series of activities focused on bringing residents together to foster meaningful relationships. This has included a monthly resident coffee hour, class retreats, process groups and team bonding events like yoga in the park June 2020 and pumpkin carving in Fall 2020. We also identified opportunities to help residents feel appreciated, recognized, and included. To acknowledge the residents' tremendous contributions faculty and residents frequently send thank you notes with "resident shout outs" which are included in the weekly chief-resident email. To promote our culture of gratitude, the program directors have found many ways to show how much they value and appreciate the residents such as hosting fun informal gatherings and sending out thoughtful gifts.

We value each other for all our unique contributions, and have now celebrated Teacher Appreciation Day, and Residency Staff Appreciation Day. We have planned Resident Appreciation week for Spring 2022. Starting in July 2021 we created a series of resident-led committees (in addition to the wellbeing committee) focused on major efforts our program (such as quality improvement; diversity, inclusion, and belonging; research; and education). The chairs of the committee make up a new residency-council where residents can take a lead role in shaping residency-wide efforts. Our goal is to give residents more opportunities to feel included and to connect with meaning and purpose. In addition, since 2020, we have hosted a monthly wellbeing class for residents PGY1-4 to come together to learn about frameworks to understand wellbeing in systems; to learn evidence-based principles that foster resiliency such

as gratitude, self-compassion, meaning, and purpose; and to learn strategies for recognizing and managing stress.

2022 Annual Meeting Posters

Title

Climate Change and Mental Health: A Study on Current Residency Curricula and Development of Educational Modules on this Subject

Presenters

Joshua Wortzel, MD
Elizabeth Haase, MD
Janet Lewis, MD
Julia Rothschild, BA
Mark Nickels, MD

Educational Objective

1. To explain the urgency of the climate crisis and its connection to the field of psychiatry
2. To evaluate current educational practices on climate change and mental health throughout psychiatry residency and fellowship programs in the United States
3. To equip psychiatry training directors and trainees with educational resources to further develop climate change and psychiatry curricula

Practice Gap

The climate crisis is arguably the greatest public health emergency of the 21st century and poses a significant threat to mental health and well-being [1]. Many are already experiencing the direct and indirect effects of climate change on mental health [2-6]. Psychiatry residents will need to be familiar with the impact of climate instability when caring for their patients and communities. To our knowledge, there has not been a review of the curricula that are currently taught to psychiatry trainees on this topic. The purpose of this study is to determine what psychiatry residents and fellows in the United States are currently taught about the impacts of climate change on mental health and to identify existing gaps in education. Our survey will also assess the perceived importance of learning this topic among training directors and trainees. We further aim to test whether a brief educational video alters the perceived importance of including this topic in psychiatry residency and fellowship training, as well as to obtain feedback from psychiatry residency and fellowship program directors and trainees about what kinds of educational material on climate mental health would be most helpful.

Scientific Citations

1. Watts N, Amann M, Arnell N, Ayeb-Karlsson S, Beagley J, Belesova K, et al. The 2020 report of The Lancet Countdown on health and climate change: responding to converging crises. The Lancet. 2021;397(10269):129-70. doi: https://doi.org/10.1016/S0140-6736(20)32290-X.
2. Wortzel JR, Norden JG, Turner BE, Haynor DR, Kent ST, Al-Hamdan MZ, et al. Ambient temperature and solar insolation are associated with decreased prevalence of SSRI-treated psychiatric disorders. Journal of Psychiatric Research. 2019;110:57-63. doi: https://doi.org/10.1016/j.jpsychires.2018.12.017.

3. Schneider Jochen G, Nadeau Joseph H. Turn Up the Heat: Circulating Serotonin Tunes Our Internal Heating System. Cell Metabolism. 2015;21(2):156-8. doi: https://doi.org/10.1016/j.cmet.2015.01.011.
4. Trombley J, Chalupka S, Anderko L. Climate Change and Mental Health. AJN The American Journal of Nursing. 2017;117(4):44-52. doi: 10.1097/01.NAJ.0000515232.51795.fa. PubMed PMID: 00000446-201704000-00028.
5. Panu P. Anxiety and the ecological crisis: An analysis of eco-anxiety and climate anxiety. Sustainability. 2020;12(19):7836.
6. Clayton S, Manning C, Krygsman K, Speiser M. Mental health and our changing climate: Impacts, implications, and guidance. Washington, DC: American Psychological Association and ecoAmerica. 2017.
7. Maxwell J, Blashki G. Teaching About Climate Change in Medical Education: An Opportunity. J Public Health Res. 2016;5(1):673-. doi: 10.4081/jphr.2016.673. PubMed PMID: 27190980.
8. Wellbery C, Sheffield P, Timmireddy K, Sarfaty M, Teherani A, Fallar R. It's Time for Medical Schools to Introduce Climate Change Into Their Curricula. Academic medicine : journal of the Association of American Medical Colleges. 2018;93(12):1774-7. doi: 10.1097/ACM.0000000000002368. PubMed PMID: 30024475.
9. Philipsborn RP, Sheffield P, White A, Osta A, Anderson MS, Bernstein A. Climate Change and the Practice of Medicine: Essentials for Resident Education. Academic Medicine. 2021;96(3):355-67. doi: 10.1097/acm.0000000000003719. PubMed PMID: 00001888-202103000-00023.
10. Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, JG C. Research electronic data capture (REDCap) - A metadata-driven methodology and workflow process for providing translational research informatics support. J Biomed Inform. 2009;42(2):377-81.

Abstract

BACKGROUND:

Climate change is already profoundly affecting mental health [1]. Increased ambient heat is associated with the increased prevalence of many psychiatric disorders [2], and psychiatric patients are more prone to heat-related morbidity and mortality, which psychotropic medications can exacerbate [3]. Changing climates are contributing to the increased prevalence of nutritional deficiencies and infectious diseases with psychiatric sequelae [4]. The increased frequency and severity of climate change-related natural disasters are leading to higher rates of acute stress, PTSD, substance use, and violence toward woman and children [5], and existential anxieties about the future of the environment, termed eco-anxiety, are becoming widespread [6]. Whereas others have published on the importance of incorporating education about the effects of climate change on health into medical training curricula [7-9], the degree to which psychiatry residents and fellows currently learn about this topic during training, if at all, is unknown. Furthermore, there is no consensus as to what type of curriculum would be most appropriate to teach psychiatry trainees about this topic.

METHODS:

This is a repeated measures, IRB-approved, interventional study created by a trainee with faculty and AADPRT member mentorship. A short online pre-survey was sent to psychiatry training directors and trainees through national listservs to collect information about current residency and fellowship curriculum initiatives on climate change and mental health. Participants also watched a short educational video developed for the study to explain the impacts of the climate crisis on psychiatric conditions. Subjects then completed a post-course survey to assess for changes in perceived importance on including the topic in psychiatry training programs and how this education might fit best into their current training didactics. Surveys were conducted via REDCap survey software [10]. Enrollment occurred from August 31, 2021 to November 15, 2021.

RESULTS:

We expect to recruit over 60 participants to the study. Preliminary findings thus far indicate that most psychiatry training programs do not contain curricula on the effects of climate change on mental health. Analysis from initial beta-testing of the survey indicates an increased interest among training directors and trainees to incorporate this material into their training after participation. Upon completion of data collection, we plan to use paired student T-tests to analyze pre-and post-educational video responses, stratifying the dataset by academic position. We will also conduct linear regression with demographic information as independent variables and the change in perceived importance of teaching this material as the dependent variable.

DISCUSSION:

Understanding current paradigms of teaching and learning about the climate crisis in psychiatry training programs is a critical first step toward ensuring the next generation of psychiatrists can appropriately care for their patients and communities. Preliminary results suggest that residents and fellows have minimal exposure to climate change and mental health curricula across training programs, with interest in incorporating these teachings increasing after viewing a short educational video. Our final analysis will allow us to further assess current educational practices and methods to support training directors in developing such curricula, which will be completed by the AADPRT annual meeting.

2022 Annual Meeting Posters

Title
Self-care in resident training through integrative medicine education

Presenters
Victoria Teague, DO
Kisha Hartwick, MD

Educational Objective
Inform attendees on the benefits of offering training in integrative medicine to psychiatry residents in the context of reducing resident burnout. Integrative medicine is underrepresented in standard training curriculums, and this can be overcome by using self-study models, experiential models, and pre-recorded lectures when clinical training is not an option. By offering an integrative medicine elective with self-care modules included, there is an opportunity to provide valuable education while reducing burnout and improving resident well-being.

Practice Gap
Integrative medicine is a growing field and most residency programs do not feel that they offer adequate exposure to trainees. Simultaneously, studies consistently indicate that residency wellness programs are inadequate and residents frequently suffer burnout and emotional exhaustion. Embedded within integrative medicine education is the practice of self-care. By offering an elective integrative medicine rotation, residents gain valuable exposure to this field and an opportunity to engage in structured self-care, which can improve physical, emotional, and professional well-being.

Scientific Citations
Andrew Weil Center for Integrative Medicine. What is Integrative Medicine?
https://integrativemedicine.arizona.edu/about/de1f1i1n1i1t1i1o1n1.1h1t1m1l1
1(1A1c1c1e1s1s1e1d1 11101/12161/121012111)1.1
1
1C1a1n1d1a1c1e1 1M1.1 1G1r1a1g1n1a1n1i1,1 1I1l1j1i1e1 1K1.1 1F1i1t1z1g1e1r1a1l1d1,1
1R1a1s1h1m1i1 1M1u1l1l1u1r1;1 1T1h1e1 1U1s1e1 1o1f1 1E1x1p1e1r1i1e1n1t1i1a1l1
1L1e1a1r1n1i1n1g1 1M1o1d1u1l1e1s1 1t1o1 1T1e1a1c1h1 1I1n1t1e1g1r1a1t1i1v1e1
1M1e1d1i1c1i1n1e1 1A1p1p1r1o1a1c1h1e1s1.1 1J1 1G1r1a1d1 1M1e1d1 1E1d1u1c1 111
1D1e1c1e1m1b1e1r1 121011181;1 11101 1(161)1:1 1618181619121.1 1d1o1i1:1
1h1t1t1p1s1:1/1/1d1o1i1.1o1r1g1/11101.141310101/1J1G1M1E1-1D1-11181-
10101315111.111
1
1M1e1n1o1n1 1N1K1,1 1S1h1a1n1a1f1e1l1t1 1T1D1,1 1S1i1n1s1k1y1 1C1A1,1 1L1i1n1z1e1r1
1M1,1 1C1a1r1l1a1s1a1r1e1 1L1,1 1B1r1a1d1y1 1K1J1S1,1 1S1t1i1l1l1m1a1n1 1M1J1,1
1T1r1o1c1k1e1l1 1M1T1.1 1 1A1s1s1o1c1i1a1t1i1o1n1 1o1f1 1P1h1y1s1i1c1i1a1n1
1B1u1r1n1o1u1t1 1W1i1t1h1 1S1u1i1c1i1d1a1l1 1I1d1e1a1t1i1o1n1 1a1n1d1

2M2e2d2i2c2a2l2 2E2r2r2o2r2s2.212.2 2J2A2M2A2 2N2e2t2w2 2O2p2e2n2.2 222022202
2D2e2c2 212;232(21222)2:2e222022282728202.2 2d2o2i2:2
21202.212020212/2j2a2m2a2n2e2t2w2o2r2k2o2p2e2n2.222022202.22282728202.2
2
2G2o2o2d2m2a2n2 2M2J2,2 2S2c2h2o2r2l2i2n2g2 2J2B2.2 2 2 2A2 2m2i2n2d

Abstract

Integrative medicine challenges its practitioners to engage in regular self-care and serve as models for their patients. In a time of increasing physician and resident burnout, offering an educational experience with a self-care requirement has the possibility to improve resident well-being and encourage personal growth. Burnout in physicians has been associated with an increased risk for depression and medical errors (Menon et al., 2020). Education in mindfulness techniques has been shown to reduce burnout and emotional exhaustion in health care providers (Goodman and Shorling, 2012). An integrative medicine curriculum, with a focus on psychiatry, has been created to meet the needs of psychiatry residents in a community program. The curriculum combines self-study, lectures, and experiential learning modules. The first module includes multiple self-assessments which aim to place the resident in the role of patient and view aspects of their life objectively. The goal by the end of the elective rotation is a resident with improved emotional resiliency, a greater sense of purpose, and better overall health. The self-care modules are presented as part of a comprehensive integrative medicine curriculum, with additional modules providing tools for the resident to achieve their personal wellness goals. Thus far, one resident has completed the elective course and their pre-post tests indicate improved life satisfaction, less burnout, and fewer somatic symptoms. Future iterations of the curriculum will also include professional fulfillment pre-post inventories.

