Workshop Session #6

Title
A Balancing Act: Supporting Parenthood in Psychiatry Training

Primary Category
Program Administration and Leadership

Presenters
Xiaoyi Yao, MD, Columbia University/New York State Psychiatric Institute
Jonathan Heldt, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)
Laina Gagliardi, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)

Educational Objective

1. Identify the major challenges facing both trainee-parents and psychiatry program directors regarding parenthood in training, including parental leave policy, call and clinical coverage, extensions of training, accommodations for childcare, and negative perceptions from peers and faculty.

2. Describe ACGME, ABPN, and institutional policies regarding parental leave and policies regarding extending training due to parental leave.

3. Evaluate strategies to appropriately accommodate parent-trainees that mitigate burden faced by other trainees and that reduce the likelihood of training extension.

4. Describe strategies to promote a program culture of inclusion and support for

Abstract
In August 2024, a US Surgeon General Advisory highlighted declining mental health and well-being among parents as a critical public health issue. Navigating early parenthood presents challenges such as sleep deprivation, role tension, and work-life integration for all parents, but they are particularly acute for resident and fellow physicians who face the unique demands of medical training. Medical training has historically been overrepresented with men and provided limited support for parent-trainees. As women now represent half of medical trainees and as family and parenting structures change, there is a growing tension between the needs of parent-trainees and ACGME and institutional requirements for training. One survey of a large GME institution found that approximately

40% of trainees expected to have children during training, while another study found that over 60% of trainees felt the need to delay childbearing due to concerns about clinical demands, finances, access to childcare, burdening colleagues, and extending training. Parents in non-traditional family structures, including LGBTQ and single parents and parents who adopt children, face additional stressors. Complicating this landscape are the growth of residency unions with more generous parental leave policies and a lack of standardization and transparency for parental leave policies in psychiatry residency and fellowship programs, despite evidence that paid parental leave is associated with positive health outcomes for both parent and child, with one recent study among residents demonstrating an inverse relationship between the length of leave and parental burnout. There is evidence that psychiatry program directors could be better equipped to face the unique needs and challenges of trainee-parents. In a recent survey of psychiatry program directors, 57% agreed that trainees could benefit from more leave, 33% reported a lack of knowledge around ACGME, ABPN, and hospital policy and 25% endorsed difficulty finding coverage for trainees on leave. This workshop explores the most common challenges program directors face regarding supporting and accommodating parent-trainees. Attendees will be introduced to up-to-date research on the challenges facing parent-trainees and ACGME and ABPN policies regarding parenthood in training. A case-based format will be used to help participants develop strategies regarding:

- Coverage of clinical duties (and whether clinical duties need to be “repaid” or repeated) and pager/inbox coverage
- Designing call schedules to accommodate parental leave while not overburdening other trainees
- Designing clinical schedules that limit the need to extend training while meeting ACGME requirements (e.g. advantages and disadvantages of built-in redundancy for core ACGME requirements in trainee schedules)
- Supporting academic careers and mitigating negative perceptions of parent-trainees by peers, supervisors, and training directors
- Schedule accommodations during and after pregnancy (e.g. for childcare, medical appointments, and lactation)
- Counseling residents on parental-leave policies and accommodations
- Supporting the needs of gender/sexual identity, family structure, financial status, and adoption/fostering
- Fostering an institutional culture that supports parent-trainees
- Addressing the unique challenges facing parent-trainees warrants institutional, program, and interpersonal interventions.

This session will help programs think systematically about the approach and to develop strategies supporting the well-being of trainees embarking on parenthood.

Practice Gap

Recently, a US Surgeon General Advisory underscored rising stress and declining well-being among parents. In addition to the universal stressors of early parenthood, residents who become parents during training face unique challenges, including a lack of clarity around parental leave policy and pressures around clinical requirements. Additional factors impacting the experience of resident parents include availability of childcare, lactation resources, and perceptions of colleagues and supervisors. Parents in non-traditional family structures are further subject to bias. While a recent study shows most psychiatry program directors agree residents would benefit from more parental leave and accommodations, there are few resources available to assist programs to approach supporting trainees in a systematic way. We share the latest evidence from the existing literature and perspectives from programs that have navigated these common challenges to share strategies and further foster discussion about the importance of supporting trainees during this important life transition.

Agenda

- Introduction (3 min)
- Poll Questions: Assess learner needs. Review results to tailor subsequent discussions (5 min)
- Didactic: Review of common challenges faced by trainees planning and entering parenthood during residency and/or fellowship (17 min)
- Small Group Breakout (25 min)
    - Case-based discussions of residents facing a combination of challenges described above.
    - Discuss considerations and strategies to navigate these challenges.
- Large Group Report-Out (20 min)
    - Small-groups share their approach.
    - Generate discussion with group brainstorming. Provide additional resource and reference for common issues.
- Reflections/Q&A (15 min)
- Feedback survey (5 min)

Scientific Citations

Blair, J. E., Mayer, A. P., Caubet, S. L., Norby, S. M., O'Connor, M. I., & Hayes, S. N. (2015). Pregnancy and parental leave during graduate medical education. Academic Medicine, 91(7), 972–978. https://doi.org/10.1097/acm.0000000000001006

Dundon, K. MW., Powell, W. T., Wilder, J. L., King, B., Schwartz, A., McPhillips, H., & Best, J. A. (2021). Parenthood and parental leave decisions in pediatric residency. Pediatrics, 148(4). https://doi.org/10.1542/peds.2021-050107

Freeman, G., Bharwani, A., Brown, A., & Ruzycki, S. M. (2021). Challenges to navigating pregnancy and parenthood for physician parents: A framework analysis of qualitative data. Journal of General Internal Medicine, 36(12), 3697–3703.

Leandre, F. M., Sudak, D. M., & Ginory, A. (2021). Are psychiatry programs providing adequate parental leave to their residents? Academic Psychiatry, 46(2), 162–166. https://doi.org/10.1007/s40596-021-01558-0
Office of the Assistant Secretary for Health (OASH). (2024, August 28). U.S. Surgeon General Issues Advisory on the mental health and well-being of parents. HHS.gov. https://www.hhs.gov/about/news/2024/08/28/us-surgeon-general-issues-advisory-mental-health-well-being-parents.html

Ortiz Worthington, R., Feld, L. D., & Volerman, A. (2019). Supporting new physicians and new parents: A call to create a standard parental leave policy for residents. Academic Medicine, 94(11), 1654–1657. https://doi.org/10.1097/acm.0000000000002862

Stack, S. W., Jagsi, R., Biermann, J. S., Lundberg, G. P., Law, K. L., Milne, C. K., Williams, S. G., Burton, T. C., Larison, C. L., & Best, J. A. (2019). Maternity Leave in Residency: A multicenter study of determinants and wellness outcomes. Academic Medicine, 94(11), 1738–1745. https://doi.org/10.1097/acm.0000000000002780

Smith, K. S., Bakkensen, J. B., Hutchinson, A. P., Cheung, E. O., Thomas, J., Grote, V., Moreno, P. I., Goldman, K. N., Jordan, N., & Feinberg, E. C. (2022). Knowledge of

Title
Addressing Moral Injury: Learning Environments that Support Moral Courage

Primary Category
Wellness, Burnout, Resilience

Presenters
Michael Greenspan, MD, Zucker School of Medicine at Hofstra/Northwell
Angela Liu, MD, Zucker School of Medicine at Hofstra/Northwell
Scott Sinisgalli, MD, Institute of Living/Hartford Hosp Psych Program
Nandita Gupta, MD, Community Health Network, Inc.
Avni Shah, DO, Christiana Care Health System

Educational Objective

1. Define moral injury and moral courage in the setting of psychiatric training.

2. Analyze how race, identity, and power dynamics intersect to shape the moral injury experiences of psychiatry trainees.

3. Develop individual- and systems-level strategies to address moral injury and cultivate moral courage within their own psychiatry training programs.

Abstract
Psychiatrists and psychiatry trainees enter the profession driven by deep commitments to healing, advocacy, and equity. Yet, systemic pressures can place them in situations where they feel unable to act in alignment with their moral values. While burnout has been widely discussed, what about the deeper wounds of working in a medical system that may require physicians to act in ways that are antithetical to their values and sense of self? This experience, known as moral injury, can erode professional identity, diminish trust in institutions, and contribute to attrition from the field.

Moral injury occurs when clinicians cannot act according to their deeply held values due to external constraints, resulting in guilt, shame, or disillusionment. In psychiatry, this may involve discharging patients due to insurance limits, using coercion and restraints in psychiatric emergencies, or remaining silent about inequities for fear of retaliation. Structural inequities—including systemic racism, discriminatory laws, resource disparities, and hierarchical power imbalances—intensify moral injury, particularly for psychiatrists and trainees from underrepresented backgrounds. These clinicians often experience a

"double jeopardy": the distress of witnessing injustice coupled with the risk of retaliation if they speak out.

In contrast, moral courage is the cultivated capacity to act ethically and advocate for what is right, even in the face of personal, professional, or political risk. In psychiatry, moral courage may involve challenging discriminatory policies, advocating for patients facing systemic barriers, resisting inequitable training practices, or pressing for reforms to address mental health disparities. For trainees, especially those from marginalized groups, moral courage means making intentional, values-driven choices despite the pull toward compliance. It requires both individual resilience and organizational structures such as mentorship, peer support, shared governance, and just cultures that protect and empower those who act ethically.

