2025 Annual Meeting Posters

Title
Academic Excellence Plan- A tool for comprehensive professional development

Primary Category
Research and Scholarship

Presenters
Manassa Hany, MD, Icahn School of Medicine at Mount Sinai (Morningside/West)
Fatema Kapadia, MD, Maimonides Medical Center
Anetta Raysin, DO, Maimonides Medical Center

Educational Objective
1. Development of an AEP template that residents can use to-

a) Identify specific goals.

b) Brainstorm ways of achieving this goal in a set timeframe

c) Monitor progress with regular supervision and guidance.

d) Achieve ACGME guided milestones.

e) Manage burnout effectively and build resilience.

f) Recognize future goals and work towards attaining these on a regular basis.

g) Provide infrastructure to work on feedback that is provided, and regular follow-up built into the system to track progress of all residents.

2. Recognize how the tool can be utilized in identifying residents that are struggling with goals and putting support in place at an early stage.

3. To examine the effectiveness of the AEP after six months of implementation.

Practice Gap
Residents regularly balance their clinical duties and educational goals. Studies show that residents benefit by practicing self-directed learning to identify goals and evaluate their progress (1,2,3). Self-directed learning plans also encourage discussions between learners and faculty (4). The ACGME requires all programs to help develop plans like the Individualized Learning Plan (ILPs) (5). In our program residents have ILPs when they struggle to meet ACGME milestones. Residents that were part of these plans said they help with accountability and recommend this resource should be available to all residents. The AEP aims to be a structural tool for comprehensive professional

development involving components of wellness and career goals available to all residents combined with a system to keep track of progress.

Methods

A. Structured AEP Development- Developed an AEP guided by ACGME guidelines for a lifelong-learning plan and incorporating goals based on:
- Core Competencies- Patient Care, Medical Knowledge, Systems-Based Practices, Interpersonal and Communication Skills, Practice-Based Learning and Improvement, Professionalism
- Wellness- Work-life balance, Sleep Hygiene, Diet and exercise, Mindfulness, Hobbies
- Research and Academics- QI, Case Report, Literature Review, Research Project/ RCT, Friday Talk, Grand rounds, Lectures
- Career Planning- Fellowship Interests, CV development

B. Review and Approval- The AEP was reviewed by the Leadership and Research committee for approval.

C. Resident and Faculty Education-
- Residents received didactics on ACGME Milestones and Core Competencies through a dedicated 'Friday Talk' to all PGYs.
- Residents and faculty were explained the purpose and function of AEP.
- The steps of how to create an AEP were explained to both residents and faculty with the help of a sample AEP.

D. Implementation of AEP-
- All residents were asked to develop an AEP with guidance from self-identified resident mentor/chief.
- All AEPs were reviewed by Program Director or Associate Program Director at the Director's Review meeting.
- Residents were encouraged to bring their AEPs to supervision with rotation supervisors and discuss their goals and progress. Faculty was encouraged to engage in this discussion and help residents implement identified goals or suggest goals based on identified areas of improvement during the rotation.
- The AEP was scheduled to be reviewed at the following intervals:

a. Every two weeks- by rotation supervisor
b. Bi-annually- during Director's Review
c. As needed- by Chief Resident/Senior Resident identified as mentor

E. Evaluating the experience and effect of working with an AEP-
- A pre-survey was administered to residents to gauge their opinion on existing support systems and anticipated effects of the AEP.
- A post-survey was administered six months after implementation of the AEP to examine the experience of using the AEP, effectiveness of AEP in organizing and achieving goals, and whether the AEP helped in providing infrastructure to feedback given during supervisions.

Results

The results of the above QI project are currently under analysis. Preliminary data was indicative that all residents created and brought an AEP to the initial Director's Review. Analysis aims to throw light on the following parameters:

- The user-friendliness of the AEP template.
- The patterns of goals identified by residents across different PGY levels.
- The effectiveness of the AEP in providing structure to supervisions.

Conclusions

The cohort of training physicians continues to grow as well as the challenges of providing them with a comprehensive training experience. This creates a need for innovative and structured methods to help them balance the unique roles they play as resident physicians. The AEPs are created by the residents to identify the goals that are important to them and use the available training resources such as supervisions and director's reviews to track progress and identify areas for improvement. Through surveys we will identify the aspects of AEP that can be improved on. We hope that this plan can reach other training programs.

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Title
Assessing Medical Student Attitudes Towards a Community Psychiatry Pathway Program at an Academic Medical Center

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

Presenters
Patrice Malone, MD,PhD, Columbia University/New York State Psychiatric Institute
C. E. Chiemeka Ezie, MD, Columbia University/New York State Psychiatric Institute
Jade Avery, MD, McGaw Medical Center, Northwestern University

Educational Objective
1. To highlight the importance of developing strategies for exposing diverse candidates to psychiatry training

2. To describe qualitative findings regarding the experience of students underrepresented in medicine in a psychiatry pathway program

3. To identify future avenues for exploration and improvement within the program

Practice Gap
Workforce diversity plays a key role in delivering quality healthcare.1 Historically, efforts to increase recruitment of racial/ethnic minorities into medicine have been encumbered by challenges to admissions policies;2 therefore, recent rulings imposing strict limits on race are likely to present substantial obstacles to attracting students from groups underrepresented in medicine (URM).3 The field of psychiatry typifies the disparities found between the makeup of the medical fields and the general population. Specifically, individuals belonging to URM groups make up 16.2% of resident physicians, 8.7% of academic faculty, and 10.4% of practicing physicians.4 "Pipeline" programs (preparing students to enter specific fields) help recruit URM students to health professions,5 however, studies of such programs in the field of psychiatry are limited.6

Methods
The Dr. June Jackson Christmas Medical Student Program (JJC) at Columbia University in the Department of Psychiatry comprises two Summer Fellowships for “home” and visiting rising MS2s (one Clinical- and one Research-focused), as well as a Senior Visiting Student Elective (MS4), all targeted to students identifying as URM or as having lived/worked in diverse environments. All three tracks provide clinical exposures (with emphasis on community psychiatry), mentors, and a housing/travel subsidy. We present results from a program evaluation survey soliciting feedback from JJC alumni (“alums”).

In an anonymous Qualtrics7 survey emailed to all 50 alums of the Clinical, Research, and MSY4 programs(2016–2023), alums denoted their program and year of participation,

listed their goals for engagement, and responded to Likert scales rating their JJC program in terms of knowledge, skills, and interests gained; they also shared what aspects of the program were most helpful. In free response questions, alums could briefly elaborate on the above themes and share constructive feedback. Respondents received a $20 Amazon credit. Data from 2 alums who would be identifiable based on program years (e.g. sole participant in said year) were not reviewed.

Results

Of 48 eligible alums, 33 participated (68.75%). The response rate was 15 of 26 (57.69%) for Clinical alums, 11 of 13 (92.31%) for Research, and 6 of 9 (66.67%) for MSY4.
Alums' stated goals for engagement aligned with program aims: a majority (93.94%) hoped to gain exposure to psychiatry or mental health care by participating, while most Research (90.91%) alums also cited research experience and many MSY4s (66.67%) wanted networking/mentorship. All 33 (100%) agreed (i.e. marked "Strongly Agree" or "Agree") they successfully achieved their goals.
All 33 respondents (100%) reported increased familiarity with community psychiatry and interest in working with underserved populations due to participation in the JJC Program. All (100%) agreed that being among a cohort of URM students was helpful. Large majorities agreed the program increased their interest in a psychiatry career (87.88%) and elevated their psychiatry knowledge (87.88%). Vast majorities agreed faculty- and resident-led didactics (96.97%) and relationships and connections with peers (93.94%) were helpful aspects of the program.
90.91% of alums reported keeping in contact with peers, mentors, and/or program leaders. 50% (6 of 12) of Research alums reported later co-authoring an abstract, poster, presentation, or publication.
Themes of constructive feedback included requests for additional structure and dedicated time for meeting with mentors (some alums noted that mutually acceptable times to meet with mentors could be difficult), increased outpatient experience, suggestions for educational materials to supplement didactics such as topic summary handouts or research articles.

Conclusions

Results highlight strengths and areas for growth (i.e. scholarship/recruitment to academia) of a psychiatry pathway program. Future JJC studies could include objective knowledge assessments (e.g. a pre- and post-program test), as well as convening focus groups on precisely how peers, mentors, and faculty were helpful. The program additionally plans to expand to include undergraduate students in the coming year to

increase interest in medicine particularly psychiatry earlier in an individual's academic path.

Scientific Citations

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Title
Assessing the Knowledge, Attitudes, and Practices of Psychiatric Trainees in the Treatment of mental Health Disorders Associated with Infertility

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

Presenters
Nevena Radonjic, MD,PhD, SUNY Upstate Medical University
Ejay Kao, MD, SUNY Upstate Medical University
Elizabeth James, N/A, SUNY Upstate Medical University
Kristina Deligiannidis, MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program

Educational Objective
The purpose of this study is to assess the knowledge, attitudes, and practices (KAP) of psychiatry residents in treating mental health disorders of patients with infertility.

Practice Gap
Patients who undergo infertility treatment and receive assisted reproductive technology (ART) are at increased risk for mental health disorders. Therefore, psychiatry trainees must be well-equipped with knowledge and competency in screening, diagnosis, and treatment of mental health disorders in patients with infertility.

Methods
We developed a 31-question KAP survey following the standard guidelines. The anonymous survey was distributed via the Research Electronic Data Capture (REDCAP) application to psychiatry trainees across the United States through the listservs of the following organizations: American Association of Directors of Psychiatric Residency Training, American Society for Reproductive Medicine, Postpartum Support International, and Marcé of North America.

Results
A total of 71 trainees, including 20 PGY-1s, 20 PGY-2s, 17 PGY-3s, 10 PGY-4s, and 3 PGY-5s across the United States, completed the survey. During medical school, most of the residents (69%) had either no or one lecture on infertility and limited clinical exposure – only 10% of trainees had one week or more of training. In terms of knowledge, 60% of residents correctly identified the prevalence of infertility in the general population, 53% correctly identified the diagnosis of infertility, and 82% correctly recognized that both partners could contribute to infertility. Furthermore, 83% of residents were aware that anxiety is a common comorbidity among patients with

infertility and 79% of trainees deemed initiation and maintenance of selective serotonin reuptake inhibitors or serotonin-norepinephrine reuptake inhibitors safe during infertility

treatment. The majority of residents agreed that psychiatrists need to understand infertility and available treatments and its impact on mental health. However, residents had low confidence related to knowing the impact of sex steroid hormones on mood, the impact of infertility on mental health, and the ability to adequately counsel patients concerning the use of psychotropic medications during infertility treatment.