2022 Annual Meeting Posters

Title

Learnneuropsych.com: an e-learning neurology curriculum for psychiatry residents.

Presenters

Anetta Raysin, DO
Nuri Jacoby, MD
Daniel Shalev, MD
Jinal Patel, MBBS
Christine DeCaire, MD

Educational Objective

The learner will recognize the importance of quality neurology training for psychiatry residents and will discover a new neurology e-learning curriculum geared for psychiatry residents.

Practice Gap

As the population ages and neurocognitive disorders increase in prevalence, there is a need to train clinicians who feel comfortable diagnosing and treating these conditions. Patients with neurocognitive disorders benefit from interdisciplinary care that includes psychiatrists who have a solid foundation in neurology. Currently, psychiatrists do not feel adequately trained to provide care to patients with neurologic diagnoses.1 While psychiatry residents spend two months as an off-service rotator on neurology, the nature of these experiences vary between institutions.2 The content of neurology rotations may be determined by institutional need and can be challenging to optimize. Furthermore, didactic training in neurology for psychiatrists on off-service rotations is often conducted alongside neurology trainees who have different training needs. There is a need for a standardized neurology didactic curriculum that can strengthen the neurology rotation for psychiatry residents. A curriculum can supplement residency programs throughout the country and ultimately guide psychiatry residents to feel more comfortable navigating the overlap between neurology and psychiatry in the clinical setting. Such a curriculum should focus on areas of specific need to psychiatry trainees, particularly neuropsychiatric disorders.

Scientific Citations

1. Hassan T, Prasad B, Meek BP, Modirrousta M. Attitudes of Psychiatry Residents in Canadian Universities toward Neuroscience and Its Implication in Psychiatric Practice. Can J Psychiatry Rev Can Psychiatr. 2020;65(3):174-183. doi:10.1177/0706743719881539
2. Shalev D, Jacoby N. Neurology Training for Psychiatry Residents: Practices, Challenges, and Opportunities. Acad Psychiatry J Am Assoc Dir Psychiatr Resid Train Assoc Acad Psychiatry. 2019;43(1):89-95. doi:10.1007/s40596-018-0932-4
3. Neuropsych L. Learn Neuropsych?: Learning Modules. Learn Neuropsych. Accessed October 9, 2021. https://www.learnneuropsych.com/

4. Reardon CL, Walaszek A. Neurology didactic curricula for psychiatry residents: a review of the literature and a survey of program directors. Acad Psychiatry J Am Assoc Dir Psychiatr Resid Train Assoc Acad Psychiatry. 2012;36(2):110-113. doi:10.1176/appi.ap.10070095
5. Cook DA, Hatala R, Brydges R, et al. Technology-enhanced simulation for health professions education: a systematic review and meta-analysis. JAMA. 2011;306(9):978-988. doi:10.1001/jama.2011.1234

Abstract

Title/objective: Learnneuropsych.com: an e-learning neurology curriculum for psychiatry residents.

Background:
Psychiatry residents have two months of mandatory neurology rotations during training per ACGME requirements. However, neurology training is not standardized between residency programs with significant variability in setting and content of the clinical neurology experience and formal didactics.2 To address this variability, LearnNeuroPsych.com was created to provide a novel, interactive, publicly available, neurology e-learning curriculum that is specifically geared towards psychiatry residents.3

Design/Methods:
The curriculum design was informed by prior research on neurology education in psychiatry residency as well input from an expert panel of psychiatrists and neuropsychiatrists involved in graduate medical education.2,4 Overall learning objectives were initially developed for the curriculum. These learning objectives informed modular topics and sub-learning objectives were developed for each module. The curriculum consists of ten case-based modules each 25-35 minutes in length that use e-learning best practices including spaced repetition, integration of videos, and ensuring interactivity and learner engagement with a variety of questions throughout the modules.5 Major topics are the neurocognitive exam and neuropsychiatric disorders, including the overlap of neurocognitive and movement disorders. Specific modules include a practical guide to the Mini Mental Status Exam and the Montreal Cognitive Assessment, an introduction to dementia, and autoimmune encephalitis.

Results:
The curriculum is currently being piloted by all psychiatry residents at Maimonides Medical Center and SUNY Downstate Health Sciences University, a cohort of 78 residents. Residents are given dedicated weekly didactic time to complete the curriculum. In the current pilot phase, residents complete pre- and 1 month post-intervention surveys evaluating confidence and attitudes regarding neuropsychiatry as well as pre and 1 month post knowledge exams. Post-intervention surveys will also include an opportunity for residents to provide qualitative feedback.

Discussion:
Once the pilot is complete, the next phase is to disseminate the curriculum. This includes outreach through 1) email to psychiatry residency medical education leads, program directors, and chief residents, 2) presentations at in-person and virtual psychiatry conferences, and 3) professional liaison with organisations involved in psychiatry and medical education, the American Association of Directors of Psychiatric Residency Training (AADPRT) and Association of Directors of Medical Student Education in Psychiatry (ADMSEP), and others. The curriculum can be used by psychiatry residency programs and individual psychiatry residents to supplement clinical neurology experiences with psychiatry-specific neurology didactics.

Conclusion:
Learnneuropsych.com is an innovative e-learning neurology curriculum specifically tailored for psychiatry residents that can supplement the neurology training experience. It can be utilized by psychiatry departments nationwide to ensure that psychiatry trainees received didactics on neurology topics that are especially relevant for their education, including the neurocognitive exam and neurocognitive disorders.

2022 Annual Meeting Posters

Title
Psychotherapy Model using Student Wellness Clinic

Presenters
Derek Neal, MD
Cindy Wigg, MD
Barbara Calvert, PhD
Rebecca Hamblin, PhD

Educational Objective
- Understand the challenges in providing psychotherapy training to residents.
- Understand the challenges facing University and College Counseling Centers in meeting the mental health needs and demand for services of the student population.
- Learn how to implement a psychotherapy clinic at the student counseling center to help address these challenges.

Practice Gap
The demand for psychotherapy services at student counseling centers across the country have been increasing in recent years. Counseling centers are struggling to meet the demand for service and implementing various strategies to meet the demand. According to to the 2020 Association for University and College Counseling Center Directors (AUCCCD)Survey 25.8% of centers established a wait list, 32.3% of centers reported referring more patients off campus, 30.4% of centers reported offering more groups, 38.6% of centers reported that students were seen every 2 weeks at most, and 45.1% of centers report having a session limit (AUCCCD, 2020). In addition, 45.7% of centers report using a version of a stepped-care model in which students are assigned to group or number of sessions based on severity (AUCCCD, 2020).

In addition, many psychiatry residency programs have difficulty providing evidenced based psychotherapy training to residents. Psychiatry Residency programs face several hurdles in providing psychotherapy training. The complications include billing regulations and lack of access to licensed psychotherapist to provide training. This is a gap in many Psychiatry Residency programs and an important aspect of a resident's training. It is important that residents be knowledgeable about psychotherapy, able to make appropriate referrals, answer patient's questions, and offer this service if necessary or they desire.

Scientific Citations
Association of University and College Counseling Center Directors (2020). AUCCCD 2020 Survey.

Abstract
To address the issues with access to care for students and implement psychotherapy training for the residents we implemented a psychotherapy clinic for the residents at Student Health and Counseling at the University of Texas Medical Branch. Each resident completes a weekly 4-

hour clinic at Student Health and Counseling. The residents are supervised by psychologists who are faculty in the Department of Psychiatry and Behavioral Sciences. The supervising psychologist provides 1 hour of supervision weekly, is present and available if the resident needs assistance, and signs all notes. In addition, prior to beginning the psychotherapy rotation the psychologists provided didactic training in evidence-based psychotherapy.

The policies and procedures at Student Health and Counseling made the clinic an ideal location for the psychotherapy clinic. Sessions at Student Health and Counseling are not billed to insurance as they are covered by the student services fee. This means that we do not have to be present the entire time billed for in the session to bill as psychotherapy session.

In addition, the several policies and procedures had to be put in due to the resident's interaction with medical students. Residents provide services only to students that thy will not evaluate in any way. This means that 3rd year residents see only 1st year medical students and students from the other schools (School of Nursing, School of Health Professions, Graduate School of Biomedical Science). This ensures that we comply with LCME and ethical guideline guidelines and that residents do not provide services to students that they would potentially evaluate. Feedback from the residents indicates that they value the training and see the training as beneficial.

2022 Annual Meeting Posters

Title
Implementation of a resident-led morbidity and mortality conference in psychiatry

Presenters
Michael Jeannette, DO
Kara Bloomgarden, MD
Peter Steen, MD
Elina Drits, DO

Educational Objective
Describe the implementation of morbidity and mortality conferences in a psychiatry residency

Determine the educational and clinical benefit of psychiatry-focused morbidity and mortality conferences

Summarize feedback obtained from residents

Practice Gap
Morbidity and Mortality (M&M) conferences are one way to identify system errors and make improvements to optimize clinical care and patient safety. However, M&M conferences are rarely conducted within psychiatry (1). A search for relevant articles on M&Ms in psychiatry returned a very limited number of results. Nevertheless, an article in Psychiatric Times discussing the implementation of M&M at Yale psychiatry residency program suggests that M&M conferences can serve an important role within psychiatry and the education of residents as they develop into competent and caring physicians (2). As recently as 2019, a letter to the editor by Bigman et al. described the implementation of, to the authors' knowledge, "the second example a resident-led initiative to implement a psychiatry M&M conference to engage both trainees and faculty" (3). It is thus evident that M&M conferences are generally underutilized in psychiatry residency programs. This poster serves to describe and showcase the implementation of a new psychiatry resident-led morbidity and mortality conference and resident feedback in response to the conference.

Scientific Citations
Holland J. A role for morbidity and mortality conferences in psychiatry. Australasian Psychiatry. 2007;15(4):338–42.

https://www.psychiatrictimes.com/view/novel-approach-morbidity-and-mortality-analysis-psychiatry-residency

Bigman, D., Japa, K. & Cagande, C. Utilizing Resident-Driven Morbidity and Mortality Conferences in the Department of Psychiatry. Acad Psychiatry 43, 254–255 (2019).

Abstract
Both quality improvement and patient safety have become integral parts of the residency curriculum, helping to shape well-rounded, competent physicians. A resident-led morbidity and mortality conference was implemented on a monthly basis to address both of these issues in clinical care. M&M conferences provide a safe and nonjudgmental venue for residents to identify areas of improvement and promote professionalism, ethical integrity, and transparency in critically assessing patient care. In order to be effective, M&M conferences must foster a climate of openness and discussion about medical errors rather than a critical or punitive experience. Our M&M has been designed to include residents, medical students, attending psychiatrists, and psychiatric nurse practitioners. During the designated hour, residents (with the help of a faculty supervisor) present a specific case in psychiatry in which an adverse event or near-miss occurred. Included in this presentation is a root cause analysis, fish-bone diagram, and an open discussion of potential changes to implement in the department to improve patient outcomes and prevent adverse events. Through this, residents learn to identify individual, patient, team, environmental, and organizational factors leading to a given complication. Additionally, given that often times other specialties are involved in the care of a given patient, interdisciplinary M&M conferences also present the opportunity to encourage better collaboration among different departments.

