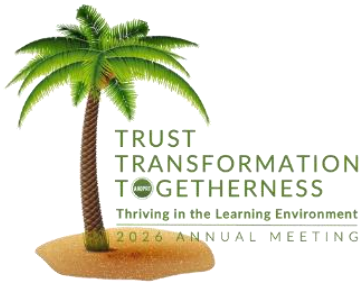


Workshop Session #4

Title
A New Sheriff in Town (Again!): Navigating Residency Leadership Changes Through the PD Transition Card Game

Primary Category
Program Administration and Leadership

Presenters
Laurel Pellegrino, MD, University of Washington Program
Jacqueline Hobbs, MD, PhD, University of Washington Program
James Lee, BS, MD, University of Washington Program
Allison Rooney, MD, University of Washington Program
Athena Wong, MA, University of Washington Program

Educational Objectives

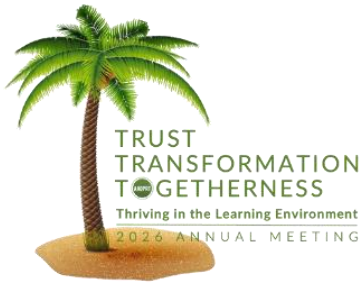
1. Identify common challenges faced by key stakeholders during transitions in Program Director (PD) leadership.

2. Utilize a structured card game as a tool to explore and address typical issues encountered during PD transitions.

3. Develop a plan to implement the card game or adapt its key takeaways for use within participants' own institutional contexts.

Abstract
Program Director (PD) transitions are inevitable and can significantly disrupt residency and fellowship programs, affecting a wide range of stakeholders including residents, fellows, associate program directors (APDs), and administrative staff. In this interactive workshop, we introduce a structured card game designed to help programs navigate the complexities of PD transitions and help mitigate negative effects. Drawing on our experience as a large program that has undergone three PD changes in the past decade, we will share real-world challenges and lessons learned.

Participants will begin by identifying common issues faced during PD transitions across stakeholder groups. They will then engage in small-group gameplay using our "PD Transition Card Game," where each participant assumes the role of a specific stakeholder.



Groups will collaboratively develop a transition plan for a hypothetical residency program, with scenarios varying by factors such as program size, transition speed, and whether the incoming PD is internal or external. “Challenge Cards” will introduce unexpected complications, prompting teams to adapt their plans in real time. Some examples include budget changes, accreditation issues, morale dips, faculty turnover, etc.

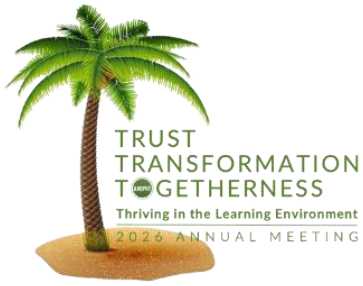
Following gameplay, participants will reflect on their experience and discuss strategies for applying the game’s insights to future transitions at their home institutions. We hope to provide participants with tools to support leadership continuity and program stability, thereby enhancing the educational learning environment for all involved.

Practice Gap

Transitions in Program Director (PD) leadership are pivotal moments that impact the structure and culture of residency and fellowship programs. These role changes ripple across the learning environment, affecting not only trainees but also faculty, associate program directors (APDs), and administrative staff, each of whom experience distinct challenges and needs. Trust, strategic transformation, and collaborative togetherness are essential for educational programs to thrive amidst change. Despite the importance of these moments, resources to support PDs through leadership changes are limited, particularly when transitions are sudden or unplanned. To address this gap, we present a structured, interactive card game designed to guide programs through PD transitions. Our presentation team represents a diverse group of stakeholders, including a PD, APDs, a Program Administrator, a recent fellow, and a current resident, each contributing insights to help programs navigate leadership change with empathy, strategy, and unity.

Agenda

- Welcome and introductions (5 min)
- Large Group Discussion with Poll: What issues have you experienced (or do you imagine would present) during a PD change? (15 min)
- Brief Didactic: Issues our program has faced with 3 recent PD changes from the
- Orientation to the PD Transition Card Game: rules of engagement (5 min)
- Small Group Activity: Play the PD Change Card Game (30 min)
- Large Group Discussion: Debriefing the experience of the card game and how to use this at home institutions (15 min)
- Complete the session evaluation (5 min)



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Title
Beyond Small Talk: Mastering the Cultural Formulation Interview with Conversational AI

Primary Category
Curriculum

Presenters
Maria Mirabela Bodic, MD, Columbia University/New York State Psychiatric Institute
Anetta Raysin, DO, Maimonides Medical Center
Lucia Roitman, MD, Maimonides Medical Center
Maryanna Volfson, DO, Maimonides Medical Center

Educational Objectives

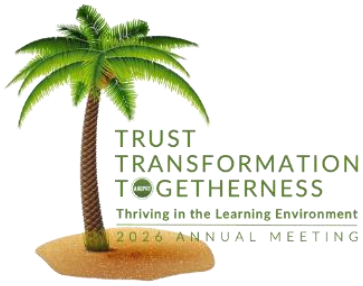
1. Apply conversational AI simulations to teach psychiatry residents how to elicit explanatory models and assess cultural context using the CFI.

2. Analyze performance data and feedback generated by chatbot simulations to identify opportunities for improving communication, diagnostic formulation, and treatment planning.

3. Integrate simulation-based approaches into residency curricula to enhance cultural humility, strengthen therapeutic alliances across differences, and standardize assessment of CFI-related competencies.

Abstract
The DSM-5 Cultural Formulation Interview (CFI) provides a structured, evidence-based framework for eliciting patients' cultural identity, explanatory models of illness, and social determinants influencing care. Despite its endorsement, the CFI remains underutilized in training, largely due to faculty time constraints, variable expertise, and reliance on didactic rather than experiential learning. This gap leaves psychiatry residents insufficiently prepared to integrate cultural perspectives into clinical practice, contributing to disparities in diagnosis, treatment planning, and therapeutic alliance.

This workshop introduces an innovative solution: using conversational AI chatbots to deliver standardized, interactive CFI training for residents. Conversational AI allows residents to practice CFI skills in a safe, low-stakes environment, receive immediate, structured feedback, and engage in deliberate practice over time. Unlike traditional role-play, AI simulations are scalable, reproducible, and available on demand—minimizing faculty burden while maximizing learner engagement.



The session will begin with a brief overview of the CFI, including its evidence base and barriers to implementation in residency. Faculty will then demonstrate how chatbot-mediated scenarios can simulate culturally diverse patient encounters and generate automated performance feedback across key domains such as eliciting explanatory models, exploring social and cultural context, demonstrating cultural humility, and integrating cultural understanding into diagnosis and treatment.

Participants will work in small groups to engage directly with chatbot scenarios. Each group will craft prompts, interact with the AI as though interviewing a virtual patient, and evaluate the AI-generated responses and feedback. A facilitated discussion will follow, focusing on how to critically appraise AI feedback, avoid stereotyping, and ensure that training remains culturally sensitive and clinically relevant.