Conclusions

Although residents find that the impact of infertility on mental health is of high clinical importance, there is a lack of sufficient clinical and didactic exposure to infertility, ART, and related mental health disorders, which may contribute to the observed lack of confidence in managing and treating this patient population.

Scientific Citations

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Shafierizi S, Basirat Z, Nasiri-Amiri F, Kheirkhah F, Chehrazi M, Pasha H, Faramarzi M. The prevalence of adjustment disorder and predisposing factors in infertile women. BMC Psychol. 2023 May 2;11(1):142. doi: 10.1186/s40359-023-01193-4. PMID: 37131228; PMCID: PMC10152011.

Title
Chasing Wellness: Do Burnout Interventions Miss the Mark?

Primary Category
Wellness, Burnout, Resilience

Presenters
Anvesh Jalasutram, MD, Creighton University Psychiatry Residency Program (Omaha)
Sara Bharwani, EdD, Creighton University Psychiatry Residency Program (Omaha)
Hesham Essa, MD, Creighton University Psychiatry Residency Program (Omaha)
Mahsa Omrani Sabbaghi, BS, Creighton University Psychiatry Residency Program (Omaha)

Educational Objective
1) Survey and evaluate the available literature surrounding wellness interventions targeting resident physicians
2) Determine if said interventions have been effective in improving resident wellness
3) Uncover insights into how to improve resident wellness going forward, with a specific focus on the development of innovative educational interventions and meaningful leadership policies.

Practice Gap
Resident burnout has been a serious problem across specialties for decades, and recognition of its impact is growing (5). Burnout is not only associated with increased rates of anxiety, depression, and suicide for providers, but also negative outcomes for patients (1, 2, 4). Although residencies have implemented wellness interventions, burnout continues to be an issue (3). This begs the question: do wellness interventions have any beneficial effect at all? While studies exist describing specific attempts at improving resident burnout, there is a gap in the literature of studies analyzing these interventions as a whole. This systematic review aims to fill that gap and begin to consider what can be done differently to more effectively improve resident wellness.

Methods
We conducted a comprehensive literature search of the PubMed, Scopus, Google Scholar, Cochrane, and Web of Science databases. Inclusion criteria were studies that were published between 2003 (after the implementation of duty hour regulations) until March of 2024, included residents in an ACGME-accredited residency program, involved an intervention aimed at improving wellness, and contained Maslach Burnout Inventory data as a quantitative measure of burnout. We excluded any reviews, abstracts, theses, or short reports as well as studies that were not written in English or published in a peer-reviewed journal.

Results
501 studies were initially identified and, after screening for duplicates as well as studies that did not meet inclusion criteria, 7 studies with interventions aimed at reducing burnout in residents were meta-analyzed. Pooled analysis revealed very weak evidence that wellness interventions decreased emotional exhaustion (mean difference: -0.753, 95% CI -5.231 to 3.725, I^2 = 86.54%, P < 0.001), decreased depersonalization (mean difference: -0.030, 95% CI -2.457 to 2.397, I^2 = 83.68%, P < 0.01), and increased feelings of reduction in personal achievement (mean difference: 1.279, 95% CI -0.405 to 2.962, I^2 = 68.7%, P = 0.004).

Conclusions
Based on collected data, it appears as if wellness interventions have not demonstrated any definitive ability to reduce burnout as measured by the MBI. However, from a more realistic standpoint, our results indicate significant problems with the body of literature surrounding burnout interventions. Available studies are unfortunately fraught with experimental design flaws leading to high risk of biased data. Our findings indicate a serious need for more carefully conducted studies in the future. With a focus on creative experimental design to minimize bias and error, we can hopefully generate more useful data and draw more actionable conclusions. These new insights will pave the way for innovative educational and leadership strategies that effectively lessen the burden of burnout on residents.

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Title
Child and Adolescent Psychiatry Training Recruitment: Does Exposure in Medical School Correlate with Knowledge about the Specialty and Confidence in Patient Interactions During Residency?

Primary Category
Recruitment and Selection

Presenters
Blessing Falola, MD

Educational Objective
1. To examine the exposure to child and adolescent psychiatry (CAP) specialty in medical school among psychiatry trainees

2. To analyze the possible benefit of early CAP exposure, knowledge about subspecialty and confidence in interacting with CAP patients in improving CAP interest

3. Demonstrate steps to developing an effective child and adolescent psychiatry interest group as a low-hanging pipeline approach to addressing the CAP workforce shortage

Practice Gap
There has been an increasing significant workforce shortage in child and adolescent psychiatry despite the increasing concern of the national emergency in youth mental health. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), there were 8,000-9,000 practicing providers in 2018 and calculated the necessity of an additional 48,000-49,000. The AACAP Workforce Map illustrates no child and adolescent psychiatrist in many counties in the United States. There have been several training pathways to address the workforce shortage including the recently proposed Advancing Innovation in Residency Education Pilot program, however many CAP programs are not resourced to implement these pathways. Early exposure to CAP through practical pipeline programs is a low-hanging approach to addressing the CAP workforce shortage.

Methods
A survey was designed to assess residents' exposure to child and adolescent psychiatry during medical school, knowledge of child psychiatry career specialty and the current confidence level in interacting with child/adolescent patients. The career knowledgeability and confidence levels were measured using Likert scale ranging from 1 to 5, with 1 = not at all, 2 = slightly, 3 = somewhat, 4= quite, and 5= extremely. The survey was delivered to psychiatry residents via a Qualtrics link. Data was analyzed using

percentages and chi-square test. This project was approved under the exempt status of the institution's institutional review board.

Results

Overall response rate was 74%. Of the 26 psychiatry residents that completed survey, 15 (57.7%) were PGY-1, 5 (19.2%) were PGY-2, 3 (11.5%) PGY-3 and 2 (7.7%) were PGY-4. Data analysis revealed that 17 (65%) had child and adolescent psychiatry exposure, while 9 (35%) had no exposure. Of the 17 participants who had medical school CAP specialty exposure, 11 were at least somewhat knowledgeable about child and adolescent psychiatry specialty. Conversely, of the 9 without medical school exposure, only 3 were at least somewhat knowledgeable. There is a large percentage difference in knowledge of CAP specialty between the CAP-exposed vs. CAP non-exposed group; 65% vs. 33%; p=0.13 respectively. Of the 17 participants who had medical school exposure to CAP specialty, 8 were quite confident in handling CAP patients/family. Of the 9 without medical school exposure, only 1 was quite confident in handling CAP patient/family. There is a marked percentage difference between the confidence level of the CAP-exposed vs. CAP non-exposed group, 47% vs. 11%, p=0.067, respectively.

Conclusions

These finding suggest that exposure to child and adolescent psychiatry in medical school is associated with greater knowledge about the CAP specialty and higher level of confidence in handling child/adolescent patients which could potentially translate to CAP interest and recruitment to the workforce. Programs can explore creative pipeline efforts such as interest groups to increase early CAP exposure, identify and sustain CAP interest in the subspecialty. Future consideration could involve survey of multiple programs with diverse geographical representations and review of quality of CAP exposure to determine possible correlation with CAP interest level and quality of exposure.

Pipeline Program Outcome

Developing a Child and Adolescent Psychiatry Interest Group (CAPIG) Following the survey result, we developed a Child and Adolescent Interest Group (CAPIG) within the medical school which provides a platform for learning, mentoring and networking with residents and medical students, with the goal for more physicians to join the specialty to meet the large and growing need for more CAP providers to increase access to care. We identified student and resident liaisons and have scheduled meetings with lunch every quarter. Funding eligibility was approved by registering the Interest Group as a student organization. We share AACAP and shadowing opportunities as well as research opportunities. This has been well-received with over 30 medical students in attendance at each meeting with follow-up multiple requests for shadowing clinicians in Child and adolescent psychiatry.

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Title
Cultivating Inclusive Learning: The Power of Restorative Practices in Clinical Education

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Sandy Ngo-Moubarek, MD, University of California, Davis
Adaobi Nwabuo, MBBS,MPH, Yale University School of Medicine

Educational Objective
(1) To help our respective learning communities at various rotation sites thrive by engendering cultures and spaces that value respect, equity, interconnectedness, inclusivity, and accountability to one another.

(2) To build learning/clinical communities where barriers between learners/educators are broken down to allow for connection, collaboration, problem-solving and mutual understanding.

(3) To create safe spaces to increase camaraderie as a means of burnout prevention, to discuss difficult/challenging topics affecting our learning communities, and to enhance the work of clinical teams and learning in clinical learning environments.

Practice Gap
Clinical learning environments in psychiatry present highly complex and stressful situations inherent in the practice of psychiatry, involving and affecting patients, learners, clinicians, and multidisciplinary team members. Additionally, both learners and educators rotate on and off clinical rotations resulting in changes in the fabric of learning environments on a regular basis. Restorative Justice (RJ) or Restorative Practice (RP) circles are effective means to enhance clinical learning environments by helping to build inclusive clinical and learning communities, promoting safe working/learning environments where challenging topics can be safely brought forward and discussed, and improving relationships between members of the clinical team.

Methods
The authors first obtained training as RP facilitators through SEEDS Community Resolution Center, Association of American Medical Colleges and the University of San Diego Center for Restorative Justice). We implemented one-hour long RP circles in three different clinical settings involving psychiatry resident trainees in different clinical learning environments. Key elements of RP circles include (1) sitting in a circle which emphasizes belonging and equity, (2) having a trained facilitator who holds space and sets a safe and respectful tone; (3) the use of a talking piece so that only one person

speaks at a time while others listen, (4) shared agreements to create a safe environment. Discussion prompts for each circle round are pre-determined by the facilitator based on

the theme of the circle and each round emphasizes a specific task of the group (e.g. making connections, exploring an area of concern, and opportunities for collaboration). Circle sizes ranged from 6 to 21 participants and were inclusive of all who were involved in the clinical team where applicable (e.g. medical students, residents, fellows, faculty, nurse practitioners, pharmacists, and social workers).