Surrounding the implementation of M&M conferences, surveys were sent to psychiatry residents (N=13) prior to the first M&M conference and 1 month after the first M&M conference. No identifying information was collected so as to encourage full and honest participation. Based on survey results, prior to the first M&M, 7/13 residents had participated in any M&M previously, of which only 1 resident had participated in an M&M that was specific to psychiatry. In the survey, residents were asked to rate various items on a Likert scale ranging from 1 (completely disagree) to 5 (completely agree). On this scale, residents on average selected 3 for “I feel comfortable identifying factors leading to an adverse outcome”, a 2 for “When adverse events happen, the problem can usually be traced back to a single person”, a 4 for “I feel comfortable discussing the potential errors in my patient care”, a 4 for “M&M conferences serve to facilitate better understanding/communication between specialties involved in the care of a given patient”, a 4 for “I feel empowered to make change to prevent future errors”, and a 4 for “If needed, I would be able to prepare and present a good M&M presentation”. These averages remained consistent in the first follow-up survey administered, with further surveys planned later on in the academic year. 100% of residents reported that M&M conferences improved their knowledge about presenting at an M&M. These results suggest benefit to broader integration of M&Ms across psychiatry residency programs overall.

2022 Annual Meeting Posters

Title
Creating and Implementing a Longitudinal Health Equity and Justice Curriculum

Presenters
Deborah Cabaniss, MD
Jean-Marie Alves-Bradford, MD
Patrice Harris, MA, MD
Stephanie LeMelle, MS, MD
Nicole Pacheco, MD

Educational Objective
*To develop a longitudinal health equity and justice curriculum with critical race theory and the socio-ecological framework as key informing guides
*To identify essential components of the health equity and justice curriculum, including:
-Identity: discuss self-identity, intersectionality, privilege and bias in the clinical setting.
-Culture
-Social Determinants of Health
-Health Disparities
-Structural Competency- Incorporating recovery oriented, systems based practice approach to treating the whole person

Practice Gap
Mental health care inequities persist yet have rarely been addressed as a key element in psychiatric residency curricula. These inequities include but are not limited to racial micro-aggressions, implicit bias, diagnostic and treatment disparities and unequal access to care[(1)]. National events such as the COVID 19 pandemic's highlighting of racial disparities and the national awareness of horrific murders of George Floyd, Breonna Taylor, Ahmuad Aubery and others has increased trainees' desire for diversity, equity and inclusion (DEI) and anti-racism curriculum. The Accreditation Council for Graduate Medical Education (AGME) identifies DEI related knowledge and skills in program requirements including "residents must demonstrate competence in respect and responsiveness to diverse patient populations including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status and sexual orientation", and "residents must receive training and experience in quality improvement processes including an understanding of health care disparities" and milestones including "Identifies specific population and community health needs and inequities for their local population", "demonstrates knowledge of population and community health needs and disparities"[(2)(3)]. Additionally the ACGME recently announced the Equity Matters Initiative [(4)] which introduces a framework for continuous learning and process improvement in the areas of DEI and anti-racism practices. Many programs are interested in developing a model curriculum to address health equity and social justice and help residents to understand this for themselves and apply these concepts to clinical care, our learning environment and the systems of care that support social justice.

Scientific Citations

1. Isom, J., Jordan, A., Goodsmith, N., Medlock, M. M., DeSouza, F., Shadravan, S. M., ... & Rohrbaugh, R. (2021). Equity in Progress: Development of Health Equity Curricula in Three Psychiatry Residency Programs. Academic Psychiatry, 45(1), 54-60.

2. Accreditation Council for Graduate Medical Education. ACGME Program Requirements for Graduate Medical Education in Psychiatry. effective July 1, 2021. https://www.acgme.org/globalassets/pfassets/programrequirements/400_psychiatry_2021.pdf . Accessed 10/30/21.

3. Accreditation Council for Graduate Medical Education. effective July 1, 2021. ACGME Psychiatry Milestones. ACGME. Accessed 11/1/21.

4. Accreditation Council for Graduate Medical Education News. (2021, July 28). New Acgme Equity Matters Initiative Aims to Increase Diversity, Equity, and Inclusion within Graduate Medical Education and Promote Health Equity. ACGME.

5. LeMelle S, Arbuckle MR, Ranz JM. Integrating systems-based practice, community psychiatry, and recovery into residency training. Acad Psychiatry. 2013 Jan 1;37(1):35-7. doi: 10.1176/appi.ap.12030057. PMID: 23338871.

6. Lewis-Fernández, R., Aggarwal, N. K., Bäärnhielm, S., Rohlof, H., Kirmayer, L. J., Weiss, M. G., ... & Lu, F. (2014). Culture and psychiatric evaluation: operationalizing cultural formulation for DSM-5. Psychiatry: Interpersonal and biological processes, 77(2), 130-154.

7. Alves-Bradford JM, Trinh NH, Bath E, Coombs A, Mangurian C. Mental Health Equity in the Twenty-First Century: Setting the Stage. Psychiatr Clin North Am. 2020 Sep;43(3):415-428.

8. Chen, J. A., Crawford, C., Owusu, M., Jahan, A. B., Faller, V., Palmer, C., & Trinh, N. H. (2021). Sociocultural Psychiatry: Developing and Implementing a Residency Curriculum. Academic Psychiatry, 1-5.

Abstract

Over the past year, we saw communities of color disproportionately impacted by COVID 19 due to long standing inequities in the social determinants of health. Additionally, we witnessed the brutal murders of George Floyd, Ahmaud Arbery, Breonna Taylor and others. Our trainees are eager to learn more about racism and social injustice in our training community and health care system. As a result, we initiated an Anti-Racism Committee in 2020 aimed at improving anti-racism efforts within our residency program and learning environments.The Anti-Racism Committee had two sub-committees; clinical and curricular. The curricular subcommittee was led by the Director of the Office of Equity, Diversity, and Inclusion (OEDI) in the Department of Psychiatry and was composed of residents, attendings, and residency/departmental leadership.

Upon review, it was clear that an anti-racism, health equity and justice focused approach to the psychiatry residency curriculum was needed. New content on self-identity, intersectionality, power and privilege was added, additionally content on cultural psychiatry, health care disparities and systems based practice was increased[5][6] and new teaching modalities were added to engage and challenge residents. This curriculum aims to

1. Create safe spaces for residents, faculty and other staff to share personal experiences and collaborate to expand our understanding of equity and justice
2. Help residents build self-awareness and cultural humility
3. Help residents explore the impact that lack of equity and justice has on the people/populations that we serve and on us as providers
4. Help residents recognize systemic inequities in our systems of care and give them an opportunity to practice the skills to effect change in these systems

Through the lens of the socio-ecological framework, residents are taught to examine individual, institutional, community level and systemic barriers that contribute to mental health inequities and strategies to address these barriers[7]. Using the critical race theory's principles to inform the development of this curriculum ensures that residents are acknowledging the intersectionality between racism and mental health[1]. A longitudinal health equity curriculum was created with each PGY level focusing on specific aspects of health equity, including self-identity, cultural formulation, ethno-racial disparities, and systems based practice[5][6]. This is accomplished through interactive didactics, health equity and justice-related supervision, mini-team rounds and discussions, case conferences taught by racially diverse faculty and presenters from other disciplines and institutions.

2022 Annual Meeting Posters

Title
The Dr. June Jackson Christmas Summer Program for First Year Medical Students

Presenters
Patrice Malone, MD, PhD
David Leonardo, MD, PhD
Karen Cruz, BA
Melissa Arbuckle, MD, PhD

Educational Objective
After viewing this poster, attendees will 1) Have an increased awareness of the dearth of ethnic and racial diversity in the profession of psychiatry 2) Appreciate the feasibility of developing a program of their own to recruit, encourage, and support minority medical students interested in psychiatry.

Practice Gap
In 1991, the AAMC launched a national campaign to increase enrollment of underrepresented minority (URM) medical students matriculating in medical school from 1,485 to 3,000 by year 2000 called Project 3000 by 2000. Unfortunately, instead of an increase in URM enrollment there was a dramatic decline as a result of bans on affirmative action in many states. For instance, in California, Florida, Texas and Washington there was a 27.5% and 30% drop in Latino and African-American enrollment in medical schools. In 2012, 16% of the US population was Latino and 14% African-American, but constituted 9% and 7%, of medical students.

Medical schools have been actively trying to increase the diversity of their students through a number of initiatives. Of course, there is a trickle-down effect that extends to residency programs, making some medically specialties disproportionately underrepresented in terms of minorities [1]. In psychiatry residency programs, for instance, African-Americans and Latinos consist of 6.2% and 7.7% of the residents [2].

It is imperative to increase the diversity of mental health providers, because we know this is key in reducing mental health care disparities. This is due in part to the idea that minority providers treat a higher proportion of minority patients. Moreover, the ethnic match between providers and clients encourages patients to stay in treatment. We know that the therapeutic alliance between patient and physician in psychiatry is so important because diagnoses do not rely on lab tests, but on the trust built between two individuals. With this in mind, it makes sense that the rapport needed to properly diagnose a patient and for patients to comply with treatment can be directly impacted by the patient's views of their provider, which may ultimately effect the therapeutic alliance. Thus, it is crucial for the field of medicine and certainly psychiatry to be diverse in every way possible.

The question is how do psychiatry residency programs recruit and retain minority psychiatrists? The answer seems simple and straight forward, but is difficult to implement otherwise this would not be a current issue. Some ideas are (1) to provide opportunities for medical students to collaborate with faculty in psychiatry on diversity issues, research, recruitment and retention; (2) to foster education of faculty members, staff and trainees on the need for diversity and the importance of URM from different cultural backgrounds as incoming trainees; and (3) to encourage close communication and collaboration between Psychiatry Training Directors, Diversity Programs, Multicultural Affairs Offices, and Trainees. Regardless, what is clearly and obviously needed, is a critical mass of minority students leading to residents and ultimately faculty to address many of these concerns.

Scientific Citations

1. Deville C, Hwang W, Burgos R, Chapman CH, Both S, Thomas CR. Diversity in Graduate Medical Education in the United States by Race, Ethnicity, and Sex, 2012. JAMA Intern Med. 2015;175(10):1706–1708.

2. American Psychiatric Association. Resident/Fellow Census 2019. Published Nov 2020. psychiatry.org. Accessed 11/1/21

Abstract

Background: Psychiatry is uniquely affected by the dearth of ethnic and racial diversity. To this end, The Dr. June Jackson Christmas Medical Student Summer Fellowship in Psychiatry was created for medical students from underrepresented racial and ethnic groups who have just completed their first year of training.

Methods: The Dr. June Jackson Christmas Program was started in 2016 with 5 medical students with a 5-week clinical experience that was funded initially by an APA/SAMHSA Minority Fellowship and now is support by a gift from the Leon Levy Foundation. Clinical track students rotate on 5 different clinical sites: mobile crisis, outpatient, inpatient, comprehensive psychiatric emergency program, and the consultation liaison psychiatric service. In 2017, the program was expanded to include an 8-week research track funded by the NIMH. Research track students are paired with a Principal Investigator to conduct clinical research. The program is advertised broadly and accepts student applications from all LCME-accredited medical schools. All participants are financially supported with a stipend that translates to $700 per week for their participation. Students are paired with a resident or fellow mentor, participate in didactics, and attend weekly fieldtrips in the community to witness psychiatry outside of the academic setting--all in an effort to reinforce and broaden their interest in psychiatry.

Results: Since 2016, 29 students from 22 medical schools have participated, 19 students in the clinical track and 10 in the research track. Over time the program was modified to ensure that the students were able to obtain a basic understanding in psychiatry prior to beginning their clinical rotations by having their first week consist of didactics instead of weekly lectures. The clinical track was put on hold in 2020 due to the COVID-19 pandemic and only accepted one Columbia University medical student in Summer 2021 due to restrictions for visiting students.