The workshop will also address program-level implementation strategies, including scheduling simulations during protected academic time, aligning them with ACGME milestones and integrating them into existing curricula alongside didactics and clinical supervision. Finally, participants will discuss opportunities to adapt the model for other areas of residency training, including communication skills, interprofessional collaboration, and compliance-related education.

By the end of this session, participants will have the knowledge and tools to incorporate chatbot-mediated simulations into their own training programs. This model offers a feasible and scalable pathway to strengthen cultural education, reduce reliance on limited faculty expertise, and improve residents' preparedness to deliver culturally responsive healthcare.

Practice Gap

Despite DSM-5's introduction of the Cultural Formulation Interview (CFI) as an evidence-based tool for eliciting patients' cultural perspectives and informing treatment planning, most residency programs struggle to integrate it into training. Barriers include limited faculty expertise, time constraints, and reliance on didactics rather than structured practice. As a result, psychiatry residents often lack confidence and experience in applying the CFI during real-world encounters. This gap undermines efforts to foster cultural humility, address disparities, and meet ACGME expectations for competency in patient-centered, culturally responsive care. Conversational AI offers a scalable solution by providing interactive, feedback-rich simulations that allow deliberate practice without overburdening faculty. Embedding chatbot-mediated CFI training into residency curricula

could close a critical gap in cultural psychiatry education while advancing equity in clinical care.

Agenda

- Introduction: significance of the CFI, training gaps, and role of conversational AI. (5 min)
- Background: evidence for CFI, barriers to use, and AI-enhanced learning. (10 min)
- Demonstration: live interaction with a chatbot simulating a CFI encounter, with automated performance feedback. (15 min)
- Small group activity: participants design prompts, conduct virtual interviews, and evaluate AI-generated responses, mapping feedback to ACGME milestones. (30 min)
- Large group debrief: share insights, discuss strengths, limitations, and cultural sensitivity. (15 min)
- Implementation planning: strategies to integrate simulations into residency curricula, including scheduling, faculty oversight, and competency alignment. (10 min)
- Q&A and wrap-up: final reflections and take-home strategies. (5 min)

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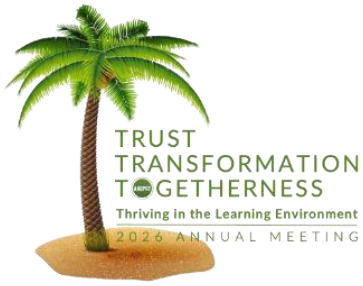


Title
Cultivating Connection: Engaging Asynchronous Learning in Psychiatry Training

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Richa Vijayvargiya, MD, University of Florida College of Medicine
Sindhu Idicula, MD, Baylor College of Medicine
Arya Soman, MD, Wellspan Health Program
Kimberly Kelsay, MD, University of Colorado Denver
Akhil Anand, MD, Case Western Reserve University/University Hospitals of Cleveland Program

Educational Objectives

1. Identify gaps in psychiatry education for which asynchronous learning may be helpful.

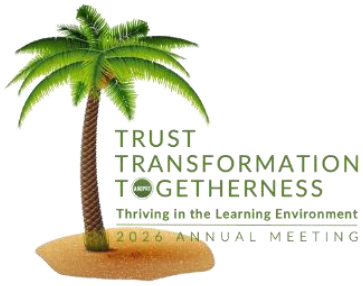
2. Evaluate and apply diverse and innovative asynchronous learning strategies.

3. Foster relationships and belonging among asynchronous learners through design and collaborative practice.

4. Commit to a goal for implementation of asynchronous learning in your program.

Abstract
This workshop will identify areas to optimize learning using asynchronous strategies in graduate medical education. First, we will outline how to conduct a needs assessment by evaluating resident learning patterns and preferences and highlighting knowledge gaps. Second, we will provide an overview of strategies and examples of implementing creative asynchronous learning activities into residency education. Third, we will discuss techniques on how to build community in asynchronous learning groups.

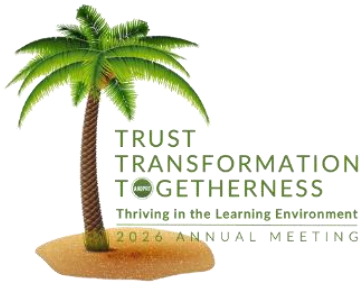
Throughout this session, results of a literature search on asynchronous learning will be synthesized during each section. These findings will be complemented by the real-world experience of the presenting educators, who will share practice examples of how they have implemented these methods in residency curricula. Breakout activities will allow participants to apply concepts and explore strategies for their own programs.



Asynchronous learning can be integrated into psychiatry residency education in a variety of ways to complement traditional clinical training and didactics. Residents can engage with video lectures, podcasts, and online modules to review core topics such as psychopharmacology, psychotherapy techniques, and neuropsychiatry at their own pace. They can additionally utilize asynchronous resources for just-in-time teaching or learning. Reflection prompts that can be completed and shared following important experiences can facilitate experiential learning, analysis of complex cases, and provision of feedback from peers and faculty. Interactive quizzes, spaced repetition question banks, and formative assessments can help reinforce knowledge and track progress over time. Asynchronous learning can include demonstration videos of clinical techniques, such as interviewing skills, ECT procedures, neuropsychiatric assessment or short reviews of key concepts. Additionally, mentorship and community can be fostered asynchronously by creating opportunities for collaboration and sharing of experiences. Online documents where comments are written asynchronously, such as for group formulation within a psychodynamic seminar, can allow residents to learn from peers, share feedback, and enhance active learning. Having the space to write their responses privately on their own time allows residents to provide thoughtful comments to group prompts and exercises. Group collaboration could also be facilitated in shared learning, such as within an evidence-based medicine seminar, where each resident reviews a paper and adds a Powerpoint slide based on their learning to a shared file. Additionally, asynchronous sharing of reflections, personal experiences and stories can foster group cohesion as well as a community of support.

Practice Gap

Asynchronous learning, which consists of self-guided educational activities conducted outside of traditional real-time lectures, is becoming increasingly important in modern education. The COVID-19 pandemic accelerated online educational modalities across varied settings. Studies suggest the traditional didactic format results in poor mastery of educational material. There is also a growing preference of residents for non-traditional educational platforms such as online videos and discussion forums. Online learning formats have been found to be associated with equivalent or superior knowledge retention compared to traditional methods. Despite this, non-traditional learning tools remain underutilized in many residency programs. This underscores the need to design, implement, and optimize asynchronous learning in graduate medical education, with attention to engagement, feedback, and community-building among learners.