The circles in the inpatient psychiatry setting focused on debriefing of an acute behavioral event. The circles in the outpatient clinic focused on inclusion and learning climate and the circles on the consult-liaison service focused on team building across the multidisciplinary team. Common and specific themes that arose during the circle were recorded and/or participants were asked to fill out an informal survey about their circle experience at the end of the experience. Common themes expressed include (1) the importance of creating safe, non-judgmental spaces which allowed for authenticity and vulnerability in sharing challenging and impactful experiences in clinical learning environments, (2) appreciation of commonalities among members of the clinical learning community, (3) decreased feelings of isolation/aloneness in the clinical learning environment and (4) the impact and contribution of each team member to engender an inclusive clinical and learning experience for other members of each team. Site specific themes included a reduced sense of shame around the experience of an adverse/difficult event (inpatient), increased challenges faced by combined trainees (internal medicine/psychiatry or family medicine/psychiatry) due to a higher frequency of rotation changes and changes in clinical teams and decreased sense of a cohort experience (outpatient) and the impact of small act of introduction/understanding specific roles of clinical team members (consult-liaison). One-hundred percent of participants found the RP circles valuable and would want to participate in another circle in their respective clinical learning environment. Three participants went on to obtain training as RP circle facilitators.

Conclusions

Restorative Practice circles are effective tools in enhancing clinical learning environments by helping to build inclusive clinical and learning communities, promoting safe working/learning environments where challenging topics can be safely brought forward and discussed, and improving relationships between members of the clinical team.

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Title
Design and Implementation of a Holistic Diversity Interview Rubric

Primary Category
Recruitment and Selection

Presenters
Anetta Raysin, DO, Maimonides Medical Center
Sophia Mikityanskiy, DO, Maimonides Medical Center
Jinal Patel, MD, Maimonides Medical Center
Thoasin Bari, MD, Maimonides Medical Center
Akhilesh Agarwal, MBBS

Educational Objective
We aim to share the design and implementation of an interview rubric for a more holistic review of applicants during residency interviews to support and increase the recruitment of UIM residents in the Maimonides Health Psychiatry Residency program. We ensured components of the rubric are evidence-based and center behavioral-related metrics, such as resilience, distance traveled, defined as applicants whose demographics and backgrounds have historically and relatively been underrepresented in medicine, and life experience, known to impact recruitment and retention in medicine. It aims to de-emphasize a traditional metrics-driven selection process, such as valuing standardized exam scores, which can bias selection against UIM applicants.

Practice Gap
Diversity, equity, and inclusion (DEI) are essential for fostering a well-rounded residency training program. Diversity in medicine positively impacts cultural sensitivity and competence, patient outcomes, access to healthcare, and enhanced educational experience in residency training. ACGME recognizes the need to incorporate DEI strategies into the residency recruitment process to identify candidates who are not only academically proficient but also align with creating a diverse and inclusive training and clinical environment by recruiting applicants who are underrepresented in medicine (UIM).

Advancement of DEI values in residency requires an intentional and structured framework. Bias, inequity, and exclusion can impact recruitment in important stages such as application review, residency interviews, and applicant ranking.

Methods
The resident-led anti-racism task force designed a comprehensive interview rubric for residency interviews, guided by evidence-based research on DEI strategies, as well as

ACGME guidelines on holistic review for residency admissions. To standardize the use of the rubric, we delivered training for chief residents and faculty on DEI values, the rubric,

and holistic review to allow for more standardization and consistency of the process amongst staff involved in residency recruitment. We implemented a quantifiable scoring system for the rubric and a guide on how to integrate this scoring into the match ranking process to allow a direct and measurable impact of a candidate's performance on the diversity rubric onto the rank-order list (ROL). We gathered direct as well as anonymous feedback from residents, faculty, and residency applicants to refine and improve the process, to better align it with the program's overall values and aims

Results

The rubric evaluated three major domains: 1) Resilience/distance traveled and experiences of adversity, 2) interest and experience in anti-oppression advocacy, and 3) well-roundedness and non-psychiatric/academic experiences with a distinct score for each domain and clear instructions were given to translate the impact of the rubric score of the applicant on the rank order list. The three domains were scored as a whole number from 0-2 and candidates were assigned composite score ranging from 0-6. Each interviewer was assigned the same specific domain throughout the interview and match cycle to ensure consistency when scoring different applicants. We also conducted inter-rater reliability training to ensure that interviewers who were assigned to the same domain and questions scored the domains similarly. Feedback was generally positive on the efficacy and impact of the rubric. The resilience/distance traveled and the anti-oppression advocacy domains were found to be the most discerning between applicants, whereas the non-psychiatric experiences domain was found to be less so.

Conclusion

Integrating DEI principles into the interview and ranking process for a holistic review of residency program applicants is a key strategy to identify candidates who possess not only the necessary clinical skills and academic proficiencies but also the lived experiences, backgrounds, drives, and commitments to foster a culturally competent, inclusive, equitable and diverse healthcare environment for physicians and patients alike(1). The next steps will involve analyzing the correlation between rubric scores and the residents matching into the program and continuing to implement feedback from faculty, chief residents, and residency applicants on the diversity rubric to refine the holistic review process.

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AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Developing a novel curriculum to address gaps in adult psychiatry residents' training on neurodevelopmental disorders

Primary Category
Curriculum

Presenters
Katharine Andrews, PhD,MD, Mayo School of Graduate Medical Education
Nick Allen, MD, Mayo School of Graduate Medical Education

Educational Objective
1. Illustrate the gap in resident's current and anticipated future clinical encounters with patients with NDD and their current training in these diagnoses

2. Recall Kern's 6 steps for novel curriculum development in medical education

3. Implement Kern's steps to develop a novel curriculum on NDD for adult psychiatry resident trainees

Practice Gap
Neurodevelopmental disorders (NDD), particularly autism spectrum disorder (ASD) and intellectual disability (ID), receive little emphasis in adult psychiatry residency training curricula despite the rising prevalence of these disorders in the general population (1,2). Adult psychiatrists will be increasingly tasked with the growing care demands for this unique and complex patient population as they age out of child psychiatry practices (3). There is also a growing demand for NDD assessments in adult patients (4). Increased dedicated teaching on NDD in adult psychiatry residency curriculum can bolster psychiatrists' competency and confidence in caring for this frequently marginalized patient population. Kern's "Curriculum Development for Medical Education" establishes a 6-step process to create impactful curricula for trainees (5).

Methods
A general and targeted needs assessment found a need both generally and locally for increased dedicated curricula on neurodevelopmental disorders (NDD) in adult psychiatry residency training. We focused on residents in post-graduate years (PGY) 1 and 2, who through crisis assessments in the emergency room were most likely to encounter patients with NDD.

Through a survey, residents across all training years identified NDD-related pharmacologic strategies, interview skills for evaluation, behavioral therapies, and developing a differential as highest ranked learning topics of interest. In discussion with

program leadership and training faculty, we found there was little structured NDD curriculum in the current resident training program. However, faculty hoped a new curriculum could improve residents' confidence on this topic and application of a developmental lens in general case formulation.

Learning objectives for the new curriculum were written under faculty mentorship. Potential educational methods including didactic, just-in-time self-directed module, and experiential, were proposed to a review team of both trainee and faculty clinician educators. The review team recommended greater emphasis on didactic and experiential methods over self-directed methods, expressing concern for resident availability for self-directed education and that guided instructional time better reflected the importance the team placed on this topic.

A one-hour pilot didactic was created and delivered to PGY1 and 2 residents, including both didactic and case-based methods. Time constraints prevented experiential based learning in this pilot. The lecture's content included a review of normal development, diagnostic criteria for NDD as a disorder class, in-depth review of ASD and ID criteria, discussion on basic functional assessment, and a case to practice functional assessment. There was also a brief review of pharmacologic and behavioral management strategies and of locally offered resources for these patients.

Feedback collected from attendees was overwhelmingly positive, with a request for more in-depth discussion time allowed in the future. The outcomes from this didactic were further reviewed with the clinician educator team, who expanded the curriculum time to 6 dedicated education hours for the current academic year.

With this added time, the curriculum expands to include a guided problem-based practice of the crisis assessment in patients with NDD and an experiential opportunity through a structured tour of a local group home and adaptive work environment. This allows for real time practice in functional assessment and exploration of the systems of care in which these patients live.

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AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Development and Evaluation of an Introductory Course Series on Geriatric Mental Health for General Psychiatry Residents

Primary Category
Curriculum

Presenters
Matthew Hirschtritt, MD,MPH, Kaiser Permanente Northern California Program (Oakland)
Alan Shu, MD, Kaiser Permanente Northern California Program (Oakland)
Anna Shvartsur, MD, Kaiser Permanente Northern California Program (Oakland)
Nirmala Ramalingam, MPP, Kaiser Permanente Northern California Program (Oakland)

Educational Objective
1. To describe the development, implementation, and evaluation of a six-course didactic series on geriatric psychiatry.

2. Provide a model for the expansion and standardization of geriatric psychiatric education into resident curricula across the U.S.

3. Promote competency in various geriatric psychiatric conditions and interest in pursuing geriatric psychiatry fellowship in psychiatry residency programs.

Practice Gap
The U.S. population is aging, as over 20% of adults will be over the age of 65 by 2030 (1). Since the early 2000s, enrollment in geriatric psychiatry fellowship has decreased by 56% despite maintaining similar numbers of positions (2,3). By 2030, there will be approximately 5,682 older adults with psychiatric needs for every practicing geriatric psychiatrist (4).

Current ACGME requirements are insufficient in establishing a geriatric psychiatry didactic curriculum. We addressed this challenge through a comprehensive geriatric psychiatry curriculum for psychiatry residents while taking note of various aspects that led current geriatric psychiatrists to choose their specialty (5). Through this curriculum, residents will gain increased competency, comfortability, and interest in treating various geriatric psychiatric conditions.

Methods
This abstract was produced by a resident trainee with assistance from various faculty/AADPRT members.

From 2020 – 2024, second-year psychiatry residents at our newly accredited general psychiatry residency program received a six-module didactic course, focusing on common geriatric psychiatric conditions. These one-hour, in-person sessions were led by

a geriatric psychiatrist utilizing PowerPoint slides and multiple clinical vignettes, where residents were encouraged to collaborate with each other.
Prior to the start of the didactic series, residents were emailed an anonymous, voluntary electronic 18-item multiple choice quiz assessing fund of knowledge in various geriatric psychiatry topics and a 9-question (5-point Likert scale) survey assessing for learners' comfort and subjective knowledge in assessing for various geriatric psychiatric conditions and likelihood of pursuing geriatric fellowship. After the six-module didactic course, residents were emailed and asked to complete a similar 9-question survey and the same 18-item multiple choice quiz anonymously. Descriptive statistics including mean and standard deviation were collected. The Research Determination Committee for the Kaiser Permanente Northern California region has determined the project does not meet the regulatory definition of research involving human subjects per 45 CFR 46.102(d).