During the pandemic, the research track was held virtually in both 2020 and 2021. Feedback following the program has been overall positive. Participants report that they benefit from getting a more well-rounded view of what a profession in psychiatry has to offer and they enjoy connecting with other students who having similar interests. Among those participants who have since graduated from medical school (n=16), 11 (69%) have now entered psychiatry residency.

Conclusions: This summer program has created an opportunity for medical students from historically underrepresented racial/ethnic groups to expand their exposure to psychiatry through additional clinical and research experiences. The clinical experience goes well beyond what they would normally receive during their psychiatry clinical clerkship and the mentored research projects provide a better understanding of the scientific breadth of possibilities in psychiatry. Our primary ongoing challenge remains funding support.

2022 Annual Meeting Posters

Title

Revamping Fellowship Didactics: Creating a Framework to Improve the Consistency and Quality of Didactic Education

Presenters

Jenna Triana, BS,MD
Thomas Briese, MD
Jacquetta Blacker, MD

Educational Objective

1. Examine the difficulties in creating and implementing a didactic curriculum, consistent in content and quality across years, in child and adolescent psychiatry fellowship programs
2. Consider the important decision points in creating a didactic curriculum, including topic selection, time distribution, and selection of presenters
3. Present an approach to the development of a didactic framework to improve the overall quality of didactics that can be utilized every year

Practice Gap

Didactic instruction is a key component of all GME training programs. It is intended to supplement and enhance clinical training experiences, and to provide knowledge not obtained through clinical learning. Per ACGME requirements for Child and Adolescent Psychiatry (CAP) Fellowships, "Didactic and clinical experiences must be of sufficient breadth and depth to provide fellows with a thorough, well-balanced presentation of the generally-accepted observations and theories, as well as the major diagnostic, therapeutic, and preventive procedures in child and adolescent psychiatry." [ACGME, 2020] It is the responsibility of individual programs to develop their own clinical and didactic curricula to meet this criterion, though due to program differences, there is no single approach to didactic curriculum development [Pinilla, 2020].

Scientific Citations

1. ACGME Program Requirements for Graduate Medical Education in Child and Adolescent Psychiatry. ACGME-approved focused revision: June 13, 2020; effective July 1, 2020.
2. Pinilla S, Lenouvel E, Strik W, Klöppel S, Nissen C, Huwendiek S. (2020). Entrustable Professional Activities in Psychiatry: A Systematic Review. Acad Psychiatry. 44(1): pages 37-45. https://doi.org/10.1007/s40596-019-01142-7
3. Lewis, M. (Ed.). (2017). Child and adolescent psychiatry: A comprehensive textbook (5rd ed.). Lippincott Williams & Wilkins Publishers.
4. Ross DA, Rohrbaugh R. (2014). Integrating neuroscience in the training of psychiatrists: a patient-centered didactic curriculum based on adult learning principles. Academic Psychiatry. 38(2): pages 154-62. http://doi.org/10.1007/s40596-014-0055-5

Abstract
Historically, in our CAP Fellowship, didactics series were planned and taught by the chief fellows. To improve educational quality, this gradually transitioned to planning by program leadership with teaching from department faculty identified as subject matter experts. However, with annual variability in fellow feedback and no curricular framework, didactics were inconsistent in quality and missed some key educational goals.

Here, we describe our approach in designing a structured, standardized annual didactics series. We used fellow feedback, ACGME criteria [ACGME, 2020], and comprehensive texts such as "Lewis's Child and Adolescent Psychiatry" [Lewis, 2017]. We describe a year-long didactic framework that meets our program's educational goals and remains flexible for arising needs and teacher availability. We arranged some topics into "blocks" across consecutive weeks (e.g. psychopathology, mood disorders) and others into longitudinal threads throughout the year (e.g. development, neuroscience, and diversity, equity & inclusion) [Ross, 2014]. We developed clear goals and objectives across key topic areas and not just each individual seminar. The framework is structured to accommodate future choices of teaching two years together or splitting first and second year teaching while keeping the schedule intact.

For many blocks, we identified psychologist and psychiatrist experts to co-teach their different approaches during the same seminar. We used social workers, occupational therapists, and providers from other specialties where appropriate. We invited subject matter experts from both within and outside our home institution; by including faculty from other systems, this helped fellows build their networks for local clinical services and career development.

We piloted these changes in the spring semester of 2021 and fully implemented them for the 2021-22 academic year. Fellow feedback of the changes has been overwhelmingly positive. We share our framework with other programs to help create CAP didactics that are more consistent in content and quality across other programs.

2022 Annual Meeting Posters

Title

Establishment of a global mental health virtual rotation between a U.S. and Chinese Medical Center: a Resident-Led Initiative

Presenters

Margaret Wang, MD
Bernice Yau, MD
Zhaouyu Gan, MD
Adam Brenner, MD

Educational Objective

1. Understand the importance of global mental health resident training experiences towards developing psychiatrists interested in serving diverse patient populations
2. Describe how our global mental health virtual elective was created based on identified resident learning needs at the two partnering institutions
3. Understand our pair-based learning program design conducted using technology during the COVID-19 pandemic
4. Identify strengths and weakness of a virtual global mental health rotation
5. Discuss outcomes of this virtual elective and implications for further areas of change and improvement.

Practice Gap

Mental, neurological, and substance-use disorders comprise greater than 10% of the global burden of disease, but human resources and effective treatments are unevenly distributed across and within nations (Patel & Prince, 2010). Global health training in psychiatry residencies develops leaders who gain new insights into health disparities and increased interest in working with underserved and multicultural communities (Van Dyke et al., 2011). Additionally, though there has been a rise in psychiatry trainees' interest in global health training opportunities, very few psychiatry residencies offer such training opportunities, especially when compared to other fields of medicine (Tsai et al., 2014).

To meet this gap, residents in 2020 at the University of Texas, Southwestern Medical Center, (UTSW) led the development of a global and cultural psychiatry concentration with didactics and electives spanning training years. As part of this greater initiative, the UTSW residents formed a collaboration with the psychiatry department at Sun Yat-Sen University in China to develop a bilateral medical education program for residents at both institutions based in China. Due to international travel being disrupted by the COVID-19 pandemic, the UTSW-SYSU China elective was transformed into a virtual course for residents of UTSW and SYSU that matched peers into a "pair" model, with faculty involvement and teaching from both institutions, that ran for three weeks.

Scientific Citations

American Board of Pediatrics. (2017). Global Health in Pediatric Education: An Implementation Guide for Program Directors. American Board of Pediatrics, 144.

American Psychiatric Association. (2020). Resource-Document-2020-Developing-Global-Mental-Health-Curriculum.pdf. American Psychiatric Association.

Patel, V., & Prince, M. (2010). Global Mental Health: A new global health field comes of age. JAMA?: The Journal of the American Medical Association, 303(19), 1976–1977. https://doi.org/10.1001/jama.2010.616

Tsai, A., Fricchione, G., Walensky, R., Ng, C., Bangsberg, D., & Kerry, V. (2014). Global Health Training in U.S. Graduate Psychiatric Education. Academic Psychiatry?: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 38(4), 426–432. https://doi.org/10.1007/s40596-014-0092-0

Van Dyke, C., Tong, L., & Mack, K. (2011). Global mental health training for United States psychiatric residents. Academic Psychiatry: The Journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 35(6), 354–359. https://doi.org/10.1176/appi.ap.35.6.354

Abstract

This poster describes the process of developing and an overview of a global mental health rotation between the psychiatry departments at UT Southwestern Medical Center (UTSW) (U.S.) and Sun Yat-Sen University (SYSU) (China). Key stakeholders who were likely to be at the institutions long-term were identified (UTSW program director, SYSU program director), along with a UTSW senior resident lead who would guide a junior resident to continue the partnership after the senior resident graduates. Residents at both institutions identified learning needs and UTSW residents worked with both program directors to develop the curriculum content while referencing existing implementation guides (American Psychiatric Association, 2020)(American Board of Pediatrics, 2017). The course development took over a year. Each institution underwent institutional approval for the virtual international elective. The course was conducted using Zoom three-to-four times a week over three weeks and accounted for time differences between the U.S. and China. One of the program directors provided supervision and the course utilized a “pair” model, where two UTSW trainees were paired with two SYS trainees to work on assignments together to foster partnership. Course objectives that were met through didactics, group discussion and journal clubs were comparing the history of mental health, practices and treatment, psychiatric medical education, and current clinical care gaps between the U.S. and China. Educational themes per week were ethics and education, systems and social determinants, and clinical practice. In addition, resident “pairs” prepared a comparative case conference on a similar clinical case seen in China versus the United States to enhance understanding of different clinical practices and systems. Faculty from both institutions were allotted teaching time. Qualitative feedback regarding participation in a global health course conducted virtually were collected at the beginning, throughout and end of the course and a survey was sent to participating faculty and trainees to discuss strengths and challenges of the course.

A virtual global mental health rotation with learners and faculty at the partnering institution is one viable method of continuing global health education during the Covid-19 pandemic. In lieu of international clinical experiences, comparable clinical rotations were made for residents on the rotation at refugee clinics. Building clinical care experiences, such as telehealth, into the rotation is a goal for the future, but is limited by differing time zones. A virtual and pair format with faculty input during didactic times allowed learners to discuss and gain perspective into differing mental health practices and training and to enhance communicating in a cross-cultural setting. While U.S. trainees were more interested in health systems, SYSU trainees were more in clinical care experiences and faced more language barriers, which co-residents tried to address with translation. We plan to continue to collaborate internationally in curriculum content and delivery and address identified weaknesses in the upcoming years.

Poster developed by PGY4 resident Margaret Wang, MD and PGY3 resident Bernice Yau, MD mentored by AADPRT member Adam Brenner, MD and attending Zhaoyu Gan, MD.

2022 Annual Meeting Posters

Title

Resident Teaching Performance Improvements in Creating an Active Learning Environment

Presenters

Allie Thomas-Fannin, MD
Magdalena Maginot, BS

Educational Objective

-To provide new methods of giving effective feedback to residents via feedback from medical students.
-To determine if the novel Residents-as-Teachers workshop is effective at improving resident teaching performance

Practice Gap

It is difficult to implement effective resident feedback for a residency training program. Medical students have been underutilized in their feedback of resident performance, despite medical students often working closely with residents and resident interest in receiving formative feedback from medical students. Increasing amounts of residents wish to become educators as part of their career. There is a need to increase effective resident feedback and foster their identities as teachers, which may be best evaluated with those who residents are teaching-medical students.