An intersectional perspective reveals that moral injury is not evenly distributed. Trainees from marginalized groups may have heightened awareness of inequities due to lived experience, magnifying ethical distress when they witness discriminatory practices or barriers to care. At the same time, hierarchical dynamics in residency make speaking up risky for any trainee, and fear of stereotyping or retaliation may further silence underrepresented trainees. Many are also disproportionately tasked with diversity, equity, and inclusion work, which, when inadequately supported, can deepen moral injury. Against a backdrop of growing political polarization and xenophobia, moral courage in psychiatry has become especially urgent.

This 90-minute interactive workshop engages participants through guided reflection, presenter narratives, case-based problem-solving, and collective strategy-building. Activities include Visual Thinking Strategies to prompt reflection, presenter narratives illustrating intersections of race, identity, and power in moral injury, and structured case discussions in small groups. A large-group debrief will consolidate strategies, including mentorship networks, peer support, storytelling, advocacy, structural empowerment, and shared governance. By the conclusion of the session, participants will leave with practical tools to recognize moral injury, cultivate moral courage, and foster clinical and training environments where ethical action is supported and sustained.

Practice Gap

Psychiatrists frequently encounter situations where institutional policies or systemic barriers conflict with patient-centered care and personal values, leading to experiences of moral injury. While burnout is widely recognized, moral injury and moral courage remain less understood in psychiatric practice and training, with limited literature offering

evidence-based interventions. Trainees are particularly vulnerable, as hierarchical power dynamics, inequities in training environments, and identity-related risks often compound the ethical distress they experience. The current divisive political climate further heightens these challenges. Without structured opportunities to recognize and address moral injury, trainees may experience erosion of professional identity, diminished trust in institutions, and increased risk of attrition from the workforce. Residency programs urgently need strategies and systemic reforms to cultivate moral courage and sustain professional integrity.

Agenda

- Introductions; didactic overview of moral injury and moral courage in psychiatry training 10 min)
- Think-pair-share using Visual Thinking Strategies with images depicting moral injury (10 min)
- Presenter narratives of moral injury and moral courage from three programs (20 min)
- Individual reflection using curated case handouts; participants identify potential interventions (10 min)
- Small group discussions of curated cases; collectively generate individual- and system-level solutions (25 min)
- Large group debrief, Q&A, and wrap-up (15 min)

Scientific Citations

Bansal, E., & Rice, T. (2024). Teaching moral courage & rights-based leadership in medicine: A cross-disciplinary exploration. Teaching and Learning in Medicine, 1–11. https://doi.org/10.1080/10401334.2024.2369611

Herschkopf, M. D. (2021). Moral distress or countertransference? Addressing emotional reactions of psychiatry trainees. Academic Psychiatry, 45(4), 476–480. https://doi.org/10.1007/s40596-021-01485-6

Maguire, P. A., & Looi, J. C. (2022). Moral injury and psychiatrists in public community mental health services. Australasian Psychiatry, 30(3), 326–329. https://doi.org/10.1177/10398562221082019

Sales, P. M., Arshed, A., Cosmo, C., Li, P., Garrett, M., & Cohen, M. A. (2021). Burnout and moral injury among consultation-liaison psychiatry trainees. Psychodynamic Psychiatry, 49(4), 543–561. https://doi.org/10.1521/pdps.2021.49.4.543

Sukhera, J., Kulkarni, C., & Taylor, T. (2021). Structural distress: Experiences of moral distress related to structural stigma during the COVID-19 pandemic. Perspectives on Medical Education, 10(4), 222–229. https://doi.org/10.1007/s40037-021-00663-y

Webb, E. L., Ireland, J. L., Lewis, M., & Morris, D. (2024). Potential sources of moral injury for healthcare workers in forensic and psychiatric settings: A systematic review and meta-ethnography. Trauma, Violence, & Abuse, 25(2), 918–934. https://doi.org/10.1177/15248380231152264

Title
Brain on Display: Teaching Neuroimaging in Psychiatry Through Interactive Progressive Case Conferences

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Joseph Cooper, MD, University of Illinois College of Medicine at Chicago
Kathy Niu, MD, UT Southwestern Medical Center
Chadrick Lane, MD, UT Southwestern Medical Center
Yelu Zhang, MD, Beth Israel Deaconess Medical Center

Educational Objective

1. Appreciate the relevance of integrating neuroimaging into general psychiatric training.

2. Identify clinical scenarios where neuroimaging is indicated, including specific hypotheses which are then tested by practicing viewing actual images.

3. Implement portable open-access educational modules to incorporate neuroimaging education even without local faculty expertise.

Abstract
Scholars in antiquity pointed to the brain as the organ in which cognition, emotion, and behavior are rooted. Despite this transformative revelation, it would be more than two millennia before we would have the ability to peer inside the brain in vivo. The advent of neuroimaging permitted scientists and clinicians to observe what remains one of the most complex structures in the known universe: the human brain. The field of psychiatry has also advanced in that it is not uncommon to utilize neuroimaging in daily clinical practice. From computerized tomography (CT), magnetic resonance imaging (MRI), positron emission tomography (PET), to several other modalities, neuroimaging often proves useful in the assessment and diagnosis of conditions which present with changes in behaviors, thoughts, or emotions. Disorders such as traumatic brain injury, dementia syndromes, epilepsy, and autoimmune syndromes are but a few examples where neuroimaging plays a crucial role in the diagnostic process, helping differentiate from idiopathic psychiatric syndromes. Emphasizing the importance of neuroimaging in psychiatric education, the ACGME includes competency in neurodiagnostic testing and its clinical application as a key medical knowledge milestone for psychiatry residency training.

Despite the importance of neuroimaging in psychiatry, trainees rarely receive high-quality, effective education in this area. This gap leaves many learners uncertain about when and how to order neuroimaging, reducing their confidence in applying it to patient care. Approaches such as lectures, didactics, or bedside teaching may not provide sufficient depth or engagement, leaving learners with limited understanding and, at times, disengaged or bored.

The key to teaching neuroimaging is integrating clinical relevance. One useful approach to achieving this objective is through an interactive progressive clinical case (PCC) format. The PCC allows for connections between knowledge about imaging techniques to their clinical application in assessment and diagnosis. This permits a stepwise and critical consideration of what imaging to select, its advantages and disadvantages, and how the results inform differential diagnosis and next steps. The PCC format is rooted in active learning principles, promoting learner engagement and active application of knowledge. A PCC may also be utilized within group settings, as intended for this workshop, so as to allow small and large group discussion, along with other interactive elements through the application of online technologies, e.g. polling, as well as role play. Additionally, this workshop will demonstrate the ease with which educators can use open resource tools for teaching, removing the necessity of on-site psychiatric neuroimaging expertise.

Practice Gap

While neuroimaging has become central to modern psychiatric practice, psychiatry trainees often receive limited formal instruction in how to interpret and apply imaging findings clinically. Most residency curricula rely on didactics, lectures, or bedside teaching, which often emphasize technical details rather than clinical reasoning. As a result, residents may lack confidence in knowing when imaging is appropriate, what modality to choose, how to evaluate findings, and how to integrate results into diagnostic and treatment planning. This practice gap is reinforced by the fact that many training programs lack on-site faculty expertise in neuroimaging. Given that the ACGME explicitly includes neurodiagnostic testing as a milestone sub-competency, there is a clear need for practical, scalable, and interactive teaching methods. Interactive progressive case conferences offer a feasible solution to bridge this gap and strengthen residents' competence in psychiatric neuroimaging.

Agenda

Interactive progressive case conference format, as follows:

- Introduction to psychiatric neuroimaging with polling for audience engagement (10 min)

- Participants begin the case in pairs including discussion prompts, followed by large group discussion (10 min)
- Further case history is provided, think-pair-share followed by large group discussion (10 min)
- Selection of neuroimaging and hypothesis development, participants will discuss in pairs then large group (10 min)
- Practice reviewing neuroimaging review individually via QR code on phone, then in pairs, then large group discussion, followed by a brief expert video reviewing the same neuroimaging (15 min)
- Final history of case, neuroimaging review practice individually, in pairs, then sharing with large group followed by a second brief expert video (10 min)
- Role-play: incorporate neuroimaging findings into diagnostic conversation with patient and family (10 min)
- Large group discussion and Q&A (15 min)

Scientific Citations

Cooper JJ, Valencia VA, Niu K. Neuroimaging education in psychiatric training. Neuropsychopharmacology. 2025 Jan;50(1):298-304.

Medina M, Lee D, Garza DM, Goldwaser EL, Truong TT, Apraku A, Cosgrove J, Cooper JJ. Neuroimaging Education in Psychiatry Residency Training: Needs Assessment. Acad Psychiatry. 2020 Jun;44(3):311-315.

Cooper JJ, Walker AE. Neuroscience Education: Making It Relevant to Psychiatric Training. Psychiatr Clin North Am. 2021 Jun;44(2):295-307.

Ross DA, Cooper JJ, Arbuckle MR, Walker AE, and Travis MJ (2022). “Preparing for the Future of Precision Psychiatry: The Critical Role of Neuroscience Education” (Ch. 14). In L.M. Williams and L.M. Hack (Eds). Precision Psychiatry: Using Neuroscience Insights to Inform Personally Tailored, Measurement-Based Care. Washington, DC, American Psychiatric Association Publishing.