Results
Over the course of four years, 23 second-year resident physicians participated in a six-module didactic course. Residents had a mean score of 2.7 (SD = 0.8) on the pre-survey and 46% (SD = 19%) on the quiz prior to the course. Residents had a mean score of 4.6 (SD = 0.6) on the post-survey and 60% (SD = 19%) on the quiz after course completion. Overall, participants had a statistically significantly higher score on the survey and quiz after course completion with $p < 0.05$. There were no clear linear trends in each individual cohort or between cohorts. There was no statistically significant difference in desire to pursue geriatric fellowship following completion of the modules.

Conclusions
A proactive educational series on geriatric psychiatry was well received by our residents, with data supporting growth in subjective knowledge and comfort on treating various geriatric psychiatric conditions. There was also a significant improvement in standardized test scores after course completion. We believe our educational intervention is an opportunity to create a framework for geriatric psychiatry curriculum for other interested programs.

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Title
Development and Evaluation of the Competency-Based Behavioral Interview (CBBI) Rating Tool for Holistic Psychiatry Resident Selection

Primary Category
Recruitment and Selection

Presenters
Marla Hartzen, MD, Advocate Lutheran General Hospital
Ryan Finkenbine, MD, University of Illinois College of Medicine at Peoria
Laurel Bessey, MD, University of Wisconsin Hospital & Clinics
Yoon Soo Park, PhD, University of Illinois College of Medicine at Chicago
Ara Tekian, PhD, University of Illinois College of Medicine at Chicago

Educational Objective
1. To support mission-driven, holistic resident selection processes by:
    a. Describing the development of the competency-based behavioral interview (CBBI) rating tool
    b. Showing how the CBBI rating tool can inform holistic residency selection processes
    c. Evaluating the CBBI rating tool's data trends and measurement properties using incoming trainee data gathered by a consortium of psychiatry residency training programs during the 2023-2024 recruitment season.

Practice Gap
Resident selection in psychiatry is leveraging holistic learner selection approaches to embrace a larger, more diverse and inclusive applicant pool. Holistic resident selection is a mission-aligned process which considers applicant experiences, attributes and professionalism competencies and intends to provide meaningful data for improved resident-program fit. A core feature is prioritizing candidate qualities beyond traditional test scores, and assessing qualities such as integrity, humility, and teamwork. While practical frameworks for implementing holistic resident selection exist, the community lacks robust assessment tools to accompany holistic residency selection.

This abstract describes the development and evaluation of the Competency-Based Behavioral Interview (CBBI) Rating Tool in psychiatry, which elicits candidate's characteristics and competencies such as integrity, ethics, leadership, resilience, among others.

Methods
We conducted a review of the literature and available CBBI questions. A nominal group process was used to identify domains of characteristics relevant for psychiatry residency training. These results were used to develop a CBBI for psychiatry training. Data from

Psychiatry Educational Assessment Research and Learning (PEARL) Consortium were collected, from October 2023 to January 2024. Multisite data from cohorts of psychiatry residents (n = 690 interview ratings; 8 psychiatry residency programs) were used. Descriptive statistics were used to evaluate trends. Correlations and reliability analyses were used to examine measurement characteristics of the rating tool.

Results: The CBBI rating tool included three core domains – (1) integrity, (2) humility, and (3) teamwork. Each domain includes domain-specific questions that programs can select, depending on areas of priority. The inter-domain correlations ranged between .52 and .70, all P < .001. The internal-consistency reliability of the tool was .82, demonstrating reproducibility among CBBI questions.

Conclusions: The CBBI can be a useful tool which can accompany holistic residency selection, measuring characteristics that include integrity, humility, and teamwork. Additional work is underway to explore the long-term relationship between CBBI and resident performance during training.

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Title
Educational Escape Boxes for Psychiatry Residents

Primary Category
Teaching, Supervision, Pedagogy

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

Educational Objective
This program aims to apply psychiatric knowledge in interactive, team-based scenarios, utilizing educational escape boxes (EEBs) to enhance engagement, collaboration, and critical thinking among psychiatry residents. Through the use of gamification, residents will analyze complex clinical vignettes, pharmacological clues, and DSM-5 diagnostic criteria to foster diagnostic accuracy and clinical reasoning. The program also seeks to promote effective teamwork and problem-solving under time constraints, with the goal of improving knowledge retention and preparing residents for real-world psychiatric practice. Ultimately, this approach aims to provide a more dynamic and interactive learning experience that better equips residents with the skills necessary for psychiatric practice.

Practice Gap
Current psychiatric education often relies on passive, lecture-based formats, which can limit resident engagement and retention of clinical knowledge. Optimal practice suggests that interactive and hands-on learning approaches, such as team-based learning (TBL) and gamification, can significantly improve clinical reasoning, knowledge retention, and collaboration among residents. Educational escape boxes (EEBs), adapted from the escape room format, provide an innovative and immersive alternative that actively engages psychiatry residents in problem-solving clinical scenarios. By addressing the professional practice gap between traditional didactic teaching and more effective, interactive learning methods, EEBs aim to enhance psychiatric education and prepare residents for real-world clinical challenges.

Methods
A literature review was conducted and identified ten articles related to gamification and medical education, which informed the design of our Educational Escape Boxes (EEBs). Participants engage in the educational escape boxes (EEBs) by solving cognitive puzzles, riddles, and coded messages to achieve the clinical objectives and milestones in the

game. We utilized a sequential path-design of puzzles as the game-flow, which means solving a puzzle unlocks the subsequent puzzles within the boxes. The EEBs consist of

four different puzzles: 1) Crossword, 2) Clinical Vignettes, 3) Trivia Pharmacology Flashcards, and 4) DSM-5™ Diagnosis Cards. A 60-90 minute time limit was set to ensure participant engagement.

Results

Further refinement of the EEBs was done, yielding four boxes of different sizes, four locks (two 4-digit locks, one 4-letter lock, and one with a physical key), as well as the four puzzles mentioned above. In the first puzzle, participants solved a crossword with multiple choice questions, where highlighted letters formed the 4-digit passcode for one lock. The second puzzle involved unscrambling clinical vignettes with jumbled letters; correct answers to multiple-choice questions revealed a 4-letter passcode for another lock. For the third puzzle, 16 trivia-style pharmacology flashcards provided clues to identify psychotropic medications, unlocking a 4-digit passcode. The final puzzle was a DSM-5™ diagnosis game where three teams use 31 diagnosis cards in timed rounds to obtain appropriate DSM-5™ diagnoses. The team with the most correct diagnoses wins the physical key to open the final box.

Conclusions

The use of EEBs provides an innovative and effective alternative to traditional educational methods. By integrating gamification and collaborative problem-solving, EEBs have the potential to significantly improve knowledge retention, clinical reasoning, and teamwork among participants. The low-cost, flexible nature of EEBs makes them accessible for various educational environments and adaptable for different psychiatric subspecialties. Future research should focus on more rigorous evaluation methods, including controlled studies and long-term assessments of the EEBs' impact on clinical performance. Overall, EEBs represent a promising direction for the future of psychiatric education, offering an enjoyable, interactive experience that better prepares residents for clinical practice.

Discussion

The implementation of EEBs addresses a key gap in traditional psychiatric education, which often relies on passive learning methods such as lectures. By leveraging the principles of gamification, EEBs promote active learning, encouraging residents to apply theoretical knowledge to realistic clinical scenarios. The sequential puzzle design ensures that participants not only engage with the material but also build upon their knowledge as they move from one puzzle to the next, promoting deeper cognitive processing. This hands-on approach aligns with the deconstructionist educational philosophy, which challenges conventional structures to create more dynamic and learner-centered

experiences. The varied puzzle formats cater to different learning styles, further enhancing the appeal and effectiveness of the EEBs. This approach also supports the development of crucial skills in psychiatric practice, including diagnostic reasoning, teamwork, and problem-solving under time constraints, which are less effectively cultivated in lecture-based learning environments.

Scientific Citations

The need for innovative teaching methods in psychiatry education, such as Educational Escape Boxes (EEBs), has been highlighted in several recent studies. Research demonstrates that gamified learning and educational escape rooms (EERs) can significantly improve learner engagement, collaboration, and knowledge retention in medical education:

Browne, P., Maddrell, C., & Johnson, K. (2020). Gamified learning in psychiatric education: A systematic review of the literature. Medical Education, 54(7), 595-606.

Clapham, R., Sen, P., & Somasundaram, A. (2020). Enhancing psychiatric education through simulation and gamification: A review of the literature. Academic Psychiatry, 44(6), 669-675.

Eukel, H. N., & Morrell, B. L. M. (2021). A review of gamification in pharmacy education. Currents in Pharmacy Teaching and Learning, 13(6), 731-736.

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Tan, Z. H., Lee, L. W., & Chua, G. S. W. (2020). The efficacy of gamified learning in medical education: A systematic review. Medical Teacher, 42(5), 521-528.

Veldkamp, A., Daemen, J., Kupper, F., & de Jonge, J. (2020). Escape rooms as a teaching tool: Conceptualizing the experience using self-determination theory. Journal of Education and Learning, 9(4), 1-11.

These citations collectively underscore the efficacy of incorporating gamified learning into psychiatry education, addressing practice gaps related to engagement and knowledge retention in traditional educational formats.

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Evaluating the impact of a PGY-2 rotation intervention (that assesses knowledge obtained via a % change score) on PRITE percent change scores from PGY-1 vs. PGY-3

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

Presenters
Jana Lincoln, MD, University of Kansas School of Medicine, Wichita
Kenneth Fraser, BS,MD, University of Kansas School of Medicine, Wichita
Jeffrey Bogard, MD, University of Kansas School of Medicine, Wichita
Htet-Htet Lin, MD, University of Kansas School of Medicine, Wichita
Rosey Zackula, MA, University of Kansas School of Medicine, Wichita

Educational Objective
1. Quantify improvement in knowledge over the course of rotation when formal and modified self-directed learning (SDL) study model is added to the clinical teaching (intervention).

2. Determine the impact of this intervention on the change in PRITE scores from PGY-1 to PGY-3.

3. Assess how these changes are associated with demographic variables.

Practice Gap
The principles of the postgraduate education differ from those in the medical school where didactic lectures continue to be the most common method of traditional teaching (1, 2). According to the Accreditation Council for Graduate Medical Education (ACGME), residency programs must provide didactic lectures to the residents and the residents must set their own learning and improvement goals (3).

This project studies if the modified self-directed learning (SDL) improves resident's knowledge from the beginning to the end of the rotation in PGY-2, PRITE scores from PGY-1 to PGY-3 and if there is any correlation between these changes.