Scientific Citations

1) Moza, R., Villafranco, N., Upadhya, D., Mitchell, K., Ward, M., Singhal, G., & Turner, T. (2015). Academy of
Resident Educators: A Framework for Development of Future Clinician-Educators.?Journal of graduate medical
education,?7(2), 294–295. https://doi.org/10.4300/JGME-D-14-00718.1
2) Watling C. (2014). Resident teachers and feedback: time to raise the bar.?Journal of graduate medical
education,?6(4), 781–782. https://doi.org/10.4300/JGME-D-14-00493.1
3) Sargeant, J., Mann, K., & Ferrier, S. (2005). Exploring family physicians' reactions to multisource feedback:
perceptions of credibility and usefulness.?Medical education,?39(5), 497–504. https://doi.org/10.1111/j.1365-
2929.2005.02124.x
4) Tuck, K. K., Murchison, C., Flores, C., & Kraakevik, J. (2014). Survey of Residents' Attitudes and Awareness
Toward Teaching and Student Feedback.?Journal of graduate medical education,?6(4), 698–703. https://doi.org/10.4300/JGME-D-14-00221.1
5) Katz-Sidlow, R. J., Baer, T. G., & Gershel, J. C. (2016). Providing rapid feedback to residents on their teaching

skills: an educational strategy for contemporary trainees. International journal of medical education, 7, 83–86.
https://doi.org/10.5116/ijme.56dc.908a
6) Yuan, D., Bridges, M., D'Amico, F. J., & Wilson, S. A. (2014). The effect of medical student feedback about
resident teaching on resident teaching identity: a randomized controlled trial. Family medicine, 46(1), 49–54.
7) Colletti L. M. (2000). Difficulty with negative feedback: face-to-face evaluation of junior medical student clinical
performance results in grade inflation. The Journal of surgical research, 90(1), 82–87.
https://doi.org/10.1006/jsre.2000.5848

Abstract
Residents have identified that interest and engagement are important to improve their teaching skills.1 However, residents have reported that faculty-driven feedback is difficult to internalize, and is dismissed when it does not align with resident's self-assessment.2,3 Additionally, medical student feedback has been under-utilized for resident formation.4 Student-driven feedback may have a role as a majority of residents have reported valuing student feedback in teaching and creating changes in future educational sessions.5

Methods: Indiana University School of Medicine Vincennes Psychiatry Program is a new psychiatry program located within a rural setting. This program has student learners from various graduate level medical education programs. A novel combination of formative assessment and Resident-as-Teachers (RaT) workshops on resident teaching effectiveness was developed to assess outcomes in resident teaching identity and student performance at the program. The Resident-as-Teachers workshop consisted of instructional sessions to improve in teaching ability, based heavily on a previous model utilized by Yuan et al.6 Student surveys were developed to evaluate resident performance. The student surveys were adapted from surveys from Indiana University and from a publication from University of Michigan.7 The survey consisted of broad categories (with sub-categories) including Role Modeling (Knowledge; Interpersonal Relationships with Staff and Students; and Interpersonal Relationships with Patients), Attention to Teaching (History and Interview; Physical Exam; Differential Diagnosis/Problem List; and Diagnostic/Therapeutic Planning), Active Learning Environment (Self-Education and Team Education), and Feedback (Written Skills and Oral Skills). Students answered Likert-scaled surveyquestions at the end of their rotation about residents with which they worked. This feedback was then shared with the residents for formative feedback about their teaching performance.

Results: On a sample of 3 PGY-1 residents with first and second quarter (July 2020-December 2020) survey responses (n=10) versus the same 3 PGY-1 residents with third and fourth quarter (January 2021-June 2021) survey responses (n=6), analysis of performance on survey topics on the category of Active Learning Environment, which included 2 subtopics of Self-Education and Team Education, showed near statistical significance in improvement of scores between surveys from the first and second quarters versus the third and fourth quarters (P one-tail

0.0306, P two-tail 0.0613). The subtopic of SelfEducation was found to have near statistical significance in improvement for residents seeking out learning opportunities for their students (P one tail 0.0261, P two tail 0.0522). The subtopic of Team Education was found to have statistically significant improvement within the skill of consciously utilizing downtime to incorporate learning opportunities (P one-tail 0.00748, P two-tail 0.0150).

Conclusion: These results suggest that incorporating medical student feedback in resident performance evaluation and having formative feedback on teaching ability may be a meaningful and useful tool to improve resident performance, especially when teaching residents to increase their students' learning opportunities. Limitations of these results was small sample size. Directions for future research include comparing resident self-evaluation with student survey results to determine if there are inconsistencies between the interpretations of resident performance.

2022 Annual Meeting Posters

Title
Evolving Landscape of Psychiatry-The role of digital technology during psychiatry residency training

Presenters
Suneeta Kumari, MPH, MD
Jayasudha Gude, MD
Daniel Weiner, MD
Saba Afzal, MD
Ramon Solhkhah, MD

Educational Objective
Educational Objectives:
1) To explore the current advances in the trends of digital psychiatry.
2) To emphasize the importance of resident awareness about digital technologies and to educate residents about the quality and accessibility of innovative digital tools/technologies that improve patient care.

Practice Gap
Practice Gap: The practice of psychiatry is witnessing an evolving change over the past several years with a rapid progression since the beginning of the pandemic. There is an increase in the use of telepsychiatry, social media, smartphone apps, and artificial intelligence to improve the efficacy and standards of the delivery of mental health care. Given the global shortage of psychiatrists and lack of adequate mental health resources, apps have emerged as a bridge to mental health treatment. The question that arises is “are the residents trained enough to meet these challenges of digitalization in the future?”

The use of artificial intelligence and machine learning can further impose challenges, as psychiatry residents do not necessarily understand how a particular algorithm or app was developed. The amount of experience in the use of technology varies among residents, and there is a pressing need for education and information about the various technologies used in mental health for better delivery of support and care.

Scientific Citations
Torous, J., Bauer, A., Chan, S. et al. Smart Steps for Psychiatric Education: Approaching Smartphone Apps for Learning and Care. Acad Psychiatry 42, 791–795 (2018). https://doi.org/10.1007/s40596-018-0901-y
Chandrashekar P. (2018). Do mental health mobile apps work: evidence and recommendations for designing high-efficacy mental health mobile apps. mHealth, 4, 6. https://doi.org/10.21037/mhealth.2018.03.02

Tabi, K., Randhawa, A. S., Choi, F., Mithani, Z., Albers, F., Schnieder, M., Nikoo, M., Vigo, D., Jang, K., Demlova, R., & Krausz, M. (2019). Mobile Apps for Medication Management: Review and Analysis. JMIR mHealth and uHealth, 7(9), e13608. https://doi.org/10.2196/13608
Chiauzzi, E., & Newell, A. (2019). Mental Health Apps in Psychiatric Treatment: A Patient Perspective on Real World Technology Usage. JMIR mental health, 6(4), e12292. https://doi.org/10.2196/12292
Torous, J., Bucci, S., Bell, I. H., Kessing, L. V., Faurholt-Jepsen, M., Whelan, P., Carvalho, A. F., Keshavan, M., Linardon, J., & Firth, J. (2021). The growing field of digital psychiatry: current evidence and the future of apps, social media, chatbots, and virtual reality. World psychiatry: official journal of the World Psychiatric Association (WPA), 20(3), 318–335. https://doi.org/10.1002/wps.20883
Hirschtritt, M. E., & Insel, T. R. (2018). Digital Technologies in Psychiatry: Present and Future. Focus (American Psychiatric Publishing), 16(3), 251–258. https://doi.org/10.1176/appi.focus.20180001
Roth, C. B., Papassotiropoulos, A., Brühl, A. B., Lang, U. E., & Huber, C. G. (2021). Psychiatry in the Digital Age: A Blessing or a Curse? International journal of environmental research and public health, 18(16), 8302. https://doi.org/10.3390/ijerph18168302

Abstract
Technology has made great advances and the use of laptops; smartphones have become inseparable from our daily lives. These advancements have made their way to healthcare fields. The field of psychiatry is undergoing a tremendous transformation with the application of technology, and the number of available various digital tools is growing exponentially day by day. A broad range of mental health apps that deliver a wide variety of services to mental health providers as well as patients. It becomes imperative to use reliable digital technology tools that can empower patients to assess and monitor psychopathology and seek treatment in a timely manner. Currently, there are several online telepsychiatry platforms available healthcare providers can utilize to improve patients' outcomes. However, the quality and validity of various digital tools are inconsistent. Nevertheless, there are tools that are clinically validated, peer-reviewed that can be used in clinical settings to improve treatment outcomes. The field of digital psychiatry has been progressing in recent years. There are mental health apps that have already obtained FDA approval. For example, there are two apps that help provide CBT to patients who are in substance use disorder treatment (RESET and RESET-0, Pear Therapeutics). These apps record patient symptomatology and provide a dashboard so clinicians can assess, review their patients' programs, and monitor symptoms like cravings and other signs of substance use. Other digital platforms, such as Healthify, address social determinants of health by identifying the social needs of patients and coordinating care based on geographical location.

With the emergence of a wide variety of e-health services and mental health apps, it has become crucial for psychiatrists and trainees to be aware of these newer technologies. Although many residents use smartphones in various roles of medical training, such as using the online version of DSM-5, and various apps to keep up with the psychopharmacology and board preparation.

Residents in training also encounter patients using smartphone apps for mental health support. Trainees should also be aware of the balance between respect for patient autonomy with beneficence while discussing apps that may have questionable privacy practices.

We emphasize the importance of being familiar with the potential benefits and limitations of these digital tools. With a goal to provide up-to-date, accurate education and supervision to trainees in this new digital era. In order to achieve this, we plan to administer a survey to evaluate the current attitudes and knowledge about digital technologies among psychiatry residents at JSUMC and OUMC. The results from this survey will provide guidance about the potential use of specific digital tools to improve clinical outcomes.

We plan to have frequent discussions regarding the evidence supporting app use, ensuring the app is of reasonable value and supported by appropriate clinical evidence
Teaching about these new technologies will also help to ensure resident trainees are able to offer new types of psychoeducation that will increase the awareness of digital health resources among patients and ensure informed choices for improved mental health.

2022 Annual Meeting Posters

Title
Establishing a Patient Suicide Training Curriculum for Psychiatry Residents

Presenters
Stacy Doumas, MD
Craig Perry, MD
Dan Carrero, BS, MS, MD
Robert Stern, MD
Elohor Sandra Otite, MD

Educational Objective
1. Discuss the impact of patient suicide on physician wellbeing and the potential benefits of a structured curriculum in this regard.
2. Recognize the need for a structured patient suicide training curriculum in psychiatry residency programs.
3. Describe the recommended components and best practices to be used when developing and implementing a patient suicide training curriculum.

Practice Gap
In the world of medicine, death is an unavoidable reality, and psychiatry is no exception. Suicide is the second greatest cause of mortality among children, adolescents, and young adults (ages 10-34) in the United States, according to the National Institutes of Health. It is believed that 30-60% of psychiatry trainees have a patient suicide episode during their residency training (Qayyum et. Al, 2021). Suicides in patients can be tough to see during residency training, especially for new interns. Residents may develop acute stress disorder, PTSD, or feelings of guilt, humiliation, self-doubt, and professional discontent because of witnessing a patient commit suicide (Whitmore et. al.,2017). Mental Health clinicians do need to cope with patient suicide during their careers, yet completed patient suicides are not often discussed, and many psychiatry residency training programs do not routinely provide training in coping with the many complex issues and reactions that ensue after patient suicide (Lerner et al, 2012).

Scientific Citations
U.S. Department of Health and Human Services. (n.d.). NIMH "suicide". National Institute of Mental Health. Retrieved October 28, 2021, from https://www.nimh.nih.gov/health/statistics/suicide.