Agenda

- Large Group (Didactic) – Why utilize asynchronous learning? (10 min)
- Small Group (Think–Pair–Share) – Assessment activity (10 min)
- Large Group (Didactic) – Creative strategies to leverage asynchronous learning (showcase examples of formats) (15 min)
- Small Group (Think–Pair–Share) – What are ways you can fill your gaps utilizing asynchronous learning? (15 min)
- Large Group (Didactic) – How to create a sense of community while learning asynchronously (strategies for building community) (15 min)
- Small Group (Think–Pair–Share) – How can you infuse a sense of community and relationships into asynchronous learning? (15 min)
- Wrap-Up & Q&A (10 min)

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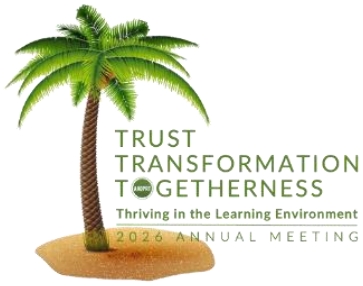


Title
Financing the Future: Strategies for Achieving Program Sustainability in an Uncertain Funding Environment

Primary Category
Program Administration and Leadership

Presenters
Samuel Dotson, BS, MD, Northeast Georgia Medical Center Program
Rebecca Lundquist, MD, Broadlawns-UnityPoint Psychiatry Residency
Jed Magen, DO, MS, Michigan State University
Jennifer Purses, DO, AADPRT Affiliate Members
Kari Wolf, MD, Southern Illinois University School of Medicine

Educational Objectives

1. Identify the primary sources of federal, state, and private GME funding and explain how funding levels are calculated in relation to their home institution.

2. Design quality improvement strategies that enhance efficiency and optimize the use of existing resources within their programs.

3. Advocate effectively for their program's value by linking residency training to specific institutional priorities and organizational needs.

Abstract
Graduate medical education (GME) funding can be a complex and intimidating topic for education leaders. While faculty are typically deeply committed to clinical care and teaching, their background in administrative, financial, and organizational training is often more limited. Program directors and other residency leaders, however, are increasingly called upon to advocate for their programs' funding and demonstrate their added value to institutions. This is especially true in our current environment of constrained budgets, threatened Medicaid and Medicare support, and shifting political attitudes toward the field of psychiatry and child psychiatry in particular.

This workshop equips education leaders with the knowledge, skills, and attitudes needed to navigate this challenging landscape. It begins with an overview of traditional GME funding sources, including federal, state, institutional, and private streams. A practical exercise with a budgeting worksheet and a funding calculation based on publicly available

hospital data, allow attendees to apply this knowledge directly to their own institutions and reinforce how funding levels are determined.

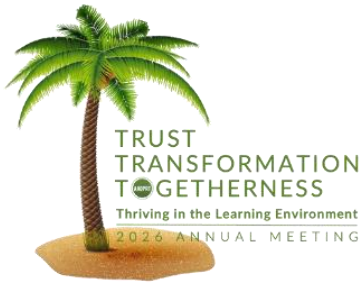
The session then explores ways programs can maximize their existing resources and reduce faculty burden. Topics include leveraging billable resident services, shared and teledidactic models, telesupervision, and lean staffing approaches. In an interactive "Innovation Station" exercise, attendees rotate through small groups to share strategies that have been successful at their home institutions, generating practical ideas that can be applied in their own programs.

Finally, participants focus on translating knowledge into action by learning negotiation strategies and methods to communicate non-billable program value to institutional leaders. Through a guided role-play exercise called Pitch Perfect, attendees practice framing a concise, compelling pitch that aligns one of their strategic program goals with existing broader institutional priorities.

Throughout the workshop, active learning techniques, including think–pair–share, polling software, and small-group discussions, ensure engagement and encourage attendees to leverage the collective wisdom of the room. Participants will leave with a clearer understanding of GME funding, practical strategies to stretch the efficient use of their existing resources, and actionable advocacy skills to strengthen their program's financial resiliency and institutional support.

Practice Gap

Graduate medical education (GME) financing is governed by a complicated mix of federal, state, institutional, and private funding streams that few physician educators are formally trained to understand. Program directors and other residency leaders are often placed into administrative and leadership roles without prior experience in business, negotiation, or organizational strategy, leaving them at a disadvantage when navigating hospital bureaucracies and advocating for their programs. This lack of training becomes particularly problematic in the current environment of constrained federal budgets, threatened Medicaid and Medicare GME support, and shifting political attitudes toward psychiatry. Without practical skills to interpret funding mechanisms and to communicate their program's value in clear, system-relevant terms, psychiatry program leaders remain vulnerable to budgetary cuts and risk missing opportunities to secure institutional buy-in for the sustainability of their programs, with new programs and programs in the planning stages being particularly vulnerable.



Agenda

- Introduction to the Funding Ecosystem (30 Min)
    - Introduce speakers, review objectives, and conduct a KW(L) needs assessment (Poll Everywhere) (5 min)
    - Mini-didactic on traditional GME funding sources and calculations (15 Min)
    - Exercise 1 – "Follow the Money" (think-pair-share with funding worksheets to estimate your program's financial footprint) (-10 Min)
- Innovative Efficiency Strategies (25 Min)
    - Mini-didactic on shared and teledidactics, billable resident therapy, telesupervision, and lean supervision models (5 Min)
    - Exercise 2 – "Innovation Stations: Finding Ways to Do More with Less" (rotating breakout groups, report back) (20 Min)
- Advocacy and Negotiation Skills (20 Min)
    - Mini-didactic on practical negotiation strategies and demonstrating non-billable program value to system leaders (5 min)
    - Exercise 3 – "Pitch Perfect" (self-reflection, role-play) (15 min)
- Conclusion (15 Min)
    - Question and answer session, finish (KW)L (Poll Everywhere), and complete evaluations (15 min)

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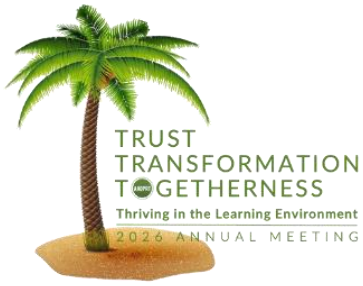


Title
From Difficult Conversations to Confident Leaders: An AI Hands-On Workshop

Primary Category
Curriculum

Presenters
Anna Costakis, MBA, MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital
Rashi Aggarwal, MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital
Poojajeet Khaira, MD, Case Western Reserve Univ/MetroHealth Medical Center
Mary Shen, MD, Brigham and Women's Hospital/Harvard Medical School

Educational Objectives

1. Identify common leadership-related communication challenges in psychiatry training (e.g., team conflict, advocacy with leadership, managing up).

2. Demonstrate use of AI-assisted prompts and templates to simulate individualized leadership scenarios.

3. Evaluate AI-generated feedback to identify communication strengths, growth areas, and strategies for improvement.

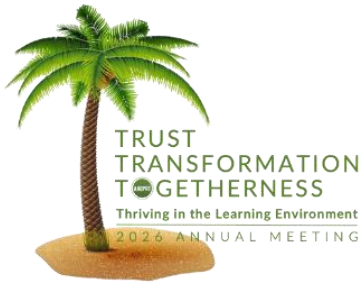
4. Apply structured practice and feedback cycles to strengthen leadership skills in residency and fellowship settings.