Methods
Part I: Quantification of the knowledge acquisition over the course of a rotation using modified SDL.
Twenty PGY-2 residents assigned to a month-long hybrid ECT/Forensic Unit Telepsychiatry rotation participated in this project over 4 years. The residents took multiple choice question test on the first day of the rotation (Pre-Test) and the last day of the rotation (Post-Test). Both tests were identical and were composed of three subtests: Diagnosis and Treatment focusing on commonly seen diagnoses on the rotation (62

questions), Competency to Stand Trial Evaluation (15 questions), and Electroconvulsive Therapy (56 questions). The test was distributed and scored electronically by RedCap.

The Pre-Test was administered, scored and shared with the residents on the first day of the rotation. Subsequently, the list of required study topics and the study material were given to the resident. The residents were expected to complete the study assignments before the Post-Test administered on the last day of the rotation.
Part II: Determine the impact of this SDL intervention on the change in PRITE scores from PGY-1 to PGY-3. The residents used an SDL in their preparation for the PRITE test. PRITE scores (Psychiatry, Neuroscience, Neurology, and Total) were collected to compare each resident's performance at the PGY-1 and PGY-3 levels. Association between the changes in Pre-Test and Post-Test scores and those in PRITE PGY-1 and PGY-3 scores were studied.

Demographic data of residents was collected to assess the association of these factors and the aforementioned scores.

Results
Residents demonstrated statistically significant improvement (mean point increase) on the post-rotation assessment compared to the pre-rotation assessment in overall score increased by 13.5 points ($p<.001$), Diagnosis and Treatment, increased by 7.1 ($p<.001$); Competency 7.3 ($p=.003$); ECT 22.1 ($p<.001$). Likewise, residents demonstrated significant improvement in overall PRITE Total: scores increased by 39.8 points ($p<.001$): Neurosciences 7.8 ($p<.001$); Neurology 3.7 ($p<.001$); and Psychiatry 28.3 ($p<.001$). Neither percent change in rotation scores nor PRITE scores were found to differ between residents by sex, training path (traditional vs. nontraditional), marital status, or parenthood.
Comparison of residents' percent change in rotation assessment score to percent change in PRITE score did not identify a significant linear relationship, either between overall PRITE and rotation assessment scores ($r = -0.070$) or any comparisons of subsections.

Conclusion
Residents demonstrated improvement in clinical knowledge both over the course of a rotation and PRITE and these improvements were not linearly related. Potential explanations include other variables that played role: 1. PGY-3 is a higher training year which alone provides higher exposure to education; 2. the rotation study material and test differ from the PRITE ones; 3. the residents may be differentially motivated to perform well on PRITE for example the moonlighting is conditional on achieving specific PRITE scores. Additionally, PGY-3 residents are closer to taking board exams, for which PRITE scores historically correlated with board passing. Limitations include a small

sample size and lack of a control group, as historical score data for residents who did not receive the SDL intervention is not available at this time.

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Title
Improving Communication during Rapid Responses on Inpatient Psychiatry

Primary Category
Curriculum

Presenters
Winston Li, BA,MD, University of North Carolina Hospitals
Brice Thomas, MD, University of North Carolina Hospitals
Natasha Saric, MD, University of North Carolina Hospitals

Educational Objective
1. To develop a curriculum to aid residents in understanding and executing rapid response protocols in inpatient psychiatry units

2. To determine the perceived effectiveness of the training in enhancing communication skills and increasing confidence during rapid response situations.

3. To help residents integrate closed loop communication and the SBAR (Situation-Background-Assessment-Recommendation) technique into their clinical practice for effective handoffs.

Practice Gap
The purpose of this project is provide targeted training about best practices during rapid responses on inpatient psychiatric units. Effective care during these scenarios is essential for patient safety and outcomes, yet they are often overlooked components of psychiatric training. Interns in our program regularly reported rapid responses as a source of anxiety due to an incomplete understanding of the standard procedures and their roles in these events. This uncertainty can lead to hesitation, miscommunication, and potentially compromised patient outcomes. Moreover, there are limited educational resources on this subject. Through implementation of a short educational seminar, we aimed to improve communication between medical teams, and ultimately ensure a more effective and cohesive response during medical emergencies on inpatient psychiatry.

Methods
In this pilot project, incoming psychiatry interns attended a brief PowerPoint lecture covering the essentials of rapid response events and codes on inpatient psychiatry. Following the lecture, they engaged in three role-play scenarios to simulate common clinical emergencies. During these scenarios, participants practiced close loop communication in a team-based setting, verbally ordered interventions, and utilized the

SBAR technique to improve handoffs to medical teams. An instructor guided each case to ensure progress and emphasized key clinical insights. There was a pre-survey and post-survey to assess knowledge and comfort level on these proceedings prior to and after the session.

Results

A pre-and post-session survey was completed by participants to assess their knowledge around rapid responses prior to and after the training. Results indicated a significant improvement in the interns' knowledge and confidence regarding rapid response protocols. Initially, 83.3% of participants reported feeling unconfident or very unconfident, and none felt confident or very confident in responding to rapid response situations in inpatient psychiatry. However, the post-training survey revealed a shift: only 17.6% still felt unconfident or very unconfident, while 58.8% expressed confidence or high confidence in their ability to respond. As far as knowledge, prior to the training 23% of participants reported understanding SBAR and after 92% understood SBAR. Additionally, participants reported feeling more prepared to handle rapid response situations and valued the practical, hands-on approach of the training.

Conclusions

The results of this project underscore the importance of targeted training in rapid response protocols for psychiatry interns. The use of the SBAR technique and the practical, hands-on approach of the training were particularly effective in improving communication skills and boosting confidence among participants. This curriculum successfully addressed a crucial yet often overlooked aspect of psychiatric training, ultimately fostering better communication and coordination during emergencies, which may lead to improved patient outcomes. In addition, since anxiety related to medical competency in emergencies is common among interns, this intervention may also improve psychiatry intern wellbeing.

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Title
Improving Education and Service needs outcomes via an Integrated Peripartum Mental Health Clinic: A Novel Interprofessional Education Collaboration between Psychiatry and OB/GYN Residencies

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Rajshree Bongale, MD, Kaiser Permanente Northern California Program (San Jose)

Educational Objective
To address the gaps in education and service, we have developed a unique program; A Combined Psychiatry-OB-GYN Residents' Peripartum Mental Health Rotation. This program aims to educate psychiatry and OB-GYN residents together by fostering collaboration and shared learning on screening, diagnosing, and treating Peripartum Mental Health Disorders (PMHDs) in women. It follows the Interprofessional Education Collaborative (IPEC) model and aligns with the Competency-Based Medical Education (CBME) framework. The program emphasizes the values, roles, responsibilities, communication, and teamwork required to enhance clinicians' ability to provide comprehensive care for women's mental health needs.

Practice Gap
Women comprise a significant portion of the population in need of mental health care. Women's mental health needs are distinct due to hormonal fluctuations throughout their lives, including menstrual cycles, pregnancy, and perimenopause. Specific knowledge of medication effects on pregnancy and breastfeeding is essential for addressing perinatal mental health. Despite the critical need, many residency programs lack specialized training in reproductive psychiatry, lagging with the latest research, public policy initiatives, and innovative models of clinical care. Currently, there is no requirement for medical or OB-GYN residents to rotate in psychiatry, and psychiatry residents' exposure to women's mental health is limited to general clinics, lacking nuanced knowledge and skills. Moreover, there is a significant shortage of psychiatrists in the U.S.

Methods
The rotation began in July 2024 and is a longitudinal outpatient program that runs for half a day each week in the Women's Clinic at Kaiser Permanente Santa Clara. The team includes PGY3 Psychiatry residents, PGY3/4 OB-GYN residents, Psychiatry attendings, and therapists embedded in the Women's Clinic. The OB-GYN residents handle the diagnosis and medical management of mild to moderate depression and anxiety disorders, while Psychiatry residents manage the entire spectrum of PMHDs. The

teaching model includes a pre-patient huddle, post patient interview case presentation, didactics, and a journal club. Residents work in a collaborative care model, coordinating

with embedded therapists in the OB-GYN department as well to provide therapy when needed.
We administer an anonymous pre-post survey to residents who participate in the rotation to assess their confidence on a five-point scale from extremely confident (5) to extremely Not confident (0). We evaluate the usefulness of the training in a post-survey from Extremely Useful (5) to Extremely Not Useful (0).

Results
Preliminary results from the first 2 months, with 5 residents, have shown that residents appreciate the usefulness of the training and feel more confident in managing patients with PMHDs. They have also enjoyed the collaborative learning experience, which has enhanced their joy and meaning in their medical education. By the end of the academic year, we aim to have trained nearly 18 residents.

Conclusions
Training opportunities for Psychiatry and OB-GYN residents in treating PMHDs are often limited. Our innovative women's mental health clinic curriculum, involving both psychiatry and OB-GYN residents, aligns with the IPEC framework and has shown promising outcomes in education, service, and JAMM for resident learners. Shortly, we aim to expand to a Women's Reproductive Psychiatry rotation, covering a wide range of diagnoses across the reproductive lifespan of women which would include yet not limit to Peripartum mental health. We believe that our approach is an effective way to help bridge the practice and access gaps in this area.

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2. Prevalence of Perinatal Depression and Anxiety in Both Parents: A Systematic Review and Meta-analysis, Kara L. Smythe, MD, MSc, JAMA Open Networks 2022

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Title
Keeping Up with a Growing Demand: Assessing Access to Women's Mental Health and Reproductive Psychiatry Educational Experiences in United States Psychiatry Residency Training

Primary Category
Curriculum

Presenters
Lindsey Pershern, MD, Baylor College of Medicine
Jacqueline Fenn, MD,PhD, Baylor College of Medicine
Katherine Abraham, BS, Baylor College of Medicine

Educational Objective
1) Highlight the growing need for psychiatrists that are adequately prepared to evaluate and treat an increasing number of women's mental health concerns.

2) Determine the extent of women's mental health and/or reproductive psychiatry educational experiences currently available at 332 ACGME accredited psychiatry residency programs.

3) Discuss avenues for improving resident access to women's mental health and/or reproductive psychiatry training.

Practice Gap
An increasing number of women are seeking mental health treatment in recent years, and they receive more mental health services than males (1-2). Women are more likely than men to develop depression, PTSD, and anxiety disorders, with vulnerability during pregnancy and menopause (3-4). Despite rising demands for proficient psychiatrists in women's mental health, it is unclear if residency programs are meeting the demand. A recent survey of program directors found that over half required some training in reproductive psychiatry, but only 28% of programs participated (5). This study will perform a comprehensive review of 332 ACGME accredited programs using program websites to further investigate access to women's mental health and/or reproductive psychiatry experiences in United States residency training.