Qayyum, Z., AhnAllen, C. G., Van Schalkwyk, G. I., & Luff, D. (2021). "You Really Never Forget It!" Psychiatry Trainee Supervision Needs and Supervisor Experiences Following the Suicide of a Patient. Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 45(3), 279–287. https://doi.org/10.1007/s40596-020-01394-8

Whitmore, C. A., Cook, J., & Salg, L. (2017). Supporting residents in the wake of Patient Suicide. American Journal of Psychiatry Residents' Journal, 12(1), 5–7. https://doi.org/10.1176/appi.ajp-rj.2017.120102

Lerner, U., Brooks, K., McNiel, D. E., Cramer, R. J., & Haller, E. (2012). Coping with a patient's suicide: a curriculum for psychiatry residency training programs. Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 36(1), 29–33. https://doi.org/10.1176/appi.ap.10010006

Prabhakar, D., Balon, R., Anzia, J. M., Gabbard, G. O., Lomax, J. W., Bandstra, B. S., Eisen, J., Figueroa, S., Theresa, G., Ruble, M., Seritan, A. L., & Zisook, S. (2014). Helping psychiatry residents cope with patient suicide. Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 38(5), 593–597. https://doi.org/10.1007/s40596-014-0083-1

Fang, F., Kemp, J., Jawandha, A., Juros, J., Long, L., Nanayakkara, S., Stepansky, C., Thompson, L. B., & Anzia, J. (2007). Encountering Patient Suicide: A Resident's Experience. Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 31(5), 340–344. https://doi.org/10.1176/appi.ap.31.5.340

Leaune, E., Ravella, N., Vieux, M., Poulet, E., Chauliac, N., & Terra, J. L. (2019). Encountering Patient Suicide During Psychiatric Training: An Integrative, Systematic Review. Harvard review of psychiatry, 27(3), 141–149. https://doi.org/10.1097/HRP.0000000000000208

Owen, J. R., Pheister, M., & Simons, G. J., Jr (2018). Suicide Symposium: A Multidisciplinary Approach to Risk Assessment and the Emotional Aftermath of Patient Suicide. MedEdPORTAL: the journal of teaching and learning resources, 14, 10776. https://doi.org/10.15766/mep_2374-8265.10776

Prabhakar, D., Anzia, J. M., Balon, R., Gabbard, G., Gray, E., Hatzis, N., Lanouette, N. M., Lomax, J. W., Puri, P., & Zisook, S. (2013). "Collateral damages": preparing residents for coping with patient suicide. Academic psychiatry: the journal of the American Association of Directors of Psychiatric Residency Training and the Association for Academic Psychiatry, 37(6), 429–430. https://doi.org/10.1176/appi.ap.11060110

Abstract

Background: It is believed that 30-60% of psychiatry trainees have a patient suicide episode during their residency training (Qayyum et. Al, 2021). Suicides in patients can be tough to see during residency training, especially for new interns. Residents may develop acute stress disorder, PTSD, or feelings of guilt, humiliation, self-doubt, and professional discontent because of witnessing a patient commit suicide (Whitmore et. al.,2017). Completed patient suicides are not often discussed, and many psychiatry residency training programs do not routinely provide training (Lerner et al, 2012). We set out to discuss the impact of patient suicide on physician

wellbeing, recognize the need for a structured patient suicide training curriculum, and describe the recommended components and best practices to be used when developing and implementing a patient suicide training curriculum.

Case: A Caucasian female in her 70s was treated for many years for severe treatment resistant major depressive disorder without psychosis. After trials of numerous medications, she was treated with Spravato. She was a patient at a geriatric psychiatry program with a resident involved in her care in addition to the attending physician. On her last visit, she had been doing fairly well. Just weeks later, her husband called to notify the team that she had died and that it was likely by suicide.

Discussion: This case and others led to our program to research best practices in preparing residents for patient suicide and supporting them afterwards. It was determined that a structured patient suicide training curriculum needed to be developed with a focus on preparing in case of an event, coping, and dealing with the aftermath of experiencing patient suicide. The training would be provided for both psychiatry resident trainees as well as Academic leaders (program directors, faculty, and administrative staff). The training will focus on components like 1) providing information about suicide to be paired with the opportunity for personal reflections and narratives in a small group setting, 2) patient-based case discussions that would emphasize essential clinical concepts to assist trainees to cope with patient suicide, 3) education on the protocol for the aftermath of the event, and 4) equipping residents with communication procedures when engaging with family members of deceased patients. Prabhakar et al., 2014 reported implementing a patient suicide workshop training for psychiatry residents displayed significant increases in awareness of the common feelings physicians and residents can experience post patient suicide, improvement with being comfortable consulting with faculty members and improvement of knowledge related to patient suicide.

Conclusion: The implementation of a patient suicide training curriculum is long overdue. Studies like Prabhakar et al. can be a blueprint for psychiatry residency programs to establish a patient suicide training within their programs. The implications for Academic leaders would focus on ensuring patient suicide curricula be introduced early in residency training, exploring the opportunities to collaborate with other specialties and involving risk management. Future research can focus on assessing knowledge and attitudes resulting from this training.

2022 Annual Meeting Posters

Title
Developing a Selective Didactic Curriculum Series to Meet Residents' Diverse Academic Interests

Presenters
Kimberly Benavente, MD
Sara Noble, MA, BBA, MD
Jason Schillerstrom, MD

Educational Objective
-Discuss the need for a dynamic didactic curriculum that meets residents' unique interests and evolves to keep up with shifting educational trends

-Describe the development, implementation, evaluation, and potential future directions of a selective didactic experience in which residents can choose the educational series that best aligns with their unique interests and educational goals

Practice Gap
According to the ACGME's Common Program Requirements for Psychiatry, residency programs must provide "a broad range of didactic activities." Our resident didactic curriculum provides a core foundation of clinical knowledge to prepare physicians who can provide the highest quality of psychiatric care to their communities. Beyond the core foundation, our residents hold diverse interests in special topic areas that complement their clinical practice and future career goals. Program leadership and our resident-led Psychiatry Residency Education Committee (PREC) are routinely faced with the challenge of balancing the need to cover core concepts in the didactic curriculum with supporting residents' diverse individual learning interests.

Scientific Citations
-Accreditation Council for Graduate Medical Education (ACGME). ACGME Program Requirements for Graduate Medical Education in Psychiatry. 2020. Available at: https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/400_Psychiatry_2021_TCC.pdf?ver=2021-06-15-162249-810&ver=2021-06-15-162249-810

-Accreditation Council for Graduate Medical Education (ACGME) and American Board of Psychiatry and Neurology (ABPN). The psychiatry milestone project. 2015. Available at: https://www.acgme.org/Portals/0/PDFs/Milestones/PsychiatryMilestones.pdf?ver=2015-11-06-120520-753. Accessed on October 29, 2021.

-Benson N, Puckett J, Chaukos D, et al. Curriculum overhaul in psychiatric residency: An innovative approach to revising the didactic lecture series.?Acad Psychiatry. 2018;42(2):258-261.?https://www.ncbi.nlm.nih.gov/pubmed/28493218. doi: 10.1007/s40596-017-0717-1.

-Colman S, Wong L, Wong AHC, et al. Curriculum mapping: An innovative approach to mapping the didactic lecture series at the university of toronto postgraduate psychiatry.?Academic psychiatry. 2020;44(3):335-339.?https://www.ncbi.nlm.nih.gov/pubmed/32026306. doi: 10.1007/s40596-020-01186-0.

-Rim JI, Cabaniss DL, Topor D. Psychotherapy tracks in US general psychiatry residency programs: A proxy for trends in psychotherapy education??Academic psychiatry. 2020;44(4):423-426.?https://www.ncbi.nlm.nih.gov/pubmed/32445028. doi: 10.1007/s40596-020-01245-6.

-Carmel A, Logvinenko E, Valenti E. Evaluation of a dialectical behavior therapy psychiatry residency training program.?Acad Psychiatry. 2019;43(1):37-40.?https://www.ncbi.nlm.nih.gov/pubmed/30315500. doi: 10.1007/s40596-018-0993-4.

-Brodsky B, Cabaniss D, Arbuckle M, Oquendo M, Stanley B. Teaching dialectical behavior therapy to psychiatry residents: The columbia psychiatry residency DBT curriculum.?Acad Psychiatry. 2017;41(1):10-15.?https://www.ncbi.nlm.nih.gov/pubmed/27481266. doi: 10.1007/s40596-016-0593-0.

-Vance MC, Kennedy KG. Developing an advocacy curriculum: Lessons learned from a national survey of psychiatric residency programs.?Academic psychiatry. 2020;44(3):283-288.?https://www.ncbi.nlm.nih.gov/pubmed/31950369. doi: 10.1007/s40596-020-01179-z.

-Council on Advocacy and Government Relations, Kennedy KG, Vance MC. Resource Document: Advocacy Teaching in Psychiatry Residency Training Programs. American Psychiatry Association. 2018. Available at: https://www.psychiatry.org/File% 20Library/Psychiatrists/Directories/Library-and-Archive/resource_ documents/2018-Resource-Document-Advocacy-Teaching-in- Psychiatry-Residency-Training.pdf. Accessed on October 27, 2021.

Abstract

We developed and implemented a series of selective didactics this academic year to meet residents' diverse, unique learning interests and further individualize their educational experience. During the month of August, PGY2-4 residents had the opportunity to select one of three didactic course selective offerings: PRITE Study, Mental Health Policy & Advocacy in Action, and Dialectical Behavioral Therapy & Crisis Intervention Skills. Residents scoring below the 25th percentile on the total PRITE score from the prior academic year were required to take the PRITE Study selective course. Interns did not participate in the new selective didactic curriculum as they are engaged in an Intern Bootcamp during this time. All selective courses met for 4 consecutive weekly 4-hour sessions during the month of August. The topics for the new selective seminars were chosen based on our residents' expressed academic interests, comprehensive analysis of our didactic curriculum, and discussion between our resident-led Psychiatry Residency Education Committee (PREC) and Program Evaluation Committee (PEC).

Of eligible residents to select from didactic options, 42% chose Dialectical Behavioral Therapy & Crisis Intervention Skills, 27% chose Mental Health Policy & Advocacy in Action, and 31% chose PRITE Study. Residents were asked to formally evaluate the didactic series they attended through an online survey and class discussion. Resident course evaluations are reviewed by the resident-led Psychiatry Residency Education Committee (PREC) who presents findings to the Program Evaluation Committee (PEC). A preliminary review of resident feedback indicated residents appreciated having a choice in their didactic learning experience and look forward to continued opportunities to individualize their didactic curriculum. Future directions include expanding didactic selective offerings and consideration of selective didactic longitudinal tracks. Further development of our new selective didactic curriculum will help prepare our trainees to meet the demands of an ever-changing mental healthcare landscape and lay a solid foundation for their diverse professional goals.

2022 Annual Meeting Posters

Title

Teaching boundaries to medical students, residents, fellows on psychiatry rotations

Presenters

Jacquetta Blacker, MD
Thomas Briese, MD
Jenna Triana, BS,MD

Educational Objective

1) Discuss the importance of trainees understanding boundaries in psychiatry and how to use them therapeutically.
2) Review how to teach about types of boundaries commonly encountered in clinical practice, as well as boundary crossings and violations.
3) Discuss individual differences in boundaries for both patients and providers, and ways of helping learners develop their own clear set of boundaries in patient care.

Practice Gap

Psychiatric trainees have expressed a desire for more education on the use and misuse of boundaries in clinical work. Boundaries help define roles within relationships, and a conscious understanding of the theory of boundaries, crossings, and violations is essential in psychiatric care. Anecdotally, as academic faculty on a busy inpatient unit, we have noted a profound lack of understanding of the theory and application of boundaries among medical students and psychiatric residents and fellows. As a result, these students and trainees struggle to appropriately use boundaries therapeutically in their work with patients. Busy clinicians need a practical way to teach this essential subject matter on clinical rotations.

Scientific Citations

1. Lapid, M., Moutier, C., Dunn, L., Hammond, K.G., Roberts, L.W. (2009). Professionalism and ethics education on relationships and boundaries: psychiatric residents' training preferences. Academic Psychiatry. 33(6):461-9. https://doi.org/10.1176/appi.ap.33.6.461
2. Gabbard GO, Kassaw KA, Perez-Garcia G. Professional boundaries in the era of the Internet. Academic Psychiatry. 2011 May-Jun;35(3):168-74. https://doi.org/10.1176/appi.ap.35.3.168
3. Sabin, J.E., Harland, J.C. (2017). Professional Ethics for Digital Age Psychiatry: Boundaries, Privacy, and Communication. Current Psychiatry Reports, 19:55. https://doi.org/10.1007/s11920-017-0815-5
4. Roberts LW. Professionalism in psychiatry: a very special collection. Academic Psychiatry. 2009 Nov-Dec;33(6):429-30. https://doi.org/10.1176/appi.ap.33.6.429
5. Gabbard, G.O., Crisp-Han, H. (2010). Teaching professional boundaries to psychiatric residents. Academic Psychiatry, 34(5), 369-72. https://doi.org/10.1176/appi.ap.34.5.369

6. Vamos, M. (2001). The concept of appropriate professional boundaries in psychiatric practice: a pilot training course. Australian & New Zealand Journal of Psychiatry, 35(5), 613-8. https://doi.org/10.1080/0004867010060509

Abstract

When surveyed, psychiatric trainees have described wanting more education about the therapeutic utilization of boundaries and the use or misuse of boundary crossings (Lapid, 2009). This is especially crucial in a world that has rapidly shrunk and been de-anonymized by the search-and-find capabilities of the internet, which provides patients and physicians a novel level of interaction with one another's personal and professional lives (Gabbard, 2011). There are also the potential dilemmas of boundaries within digital practice that are not addressed within traditional literature (Sabin, 2017).