5. Integrate AI-driven role-play and feedback tools into curricula, while recognizing limitations and troubleshooting implementation challenges.

Abstract
This interactive workshop introduces participants to the use of artificial intelligence (AI) language models as innovative educational tools for leadership skill-building. Participants will learn how to structure prompts and interact with AI platforms to simulate challenging leadership conversations and receive individualized, text-based feedback.

We will present three common scenarios relevant to psychiatric practice:

- Navigating conflict in interdisciplinary teams (including midlevel providers).
- Advocating for system or organizational change with leadership.



- Managing up in supervisory relationships.

Attendees will select a scenario, use AI-generated role-play suggestions for approximately 20 minutes with guidance, and then practice live role-play with peers to apply insights in real time. The workshop will conclude with a structured debrief and facilitated discussion on implementation strategies, highlighting how AI-enhanced role-play can be incorporated into ongoing professional development and organizational leadership initiatives.
By combining advances in AI with evidence-based approaches to leadership development, this session offers a scalable and practical model to strengthen psychiatrists' ability to navigate difficult conversations and lead effectively in complex healthcare environments.

Practice Gap
Leadership and communication are increasingly recognized as essential competencies for psychiatrists, yet formal training in these areas remains inconsistently taught and rarely embedded into curricula. While psychiatrists receive extensive preparation for clinical encounters with patients, far less attention is given to the professional communication skills required for leadership.

Traditional leadership development initiatives, such as formal coursework or individualized coaching, are effective but resource-intensive and often inaccessible to trainees. Advances in large language models (LLMs) offer a novel, scalable, and low-cost approach to practicing leadership communication through AI-assisted role-play and iterative feedback. As such, the practice gap is twofold: (1) trainees lack accessible, structured opportunities to build leadership communication skills, and (2) educators lack practical strategies for implementing AI-based tools in residency training. Though targeted towards trainees, this workshop addresses both gaps by modeling AI-enhanced role-play and providing participants with hands-on experience to integrate these tools into residency and faculty development.

Agenda
- Introduction (5 min)
- Overview of AI (Pros/Cons/Ethical considerations/Limitations) (10 min)
- How to Use the Example Template (10 min)
- Pair Up/Practice a Dry Run without AI Coaching (20 min)
- To Practice Using AI/Live-Person in Pairs based on coaching (groups of 4) (30 min)
    - Roles: PD, Chair (2-4 evaluators)
- Q&A, form (15 min)

Scientific Citations

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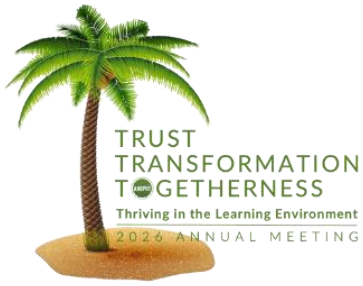


Title
Harnessing Artificial Intelligence in Academic Psychiatry

Primary Category
Faculty Development

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

Educational Objectives

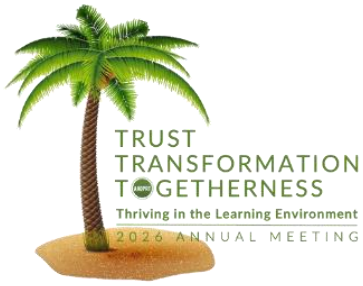
1. Building Trust with AI in Psychiatry: Identify at least three ways AI can enhance educational trust by improving transparency in teaching, supporting accuracy in knowledge delivery, and providing equitable access to resources.

2. Transforming Teaching Practices through AI: Discuss ethical and practical challenges related to integrating AI into academic psychiatry and propose at least one transformative strategy to address each challenge.

3. Fostering Togetherness in the Learning Environment: Design a basic, actionable plan for collaboratively integrating AI tools into academic psychiatry settings, including steps to overcome barriers such as training needs or resistance to change.

Abstract
Artificial intelligence (AI) offers transformative opportunities for academic psychiatry by reshaping how we teach, learn, and collaborate. This interactive workshop explores how AI can enhance trust in educational processes, support transformation in teaching methods, and strengthen togetherness in diverse learning environments. Participants will engage with AI-driven tools that support teaching in areas of limited faculty expertise, introduce learners to psychotherapy, and streamline essential tasks such as writing letters of recommendation.

Through demonstrations and case-based discussions, attendees will consider how AI can create adaptive learning spaces that foster inclusion, respond to organizational and societal drivers, and support collaboration across faculty and learners. Ethical issues, practical challenges, and strategies for overcoming resistance will also be addressed.



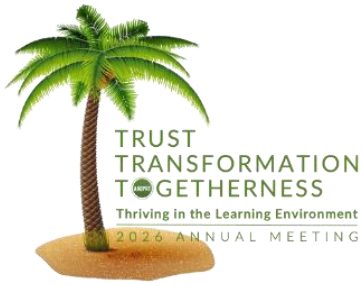
Designed for clinician educators at all levels, this session emphasizes belonging, innovation, and community while equipping participants with concrete strategies for responsibly integrating AI into psychiatric education.

Practice Gap

Residency training directors have many administrative tasks such as writing letters of recommendation, reading applications, and creating didactics. Generative artificial intelligence can and should be used as a tool to help reduce the burden of time and energy but must be used appropriately. The practice gap addressed in this workshop is to educate program directors on best practices with use of generative AI in their administrative and education al responsibilities.

Agenda

- Introduction (5 min)
- Large group polling regarding (10 min)
    - Level of expertise (Star Wars equivalents)
    - How feel about use of AI (word cloud)
    - Goals of attending workshop (word cloud)
- Brief lecture regarding development of AI (10 min)
    - Fundamentals of AI (Bayesian statistics)
    - Highlight limitations – ethics, bias, etc.
- Small groups have table signs, solicit ideas from group, have pre-written prompts available to use in OneDrive (30 min)
    - Letter of recommendation
    - Workshop planning
    - Simulation Patient interview for medical students
    - Creating Innovative resident-led initiatives
- Large group discussion of above experience (20 min)
    - How they felt about using AI after experience
    - Discuss how AI is a low-complexity tool that will not replace our higher level of thinking
    - Include discussion of pros and cons
- Pair-Share with focus on ‘take home’ points (10 min)
    - Discuss plan to incorporate AI use in a specific task
    - Create actionable plan
- Q&A (5 min)



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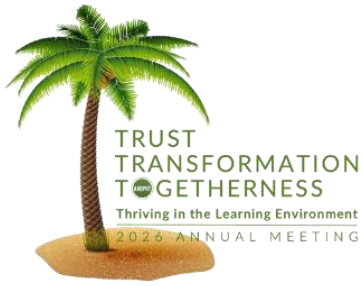