Schildkrout B, Niu K, Cooper JJ. Clinical neuroscience continuing education for psychiatrists. Academic Psychiatry. 2023 Jun;47(3):297-303.

Zhang Y, Lizano P. Clinical Neuroscience Education in Psychiatry Residency Training: Where Do We Go from Here? Harv Rev Psychiatry 2025;33(3):158–69.

Zhang Y, Lizano P, Keshavan M. Advancing neuroscience education in psychiatry residency: A survey of current attitudes, trends, and challenges. Asian J Psychiatr. 2025 Jul 19;111:104630. PMID: 40743681.

Li L, Song Y, Yuan W, Zhao Y, Zhang Y, Chen S. A competency-based instructional design: A progressive blended case-based teaching method. BMC Med Educ. 2025;25(1):690. doi:10.1186/s12909-025-06581-2. PMID: 40826708.

Title
Developing Comprehensive Autism Spectrum Disorders Curricula for Medical School, Residency and Fellowship Training

Primary Category
Curriculum

Presenters
Scott Yapo, BS, MD, MS, Cambridge Health Alliance/Harvard Medical School
Ian Hammer, MD, Cambridge Health Alliance/Harvard Medical School
Sarah Mohiuddin, MD, University of Michigan
Sally Chu, MD, University of Michigan
Caleb Ernst, BS, University of Michigan

Educational Objective

1. Describe the importance of a robust ASD curriculum in psychiatric residency and child fellowship programs including access to care and equity.

2. Share one program's process of developing and integrating a comprehensive ASD curriculum after previously noting this as an area of weakness in their training.

3. Highlight three approaches, including resources and tips, on how to incorporate ASD education into medical school, residency, and fellowship curriculum.

4. Describe Kotter's "8 Steps for Leading Change" as a model to effectively promote change within an organization.

5. Have participants develop an action plan to take the next step in improving ASD education in their program.

Abstract
In order for children and adolescents with ASD to qualify for many insurance-based treatment services and school supports, they require a formal diagnosis of ASD using a standardized assessment tool, such as the Childhood Autism Rating Scale (CARS2) or the Autism Diagnostic Observation Schedule (ADOS). Additionally, individuals across the lifespan with autism spectrum disorder experience higher rates of co-morbid psychiatric disorders and often struggle to find care given a lack of providers with expertise working with this population (2). A recent study has shown that in many psychiatry training programs, there are limited training experiences in autism spectrum disorder (1). It is

crucial that our residents and fellows receive robust experience and education in this area to meet the needs of this population. Although training directors have identified the importance of training in this area, there have been many challenges such as faculty expertise, available clinical resources, and institutional barriers that have interfered (1). This workshop will highlight one program's process of improving their ASD curriculum and we will provide models for different approaches in both undergraduate and graduate programs, including general psychiatry residency and child psychiatry fellowship programs (3-5). The workshop will share available resources, discuss strategies for expanding ASD experiences/curriculum, and explore potential for future directions.

Interactive breakout groups will start with participants performing a needs assessment on their programs' ASD educational needs and participants will be grouped with other programs who have similar resources and/or stages of change. Participants will focus on applying Kotter's model "8 Steps for Leading Change" to implement these educational programs and changes in their respective organizations. By the end of the session, participants will be better prepared to expand their ASD education into their graduate and undergraduate medical programs, which will hopefully have positive downstream effects of expanding the workforce equipped to work with individuals with neurodevelopmental disorders.

Practice Gap

There has been a rising prevalence of Autism Spectrum Disorder, with current CDC estimates reporting 1 in 31 children having ASD. This has also led to a growing population of affected adults, and both groups have elevated rates of co-occurring psychiatric disorders and symptoms. Despite this, there is a shortage of psychiatrists who have expertise in working with this population, which has led to both delays in care and formal diagnosis. Although there are ACGME requirements for trainees to have exposure to patients with neurodevelopmental disorders, many psychiatric residency and fellowship programs provide limited training in ASD, which means that trainees are less prepared to work with this population after graduation. The aim of this workshop is to teach participants how to incorporate a more comprehensive ASD curriculum in both graduate and undergraduate medical education settings, as well as practical strategies to navigate barriers and promote change within their programs.

Agenda

- Section 1: Highlight the need for comprehensive ASD education across medical education. (10 min)
-

- Section 2: Review a range of education approaches from four different programs (both in graduate and undergraduate medical settings) at different stages on the ASD education continuum, including one program's transition to a more robust curriculum from previously minimal training/exposure in this area. Provide tips on curriculum development and present resources. (20 min)
- Section 3: Introduce Kotter's model "8 Steps for Leading Change" (10 min)
- Section 4: Break out groups. Participants will break up into small groups based on where their program is along the ASD education continuum, so that participants are grouped with others who are facing similar challenges. Participants will use Kotter's "8 Steps for Leading Change" to identify feasible strategies to promote ASD education in their programs. (30 min)
- Section 5: Wrap up, discussion, and question/answer. (20 min)

Scientific Citations

Marrus, N., Koth, K. A., Hellings, J. A., McDonald, R., Gwynette, M. F., Muhle, R., Lohr, W. D., & Vasa, R. A. (2023). Psychiatry training in autism spectrum disorder and intellectual disability: Ongoing gaps and emerging opportunities. Autism : The International Journal of Research and Practice, 27(3), 679–689.

Maddox, B. B., Crabbe, S., Beidas, R. S., Brookman-Frazee, L., Cannuscio, C. C., Miller, J. S., Nicolaidis, C., & Mandell, D. S. (2020). "I wouldn't know where to start": Perspectives from clinicians, agency leaders, and autistic adults on improving community mental health services for autistic adults. Autism : The International Journal of Research and Practice, 24(4), 919–930.

Robinson, L. A., Gaugh, L., Yapo, S., Al-Sumairi, R., Lorenzo, A., & Weiss, M. (2022). Defragmenting the path to diagnosis for underserved youth with Autism Spectrum Disorder in a community-based health system. Healthcare : The Journal of Delivery Science and Innovation, 10(1), 100597–100597.

Strickland, D. C., Schulte, A. C., & Welterlin, A. (2020). Video-Based Training in Recognizing Exemplars of Autism Spectrum Disorder Diagnostic Criteria. Training and Education in Professional Psychology, 14(4), 257–264.

Clarke, L., & Fung, L. K. (2022). The impact of autism-related training programs on physician knowledge, self-efficacy, and practice behavior: A systematic review. Autism : The International Journal of Research and Practice, 26(7), 1626–1640.

Accreditation Council for Graduate Medical Education. (2025). ACGME program requirements for graduate medical education in child and adolescent psychiatry. Child and adolescent psychiatry.

Accreditation Council for Graduate Medical Education. (2025). ACGME program requirements for graduate medical education in psychiatry.

Kotter, J. P. (1995) Leading Change: Why Transformation Efforts Fail. Harvard Business Review, 73, 59-67.

Title
From Baby Boomers to Gen Z's: Navigating Stormy Waters of ACGME Surveys

Primary Category
Curriculum

Presenters
Zehra Aftab, MD, University of Chicago
Taiwo Babatope, MBA, MD, MPH, McGovern Medical School at UTHealth
Jana Lincoln, MD, University of Kansas School of Medicine, Wichita
Nader Hashweh, MD, University of Chicago
Madeline Bruman, MD, McGovern Medical School at UTHealth

Educational Objective

1. Develop a comprehensive understanding of the ACGME survey landscape, including the Wellness Index, and its impact on program accreditation decisions.

2. Create and implement targeted approaches to involve faculty and residents in ACGME initiatives, aiming to strengthen the learning experience and achieve improved survey results.

3. Highlight instances of common cross-generational values that foster collaborative involvement of residents and faculty in meaningful program improvements, leading to positive ACGME survey outcomes.

Abstract
The Accreditation Council for Graduate Medical Education (ACGME) Resident/Fellow and Faculty Surveys are pivotal tools for advancing the quality and accountability of psychiatry residency and fellowship programs. The surveys provide actionable insights into the educational environment, supervision, evaluation, resources, well-being, and culture of safety and professionalism (ACGME, 2023). As psychiatry training programs strive for continuous improvement, understanding the survey's role within the broader ACGME accreditation landscape is essential. Psychiatry and other training programs face distinctive challenges stemming from generational gaps between faculty members and residents (Giordano V. et al, 2025, Benham T, 2021). Even though there is no research to support the correlation between generational differences and undesirable ACGME Survey outcomes, there is literature showing different intergenerational expectation for professional behavior, independence, interest in wisdom, politeness, forgiveness, education where learners prefer innovative approaches over the established traditional

educational styles (Giordano V. et al, 2025). According to Puder et al, the relationship between residents and faculty, psychological safety, educational alliance, and feedback may impact the clinical learning environment which are all part of the ACGME Survey (Puder et al).
We will discuss the pre- and post-survey processes – including preparation for the survey, data interpretation and interventions that are responsive to generational needs and preferences of trainees and faculty (Saba et al., 2020; ACGME 2023). By clarifying the survey cycle and providing educators with practical tools, this workshop aims to empower residents to take ownership of the program and serve as leaders, enrich the learning environment, support continued excellence in psychiatry training, and foster a vibrant, multi-generational academic community.