We developed a brief but comprehensive teaching handout on boundaries that can be quickly provided to all new medical students and residents/fellows on a psychiatry rotation. The handout can be accompanied by a short seminar, which can be delivered in one or two sessions even on a busy clinical service. In this presentation, we share this accessible and efficient way to teach trainees of different experience levels about this complex topic. We describe how to define boundaries, a concrete explanation of the power differential between the psychiatrist and the patient, and the many practical boundaries of which the psychiatric practitioner must stay conscious (time, touch, sex, space, information) (Roberts, 2009). Using clinical examples, we show how to answer common questions from students, including why it is not unkind to enforce boundaries, and when a boundary crossing may or may not be therapeutic. We introduce students to different boundary conceptualizations among individual physicians. We review examples of how short clinical teachings can also be expanded by programs into more comprehensive didactic sessions (Gabbard, 20010; Vamos, 2001).

2022 Annual Meeting Posters

Title
Psychedelics in Psychiatry: Preparing for the Renaissance in Psychiatric Education

Presenters
Mary Elizabeth Yaden, MD
Kristin Leight, MD
E Cabrina Campbell, BA, MD

Educational Objective
Educational Objectives:
- Review the emerging literature on the use of psychedelics for treating mental illness
- Discuss the unique structure of psychedelic sessions and therapeutic modalities
- Explore opportunities for training in psychedelic therapies in residency education
- Identify ethical and logistical considerations for teaching psychedelics in Psychiatry residency training

Practice Gap
Practice Gap: Despite increasing salience of psychedelics in the media, limited educational scholarship has explored how these treatment modalities may be addressed in psychiatric training. As clinical research supports the therapeutic utility of psychedelics in diverse clinical populations with FDA approval waiting in the wings, little is known about how best to prepare future psychiatrists in using psychedelics in their clinical practice or its role in academic psychiatry.

Scientific Citations
Relevant Literature:

Yaden, D. B., Yaden, M. E., & Griffiths, R. R. (2021). Psychedelics in Psychiatry—Keeping the Renaissance From Going Off the Rails. JAMA Psychiatry, 78(5), 469-470.

Smith, W. R., & Appelbaum, P. S. (2021). Two Models of Legalization of Psychedelic Substances: Reasons for Concern. Jama, 326(8), 697-698.

Barnett, B. S., Beaussant, Y., King IV, F., & Doblin, R. (2021). Psychedelic Knowledge and Opinions in Psychiatrists at Two Professional Conferences: An Exploratory Survey. Journal of Psychoactive Drugs, 1-9.

Mitchell, J. M., Bogenschutz, M., Lilienstein, A., Harrison, C., Kleiman, S., Parker-Guilbert, K., ... & Doblin, R. (2021). MDMA-assisted therapy for severe PTSD: a randomized, double-blind, placebo-controlled phase 3 study. Nature Medicine, 27(6), 1025-1033.

Davis, A. K., Barrett, F. S., May, D. G., Cosimano, M. P., Sepeda, N. D., Johnson, M. W., ... & Griffiths, R. R. (2021). Effects of psilocybin-assisted therapy on major depressive disorder: a randomized clinical trial. JAMA psychiatry, 78(5), 481-489.

Abstract

Psychedelic medicines (substance such as MDMA, LSD, Psilocybin) are increasingly heralded as future treatments in the psychiatric canon. With potential utility of MDMA with PTSD and psilocybin for treatment resistant depression, psychiatrists currently in training may be using psychedelics in their first years out of residency. With this in mind, how do we prepare future providers for clinical use with these treatments? What is the role of residency training in discussing the ethical and practical considerations for using psychedelics in practice? Finally, how do we promote scientific rigor while also allowing for cautious optimism for the place that psychedelics hold in the future of Psychiatry.

In this poster, we explore three primary areas relevant for psychiatric education. We discuss the growing research in effectiveness for key disorders, the unique structure of psychedelic sessions and psychotherapeutic practices, as well as challenges and opportunities for psychedelic education in the future. Additionally, we discuss an ongoing study to identify the current state of psychedelic education in Psychiatry residency training. In particular, we underscore the need for future scholarship in educating providers on how best to utilize psychedelics in practice and education.

2022 Annual Meeting Posters

Title

Respect, Responsibility, and Equity in Medicine: A Novel Longitudinal Curriculum for Psychiatry Residents

Presenters

Camille Tastenhoye, MD
Piper Carroll, MD
Meredith Spada, MD
Sansea Jacobson, MD
Mike Travis, MD

Educational Objective

1. Become familiar with foundational curricular topics that can be used to start to address disparities within psychiatry
2. Name novel educational techniques and modalities that can be used to facilitate learning in the realm of respect, responsibility and equity in medicine
3. Describe how educators can create safe learning environments to inspire interactivity and exploration of difficult and sensitive topics

Practice Gap

Racial disparities are associated with inferior access to healthcare, more medical problems, worse medical outcomes, and higher mortality rates for people of color. Erroneous narratives that attribute inferior medical outcomes to biological inferiority or poor decision-making have been propagated in medical education and practice for centuries. Generations of structural racism and bias, which have permeated the housing, financial, justice, educational and occupational systems, have exacerbated negative health-related consequences for communities of color. Despite the vast literature that exists on healthcare disparities in the United States, medical trainees historically have minimal exposure to these topics in formal medical curricula. While the need for antiracist education is now increasingly recognized in the context of the COVID-19 pandemic and the face of police brutality covered by media, there remains a dearth of evidence-based curricula on health equity for trainees in the medical education literature.

Scientific Citations

Acosta, David MD; Ackerman-Barger, Kupiri PhD, RN Breaking the Silence: Time to Talk About Race and Racism, Academic Medicine: March 2017 - Volume 92 - Issue 3 - p 285-288
Krishnan A, Rabinowitz M, Ziminsky A, Scott SM, Chretien KC. Addressing race, culture, and structural inequality in medical education: A guide for revising teaching cases. Acad Med. 2019; 94:550–555
Shim, Ruth S. MD, MPH Dismantling Structural Racism in Academic Medicine: A Skeptical Optimism, Academic Medicine: December 2020 - Volume 95 - Issue 12 - p 1793-1795.

Abstract
The Respect, Responsibility, and Equity in Medicine (RREM) curriculum was developed at the University of Pittsburgh and first introduced to psychiatry trainees in 2020. The mission was to create a comprehensive curriculum that aims to address racism and disparities within medicine, with a particular emphasis on psychiatry. Monthly sessions are one-hour in length and occur during protected teaching time. When the entire curriculum is fully developed, it will consist of 40-hours of didactic and interactive content delivered across four years of training. Over the course of this longitudinal experience, residents learn about the historical social construct of race and the systemic nature of racism, develop the skills to serve as allies and advocates for communities and patients, and gain confidence in their ability to educate others. Sessions are vetted by a steering committee and developed by residents and faculty with help from outside experts and community leaders. Participants provide feedback following each session and are surveyed on change in knowledge and overall impact on their practice at 6-month intervals. Feedback has been overwhelmingly positive thus far, with 98% of residents requesting more RREM teaching. There has been significant interest from other departmental groups in developing similar curricula for trainees, faculty, nursing, and social work. Additional data from the December 2021 survey will be included for comparison and review.

2022 Annual Meeting Posters

Title
Physician Advocacy: Making impacts beyond the exam room

Presenters
Joshua Fitzgerald, MD
Emmanuelle Garcia-Rider, MD

Educational Objective
1. Define allyship, advocacy, physician advocacy and lobbying.
2. Understand the history of physician advocacy.
3. Understand the impact of state and federal legislation on professional practice.
4. Apply advocacy principles.

Practice Gap
The ACGEME requires residents to "advocate for quality care and optimal patient care systems" (ACGME). A clear curriculum standard has not been developed which means in some cases residents are missing the basics of how to advocate for their patients and themselves. Part of the problem is the broad scope of physician advocacy which makes it difficult to settle on an area to begin designing a curriculum. There is also worry of advocacy requiring political involvement. Even when all of these hurdles are surpassed, assessment of this requirement can be difficult.

To respond to this gap a yearly course of an introduction to advocacy was developed for residents and medical students. The aim of this course was to develop a simple curriculum which could be adapted to other programs.

Scientific Citations
1. ACGME. (2021). Clinically-Driven Standards | ACGME Common Program Requirements, 1–27. Retrieved from http://www.acgme.org/outcome/comp/GeneralCompetenciesStandards21307.pdf%0Ahttps://acgmecommon.org/2017_requirements
2. Bhate, T. D., & Loh, L. C. (2015). Building a Generation of Physician Advocates: The Case for Including Mandatory Training in Advocacy in Canadian Medical School Curricula. Academic Medicine, 90(12), 1602–1606. https://doi.org/10.1097/ACM.0000000000000841
3. Chung, E. K., Kahn, S., Altshuler, M., & Lane, J. L. (2016). The JeffSTARS Advocacy and Community Partnership Elective : A Closer Look at Child Health Advocacy in Action, 1–9.
4. Croft, D., Jay, S. J., Meslin, E. M., Gaffney, M. M., & Odell, J. D. (2012). Perspective: Is it time for advocacy training in medical education? Academic Medicine, 87(9), 1165–1170. https://doi.org/10.1097/ACM.0b013e31826232bc
5. Daniels, A. H., Bariteau, J. T., Grabel, Z., & DiGiovanni, C. W. (2014). Prospective analysis of a novel orthopedic residency advocacy education program. R I Med J (2013), 97(10).
6. Decesare, J., & Jackson, J. (2016). Advocacy skills in resident doctors. Clinical Teacher, 13(1), 48–51. https://doi.org/10.1111/tct.12366

7. Declaration, A., & Responsibility, P. (2017). A Declaration of Professional Responsibility H-140.900, (7).
8. Dharamsi, S., Ho, A., Spadafora, S. M., & Woollard, R. (2011). The physician as health advocate: Translating the quest for social responsibility into medical education and practice. Academic Medicine, 86(9), 1108–1113. https://doi.org/10.1097/ACM.0b013e318226b43b
9. Earnest, M. A., Wong, S. L., & Federico, S. G. (2010). Perspective: Physician advocacy: What is it and how do we do it? Academic Medicine, 85(1), 63–67. https://doi.org/10.1097/ACM.0b013e3181c40d40
10. Gruen, R. L., Campbell, E. G., & Blumenthal, D. (2006). Public Roles of US Physicians. Jama, 296(20), 2467. https://doi.org/10.1001/jama.296.20.2467
11. Hubinette, M., Dobson, S., Scott, I., & Sherbino, J. (2017). Health advocacy. Medical Teacher, 39(2), 128–135.
12. Marmot, M. (2005). Health equity, cancer, and social determinants of health. The Lancet Global Health, 6, S29. https://doi.org/10.1016/S2214-109X(18)30098-6
13. McGrew, M. C., Wayne, S., Solan, B., Snyder, T., Ferguson, C., & Kalishman, S. (2015). Health policy and advocacy for new mexico medical students in the family medicine clerkship. Family Medicine, 47(10), 799–802. https://doi.org/10.1016/j.tibtech.2009.03.003
14. Quraishi, S. A., Orkin, F. K., Weitekamp, M. R., Khalid, A. N., & Sassani, J. W. (2005). The health policy and legislative awareness initiative at the Pennsylvania State University College of Medicine: Theory meets practice. Academic Medicine, 80(5), 443–447. https://doi.org/10.1097/00001888-200505000-00006

Abstract

Background: Disease does not operate within a set of limited parameters. It is affected by the social determinants of health which can impact how effective our treatments can be. We should not expect physicians to operate solely within the arena of diagnosis and treatment. Physicians need tools to help create better health where medicine cannot touch including advocacy. Despite evidence from current practicing physicians and residency accreditation committees which maintain advocacy is a pillar of the profession, education in this area has been sparse. A clear curriculum standard has not been established to meet this requirement.