Title
Maintaining Trust During Resident Performance Challenges: Strategies Towards a Transformative Outcome

Primary Category
Program Administration and Leadership

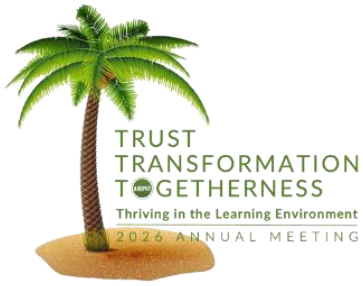
Presenters
Ann Schwartz, MD, Emory University School of Medicine
Adrienne Bentman, MD, Institute of Living/Hartford Hosp Psych Program
Sallie DeGolia, MD, MPH, Stanford University School of Medicine
Deborah Spitz, BA, MD, University of Chicago

Educational Objectives

1. Identify the timeline of the corrective action process.
2. Recognize the key elements of a corrective action plan and performance improvement letter emphasizing resident dignity and a fair process.
3. Develop tools to address common challenges and missteps in the corrective action process.
4. Identify means to limit collateral damage among residents.

Abstract
For all program directors, managing performance deficits and navigating the corrective action process is challenging. Initial faculty assertions of problematic behavior or incompetence may evaporate, arrive after submission of a passing evaluation, or become lost in the shuffle among rotations and sites. When confronted, the resident may be scared, misrepresent the issues, or be entirely unaware of the concerns. In spite of guidelines that seem clear, implementing the corrective action process can leave the program director in a "grey zone" of confusion, surprises and difficult choices which can challenge even the most seasoned among us.

Following a brief overview and outline of the corrective action process, we will discuss the process of writing letters of deficiency and developing remediation plans. Samples of both, in Milestone 2.0 language, will be shared and discussed. We will also introduce structured guidelines to help program directors determine what level of intervention is appropriate; for example, what situations justify additional support, a performance



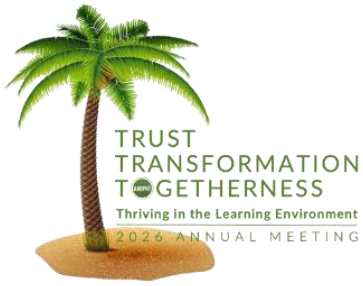
improvement plan, a letter of remediation, probation, or, in the most serious cases, termination. Participants will also review a sample timeline illustrating how concerns may escalate from early identification to extra help, to verbal warnings, written warnings, letters of deficiency, probation, and beyond, with real-world examples at each step.
The workshop will also address common challenges in the corrective action process including:

1. Addressing concerns with resident performance including poor insight, difficulty receiving feedback, executive dysfunction, poor boundaries, underlying psychiatric or substance use disorders to name a few.
2. The case of poor performance but limited written documentation (though lots of verbal feedback from faculty in the hallway)
3. Challenges in implementing a plan to address deficiencies (which requires intensive resources, faculty time, mentoring)
4. Difficulties in ensuring a fair process, preserving resident dignity, and supporting the advanced residents and faculty involved in remediation
5. Problematic structural issues in the Department (low faculty morale, complex institutional requirements)

We will discuss solutions to these problems and share techniques and experiences that have worked! The role of mentorship and coaching will be emphasized as there is something to be gained in the process, often by everyone involved.

In a discussion about pitfalls and collateral damage, we will address the effects of corrective actions on other residents in the program and discuss how to manage the challenging and complicated feelings of vulnerability and fear that may arise in the context of remediation or dismissal of a fellow resident. We will also discuss the general generational differences and expectations in the process and how the COVID experience impacted resident expectations and performance.

Practice Gap
Feedback on our prior workshops suggests that new program directors and even those with some experience are challenged by the complexities of managing performance deficits and the corrective action process and need basic, step-by-step instructions in order to make the process work effectively. This workshop is designed to meet that need while containing the impact of the process on fellow residents.



Agenda

- Introduction and the basics of the corrective action process (discovery to resolution) (10 min)
- Remediation plan, the performance improvement letter and the vulnerable resident (15 min)
- Pitfalls and Collateral Damage (15 min)
- Case Examples and Breakout Groups (20 min)
- Large Group Discussion, QA and wrap-up (30 min)

Scientific Citations

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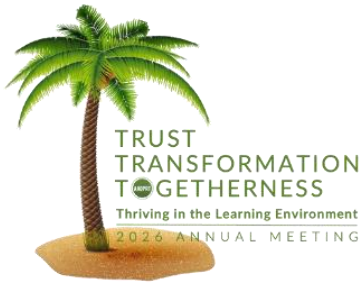


Title
Peeling the Layers and Thriving Together in the Clinic

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Amal Bhullar, MD, University of Florida College of Medicine-Jacksonville
Peter Clagnaz, MD, University of Florida College of Medicine-Jacksonville
Kitty Leung, MD, University of Florida College of Medicine-Jacksonville
Steven Cuffe, MD, University of Florida College of Medicine-Jacksonville
Shirley Alleyne, MBBS, Lakeland Regional Health Program

Educational Objectives

1. Transform the traditional resident outpatient orientation to a longitudinal clinical learning experience applicable to their program.

2. Utilize techniques to integrate billing, CSVs, administrative tasks (patient message, refill requests, forms) within the work day to minimize burden and maximize efficiency, team based learning and collaborative problem solving.

3. Apply methods of fostering trust amongst supervisors, residents, and staff in the clinic by sparking meaningful dialogue amongst each other, strengthening morale, and building comfort and approachability.

4. Create a feedback forward learning environment by integrating direct supervision amongst residents and supervisors, where modeling, peer to peer practice and real time feedback transforms interviewing into a shared evolving skill set.

Abstract
ACGME requires residents to have a longitudinal outpatient experience for at least one year during their training, typically in their 3rd year. The shift from team based, interdisciplinary care in inpatient and consultation-liaison to a more independent, continuity of care practice in the outpatient setting can be a challenge for residents. While the transition can help build a sense of autonomy, it can also lead to disruption of confidence, decreased sense of engagement with peers, and lower perceived support.

Our program has responded to this by restructuring what the traditional 8 am to 5 pm outpatient clinic workflow looks like to improve resident education, supervision, and

morale. This included dedicated time for the residents and supervising faculty to meet and discuss cases, go over patient messages, medication refill requests, understanding billing requirements, and optimizing note templates. We found that these simple straightforward topics often sparked a deeper level of engagement and discussions including transference/countertransference, boundary crossings, how to say "no" and how to balance patient care and self care. In turn this evolved into a learning environment where residents were able to refine their skills, learn from each other, and create a sense of community that promoted team building and collaboration.