Practice Gap
Residency programs now include faculty and learners from four generations – Baby Boomers, Gen X, Millennials, and Gen Z – each with distinct approaches in attitudes towards work, communication, and learning that can be misunderstood across generations (Williams et al., 2010, Matha et al., 2024).
This workshop will highlight strategies for bridging generational gaps, promoting mutual understanding, and leveraging strengths to foster openness, engagement, and inclusivity in preparation for the survey. We will review post-survey results and best practices in responding to potential citations.
Table 1: Generational Characteristics Across Various Domains (Williams et al., 2010, Matha et al., 2024)

Agenda

- Introduction/Participant Poll (5 min)
- Didactic portion (10 min)
    - ACGME Survey and the impact on Program Accreditation
    - Program Evaluation Committee and program improvement
    - Practical ways to improve survey outcomes
- Group work (25 min)
    - Small group discussion:
        - Discussion of the ACGME Survey using a case vignette; discuss challenges and positive outcomes; develop suggestions on how to address challenges
    - Large group presentation
- Didactic portion (10min)
    -

    - Review generational differences resulting in unfavorable outcomes on ACGME Surveys
- Group work (25 min)
    - Small group discussion
    - Examine the impact of generational differences on the ACGME Survey results using a case vignette; develop suggestions on how to address challenges
    - Large Group presentation
- Wrap Up and Q&A (15 min)

Scientific Citations

Accreditation Council for Graduate Medical Education (ACGME). (2023). ACGME Resident/Fellow and Faculty Surveys: Overview and Interpretation Guidelines.

Benham, T. (2021). Generational differences among physicians: Implications for medical education. Medical Teacher, 43(8), 880-885.

Giordano, V., Bolonini, J., Fernandes, F., Pieres, R. E., Kojima, K., Labronici, P. J., & Belangero, W. D. (2025). From Baby Boomers to Gen Z: The changing values shaping medical education and professionalism. Retrieved from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=5333254

Puder, D., Dominguez, Ch., Borecky, A., Ing, A., Martinez, A. E., Pereau, M., & Kashner, T. M. (2022). Assessing interpersonal relationships in medical education: The Connection Index. Academic Psychiatry, 46, 683-691.

Saba, G., Lee, E., Marquez, C., & Zhang, L. (2020). Using survey data to drive residency program improvements: Lessons from psychiatry. Academic Psychiatry, 44(6), 701-706.

Matha, S., & Pratap, V. (2024). Literature review of learning preferences, motivational factors and training needs among different generations of Baby Boomers, Gen X, Gen Y and Gen Z students and professionals. Retrieved from https://www.researchgate.net/publication/378129374

Williams, L., Medina, J., Medina, A., & Nettles, S. (2010). Generational diversity in academic psychiatry: Improving communication and understanding. Academic Psychiatry, 34(5), 310-314.

Title
Meaningfully Engaged: IGNITE Community Partnerships in Training Programs

Primary Category
Research and Scholarship

Presenters
Cassie Karlsson, MD, University of Kansas School of Medicine, Wichita
Joseph Guillory, MD, UT Southwestern Medical Center
Kent Posey, BS, MD, Colquitt Regional Medical Center
Lisa Rudolph-Watson, BS, MD, Colquitt Regional Medical Center
Amy Cheung, MD, PhD, Yale University School of Medicine

Educational Objective

1. Aim: Develop a model for psychiatry training programs to build community engagement partnerships.

2. Identify the benefits of community engagement in psychiatric training as established in the medical literature.

3. Outline key steps and strategize solutions to common/perceived barriers to establishing community engagement partnerships with a review of established community engagement projects and guided discussion in small groups.

4. Utilize the IGNITE “steps to effective and meaningful community engagement in training programs” model to design initial plans for developing a community engagement partnership in their own program.

Abstract
A cornerstone of psychiatry education is the recognition of community resources in supporting our patients’ mental health and wellbeing. Mental health organizations that amplify the voices of those with lived experience and their loved ones, first responders that reach community members in an acute mental health crisis, and residential programs that provide daily support for their clients serve as vital pillars in the community. Traditional clinical training often confines psychiatry residents and fellows to institutional settings such as hospitals, clinics, and classrooms. There is a growing interest in breaking down the divide between academic institutions and the community which can be achieved through thoughtful community engagement. This workshop will present a framework for how

psychiatry training programs can foster meaningful relationships that enrich both trainee professional growth and community outcomes.

Our group represents psychiatrists at different levels of training and institutions, from residents to program directors. We will present our IGNITE model of community engagement as a guide for training programs to build their own community-academic partnerships. Briefly, IGNITE stands for Identify, Grow, Name, Implement, Triage, and Evaluate as critical aspects of program development. We will discuss the steps that each presenter has taken to meaningfully work with their communities, the challenges they have faced to sustain these partnerships, and how participants can build their own community engagement efforts. Presenters will demonstrate how they have used IGNITE in their respective psychiatry residency and fellowship programs:

UT Southwestern Psychiatry Residency Program collaborated with NAMI North Texas to foster engagement in the program, the community, and each other. Trainees were involved in NAMI North Texas' mental health awareness events and provided virtual sessions for NAMI members.

Georgia South Psychiatry Residency Program worked with NAMI Moultrie to deepen residents' understanding of the lived experience of mental illness and recovery in rural and underserved areas and assist NAMI Moultrie in expanding their outreach and education initiatives.

KU-Wichita Child and Adolescent Psychiatry (CAP) Fellowship Program partnered with the City of Wichita to improve crisis care for children and their families by providing education to the city's first responders and raising awareness of the city's efforts among CAP fellows.

Yale University Psychiatry Residency Program allied with group homes through a trainee-led nutrition education program in group homes to promote nutrition security, develop skills to facilitate a public health intervention, and better appreciate the role of residential programs.

This workshop will provide participants with strategies to develop their own community engagement initiatives and strengthen relationships between their training programs and community organizations.

Practice Gap

A critical part of medical education is understanding the community need. Psychiatry residents and fellows spend most of their time treating patients in clinical settings which represent time- and location- limited encounters in patient's lives. Therefore, there is a gap in the way that trainees recognize and appreciate the role that community engagement can have in their education. Community entities that interface with patients in their daily lives (e.g., faith-based and mental health advocacy organizations, first responders, group homes) and community-facing clinical care serve as important approaches to bridging this divide between providers and patients.

Agenda

- Opening (10 min)
    - Introductions
    - Objectives/aims
    - Interactive poll: What comes to mind when you think of "community partnerships"
    - Review evidence behind community engagement in psychiatry
    - Introduce "IGNITE: Our steps to effective and meaningful community engagement in training programs"
- "Brief program showcase" stations (40 min)
    - Each station has a "brief program showcase" from each presenter with group discussion
        - Presented within the IGNITE framework
        - Highlight "What was/will be the most challenging/unexpected component of project?" AND "Potential pathway ahead"
- "Designing your own Community Partnership" small group activity (15 min)
    - Presenter leads group members through the IGNITE worksheet
- "Feedback and Guidance" large group activity (20 min)
    - Spokesperson from each small group presents on their respective project and "What was/will be the most challenging/unexpected component of project?" AND "Potential pathway ahead"
- Closing (5 min)

Scientific Citations

1. Lansing AE, Romero NJ, Siantz E, Silva V, Center K, Casteel D, Gilmer T. Building trust: Leadership reflections on community empowerment and engagement in a large urban initiative. BMC Public Health. 2023 Jun 28;23(1):1252. doi: 10.1186/s12889-023-15860-z. PMID: 37380973; PMCID: PMC10304359.

2. Duncan A, Stergiopoulos V, Dainty KN, Wodchis WP, Kirst M. Community mental health funding, stakeholder engagement and outcomes: a realist synthesis. BMJ Open. 2023 Feb 1;13(2):e063994. doi: 10.1136/bmjopen-2022-063994. PMID: 36725092; PMCID: PMC9896207.

3. Cagande C, Aswad Y, Ismail A, Lewis-de Los Angeles CP, Fletcher K, Hunt J. Preparing Trainees for Public Health Advocacy Through Community Partnerships. Child Adolesc Psychiatr Clin N Am. 2024 Jul;33(3):447-456. doi: 10.1016/j.chc.2024.02.010. Epub 2024 Apr 5. PMID: 38823816.

4. Khazanchi R, Keeler H, Strong S, Lyden ER, Davis P, Grant BK, Marcelin JR. Building structural competency through community engagement. Clin Teach. 2021 Oct;18(5):535-541. doi: 10.1111/tct.13399. Epub 2021 Jul 18. PMID: 34278725.

5. Cooper C, Watson K, Alvarado F, Carroll AJ, Carson SL, Donenberg G, Ferdinand KC, Islam N, Johnson R, Laurent J, Matthews P, McFarlane A, Mills SD, Vu MB, Washington IS, Yuan CT, Davis P. Community Engagement in Implementation Science: the Impact of Community Engagement Activities in the DECIPHeR Alliance. Ethn Dis. 2024 Apr 24;DECIPHeR(Spec Issue):52-59. doi: 10.18865/ed.DECIPHeR.52. PMID: 38846725; PMCID: PMC11895551.