Methods
Using public website information, we will review 332 ACGME accredited psychiatry residency programs to determine whether programs offer educational experiences in women's mental health or reproductive psychiatry. Programs without websites will be excluded. All websites will be searched for didactic offerings, specialty tracks,

elective/selective experiences, or required rotations in the field of women's mental health or reproductive psychiatry. For these criteria, a categorical variable of yes, no, or

unknown is assigned to programs based on established guidelines between two raters. Each categorical variable will be reviewed to determine the interrater reliability calculated as percent agreement. A percent agreement of 80% is the minimum accepted level of agreement between raters. \

We have preliminary results for 250 (~77%) accredited ACGME programs. For didactic offerings, 17% (N=43) of programs report mandatory didactics in women's mental health or reproductive psychiatry, 15% (N=37) have no required didactics, and 52% (N=129) have no listings or unclear requirements. For specialty tracks, only 5% of programs (N=13) offered a women's mental health or reproductive psychiatry track. About 16% (N=41) of programs offered tracks that did not include women's mental health or reproductive psychiatry. Most programs (69%, N=172) listed no tracks or concentrations. Our search for electives/selectives determined that 28% (N=69) of programs offer optional clinical experiences, 10% (N=24) of programs do not offer options, and 49% (N=122) of programs did not provide enough information to determine their optional experiences. For required rotations, 10% (N=23) of programs require all of their residents to complete a clinical rotation in women's mental health or reproductive psychiatry. Approximately 84% (N=211) of programs either did not offer required experiences or did not provide enough information on their websites to make a determination. Two raters independently collected data, and the percent agreement between raters for didactics, tracks, electives/selectives, and required rotations is respectively: 84%, 90%, 88%, 93%, indicating adequate reliability. Full results will be available at the AADPRT annual meeting.

Our preliminary analysis of 77% (N=250) ACGME-accredited psychiatry programs reveals that fewer than 20% of programs require didactic education in women's mental health or reproductive psychiatry. Only 5% offer specialty tracks, and only about a quarter of programs provide electives, limited to residents showing special interest. This leaves the most residents graduating with minimal formal education in this area. This is concerning given the rising number of women ages 18-44 presenting to mental health providers over recent years, and the increased rates of psychotropic use among females of childbearing age (2,6). Our study is limited by the quality of information published on residency websites, the number of programs with unpublished material, and qualitative assessment of categorical variables. Still, we hope these results help programs address the gap in training to ensure that future psychiatrists are equipped to manage female patients with competency. Some ways to bridge the gap include offering didactics in reproductive psychiatry, providing protected time for residents to complete the National Curriculum in

Reproductive Psychiatry, and fostering OB/GYN partnerships to develop more integrated care clinics.

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Title
Leading from Within: A New Model for Continuity Clinic Supervision

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Anvesh Jalasutram, MD, Creighton University Psychiatry Residency Program (Omaha)
Sara Bharwani, EdD, Creighton University Psychiatry Residency Program (Omaha)

Educational Objective
1) Assess resident and attending perception of our new model for outpatient psychiatry training in which 4th-year residents lead supervision for 2nd-year residents;
2) Evaluate the effectiveness of this model in enhancing learning for both junior and senior residents; and
3) Disseminate data garnered from this innovative educational practice to other residency programs to improve resident training in the pursuit of creating excellent clinicians and peer educators

Practice Gap
The majority of psychiatric care occurs in the outpatient setting, and so outpatient continuity clinics are a critical part of psychiatric residency training (4). Residents in continuity clinics learn not only from direct patient care, but also from supervision with senior providers (1, 3). Unfortunately, little research has been done about how to best structure outpatient psychiatric supervision (2). This literature gap represents an opportunity for innovative leadership and educational practices to trial novel ways of organizing outpatient supervision (5). In the ever-changing environment of medical education, our ultimate goal is to optimize the resident experience and provide trainees with the best opportunities possible so that they can become not only better clinicians, but strong educators as well.

Methods
We implemented a new model for structuring outpatient continuity clinics at our program. In this model, residents begin seeing both psychotherapy and medication management patients in their continuity clinic for one half-day per week starting in their second year. These 2nd-year residents are supervised by a 4th-year resident. PGY-2's staff each patient with the senior resident, who provides guidance and answers questions to help juniors learn to manage patients in the outpatient setting. At the end of each visit, patients are also staffed with an attending physician. At the end of each clinic day, all residents and the attending physician in the clinic attend a group supervision session led by a PGY-4 who guides discussion about the day's cases and provides insights so that residents can learn from one another's struggles and successes.

This model has several strengths: 1) junior residents gain early exposure to outpatient clinic and begin seeing patients they will be able to follow through their PGY-

4 year; 2) junior residents receive extra mentorship from a senior resident that is closer to their level of training than an attending physician and may thus be able to provide more relatable insights and advice; 3) senior residents gain experience being in a supervisory role teaching residents for when they transition to their first attending physician position; and 4) attending physicians' workflow is optimized, which allows them to focus additional time on assisting with particularly challenging patients or dealing with more systemic and organizational tasks.

To evaluate the outcomes of the implementation of this new continuity clinic structure, we surveyed all PGY-2 and PGY-4 residents in our program as well as the attending physician that supervises the clinic (n=13). We asked participants about their perceptions of the new system including the positivity or negativity of its impact on patient care, productivity, and learning. Junior residents were also asked how effective the supervision structure was in helping them learn outpatient psychotherapy and medication management, while senior residents were asked about the effectiveness of the experience in helping them learn to act in a leadership and educator role. Surveys showed that residents generally found the new clinic supervision constructive in enhancing learning and patient care. As a result of the positive response, program leadership intends to utilize this inventive model of peer-led training going forward.

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Title
Mindful Perspectives: Investigating Psychiatrists' Attitudes Towards Borderline Personality Patients (BPD) in Relation to Dialectical Behavior Therapy (DBT) Training

Primary Category
Curriculum

Presenters
Jean Clore, PhD, University of Illinois College of Medicine at Peoria

Educational Objective
This study evaluated how DBT exposure during residency training (measured by both types of training and duration) influences psychiatrist's attitudes toward treating BPD to add to the small existing literature. The aim is to build the argument for more integration of DBT training into psychiatry residency programs to ultimately improve patient care and enhance provider satisfaction.

Practice Gap
Negative attitudes toward patients diagnosed with borderline personality disorder (BPD) are widespread among healthcare professionals, highlighting the need for enhanced education and training in psychiatry [1,2]. Dialectical behavior therapy (DBT) is the primary therapeutic approach for BPD. However, DBT training offered by general psychiatry residency programs varies greatly. Studies examining the relationship between the duration of DBT training and psychiatrists' attitudes toward BPD suggest that more comprehensive training improves preparedness to treat these patients [3,4]. There is a need to enhance DBT training for psychiatrists to reduce stigma and improve clinical outcomes [5].

Methods
This cross-sectional study assessed the impact of DBT training on psychiatrists' attitudes toward treating BPD patients. 42 post-residency psychiatrists in the US completed a questionnaire about their DBT training and their attitudes toward treating BPD. Kruskal-Wallis tests explored the relationship between quantity of DBT experiences (≤1, 2, or ≥3 types) and attitudes (1 = Strongly disagree to 5 = Strongly agree) toward treating BPD patients. Spearman's rho correlation tested the relationship between training hours and attitudes. Ordinal logistic regression examined the combined effect of DBT training types and training hours on attitudes, with adjustments for gender, race, and years of experience.

Results
Ongoing data collection suggests that psychiatrists with greater DBT exposure demonstrate more positive attitudes, empathy, and job satisfaction. A significant relationship was found between DBT experiences and feelings of competence (χ^2KW (3)

= 14.141, p = 0.001). Five out of twelve attitude items showed significant correlations with total training hours. Strong positive correlations existed for professional competence in caring for BPD patients (ρ = 0.480, p = 0.001), job satisfaction (ρ = 0.450, p = 0.003), competence (ρ = 0.56, p< 0.001) and confidence in DBT (ρ = 0.510, p = 0.001), and confidence in sufficient training (ρ = 0.600, p < 0.001). Ordinal logistic regression (χ2 (3) = 17.716; p = 0.001) revealed that psychiatrists with two DBT training experiences were twelve times more likely to feel competent treating BPD compared to those with ≤1 experience (OR: 12.083, 95% CI: 2.710-62.739), while those with ≥3 experiences were six times as likely (OR: 6.323, 95% CI: 1.140-38.264). Adjusting for race, gender, and years of experience yielded no statistically significant relationships.

Discussion: Routine DBT training, encompassing lectures, clinical experience, workshops, and seminars, significantly enhances psychiatrists' competence in DBT. While the small sample size limits the study's generalizability, ongoing data collection will provide further insights into the relationship between DBT training and attitudes toward BPD patients.

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An effort was made to use only those recent within the last five years, but we were unable to find five within the last five years.

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

Primary Category
Curriculum

Presenters
Craigan Usher, MD, Oregon Health Sciences University
Karina Espana, BS,MD, Oregon Health Sciences University
Devraux Boshard, DO, Oregon Health Sciences University
Karen Bos, MD,MPH

Educational Objective
Qualitatively and quantitatively increase psychiatry trainee's knowledge of health inequities facing AI/AN youth, their awareness of AI/AN customs, cultural practices, and community resources, and increase their confidence in entering spaces that provide culturally-sensitive and culturally-specific support for AI/AN youth and families. Our aim was for trainees to achieve a 50% increase in their ability to cite health inequities that AI/AN children experience, enjoy a 50% increase in the number of AI/AN healing practices they could list, and a subjectively increase (>25%) the confidence of learners in their ability to elicit strengths and discuss challenges unique to AI/AN youth and families. We approached this subject from a frame of cultural humility and with a goal of improving cross-cultural understanding.

Practice Gap
American Indian and Alaskan Native (AI/AN) People face many health inequities, with notable deficiencies in mental healthcare access. Additionally, Western colonial medical practices may not be congruent with AI/AN beliefs about well-being and may even be damaging. In the Pacific Northwest, AI/AN are a prominent population, rich in cultural customs and healing practices which promote community belonging, physical health, and spiritual wellbeing. In our program, many psychiatry trainees recognized that they were unfamiliar with these very community sustaining, mental health-promoting Indigenous customs. They also noted a lack of confidence when discussing these topics with patients and families; hence, trainees asked for more knowledge prior to engaging with programs that provide culturally-sensitive and culturally specific support for AI/AN youth and families.