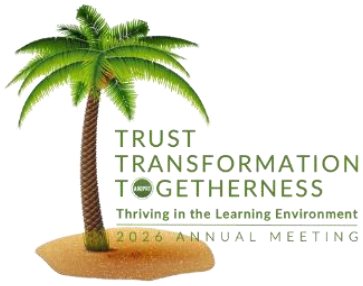
We recreated the "two way" mirror approach using universally accessible technology. This facilitated residents to observe each other's clinical interviews, learn from each other, and how to provide feedback to one another in live time in a safe environment. This became an opportunity for residents to complete their clinical skills verification (CSV), which historically has been a challenge for residents and faculty to coordinate due to time constraints and staffing coverage.

The idea of evolving outpatient orientation to address concerns led to a transformation of an engaging, longitudinal learning culture. We have been very successful in recreating the collaborative environment that residents experienced early in their training and fostering a deeper level of understanding the art of psychiatry rather than trying to follow an algorithm. The importance of balancing supervision with administrative burdens, supporting morale and team identity by routinely discussing challenges and debriefing leads to professional and personal growth.

Practice Gap

Evidence demonstrates the importance of connectedness and reflection during training. However, many outpatient clinical learning environments lack the structure of engagement and team building in daily practice. There remains a gap in replicable, intentional approaches that foster critical thinking and togetherness while maintaining patient volumes and clinical experience. Without this, residents struggle with confidence, clinical reasoning, and professional development.

This workshop will demonstrate how to integrate clinic supervision that pairs attendings and residents in dynamic, expectations-driven discussions where learners observe and refine interview skills through peer modeling and internalize attending expectations via structured feedback exchanges. Residents actively practice giving and receiving feedback, creating a culture that mirrors real world clinical interactions.



Agenda

- Setting the Stage (10 min)
    - Overview of session goals, outpatient requirements, and transition difficulties. Interactive live polls with discussion.
- Hits and Misses (15 min)
    - Participants will be asked to identify their own clinics successes and challenges on a hits and misses wall respectively.
- Collective Brain Power (10 min)
    - Come together as a large group and discuss findings along with barriers to implementation and possible solutions.
- Reimagining 8 am to 5 pm (20 min)
    - Synopsis of our program's outpatient clinic transformation, strategic use of replicable tools, and structure re-formatting.
- The Learner's Dilemma: Case Vignettes (30 min)
    - Break out into small groups for two-part discussion. Part one: resident case scenarios that include countertransference discussions. Part two: redesign a "typical clinic day" to balance supervision, administration work, education needs, and morale and connection support.
- Wrap-Up & Takeaways (5 min)
    - Write down one strategy you'll take back. Summarize workshop key insights and provide handouts/resources.

Scientific Citations

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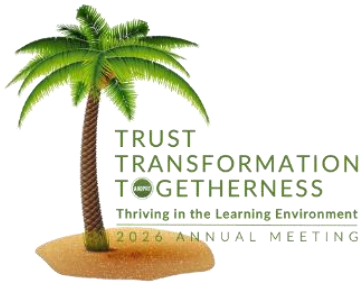

Title
Shrink Think: Transforming the Learning Environment Through Game-Based Exercises

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Dean Atkinson, BS, MD, McGovern Medical School at UTHealth
Vineeth John, MBA, MD, McGovern Medical School at UTHealth
Brandi Karnes, MD, McGovern Medical School at UTHealth
Gabriella Thiessen, MD, University of Virginia Health System
Jeffrey Woods, MD, McGovern Medical School at UTHealth

Educational Objectives

1. Articulate the importance of understanding the real-world experience of psychiatric symptoms.

2. Practice connecting everyday topics to psychiatric symptoms to explore their pervasiveness through the game “Cross-Examination.”

3. Discover creative ways to connect DSM diagnoses based on overlapping symptoms through the game “Duel Diagnosis.”

4. Investigate opportunities to integrate educational games into teaching psychiatric concepts to trainees.

Abstract
The learning environment shapes how trainees understand psychiatric symptoms and guides the clinical approaches they will ultimately carry into practice. The regular incorporation of interactive game-based exercises has been shown to promote camaraderie and togetherness in learners. Developing a working knowledge of the most up-to-date edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) is essential to a trainee’s development of clinical expertise in the field of Psychiatry. Learning a common language for assessing and treating patients builds a framework for evidence-based practice capable of evolving over time with new information. Throughout training, resident physicians learn a significant number of diagnostic criteria, especially those related to cases that are commonly encountered in clinic or hospital settings. However, many diagnoses included in the DSM are rarely seen in the limited span of a four-year

training program yet remain important for residents to recognize and understand. Moreover, the DSM paints in broad brush strokes, while patients often experience their symptoms in diverse and nuanced ways; overlapping symptoms between diagnoses can further complicate differential building. To equip future psychiatrists with a stronger knowledge of DSM criteria, including areas of diagnostic overlap, and to demonstrate the real-world complexity of psychiatric symptoms, educators may benefit from incorporating game-based activities that promote specific knowledge building and mentalization.

In this session, we will introduce participants to two interactive classroom games. First, the game "Cross-Examination" asks participants to draw connections across everyday topics and specific psychiatric symptoms, thereby deepening their insight into the varied ways symptoms may present in real-world contexts. Second, the game "Duel Diagnosis" prompts players to challenge each other to find the most creative connections between various psychiatric conditions, highlighting areas of diagnostic overlap while also strengthening familiarity with less commonly encountered DSM diagnoses. Learners will work in groups to play these two educational games in a friendly and collaborative environment.

Practice Gap

Although psychiatry relies heavily on the Diagnostic and Statistical Manual of Mental Disorders (DSM), few specific teaching tools exist to help resident trainees understand the real-world experience of psychiatric symptoms or the overlap of symptoms between various disorders. Additionally, though residents often easily learn diagnostic criteria for disorders that are common, lesser-known diagnoses can be unintentionally neglected. This workshop will demonstrate two specific teaching tools in an interactive game format which can be easily incorporated into a curriculum to address these gaps.

Agenda

- Introduction and Overview
- Small group activity: "Cross-Examination"
- Full group discussion and debrief of "Cross-Examination"
- Small group activity: "Duel Diagnosis"
- Full group discussion and debrief of "Duel Diagnosis"
- Final Q&A

Scientific Citations

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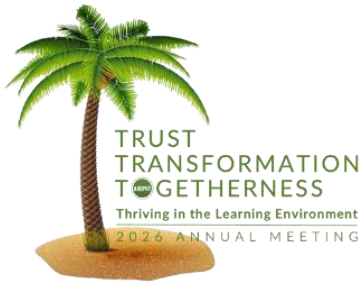


Title
Teaching the Core Psychodynamic Problem: Inpatient, Outpatient, and Sub-specialty Settings

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Richard Summers, MD, Perelman School of Medicine University of Pennsylvania
Alyson Gorun, BA, MD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry
Marla Wald, MD, Duke University Medical Center
Scott Campbell, MD, Perelman School of Medicine University of Pennsylvania

Educational Objectives

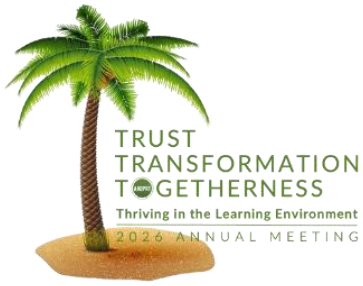
1. Identify three challenges to teaching psychodynamic thinking and deepening resident skills across the psychiatry residency in your program.