Title
PRITE of Passage: Navigating the Road to Resident Success on Exams

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

Presenters
Raphaela Fontana, DO, Prisma Health/University of South Carolina School of Medicine - Greenville
Douglas Glenn, BS, MD, Prisma Health/University of South Carolina School of Medicine - Greenville
Megan Zappitelli, MD, Prisma Health/University of South Carolina School of Medicine - Greenville
Jessica Obeysekare, MD, Prisma Health- Upstate/University of South Carolina School of Medicine Greenville (Greer) Program
Christine Sawhill, DO, Prisma Health- Upstate/University of South Carolina School of Medicine Greenville (Greer) Program

Educational Objective
In adopting the strategies below, this workshop will address knowledge gaps in how residency programs can optimize their preparation strategies for the Psychiatry Residency In-Training Examination (PRITE) and how to address underperformance on an individualized basis for residents to improve PRITE performance.

1. Develop both program-wide and individual-specific preparation plans for residents as they prepare for the annual PRITE.

2. Implement early assessment tools to help identify medical knowledge gaps and track progress throughout residency.

3. Address underperformance on the PRITE constructively via development of a protocol/policy outlining the individual PGY goals and a remediation plan if threshold is not met.

4. Monitor and evaluate program effectiveness by regularly reviewing and analyzing PRITE outcomes annually and adjust accordingly.

Abstract

The Psychiatry Resident In-Service Training Examination (PRITE) is a critical assessment tool used to evaluate residents' knowledge and progress in the field of psychiatry. Effective preparation for the PRITE is essential for residents' success and program accreditation, yet there are no specific guidelines on how programs should help prepare residents for PRITE or what to do when a resident underperforms on this examination. Plus, it appears that residency programs have different thresholds (or none) related to PRITE performance and may not have an ILP or strategy in place to help improve resident performance if/when necessary.

This workshop hopes to discuss ways in which programs can establish a structured review program that integrates PRITE-specific content, including regular mock exams and targeted study sessions. We will introduce different ideas to help programs be more proactive in identifying possible knowledge gaps for residents as they start their training to intervene earlier in their educational journey. Presenters will discuss some recent literature that shows how performance on PRITE may be useful in mapping several of the Medical Knowledge Milestones.4 We will also review the literature regarding the known and unknown correlations between the United States Medical Licensing Examination (USMLE)/Comprehensive Osteopathic Medical Licensing Examination (COMLEX) and ABPN certification examinations with PRITE performance

.

Presenters will provide examples of what their home institution does to identify, develop, implement, and remediate trainees for PRITE performance as well as share outcomes post-implementation of said strategies. In conversation, we realized that all three programs approach PRITE preparation, milestone requirements/thresholds, and ILP development and implementation differently. Therefore, each program will spend several minutes outlining their protocol discussing the following points: faculty/resident/chief-led PRITE review sessions, timeline and number of PRITE review sessions, remediation plans, thresholds for moonlighting, impact on milestone evaluations (if any), ILPs currently in use, faculty/leadership involvement, resources utilized by the program and/or residents for PRITE preparation, and recent improvements/changes to PRITE preparation/performance. Our goal is that audience members will be able to extrapolate actionable items they can bring back to their home institutions to enhance the PRITE experience and performance for residents.

Lastly, breakout groups will be utilized for attendees to discuss the barriers and facilitators their program faces when it comes to PRITE preparation and performance. Breakout groups

will be asked to discuss the questions below and will be tasked with reporting out to the larger group for further discussion and wrap up.

- What does your program do for PRITE preparation?
- Do you find there to be a correlation with how your residents are doing clinically with their performance on PRITE? What about a correlation with Step/COMLEX exams or the current board pass rate?
- Is there a threshold for what residents need to score on PRITE to be considered in "good academic standing" which can impact ability to moonlight, etc.?
- Do you currently have a remediation plan or ILP for residents who underperform on PRITE? If so, what does this look like? If not, what would you want this to look like?

Practice Gap

Prior to their modifications several years ago, the Psychiatry Residency In-Training Exam (PRITE) was shown to be a valuable prognostic tool for assessing the likelihood of success on the American Board of Psychiatry and Neurology (ABPN) Certification.1,2 There has also been some evidence to support that performance on USMLE Step 1 and 2 CK is strong predictor of PRITE psychiatry and neurology scores, and therefore an important quantitative predictor of performance this examination during residency.3 Even with this knowledge, many programs approach preparation, remediation, and development of individualized learning plans (ILPs) for PRITE performance differently. The goal of this workshop is to brainstorm some ideas program leadership can develop to help learners be successful in preparing for PRITE and how to work towards meaningful and proactive ILPs that will promote academic achievement and development.

Agenda

- Introduction and Learning Objectives (5 min)
- Presentation of the ACGME institutional requirements for PRITE (5 min)
- Presentation looking at current PRITE data and how/if this correlates with Board Certification performance, COMLEX/Step performance, or milestone performance (10 min)
- Presenters will discuss their current preparation strategies, remediation, and academic thresholds for PRITE performance as well as outcomes from various interventions (25 min)
- Breakout groups: participants will discuss what their individual programs do and then will answer several questions to help create, solve, and/or change current processes for PRITE (20 min)

- Breakout groups report back to the large group (15 min)
- Question and answer session as well as wrap-up (10 min)

Scientific Citations

Juul D, Schneidman BS, Sexson SB, Fernandez F, Beresin EV, Ebert MH, Winstead DK, Faulkner LR. Relationship between Resident-In-Training Examination in psychiatry and subsequent certification examination performances. Acad Psychiatry. 33(5), 404-406 (2009). doi: 10.1176/appi.ap.33.5.404. PMID: 19828858.

Tankersley, W.E., Patel, R.S., Mekala, H. et al. Does the Psychiatry Residency In-Training Examination (PRITE) Predict Performance on Initial Board Certification in Psychiatry?. Acad Psychiatry 43, 348–349 (2019). https://doi.org/10.1007/s40596-019-01037-7

Miller, B.J., Sexson, S., Shevitz, S. et al. US Medical Licensing Exam Scores and Performance on the Psychiatry Resident In-Training Examination. Acad Psychiatry 38, 627–631 (2014). https://doi.org/10.1007/s40596-014-0130-y

Boland, R.J., Dingle, A.D., Travis, M.J. et al. Using the Psychiatry Resident-In-Training Examination (PRITE) to Assess the Psychiatry Medical Knowledge Milestones in Psychiatry. Acad Psychiatry 46, 331–337 (2022). https://doi.org/10.1007/s40596-021-01537-5

Ferrell BT, Tankersley WE, Morris CD. Using an Accountability Program to Improve Psychiatry Resident Scores on In-Service Examinations. J Grad Med Educ. 7(4):555-559 (2015). doi: 10.4300/JGME-D-14-00722.1. PMID: 26692966; PMCID: PMC4675411.

Note: Our team was only able to find one article that was published within the last 5 years (4) and poster presentation given in 2022.

Title
Spaces for belonging: Creating paracurricular spaces for identity and advocacy

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

Presenters
Pascale Chrisphonte, MD, Zucker School of Medicine at Hofstra/Northwell
Dustin Avery Brinker, MD, Zucker School of Medicine at Hofstra/Northwell
Stephanie London, MD, Zucker School of Medicine at Hofstra/Northwell
Ezinne Ekwegbalu, DO, Zucker School of Medicine at Hofstra/Northwell
Anika Suddath, MD, Zucker School of Medicine at Hofstra/Northwell

Educational Objective

1. Describe practical and theoretical considerations for paracurricular groups that are focused on equity, diversity, inclusion, and belonging within psychiatric education.

2. Consider examples of groups and initiatives that reflect the sociocultural and intersectional identities of trainees and faculty in modern academic psychiatry.

3. Identify and collaborate on actionable steps to re-envision paracurricular spaces in their own contexts.

Abstract
The individual identities of trainees and faculty will continue to shape their experiences within the healthcare system, irrespective of institutional views and the broader political climate,. Increasing evidence within the health professions education literature emphasizes the need for identity safety to facilitate meaningful engagement within this system. This workshop invites participants to consider the role of paracurricular initiatives in promoting equity, diversity, inclusion, and belonging (EDIB). We define paracurricular initiatives as optional, co-created spaces outside of a formal curriculum that are supported by a program but not run by said program. Unlike extracurricular initiatives and other informal curricula, paracurricular activities primarily occur during regularly scheduled work hours and run parallel to the formal curriculum within educational spaces. This parallel nature increases accessibility for trainees and allows the program to maintain a safe distance relative to larger institutions since greater focus lies on formal curricular endeavors. As such, they are particularly well positioned to ensure a continued focus on EDIB regardless of the social context of a given institution. By creating paracurricular

activities centered on EDIB, we 'lean in' to and celebrate the intersectional voices of those marginalized by academic medicine, thereby promoting their ability to develop integrated professional identities. Building upon theories of power and identity (e.g., French & Raven, Crenshaw, Bourdieu), this workshop 1) highlights example paracurricular initiatives—LGBTQ+ and BIPOC trainee support groups, an antiracist and advocacy resident group, residency councils—and 2) prompts participants to re-conceptualize existing and potential paracurricular activities in their local contexts. To do so, we will present and integrate an example of a unified theoretical framework of social power and intersectionality. Participants will then explore the logistical and psychological demands of paracurricular initiatives related to these theories and collaborate on ideas for implementation and innovation of such initiatives at their home institutions. Ultimately, we hope that this workshop provides a practically and theoretically informed exercise for participants to generate meaningful educational practices focused on EDIB.