Methods
We developed a workshop to improve AI/AN cultural awareness and spark curiosity among general psychiatry and child and adolescent psychiatry trainees. The workshop

included discussion of inequities that AI/AN People experience across multiple domains. We also explored AI/AN customs and practices common to many tribes in the Pacific

Northwest, including ceremonial powwows, smudging, sweat lodges, and other uses of healing plants. Additionally, the presentation discussed local organizations that provide culturally-specific support for AI/AN youth and families. The sample of trainees/participants included post-graduate year 3 psychiatry residents and child psychiatry fellows (total n=20). Participants were given a pre-intervention survey to assess participant knowledge of AI/AN inequities, customs and practices, and community resources. Participants were also asked to rate their confidence in inquiring about practices, sources of support, and challenges unique to Native American patients and families. The post-intervention survey reassessed the described areas of knowledge and confidence.

Results

Data collection is in process. At the time of writing, we have received n=20 pre-survey responses and n=17 post-survey responses. We found an average increase of 55% in ability to cite AI/AN inequities (pre-survey avg 2.7, post-survey avg 4.2), 633% increase in the number of AI/AN cultural practices participants were able to list (pre-survey avg 0.7, post-survey avg 4.8), and 98% increase in identifying local AI/AN community resources (pre-survey avg 1.3, post-survey avg 2.5). Preliminary data regarding participant's comfort level discussing AI/AN cultural practices, identifying unique Indigenous supports and culturally-relevant strengths, and discussing challenges unique to AI/AN families demonstrated a subjective 2-fold increase in confidence; however, we are continuing to collect and analyze these measures. Our final poster will include a report of statistical significance.

Conclusions

Our workshop providing an overview of health disparities between American Indian/Alaskan Native (AI/AN) and the general population and focused on the rich tradition of Native American spirituality and healing practices was effective in increasing trainees' knowledge of AI/AN traditions and building confidence in trainee's capacity to discuss these important subjects with patients. This workshop was a learner-requested prelude for collaboration with community programs that specifically address the mental health needs of AI/AN youth and families. In short, before attending events to which our learner clinicians have been invited (including a Native American powwow) and prior to engaging in discussion where we explore clinical/teaching partnership, we are confident that our residents/fellows now have a baseline vocabulary and rudimentary understanding of the rich history and healing practices of the AI/AN community with whom we intend to partner.

This workshop model could be extended to other ethnocultural groups who have been marginalized and experienced racism/systemic oppression. We hope these types of interventions could result in improved connection and rapport with patients and community partners, resulting in trainees providing more culturally sensitive care to members of marginalized communities. We will continue this training on an annual basis

and add other workshops prior to engaging with organizations that provide culturally-sensitive and culturally-specific mental healthcare.

Scientific Citations

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AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Post-It: A Case-Based Professionalism Approach

Primary Category
Curriculum

Presenters
Olubukola Okafor, MBBS, Children's Hospital of Philadelphia
Stephanie Davidson, MD, Children's Hospital of Philadelphia

Educational Objective
We sought to explore a novel approach to teaching professionalism in a low-pressure, anonymous, case-based manner. The goal of using this method of inquiry was to allow free expression of fellows' beliefs about professionalism cases, protected from social desirability bias through the anonymity of the activity, and opening space for honest discussions with peers and faculty through a creative approach. We aimed to create a low-pressure reproducible instructional tool for teaching professionalism among psychiatry trainees. We hypothesized that this novel approach would result in a high-quality session that is relevant to trainees' clinical practice, easier and less-threatening to engage with than traditional professionalism didactics, and allows for a more genuine discussion and engagement with the material.

Practice Gap
Professionalism is a core competency in medicine. However, defining professionalism, ensuring learner and faculty comprehension, and assessing acquired competency remains challenging [1]. Perceptions of professional behavior differ depending on who is being asked. It may be easier to characterize when professionalism is absent than what it is [2].

Prior studies have evaluated assessments of residents' professionalism using composite scores on tasks as markers of professionalism [3,4]. Nevertheless, assessing and teaching professionalism is still subjective and can often leave trainees feeling unsure of what professionalism is. Social desirability bias, the drive to give what is felt to be the "right" answer, often affects trainees' responses during educational sessions on professionalism, which may prevent trainee engagement with the material. [5]

Methods
Two sessions were conducted using case-based scenarios highlighting various aspects of professionalism [6]. For each session, the cases as well as a list of professionalism topics (e.g., dependability, trustworthiness, and accountability) were posted on walls around the room. Fellows were instructed to read each case and anonymously place a Post-It note next to each professionalism category they felt was relevant to the case. Fellows were

then provided with an opportunity to discuss the nuances of each case, if they felt comfortable doing so, with faculty facilitating the discussions and addressing which

topics had higher or lower numbers of Post-Its. An optional anonymous post-intervention survey was conducted to evaluate the sessions.

Results

A total of 16 Child and Adolescent Psychiatry/Post Pediatric Portal fellows participated and completed the survey. Using a 5-point Likert scale, we posed several questions related to using this approach to a case-based method to teach professionalism. 87.5% considered that the overall quality of the session was very good (n=8) or good (n=6) and 75% found the cases discussed relevant to their practice. 94% considered it very easy (n=12) or easy (n=3) to engage with the activity using Post-It notes and thought also that the approach enhanced their learning experience of the cases. Seventy-five percent of participants agreed that the activity helped them express their feelings more openly than if this was purely a discussion. 56% of participants found this experience less threatening compared to past educational sessions discussing professionalism. 44% of participants found this session neither more nor less threatening than prior professionalism sessions. No participants found it more threatening.

Conclusions

It is imperative that we engage our learners in developing a clear understanding of professional behavior in both clinical and non-clinical settings. We believe this novel teaching modality creates an important modification to the traditional case-based approach, as it allows for anonymity, reduces the impact of social desirability bias, and creates a safe space for discussion of potentially charged topics. We believe that repeated exercises like this across the continuum of the training years and even among faculty will help facilitate a culture in which everyone not only understands professional behavior but is able to discuss differing opinions safely. As the human experience is varied and nuanced, there will likely never be a comprehensive list of concrete rules on professionalism, but creating a culture of openness and safety in which to discuss these topics is of the utmost importance in developing a culture of professionalism and psychological safety within a training program.

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Title
Psychiatry Residents as Preclinical Educators: A Novel Approach to PA Student Instruction

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Jordan Peacock, MD, University of Utah School of Medicine

Educational Objective
There is a significant gap in the literature regarding the role of psychiatry residents as educators for PA students. Although residents are frequently involved in medical student education, their involvement in PA preclinical education has been minimally studied. Moreover, there is no previous research specifically evaluating psychiatry residents in this role. Addressing this gap is essential to enhancing interdisciplinary education, fostering collaboration between medical professionals, and improving the teaching competencies of psychiatry residents.

Practice Gap
There is a significant gap in the literature regarding the role of psychiatry residents as educators for PA students. Although residents are frequently involved in medical student education, their involvement in PA preclinical education has been minimally studied. Moreover, there is no previous research specifically evaluating psychiatry residents in this role. Addressing this gap is essential to enhancing interdisciplinary education, fostering collaboration between medical professionals, and improving the teaching competencies of psychiatry residents.

Methods
A narrative review was conducted to assess the role of physician residents as teachers for PA students in preclinical education. A comprehensive search was performed using databases such as PubMed, ERIC, CINAHL, COCHRANE, EMBASE, and PsycINFO, with the assistance of a health sciences librarian. Keywords such as “physician assistant,” “resident,” and “medical education” were used. Out of 365 publications identified, 16 were included after initial screening. Three publications discussed physician residents as preclinical instructors for PA students, although none specifically examined psychiatry residents.

In addition to the review, a proof-of-concept teaching intervention was developed and implemented. A psychiatry resident (JBP) designed and delivered three pre-recorded video lectures followed by an interactive 2-hour case-based teaching session to PA

students (n=20) at Weber State University. The educational material focused on psychotic disorders. Pre- and post-session surveys were administered to assess PA

students' confidence in their ability to diagnose, treat, and manage psychotic disorders. Confidence was measured on a 10-point Likert scale across five areas. Subjective feedback was also gathered through open-ended questions to evaluate students' perceptions of having a psychiatry resident as an instructor.
The narrative review highlighted a lack of literature addressing the involvement of psychiatry residents in PA preclinical education. The primary intervention demonstrated a significant increase in PA students' confidence, with an average improvement of 2.2 points across five categories ($p<0.001$). Specifically, confidence in diagnosing psychotic disorders improved from 3.95 to 6.55, while confidence in managing antipsychotic side effects rose from 1.95 to 5.75. Student feedback was overwhelmingly positive, with 18 out of 20 participants reporting that having a psychiatry resident as an instructor enhanced their learning experience.

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Title
Revitalizing Psychiatry Education: Enhancing Learning with Group-Based Didactics

Primary Category
Curriculum

Presenters
Raman Marwaha, MD, Case Western Reserve Univ/MetroHealth Medical Center
Mohammad Lesanpezeshki, MD, Case Western Reserve Univ/MetroHealth Medical Center
Hannah Goddard, DO, Case Western Reserve Univ/MetroHealth Medical Center
Karina Kowalski, MD, Case Western Reserve Univ/MetroHealth Medical Center

Educational Objective
1. To enhance resident engagement in psychiatry didactics
2. To improve residents' knowledge retention
3. To foster interdisciplinary learning by pairing residents with attending supervisors who have subspecialty expertise aligned with the residents' interests.
4. To create a dynamic and collaborative learning environment

Practice Gap
Most psychiatry training programs rely on traditional didactic models, typically involving lectures by attendings. While this model has benefits, including the expertise of the presenter, evidence suggests retention of material by residents is limited. We implemented several changes to our didactics curriculum to improve the educational experience.

Methods
We surveyed residents to identify their areas of interest within psychiatry and divided them into six groups based on these interests. Each group was assigned two supervisors, chosen according to the residents' interests and the attendings' subspecialties or expertise. Each group includes at least one resident from each PGY class, with five residents per group.

Each group is responsible for presenting three topics over a two-week period. During the first week, lectures are virtual and include case presentations, a review of diagnostic criteria, discussions on differential diagnosis, a psychopharmacology review of medications used in the cases, and a review of the most recently FDA-approved medications. This is followed by a journal club and critical appraisal of a recently published paper relevant to the topic. In the final hour, the group reviews prior board and PRITE questions.

In the second week, the residents meet in person with their groups to participate in a Jeopardy-style quiz. Scores are collected cumulatively throughout the year, with prizes

awarded to the winners. This is followed by a psychotherapy lecture, and the day concludes with one hour of process groups for each PGY class.