2. Develop a psychodynamic differential diagnosis and choose a core psychodynamic problem for a patient in a clinical setting.

3. Become familiar with take-home materials participants on teaching psychodynamic differential diagnosis that will be useful for resident training and fostering the development of future psychotherapy educators.

Abstract
This workshop will help training directors enhance psychodynamic training throughout the years of residency by focusing on evaluation across clinical settings. By teaching psychodynamic differential diagnosis, we aim to make psychodynamic thinking accessible, engaging and relevant for residents in contemporary, fast-paced and medical settings. We discuss how residents learn to transform the experience of being with suffering patients into the experience of understanding them, and how a simple psychodynamic understanding leads to greater empathy, more comfort and enjoyment of the work, and better treatment.

We demonstrate how residents can systematically learn psychodynamic assessment in the inpatient unit, outpatient psychotherapy and medical management clinic, and subspecialty practice, especially the post-partum setting. The presenters describe novel educational techniques employed in their programs, and focus on one example, the core



psychodynamic problem as elaborated by Summers, Barber and Zilcha-Mano (2024). Workshop participants will experience this easily-learned psychodynamic differential diagnostic method through a small group exercise on choosing the most appropriate core psychodynamic problem for a clinical case.
The take-home kit includes content material about these pedagogical approaches, including accessible tables highlighting the core psychodynamic problem, the psychodynamic problems seen in the postpartum setting, and clinical case material. We suggest these techniques will help develop the next generation of psychodynamic faculty, who are less likely than their predecessors less to be steeped in psychoanalytic traditions.

Practice Gap
Psychodynamic therapy training is popular among residents and residency applicants, enhances skills in a variety of clinical settings, and is an ACGME requirement. But, a generation of older psychotherapy faculty, often psychoanalysts, are retiring; historical and bias-laden psychoanalytic concepts are often difficult to grasp and/or clash with a more contemporary understanding of race, culture, gender and identity; and there is a need to develop more engaging, “experience near” and jargon-free conceptualizations and teaching techniques for the current generation of learners.

Teaching residents (and younger faculty) about psychodynamic diagnosis makes learning psychodynamics salient, digestible, teachable, and ultimately, perhaps measurable.

Agenda
- Introductions (5 min)
- Infusing Psychodynamic Thinking in PGY1 and 2: Opportunities (10 min)
- The Core Psychodynamic Problem: An Approachable Way to Think Psychodynamically (15 min)
- Applying the Core Psychodynamic Problem to a Clinical Case -- Small Groups (20 min)
- Extended Psychodynamic Evaluation (10 min)
- Psychodynamic Problems in Postpartum Patients (10 min)
- Q&A (20 min)

Scientific Citations
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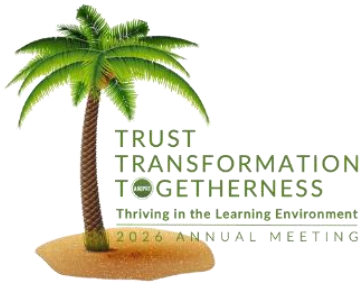

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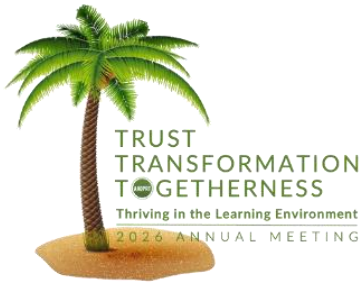


Title
Transformative Leadership: Building Trust within your Team

Primary Category
Program Administration and Leadership

Presenters
Zhongshu Yang, MBBS, PhD, Kaiser Permanente Northern California Program (San Jose)
Brendan Scherer, MD, San Mateo County Behavioral Health and Recovery Services.
Lillian Houston, MD, Southern Illinois University School of Medicine
Rohini Paul, DO, Kaiser Permanente Northern California Program (San Jose)
Zane Davis, MD, San Mateo County Behavioral Health and Recovery Services.

Educational Objectives

1. Create a conceptual map of their educational team, identifying key parties to ensure shared vision and clarity for managing changes.

2. Evaluate leadership styles and develop a functional leadership team model that empowers autonomy, maintains cohesion, and adapts to challenges.

3. Implement the Adaptive Leadership Model and VUCA framework to effectively address dynamic systems and crises in residency education.

Abstract
Psychiatric program directors (PDs) play crucial leadership roles and are ultimately responsible for all aspects of the educational program. However, PDs/APDs often have little to no prior training in leadership skills prior to stepping into their role. Identifying both one's leadership style and key team members are pivotal steps to building trustful communications and strong working dynamics within the program's core administrative team. In turn, developing these factors leads to success in fostering the team's resilience and adaptivity to face inevitable challenges. Having a shared vision and framework based on adaptive leadership is key to navigating difficult transitions: These can include destabilizing internal changes, such as the loss of an integral team member, and external factors, such as an ever-evolving sociopolitical environment and accompanying alterations in the already complex landscape of regulatory bodies (LCME, ACGME, ABPN, state medical boards).

In this workshop, participants will learn skills to develop and manage their leadership team. They will engage in a mapping exercise to identify the key parties in their leadership

team, as well as external stakeholders necessary for achieving their shared vision. Participants will also assess their own leadership style and engage in case vignette discussions designed to enhance their skills with the adaptive leadership model. Understanding the VUCA (Volatility, Uncertainty, Complexity, Ambiguity) model will be emphasized for crisis management.

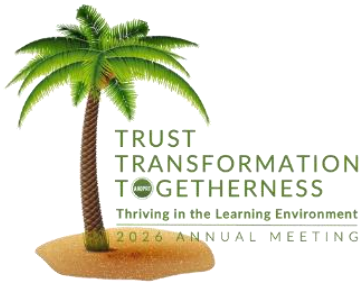
Maintaining a clear shared vision, having a structured framework, and implementing adaptive and crisis leadership models are key to navigating the increasing complexities of psychiatry education, such as generational gaps, burnout, resident unionization, and the sociopolitical environment. This workshop aims to equip psychiatric educators with the tools to build resilient and adaptive leadership teams that can weather the storms of change, transforming your team and the educational environment with trust and cohesion.