Practice Gap

Academic psychiatry has long prioritized the creation of a diverse workforce. Many psychiatry residency training programs seek to address this through concerted recruitment of students from marginalized and underrepresented backgrounds. These efforts are essential for addressing diversity, yet retention of these trainees requires further programmatic intervention focused on equity, inclusion, and belonging. Often, such interventions fall within predefined formal curricular innovations and informal teaching communications; however, such efforts are one facet of creating a safe culture for trainees from marginalized identities, most particularly in locales where their residency program may be their primary source of support. This jeopardizes the ability of these trainees to meaningfully engage in their training and, subsequently, and the overall retention of a diverse workforce. Herein lies the gap: how do we promote equity, diversity, inclusion, and belonging throughout the educational culture of a program beyond formal curricular initiatives?

Agenda

- Introductions — welcome, reflexivity, icebreaker activity (10 min)
- Large-group Reflection — Sharing of personal/local interactions with paracurricular spaces, co-constructed goal setting for session (15 min)
- Didactic Presentation — Presenters provide conceptual framework for paracurriuclar groups and an example of a unified theoretical framework of social power and intersectionality (10 min)
-
-

- Small-group Activity — Participants split into groups tasked with discussing considerations for paracurricular groups related to one of the following dimensions: physical, logistical, and psychological (10 min)
- Large-group Activity — Share out of small-group activity (10 min)
- Individual Activity — Participants brainstorm at least one paracurricular space for their program (5 min)
- Pair/Share Activity — Discussion of individual activity with peer (15 min)
- Large-group Reflection — Share-out of pair/share activity, questions, and concluding remarks (15 min)

Scientific Citations

Bullock, J. L., Sukhera, J., Del Pino-Jones, A., Dyster, T. G., Ilgen, J. S., Lockspeiser, T. M., Teunissen, P. W., & Hauer, K. E. (2024). 'Yourself in all your forms': A grounded theory exploration of identity safety in medical students. Medical Education, 58(3), 327–337. https://doi.org/10.1111/medu.15174

Frank, A. K., Lin, J. J., Warren, S. B., Bullock, J. L., O'Sullivan, P., Malishchak, L. E., Berman, R. A., Yialamas, M. A., & Hauer, K. E. (2024). Stereotype threat and gender bias in internal medicine residency: It is still hard to be in charge. Journal of General Internal Medicine, 39(4), 636–642. https://doi.org/10.1007/s11606-023-08498-5

Johnson, S. B., Konopasky, A., & Wyatt, T. R. (2025). The power with us: experiences of resisting oppression among Black women physicians in academic medicine. Advances in Health Sciences Education. Advance online publication. https://doi.org/10.1007/s10459-025-10455-2

Lam, J. T. H., Coret, M., Khalil, C., Butler, K., Giroux, R. J., & Martimianakis, M. A. T. (2024). The need for critical and intersectional approaches to equity efforts in postgraduate medical education: A critical narrative review. Medical Education, 58(12), 1442–1461. https://doi.org/10.1111/medu.15425

Smith, M., McGuire-Adams, T., & Eady, K. (2025). Anti-oppression pedagogy in health professions: A scoping review. Advances in Health Sciences Education, 30(1), 281–320. https://doi.org/10.1007/s10459-024-10336-0

Title
The Reviews Are In! Learning the Art and Science of Peer Review

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

Presenters
Lia Thomas, MD, UT Southwestern Medical Center
Bernice Yau, MD, UT Southwestern Medical Center
Alyssa Smith, MD, Indiana University School of Medicine
Rashi Aggarwal, MD, Zucker School of Medicine at Hofstra/Northwell -- Staten Island University Hospital
Adam Brenner, MD, UT Southwestern Medical Center

Educational Objective
1. Explain the role of peer reviewers in advancing academic psychiatry and mentoring authors.

2. Differentiate between acceptance and rejection criteria commonly used by education journals.

3. Evaluate common pitfalls in peer reviewing and describe strategies to avoid them.

4. Demonstrate effective techniques for providing constructive and actionable feedback in manuscript reviews.

5. Assess the professional development benefits of serving as a peer reviewer, including growth in academic writing skills and networking opportunities.

Abstract
Academic psychiatrists are often called upon to serve as peer reviewers for medical education journals. Reviewing is an important professional development opportunity, which allows reviewers to gain a working knowledge of acceptance and rejection criteria, while also improving their skills in academic writing. Additionally, serving as peer reviewers for education journals enhances networking and deepens connections to the national academic psychiatry community. Most importantly, peer reviews provide learning opportunities for willing authors. Peer reviewers serve as (often anonymous) mentors who help authors improve their manuscripts and grow in the process. In this workshop,

participants will learn strategies for effective manuscript review, common pitfalls, and tips of the trade from editors of the journal Academic Psychiatry and experienced peer reviewers.

Practice Gap

Despite its importance to the field of academic psychiatry, the practice of peer reviewing is seldomly taught to residents or junior faculty. The peer review process can thus be confusing and generate a lot of questions. What if I give a bad review? How do I know if I'm asking the right questions? How do I know what the journal wants from me?
AADPRT is one of the sponsoring organizations for the journal Academic Psychiatry. Members of its Editorial Board offer this workshop to faculty and trainees to provide workshop attendees with the information and skills needed to prepare for the work of peer review and feel prepared to teach their trainees.

Agenda

- Introductions, participants' goals (10 min)
- Didactic presentation: Why/how to become a reviewer, what goes into an effective manuscript review, Academic Psychiatry manuscript review checklist (10 min)
- Small group activity #1: Review two examples of manuscript abstracts (15 min)
- Large group report out on activity #1 (10 min)
- Didactic presentation: Reviewer tips, common reasons for journal rejection (15 min)
- Small group activity #2: review a Methods section of a manuscript (10 min)
- Small group activity #3: review examples of Tables, Figures, and References (10 min)
- Large group report out; wrap-up; lessons learned; Q&A with session moderators (10 min)

Scientific Citations

Aggarwal, R., Louie, A.K., Morreale, M.K. et al. On the Art and Science of Peer Review. Acad Psychiatry 46, 151–156 (2022). https://doi.org/10.1007/s40596-022-01608-1

Burke D. Best practices in table design. Science Editor. 2021;44(4):122-5.

Advice from a Master Peer Reviewer (Academic Medicine Podcast with Carl Stevens, seven-times winner of the Academic Medicine Excellence in Reviewing Award). Aug 2018. https://academicmedicineblog.org/advice-from-a-master-peer-reviewer/

Molassiotis A, McCarthy A, Charalambous A, Gibson F, Lopez V, Beaver K. Common reasons why an academic paper is rejected: views from the editors. Eur J Oncol Nurs. 2019;40:v-vi.

Song E, Ang L, Park JY, Jun EY, Kim KH, Jun J, Park S, Lee MS. A scoping review on biomedical journal peer review guides for reviewers. PLoS One. 2021 May 20;16(5):e0251440. doi: 10.1371/journal.pone.0251440. PMID: 34014958; PMCID: PMC8136639.

Drozdz JA, Ladomery MR. The Peer Review Process: Past, Present, and Future. Br J Biomed Sci. 2024 Jun 17;81:12054. doi: 10.3389/bjbs.2024.12054. PMID: 38952614; PMCID: PMC11215012.

Sedaghat AR, Bernal-Sprekelsen M, Fokkens WJ, Smith TL, Stewart MG, Johnson RF. How to be a good reviewer: A step-by-step guide for approaching peer review of a scientific manuscript. Laryngoscope Investig Otolaryngol. 2024 Jun 4;9(3):e1266. doi: 10.1002/lio2.1266. PMID: 38835335; PMCID: PMC11149763.

Title
Together We Can: Transforming Psychiatry Training to Advance Latinx Mental Health Needs

Primary Category
Program Administration and Leadership

Presenters
Peter Ureste, MD, University of California, Riverside School of Medicine
Ailyn Diaz, MD, Penn State University, Hershey Medical Center
Ana Ozdoba, MD, Albert Einstein College of Medicine/Montefiore Medical Center
Juan Sosa, MD, UT Southwestern Medical Center
Erica Lubliner, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)

Educational Objective
This workshop aims to address the persistent gap in culturally responsive psychiatric care for Latinx communities by highlighting recruitment, mentorship, and educational strategies within GME. Building on recent consensus recommendations for developing competencies to improve care for Latino/Hispanic populations (Silva et al., 2025), the session will feature examples of innovative educational programs that integrate culturally and linguistically responsive training opportunities, as well as Psiquiatras Unidos, a Southern California organization dedicated to mentorship, recruitment, and advocacy to advance Latinx mental health.

1. Summarize trends in workforce gaps in Latinx mental health care based on national data.

2. Describe models of culturally and linguistically responsive educational opportunities, including rotations and curricula, within psychiatric training programs.

3. Identify strategies to recruit and mentor Latinx residents and train all trainees to deliver culturally informed, linguistically appropriate care.

4. Develop strategies, informed by cross-institutional experiences, to enhance recruitment, mentorship, and culturally responsive psychiatric training.