Purpose: The lack of formal advocacy curriculum was identified within our medical curriculum. The purpose of the quality improvement project was to develop a formal curriculum and didactic course to introduce the topic of advocacy to psychiatric residents and medical students.

Design: A pre- and post-survey was created to determine if the class changed the attitudes and understanding of advocacy of attendees. Initial data is showing positive benefit in comfortability with understanding advocacy, definitions, and resources.

Discussion: Initial data appears to show benefit from implementation of formal advocacy curriculum. There will need to be ongoing implementation with continued data collection to determine further outcomes with a larger sample size. The curriculum has been planned to be

implemented on an annual basis, to be extended to Child and Adolescent Psychiatry Fellows, and to eventually be extended to residents of other specialties.

2022 Annual Meeting Posters

Title

Valuing the Road Less Traveled: Developing a Holistic Review Process for CAP Applicants to Increase Diversity of the Workforce

Presenters

Gabriel Garza, BA, MD
Kari Whatley, MD
Jane Ripperger-Suhler, MA, MD

Educational Objective

Review the existing literature on using a holistic review process in recruitment.
Review one CAP program's efforts to implement a holistic review process in order to create a fellow workforce that more accurately mirrors the community but also meets the institutional expectations for world class status.

Practice Gap

Achieving a diverse and inclusive environment is a stated goal at the University of Texas1 as it is at most institutions as we struggle to embrace our national values. The ACGME has also made a common program requirement the intentional process of achieving a diverse and inclusive workforce through the implementation of "practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of …fellows…"2. As a result, every program is striving to develop practices that effectively achieve this goal. According to our institutional Office of Diversity and Inclusion, best practices in recruitment include events, visiting electives, implicit bias training, an inclusive environment, holistic review, standardized interview questions, and active recruitment of underrepresented minorities (URMs)3. Increased matriculation of URMs has been reported by several authors4,5,6 when a holistic review process is used. Various approaches to designing a holistic review process in GME, medical school, nursing school, and graduate school have been described6,7,8,9,10,11. Implementation of the holistic review process is the next step in the process and the main concern for program directors tasked with complying with ACGME requirements and institutional demands.

Scientific Citations

1. Division of Diversity and Community Engagement: Diversity, Equity, and Inclusion Action Plan. The University of Texas at Austin, https://diversity.utexas.edu Accessed 11.1.2021.
2. Accreditation Council for Graduate Medical Education: ACGME Common Program Requirements (Fellowship), July 2021.
3. Diversity Town Hall for Graduate Medical Education, Tera Howard, MD, MPH, and Lori Hall, presented 5.12.21 at the University of Texas at Austin, Austin, Texas.
4. Aibana O, Swails JL, Flores RJ, Love L: Bridging the gap: Holistic review to increase diversity in graduate medical education. Acad Med. 94(8):1137-1141, 2019.

5. Rymer J A, Frazier-Mills C G, Jackson L R: Evaluation of women and underrepresented racial and ethnic group representation in a general cardiology fellowship after a systematic recruitment initiative. JAMA Netw Open. 4(1):e2030832, 2021.
6. Marbin J, Rosenbluth G, Brim R, et al: Improving diversity in pediatric residency selection: Using an equity framework to implement holistic review, J GME April: 195-200, 2021
7. Barcelo NE, Shadravan S, Wells CR, et al: Reimagining merit and representation: Promoting equity and reducing bias in GME through holistic review, Acad Psych 45:34-42, 2021.
8. American Association of Medical Colleges: Holistic Review, https://www.aamc.org/services/member-capacity-building/holistic-review Accessed 11.1.2021.
9. Jung D, Latham C, Fortes K, and Schwartz M: Using holistic admissions in pre-licensure programs to diversify the nursing workforce, J Prof Nursing 37:359-365, 2021.
10. Rosenberg L: A practical guide for implementing a holistic admissions review, J Nurs Educ 58(11):669-673, 2019.
11. Mathur A, Cano A, Dickson MW, et al: Portfolio review in graduate admissions, Strategic Enrollment Management Quarterly 71(1):7-24, 2019.
12. Operationalizing Holistic review in the GME Context – A Practical Guide to Implementing a Program-Specific Holistic Review Process, Georgetown University, presented at AADPRT Spring 2021.
13. U.S. Census Bureau Quickfacts: Austin City, Texas. U.S. Census Bureau, https://www.census.gov/quickfacts/fact/table/austincitytexas/LND110210. Accessed 11.1.2021

Abstract

Bringing new ideas and perspectives to bear on healthcare problems and to ultimately create equity in health care for members of all groups is a crucial goal for the healthcare system. In order to ensure that new voices are heard, there must be a diverse workforce which, in turn, requires a recruitment process that systematically incudes, rather than excludes under-represented groups. One means of achieving this is to design and implement a process of holistic review. Holistic review requires the appropriately weighted consideration of a variety of specifically chosen characteristics of applicants from a holistic perspective, as the name implies. We recognized that our system for recruitment resulted in highly subjective selection based partly on “fit” which, loosely translated, means “like us”. Historically, our CAP fellow workforce has under-represented African-American (with 8% of the area population) and Hispanic (34% of the area population) groups and that would likely remain the case if we continued our existing process for selection. In addition, the institution made known a preference for matched applicants from prestigious institutions. Using the AAMC approach of experiences-attributes-metrics, we systematically created a process by which we could quantify those characteristics we valued and weight equitably the traditionally considered and institutionally-valued metrics with experiences and attributes we deemed to both increase effectiveness as a CAP and more appropriately match the community population. Our first step was to articulate our mission and therefrom identify qualities that would result in a fit with our

mission. We established baseline qualities that had to be present then classed qualities as metrics, attributes, or experiences. Metrics included grades, test scores, medical school and residency program reputations, research experience, and presentations/publications. Attributes included evidence of exceptional advocacy or innovation, Spanish language fluency, structured questions scores, and a measure from the program coordinator reflecting her experience with the applicant. Experiences included chosen and non-chosen experiences that reflect lived experiences, work with identified populations, and experience reflecting responsibility and strong work ethic as well as the experience of the interview. Data has been tabulated as interviews have been conducted and will be further processed at the end of interview season and both rank and match statistics as well as satisfaction with the process will be assessed.

2022 Annual Meeting Posters

Title
Diversity in Action: Improving Residency Recruitment

Presenters
Arden Dingle, MD
Allison Cotton, MD
Swetha Sirisinahal, DO
Emmanuelle Garcia-Rider, MD
Joshua Fitzgerald, MD

Educational Objective
Attendees will learn about
1. the current challenges faced by residency programs related to recruiting and selecting a diverse group of resident applicants, especially in smaller urban, suburban and rural regions
2. various recruitment selection strategies to identify and select a diverse group of residents during the psychiatry residency application
3. recent experience of two residency programs using the recruitment strategies described with information on applicant pool and accepted applicants

Practice Gap
The physician workforce demographics do not match United States patient populations for a variety of reasons. Nationally, there has been considerable focus on this issue with limited improvement. Many of the strategies to enhance diversity in physicians, primarily target high achieving individuals and generally concentrate on racial and ethnic characteristics. There are other important aspects of diversity such as childhood adverse circumstances, rural/ frontier environments, immigration, gender/ sexuality, family educational achievement, etc. Many individuals with diverse backgrounds have multiple challenges throughout their life which often compromise their academic performance limiting their options for medical school and residency. Many of these individuals are competent to be physicians and would be excellent psychiatrists. However, they tend to not meet the typical screening criteria for interviews at many residency programs so do not reach the interviewing stage of residency selection, limiting their abilities to be a psychiatrist. Residency programs also struggle; they have limited manpower and time and frequently need to filter applications to have a manageable number to review. Unfortunately, many of the criteria that can be used to filter applications tend to exclude individuals who would diversify the physician pool.

Scientific Citations
- Barceló, N. E., Shadravan, S., Wells, C. R., Goodsmith, N., Tarrant, B., Shaddox, T., ... & DeBonis, K. (2021). Reimagining merit and representation: promoting equity and reducing bias in GME through holistic review. Academic Psychiatry, 45(1), 34-42.

- Brenner, A. M., Balon, R., Coverdale, J. H., Beresin, E. V., Guerrero, A. P., Louie, A. K., & Roberts, L. W. (2017). Psychiatry workforce and psychiatry recruitment: Two intertwined challenges.
- Chaudhary, A. M. D., Naveed, S., Saboor, S., Safdar, B., Azeem, M. W., & Khosa, F. (2021). Gender and Racial Disparities among US Psychiatry Residents: A Review of Trends. Psychiatric Quarterly, 1-9.
- Chen, I. L., Koleilat, I., Choinski, K., Phair, J., & Hirschtritt, M. E. (2021). Trends in Ethnicity, Race, and Sex Among Psychiatry and Non-psychiatry Residency Applicants, 2008–2019. Academic Psychiatry, 1-6.
- Guh, J., Harris, C., Martinez, P., Chen, F., & Gianutsos, L. P. (2019). Antiracism in residency: a multimethod intervention to increase racial diversity in a community-based residency program. Family medicine, 51(1), 37-40.
- Ojo, E., & Hairston, D. (2021). Recruiting Underrepresented Minority Students into Psychiatry Residency: a Virtual Diversity Initiative. Academic Psychiatry, 1-5.
- Pierre, J. M., Mahr, F., Carter, A., & Madaan, V. (2017). Underrepresented in medicine recruitment: rationale, challenges, and strategies for increasing diversity in psychiatry residency programs. Academic Psychiatry, 41(2), 226-232.
- Rao, S., How, P. C., & Ton, H. (2018). Education, training, and recruitment of a diverse workforce in psychiatry. Psychiatric Annals, 48(3), 143-148.
- Richman, E. E., Ku, B. S., & Cole, A. G. (2019). Advocating for Underrepresented Applicants to Psychiatry: Perspectives on Recruitment. American Journal of Psychiatry Residents' Journal, 14(2), 2-4.
- Waheed, A., Sadhu, J. M., Kerlek, A. J., & Lee, P. C. (2019). The Biopsychosocial Model of Program Self-Evaluation: an Innovative and Holistic Approach to Enhance Child and Adolescent Psychiatry Training and Recruitment. Academic Psychiatry, 43(5), 542-546.
- Walaszek, A. (2017). Keep calm and recruit on: residency recruitment in an era of increased anxiety about the future of psychiatry. Academic Psychiatry, 41(2), 213-220.
- Wyse, R., Hwang, W. T., Ahmed, A. A., Richards, E., & Deville, C. (2020). Diversity by race, ethnicity, and sex within the US psychiatry physician workforce. Academic Psychiatry, 44(5), 523-530.

Abstract

Many characteristics of successful psychiatrists or ones who would be a good fit for a specific program are not captured in the metrics often used to evaluate residency applicants – test scores, medical school type, peer reviewed publications, etc. However, developing and implementing screening metrics that effectively filter applicants to create a reasonable group for future evaluation but are labor and time reasonable have remained elusive. This poster describes a manageable screening and selection process that facilitated screening and selecting residency applicants based on program priorities. This approach was utilized in two psychiatry residencies and facilitated the programs interviewing and matching with diverse applicants across multiple dimensions. Residency data on the applicant pool, interviewed candidates and accepted residents will be presented and discussed with possible future directions.