Practice Gap

Psychiatric program directors often lack formal leadership training despite holding key leadership roles. Many have limited awareness of their leadership style and strategies for building a resilient and adaptive team while fostering trust and a shared vision and operational framework. Navigating complex regulatory systems and institutional structures adds further challenges. Adaptive leadership skills are underdeveloped, making transitions and crises—such as team member loss—difficult to manage. Structured educator tools are essential to maintain a shared vision and lead through volatility, uncertainty, and sociopolitical pressures, including burnout, generational gaps, and resident unionization. These gaps hinder trust building and team cohesion in the residency leadership team and impact their ability to be resilient and responsive in navigating challenges in the ever-changing world of psychiatric education.

Agenda

- Introduction (5 min) – Welcome and session overview.
- Think-Pair-Share (10 min) – Participants reflect on leadership transitions in residency programs, first in pairs, then in a group discussion to identify challenges and best practices.
- Residency Domain Mapping Didactics (10 min) – Presentation on creating a conceptual map of residency programs, highlighting governance, support systems, and regulatory bodies to promote shared vision and clarity during change.
- Small Group Mapping Exercise (15 min) – Participants apply mapping techniques to their own programs, identifying key stakeholders and structural elements.
- Large Group Brainstorm (10 min) – Collaborative discussion to generate strategies for effective leadership transitions.



- Leadership Styles & Team Models Didactics (10 min) – Overview of leadership styles and models for building adaptive, cohesive teams.
- Role Play with Case Vignettes (20 min) – Practice leadership skills using the Adaptive Leadership Model and VUCA framework.
- Group Reflection & Q&A (10 min) – Final discussion to consolidate learning and address questions.

Scientific Citations

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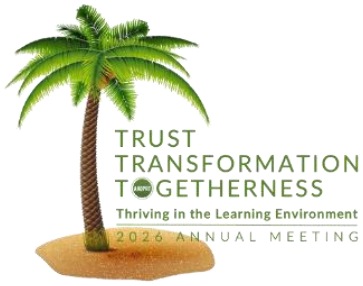


Title
Using the Annual ACGME Report to Your (Web) AD-vantage

Primary Category
Program Administration and Leadership

Presenters
Megan Zappitelli, MD, Prisma Health/University of South Carolina School of Medicine - Greenville
Raphaela Fontana, DO, Prisma Health/University of South Carolina School of Medicine - Greenville
Rachele Yadon, MD, University of Kentucky
Robert Simon, MD, University of Kentucky
Russ Kolarik, MD

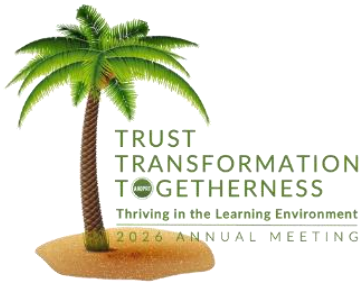
Educational Objectives

1. Understand the process and content of the ACGME annual reporting (WebADS) process.

2. Identify strategies and tools for leveraging the WebADS process to highlight the strengths of and to respond to challenges within their program.

3. Generate an action plan to decrease the burden of the ACGME annual reporting (WebADS) process.

Abstract
The Accreditation Council for Graduate Medical Education (ACGME) requests annual reports through the Accreditation Data System (ADS), informally referred to as “WebADS.” The psychiatric training director is responsible for the submission of these reports each fall, and this process can be daunting, particularly for new training directors, or for programs who have gone through many recent changes. There are many topics included in the annual reports such as an accounting of trainee and faculty scholarly activity, clinical schedule information (i.e. block diagrams), program overview information including program major changes, and responses to citations. The information presented in WebADS is an opportunity for training directors to highlight the strengths of their program and to directly address areas of concern that are seen in the ACGME survey results. Preparation of the content in WebADS can be time-consuming, daunting, and is a high-stakes responsibility held by the training director.



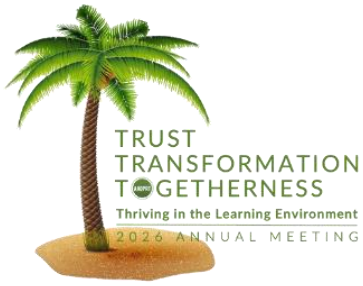
The presenters are comprised of current training directors and a designated institutional officer (DIO). This workshop was presented during the AADPRT meeting in 2025. Due to the positive feedback from this session which included the request to repeat this workshop as well as the recent conversations on the AADPRT list-serv on this topic, the presenters of this workshop plan to update this workshop, building on last year's learnings.

The presenters will first provide an overview of the ACGME Accreditation timeline and then will break down the elements of the WebADS annual report to provide tips and strategies for using the WebADS process in an effective way throughout the year. An overview of the review committee meeting process, site visits and the accreditation process will be provided. The presentation will review the limited available literature associated with the ACGME survey and then expand on creating tools including Annual Performance Evaluations (APEs), structured Program Evaluation Committee (PEC) meetings, and internal surveys that can be used to provide data and content to prepare for the WebADS yearly report. Presenters will review cases where the WebADS process has been as a tool to assist in responding to an unfavorable ACGME survey into receiving ACGME continued accreditation with commendation, all within one academic year.

Participants will then divide into breakout groups to share strategies that they have incorporated to help them with their own WebADS reports as well as ways that they have used the annual reporting system to help support their programs. In a subsequent breakout group, participants will work together to create an action plan around which strategies they would like to incorporate for managing and organizing their future WebADS reports in their home institutions. Participants will complete a year-long timeline to organize ACGME-related tasks and ways that they can use the presented tools throughout the year to help with the WebADS process. Finally, participants will share their strategies with the larger group and will leave the session empowered to leverage the annual WebADS reporting system to their program's AD-vantage.

Practice Gap

Psychiatric training directors (TDs) are faced with the daunting task of submitting an annual report to the Accreditation Council for Graduate Medical Education (ACGME) through the Accreditation Data System (ADS), informally referred to as "WebADS." This report includes a program overview, faculty/trainee scholarly activity, major program changes, and responses to previous citations or areas of concern. This report, along with the yearly ACGME Program Survey, is one of the main tools that the ACGME uses to determine program status and to identify areas of program non-compliance. Despite the importance of this report, many TDs lack strategies for completing this annual report outside of what is



available in the ACGME online resources. There is currently no literature that outlines strategies for WebADS completion, and our workshop hopes to bridge this gap to empower TDs to use WebADS to best reflect their training program.

Agenda

- Introduction and Learning Objectives (5 min)
- Presentation of the ACGME annual report timeline and WebADS process and limited literature (5 min)
- Detailed breakdown of each WebADS category (5 min)
- Presentation of case examples, success stories, and proposed strategies that can be used to generate content and data in preparation for the annual WebADS report (15 min)
- Breakout groups: participants will identify and discuss strategies that they have to manage WebADS reports as well as ways that they have used the annual reporting system to help support their programs (10 min)
- Breakout groups: participants will work together to create an action plan and timeline around which strategies that they would like to incorporate for managing and organizing their future WebADS reports in their home institutions (25 min)
- Breakout groups share back to the large group (10 min)
- Question, answer, and wrap-up session (15 min)

Scientific Citations

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