Abstract

Latinx communities represent one of the fastest-growing populations in the United States, projected to comprise nearly 30% of the population by 2050. Despite this growth, Latinx populations face persistent inequities in mental health access and outcomes, driven by factors such as structural racism, socioeconomic barriers, immigration status, and limited availability of culturally and linguistically responsive services. The mental health workforce has not kept pace with this need—Latinx psychiatrists remain critically underrepresented, particularly in regions where Latinx communities comprise a significant portion of the population. This shortage underscores an urgent need to strengthen recruitment, mentorship, and training of Latinx residents, while also preparing all psychiatry trainees to deliver culturally informed, linguistically appropriate care.

This 90-minute interactive workshop responds to that gap by bringing together program directors and faculty to explore innovative strategies that align with the AADPRT conference theme of trust, transformation, and togetherness. Drawing on recent consensus recommendations for advancing care for Latino, Hispanic, and Spanish-origin populations (Silva et al., 2025), the workshop will highlight examples of educational programs that integrate culturally and linguistically responsive clinical training opportunities. Examples include structured Spanish-language psychiatry rotations and community-based models that provide residents with direct experience in caring for Spanish-speaking patients. In addition, the workshop will feature the work of Psiquiatras Unidos, a newly founded Southern California organization dedicated to the mentorship, advocacy, and support of Latinx medical students, residents, fellows, and faculty in psychiatry. Presenters will share lessons learned from their institutions, including both challenges and successes in recruitment, mentorship, and curriculum development.

Participants will begin with a think-pair-share exercise to reflect on their current institutional efforts and barriers. A review of national trends and workforce gaps in Latinx mental health care will follow this. Presenters will then share innovative models of culturally and linguistically responsive educational opportunities from their home programs, including residency rotation experiences. Building on these examples, participants will engage in small-group case discussions to share challenges, strategies, and lessons learned from their own institutions. Large-group debriefs will allow participants to compare approaches, highlight cross-institutional themes, and collaboratively generate a practical toolkit of recruitment, mentorship, and training strategies to strengthen culturally responsive psychiatric education.

By centering shared experiences, innovative models, and actionable strategies, this workshop aims to equip participants with practical tools to transform residency training. Ultimately, the session seeks to strengthen trust, advance cultural and linguistic responsiveness, and foster togetherness in the mission to improve mental health care for Latinx communities.

Practice Gap

Latinx communities represent one of the fastest-growing populations in the United States, projected to comprise nearly 30% of the population by 2050. Yet they continue to experience disproportionate mental health disparities driven by structural racism, socioeconomic inequities, immigration status, and limited access to culturally responsive care. Despite this growing need, a significant shortage of Latinx mental health professionals persists, particularly psychiatrists who are bilingual, culturally competent, and trained to understand the unique psychosocial factors that impact Latinx populations. This shortage is especially pronounced in regions with high Latinx populations, leaving many communities underserved. Graduate medical education (GME) programs play a pivotal role in closing this gap by recruiting and supporting Latinx residents into psychiatry while also ensuring that all trainees develop the skills necessary to provide culturally informed, linguistically appropriate mental health care. Without such efforts, inequities in mental health outcomes among Latinx populations will continue to widen.

Agenda

- Introductions & Think-Pair-Share (10 min): Welcome participants, review objectives, and invite reflections on challenges or curiosities about Latinx mental health care in GME.
- Trends & Programs (20 min): Review workforce gaps, disparities, and policy influences. Highlight culturally responsive training models, including rotations, mentorship, and institutional initiatives.
- Small Group Peer Exchange (15 min): Share institutional experiences with recruitment, mentorship, and training of Latinx residents, and strategies to advance Latinx mental health.
- Large Group Debrief (10 min): Summarize insights and highlight common themes.
- Small Group Activity – 4Ps (10 min): Explore People, Purpose, Process, or Pathways, identifying key features, strengths, and areas for improvement in residency programs serving Latinx communities.
- Large Group Debrief (10 min): Share insights and generate recruitment and retention strategies.
-

- Closing Discussion & Evaluation (15 min): Revisit objectives, summarize strategies, and share lessons. Reserve time for Q&A, with 5 min for evaluation forms.

Scientific Citations

Agency for Healthcare Research and Quality. 2023 National healthcare quality and disparities report. Published November 2023. Updated June 2025. Accessed September 15, 2025. https://www.ahrq.gov/research/findings/nhqrdr/nhqdr23/index.html

Brottman MR, Char DM, Hattori RA, Heeb R, Taff SD. Toward cultural competency in health care: a scoping review of the diversity and inclusion education literature. Acad Med. 2020;95(5):803-813. doi:10.1097/ACM.0000000000002995

Hernandez RG, Tanaka K, McPeak K, Thompson DA. Resident Training Experiences Providing Spanish-Language Concordant Care: Implications for Growing Health Equity Efforts Within Graduate Medical Education. Clin Pediatr (Phila). 2022 May;61(4):352-361. doi: 10.1177/00099228221074776. Epub 2022 Feb 13. PMID: 35152769.

Hubbard A, Sudler A, Alves-Bradford JE, Trinh NH, Emmerich AD, Mangurian C. Building a Diverse Psychiatric Workforce for the Future and Helping Them Thrive: Recommendations for Psychiatry Training Directors. Psychiatr Clin North Am. 2022 Jun;45(2):283-295. doi: 10.1016/j.psc.2022.03.007. Epub 2022 May 14. PMID: 35680244; PMCID: PMC9399901.

Mora H, Obayemi A, Holcomb K, Hinson M. The National Deficit of Black and Hispanic Physicians in the US and Projected Estimates of Time to Correction. JAMA Netw Open. 2022;5(6):e2215485. doi:10.1001/jamanetworkopen.2022.15485

Silva DH, Davis Rodríguez JA, Rasgado-Flores H, et al. Developing Competencies to Advance Health Care Access and Quality for Latino, Hispanic, and Spanish Origin Populations: A Consensus Statement. JAMA Netw Open. 2025;8(8):e2527208. doi:10.1001/jamanetworkopen.2025.27208

Title
Transforming Perspectives through Dimensional Formulation: a Novel Biopsychosocial Teaching Tool

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Samuel Dotson, BS, MD, Northeast Georgia Medical Center Program
David Beckmann, MD, MPH, Thomas Jefferson University Hospital
Rahel Bosson, MD, Massachusetts General Hospital
Joseph Stoklosa, MD, Massachusetts General Hospital
DeJuan White, MD, Emory University School of Medicine

Educational Objective

1. Compare categorical and dimensional approaches to teaching case formulation, and explain how categorical methods can be reductionistic and limiting.

2. Design case-based learning seminars that challenge learners' preconceived notions and transform their perspectives by incorporating psychological, social, and spiritual insights.

3. Apply a dimensional formulation framework grounded in a "pedagogy of connection" to guide learners and organizations in analyzing their worldviews and identifying their blind spots.

Abstract
Engel's biopsychosocial approach to case formulation is a model in our field, but making it practical remains a significant challenge for educators. Trainees often prefer the efficiency and theoretical simplicity of "check-box" diagnostic approaches over constructing nuanced narratives. Many eventually default to categorizing patient characteristics and risk factors as either biological or "psychosocial," reinforcing a mind–body split. Categorical methods such as the 5P framework can unintentionally perpetuate this reductionism and obscure the dynamic interaction between patient and clinician worldviews. Yet, when taught well, formulation also offers an opportunity to elegantly integrate various threads in a curriculum, fostering holistic and humanistic patient care.

This workshop introduces educators to dimensional formulation, a method that frames formulation as a critical analysis of overlapping worldviews (biomedical, psychological,

socio-structural, and spiritual/existential). A theoretical background built on a Pedagogy of Connection is introduced, which is an emerging education theory highlighting the importance of linking learners not only to patients but also to communities, professions, health systems, and themselves. This offers a powerful, justice-oriented framework that resists reductionism while fostering critical thinking, self-reflection, and professional identity formation.

The session begins by reviewing existing strategies for teaching case formulation and their limitations, including an active learning exercise that demonstrates how salient clinical facets can be lost when we try to "put the patient in a box." The middle section draws on Freud's concept of weltanschauung to introduce dimensional formulation as an alternative paradigm that builds on the transtheoretical concepts of agency and transcendence to differentiate the major psychiatric worldviews. Using practical materials and learning aids, attendees will engage in a think-pair-share exercise evaluating overlapping perspectives in quotes from major thinkers with competing viewpoints on mental illness. Finally, learners revisit the initial clinical case using the dimensional method to integrate connection, justice, and meaning into their original case conceptualization. They end with a time for self-formulation to foster transformational reflection on personal and organizational bias at their home institutions.

The ultimate aim of this workshop is to encourage patients, professionals, and organizations to expand their perspectives, limit bias, level power dynamics, and identify new avenues for intervention and consensus. Active learning techniques, including KWLs, polling software, think–pair–share, and breakout groups. are incorporated throughout. Participants will leave with a practical, new method for teaching case formulation that they can apply in their clinical work and carry back to their home institutions for their learners.

Practice Gap

Formulation is a core psychiatric skill that distinguishes the field from the narrower biomedical focus in much of medicine. Yet teaching holistic case formulation is increasingly difficult in a bureaucratic, efficiency-driven healthcare system. Practical strategies for incorporating it into crowded curricula are therefore urgently needed. Traditional tools like the 5Ps (predisposing, precipitating, presenting, perpetuating, protective factors) risk becoming reductionistic by forcing complex experiences into boxes that undermine Engel's original biopsychosocial vision. At the same time, critical but marginalized topics (e.g., social determinants of health, critical theory, humanism, existentialism, spirituality) are increasingly struggling to find space in crowded curricula. Without clear ties to patient care, they risk exclusion in today's polarized political climate.

Thus, psychiatry needs formulation teaching methods that are nuanced, patient-centered, and capable of integrating complex theory with practice. Such methods would not only sharpen clinical reasoning but also strengthen reflective skills, keeping psychiatry grounded in its holistic tradition.

Agenda

- Introduction (25 Min)
    - Introduce speakers, review objectives, and conduct a KW(L) needs assessment (Poll Everywhere) (5 min)
    - Mini-didactic on the biopsychosocial model of formulation and current teaching methods (e.g., the 5 Ps) (10 min)
    - Exercise 1 – "Putting the Patient in a Box: Critiquing Common Formulation Teaching Pitfalls:" (breakout group with case discussion) (10 min)
- Dimensional Formulation (25 Min)
    - Mini-didactic on a pedagogy of connection, worldviews, and alternative models of teaching formulation (5 min)
    - Exercise 2 – "Shades of Gray: Probing Perspectives Using Venn Diagrams" (think-pair-share) (20 min)
- Case-Based Learning for Self-Reflection (25 Min)
    - Mini-didactic discussing the use of formulation for organizational and professional identify formation (5 min)
- Exercise 3 – "Drugs, Dynamics, Determinants, or Demons: Exploring Bias and Critiquing Perspectives" (breakout groups, report back) (20 min)
- Conclusion (15 min)
    - Question and answer session, finish (KW)L (Poll Everywhere), and complete evaluations

Scientific Citations

Aftab A, Waterman GS. Conceptual competence in psychiatry: Recommendations for education and training. Acad Psychiatry. 2021 Apr;45(2):203-9.

Amari N. Self-formulation in counselling psychology: The Power Threat Meaning Framework. J Humanist Psychol. 2023;Online ahead of print. doi:10.1177/00221678231154292.

de Carvalho Filho MA, Hafferty FW. Adopting a pedagogy of connection for medical education. Med Educ. 2025 Jan;59(1):37-45.

Dotson S, Ogbu-Nwobodo L, Shtasel D. The importance of an evidence-based structural approach in public and community psychiatry. Psychiatr Ann. 2021 Jun;51(6):266-71.

Fanali A, Giorgi F, Tramonti F. Thick description and systems thinking: Reiterating the importance of a biopsychosocial approach to mental health. J Eval Clin Pract. 2024 Mar;30(2):309-15.

Hunt J. Holistic or harmful? Examining socio-structural factors in the biopsychosocial model of chronic illness, "medically unexplained symptoms" and disability. Disabil Soc. 2024 Apr;39(4):1032-61.

Owen G. What is formulation in psychiatry? Psychol Med. 2023 Apr;53(5):1700-7.

Sampogna G, Luciano M, Fiorillo A. The psychiatric formulation. In: Tasman's Psychiatry. Cham: Springer International Publishing; 2024. p. 1449-61. doi:10.1007/978-3-031-19096-1_107.

Sholokhova S. Phenomenological interviews in learning and teaching phenomenological approach in psychiatry. Phenom Cogn Sci. 2022 Feb;21(1):121-36.

Sullivan M, Walton MF, Auchincloss EL, Penzner JB. Teaching psychiatric formulation to residents and faculty. Acad Psychiatry. 2020 Dec;44(6):766-9.

Title
Yes You Can! Empowering the Psychiatric Workforce by Teaching and Bolstering Psychotherapy Skills for Substance Use Disorders

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Anne Ruble, BA, MD, MPH, Johns Hopkins Medical Institutions
Brendan Scherer, MD, San Mateo County Behavioral Health and Recovery Services.
Ruby Barghini, MD, MS, Temple University School of Medicine
Alyson Nakamura, MD, UT Southwestern Medical Center

Educational Objective

1. Identify evidence-based psychotherapies for substance use disorders (SUD) that psychiatrists should learn in training.

2. Describe how core psychotherapeutic approaches identified by the ACGME, including motivational interviewing, supportive, psychodynamic, and cognitive behavioral therapies, can be used in the care of patients with substance use disorders.

3. Identify a specific area for growth within one's clinical practice or training program related to psychotherapy for SUD and develop an initial action plan to enhance knowledge and competencies.

Abstract

According to the 2020 National Survey on Drug Use and Health, there are 40.3 million people aged 12 years and older with substance use disorders (SUD) in the United States. Despite the high need for SUD services, there is a large workforce gap and a dearth of addiction-boarded specialists in the U.S.: only 2,526 physicians are board-certified in addiction medicine, and 1,252 are certified in addiction psychiatry, giving a ratio of only one addiction-boarded physician for every 10,668 patients with SUD. In the context of this mismatch between the population-level need for SUD services and the specialty workforce available to care for this patient population, all psychiatrists must be prepared to treat patients with SUD. Residency training programs must ensure their graduates are equipped with a sufficient knowledge base and skillset to treat patients with SUD, including an understanding of both pharmacological and psychotherapeutic treatment strategies. This

workshop will empower practicing psychiatrists, medical educators, and trainees to provide core psychotherapeutic strategies relevant to the care of patients with SUD. This presentation includes specific methods to show how education about psychotherapy for SUD can be integrated into a general residency curriculum. Participants will build their own knowledge of psychotherapy for addictions through interactive demonstrations and small- and large-group discussions. Participants will engage with scenarios that illustrate opportunities for teaching psychotherapy for SUD within general residency training, and they will be guided to identify specific areas for improvement and action plans for their own programs' curricula or personal knowledge base. Expertise in addiction psychiatry is not a prerequisite for participation, as content will be appropriate for participants with a broad range of comfort with both psychotherapy and addiction psychiatry.

Psychotherapeutic approaches covered in this workshop will include motivational interviewing and motivational enhancement therapy (MET), psychodynamic psychotherapy,

manualized group therapies such as Seeking Safety, dialectical-behavioral therapy (DBT) and cognitive behavioral therapy (CBT). In particular, harm reduction psychotherapy, a psychotherapeutic approach that can be integrated within all core ACGME-required psychotherapies (supportive, cognitive behavioral, and psychodynamic), will be emphasized as a modality that incorporates motivational interviewing and is designed to meet the individual patient where they are in their recovery journey. We will also present specific psychotherapy skills to strengthen the common factor of therapeutic alliance, which can in turn improve treatment retention, and offer resources that can be used in any clinical practice environment. The intersection between health equity and psychotherapy for SUDs will be incorporated, emphasizing both that patients from minoritized groups are less likely to receive evidence-based care for SUD and less likely to receive psychotherapy services than non-minoritized patients.

Practice Gap

General psychiatrists' competence in addiction psychiatry should include an understanding of both biological and psychotherapeutic approaches to substance use and related disorders. Publicly available resources have bolstered many training programs' abilities to provide strong training in biological treatments for substance use disorders (SUD), such as buprenorphine training for residents. However, resources for teaching residents about psychotherapeutic approaches to SUD are more limited, and many programs may struggle to include this content in their curricula. Consequently, many graduating general psychiatrists are entering the workforce either unaware of the efficacy of psychotherapies for SUD or lacking the confidence to perform them. This workshop will address this gap by familiarizing participants with psychotherapeutic approaches to SUD

and empowering programs and clinicians to identify opportunities for providing education about psychotherapy for SUD within their training programs and/or encouraging their use in clinical practices.

Agenda

- Welcome and Introductions (5 min)
- Motivational Interviewing (25 min)
    - Interactive demonstration of MI in the learning environment
    - Group discussion: Opportunities to teach and practice MI in psychiatric settings
- Using and Teaching Core Psychotherapies for SUD (40 min)
    - Small-group scenarios: Realistic vignettes illustrating opportunities for teaching psychotherapy for SUD
    - Review of free therapy resources to implement in participants' institutions

    - Large-group discussion to synthesize small-group findings
- Building Your Own Program (10 min)
    - Individual reflection and paired discussion on growth areas and action planning
- Wrap-Up and review of key concepts in large group discussion, Q&A, evaluations (10 min)

Scientific Citations

Balasanova AA, Ruble A, Nakamura A, Mitra S, Frank A. Effective but Undertaught: Training Psychiatrists in Psychotherapy for Substance Use Disorders. American Journal of Psychotherapy. 2025 Jun 15;78(2):114-118.

Frank AA, Schwartz AC, Welsh JW, Ruble AE, Branch R, DeMoss D, DeJong SM. Enhancing addictions education in patient care and medical knowledge competencies for general psychiatry residents. Academic Psychiatry. 2022 Apr 29:1-6.

SAMHSA. Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health.2021 October.

Balasanova AA, Ritvo AD, Yager J. Addiction psychiatry and addiction medicine – Strange Bedfellows or Separated at Birth? Substance Abuse. 2021;42(2): 130-135.

Tadmon D, Olfson M. Trends in outpatient psychotherapy provision by US psychiatrists: 1996–2016. American Journal of Psychiatry. 2022 Feb;179(2):110-21.