Result

To assess the impact of this intervention on residents' performance, we will use the PRITE exam—the only standardized evaluation test for psychiatry residents during training. We plan to obtain de-identified collective average scores for each class for the upcoming PRITE exam, three months after implementing the new didactics model. We will also gather the same data from the PRITE exam for the next academic year (after a full year of didactics) to determine if these interventions have improved collective PRITE scores for each class and the entire program.

Conclusion

New teaching methods such as team-based learning (TBL), gamification, and flipped classrooms (FC) have been investigated and incorporated in various academic settings. We have utilized all these methods in our didactics model. Multiple studies reported improved student self-confidence, increased participation in classes, and greater interest in discussions. Students are also more satisfied with the presentations. Some studies reported improved scores, particularly when students are interested in the topics they present. For instance, in our model, residents interested in addiction psychiatry were assigned to present on substance use disorders. The attending supervisors for that group were addiction psychiatrists. This has helped make didactics more engaging, increasing retention of knowledge and created a dynamic learning environment.

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Title
Safety First! An Educational Intervention to Improve Psychiatry Resident Safety

Primary Category
Curriculum

Presenters
Carmen Kilpatrick, BA,MD, University of California, San Francisco
Martha Vargas, MD, University of California, San Francisco

Educational Objective
-assess deficiencies in training program curricula that contribute to residents' vulnerability to workplace violence

-perform a safety needs assessment to identify concerns and areas of weakness in a residency training program

-use responses from the safety needs assessment to update curricula and improve resident safety

-evaluate effectiveness of educational interventions that promote safety

Practice Gap
Physical and verbal assaults are an unfortunate part of the psychiatry resident experience. Psychiatry residents work in environments that carry increased risk factors for violence, including involuntary hospitalization, overcrowding, heightened stress levels, emotional reactivity (in both staff and patients), and acute mental illness. According to a 2024 survey of psychiatry residents, 79% of respondents had experienced at least one form of assault during training. More broadly, a 2012 systematic review of international literature found that the prevalence of assaults by patients against psychiatry residents was higher than that of any other specialty. At the University of California, San Francisco (UCSF), two chief residents in the psychiatry training program started a movement to improve the safety of their colleagues.

Methods
Following a series of physical and verbal assaults on psychiatry trainees, inpatient chief residents at UCSF performed a needs assessment to identify deficiencies within their training program. All UCSF psychiatry residents were surveyed with a Qualtrics questionnaire comprising 11 multiple choice questions and 1 open-ended question. These questions assessed residents' feelings of safety in various clinical settings including inpatient psychiatry and outpatient clinics, resident's impressions about whether the residency training program would support them in the event of an assault, and their

awareness of institutional protocols following assaults. Qualitative responses were reviewed using thematic analysis and coded by three readers to generate themes. These

themes were used to develop objectives for a town hall event. The most common concerns reported by UCSF residents were (1) environmental safety, or how the clinical environment fails to prioritize the safety needs of providers; and (2) a lack of safety training, particularly deficiencies within the didactic curriculum.
Residents across all levels of training were then invited to a two-hour safety-themed town hall. The town hall consisted of (1) a 10-minute video showcasing the safety features of the primary clinical sites, (2) three case-based reviews of the current UCSF assault protocols presented by core faculty, and (3) small group discussions of residents' safety concerns.

After the safety town hall, residents were again surveyed. The results were analyzed using a paired t-test that compared pre- and post-town hall data. After the town hall, residents felt safer in all settings, most significantly the inpatient psychiatry unit ($p=0.07$). Residents were significantly more aware of the residency program's safety protocols ($p<0.001$). In the unfortunate event of an assault, residents felt more assured that they would be supported by their training program leadership, particularly in the event of a verbal assault ($p=0.002$).

An analysis of the survey results showed that a two-hour targeted educational intervention involving program leadership and psychiatry residents can significantly improve awareness of established safety protocols and residents' subjective feelings of safety in clinical settings.

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Title

Strategies for Building a Pipeline of Physician Scientists in Psychiatry During Residency and Fellowship

Primary Category
Research and Scholarship

Presenters
M. Mercedes Perez-Rodriguez, MD,PhD, Icahn School of Medicine at Mount Sinai
Simone Tomasi, PhD,MD, Icahn School of Medicine at Mount Sinai
Brian Sweis, PhD,MD, Icahn School of Medicine at Mount Sinai
Antonia S New, BA,MD, Icahn School of Medicine at Mount Sinai

Educational Objective
1) Describe the components of a successful research track residency program in psychiatry;
2) Describe strategies for bridging the transition to faculty and research independence (e.g., research fellowship training and available funding sources to protect research time after residency);
3) Discuss NIH funding mechanisms for physician-scientists during residency and fellowship and beyond, including R25, R38, NIH supplements and K awards;
4) Describe approaches to provide and support research training for non-PhD psychiatry residents.

Practice Gap
While neuroscience funding and discoveries have grown exponentially in the past decades, the physician-scientist workforce to translate these research findings to the bedside has remained stagnant, with only around 7% of MD/PhD graduates entering psychiatry residency training. This has contributed to an enormous practice gap (i.e., it can take many years before critical findings from research are implemented in psychiatric practice and improve patient outcomes). Residency training is a “critical period” of high attrition for physician scientists, in which protected research time and mentoring (or lack thereof) can “make or break” a research career. Providing support and individualized training and mentorship through structured programs in residency and fellowship is instrumental to train and retain psychiatrists-scientists.

Methods
At the Icahn School of Medicine at Mount Sinai, over the past 16 years we have developed a pipeline of programs to train physicians (MDs and MD/PhDs) in psychiatry research during residency and fellowship. These include the NIMH-funded R25 program

"Combined Psychiatry Residency and PhD Training at Mount Sinai" (2013-2024), the R25 program "Training the Next Generation of Psychiatrists-Scientists for Translational

Research" (2022-2027), and the T32 program "Training the next generation of clinical neuroscientists" (2020-2025). Our programs aim to train the next generation of Clinician-Scientists equipped to perform translational research in psychiatry. To accelerate their research independence, our programs are designed to acquire research skills and pilot data during residency for a career development (K) award application to launch productive, independent careers in translational psychiatry research.
One key goal is to increase the pool of psychiatrists-scientists who remain involved in research, as there is high attrition after completion of clinical residency training. Our programs provide ample protected research time, individually-tailored training and targeted coursework based on an Individualized Development Plan, outstanding mentoring and networking opportunities, pilot project funding, grant writing seminars and an internal K award review process.

Results
Our programs have been highly successful in achieving the goals. The majority of our trainees have obtained faculty appointments and have remained in academia; >50% have been retained as faculty at Mount Sinai. The majority of our trainees have obtained external grant funding (9 K awards and multiple R level grants to date), and have published numerous high-quality and high-impact publications. 100% of the graduates from our T32 program have joined the faculty at academic institutions (75%) or industry (25%) immediately after graduation. Trainees who have graduated to date each have an average of 49 publications (range 31-76), with an average of 11 publications each from work conducted during the T32 program.

Conclusions
Structured training programs are needed to train physician-scientists during psychiatry residency and fellowship. These programs can help minimize attrition by providing research protected time and coursework organized based on an Individual Development Plan. This training, coupled with outstanding mentoring, networking opportunities, grant writing seminars and an internal K award review process, will prepare promising clinician scientists and help accelerate the launch of productive, independent careers in translational psychiatry research.

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Title
Targeted Professional Development through Milestones in a Residency Research Program

Primary Category
Program Administration and Leadership

Presenters
Joshua Salvi, MD,PhD, Massachusetts General Hospital
Isabel Lagomasino, MD,MSc, Massachusetts General Hospital
Maurizio Fava, MD, Massachusetts General Hospital
Kerry Ressler, PhD,MD, Massachusetts General Hospital

Educational Objective
The objectives of this project are to:

1. Adapt a set of core research competencies with milestones by stage in the program that capture trainees' professional development and align with the ACGME Psychiatry Milestones.
2. Develop a process by which faculty formally assess trainees' professional development using these milestones.
3. Develop a process by which trainees provide a self-assessment of their own professional development and collaborate with faculty mentors to develop learning plans.
4. Assess trainee progress in each of these core competencies, both in terms of faculty evaluation and resident self-assessment.

Practice Gap
During psychiatry residency, programs monitor trainees' professional development by ensuring that they meet developmental milestones at each stage in training. The Accreditation Council for Graduate Medical Education (ACGME) published core competencies with targeted milestones to guide programs so that they can achieve their educational objectives. However, residents who train in research tracks must develop unique skillsets as physician-scientists that ACGME milestones do not adequately capture. Instead, research tracks typically assess trainee productivity and post-graduate funding as metrics of successful training. These metrics unfortunately do not provide data on a trainee's development as a physician-scientist, nor do they provide information that can be used numerous times during residency training.

Methods
Motivated by the need to monitor resident progress and provide tailored interventions, we have adapted a collection of Core Research Milestones that align with the ACGME Psychiatry Milestones (1). We additionally developed feedback mechanisms, individual development plans, and a process by which a committee of faculty in a research track can

provide biannual feedback on a trainee's professional development. These Milestones provide a framework for PSTP resident assessment with a goal of capturing the trainee's

research competence across multiple domains: Scientific Knowledge (SK); Systems-Based Practice (SBP), Practice-Based Learning/Improvement (PBLI); Professionalism (PROF); Interpersonal Communication Skills (ICS); Diversity, Equity, and Inclusion (DEI); and Funding and Grant-writing (FUND). For each topic within a domain, there are five levels with an associated rubric that captures the level of development of the PSTP resident's research competence.

These milestones are used in two ways: resident self-assessment and faculty evaluation. Resident self-assessment occurs as part of a biannual development of an Individual Development Plan (IDP). The IDP includes a professional development self-assessment using core research competencies, followed by a process by which residents develop three S.M.A.R.T. goals that they hope to accomplish over the next 6-12 months, along with up to three long-term career goals. The IDP also includes various deliverables required at different time points in residency training. The resident will then meet with a faculty mentor to review the IDP.

Research milestones are additionally used in faculty evaluations of residents in a research program, and these evaluations are formally discussed during a biannual Research Competence Committee (RCC) meeting. Feedback from the RCC meeting is then discussed with the trainee during semiannual meetings with the Program Director team.

We developed these core research competencies two years ago and collected data from a combination of resident self-assessment and faculty evaluations. Our preliminary results indicated strengths in Diversity, Equity, and Inclusion, with a relative weakness in the domain of Funding and Grant-Writing. Based on our preliminary findings, we modified the curriculum of our research program, and subsequent data revealed an improvement in Funding and Grant-Writing, along with improvement in other domains. We believe that this process of targeted professional development of physician-scientists will continue to be effective in future iterations.

We hope that sharing our content and process to formalize and expand upon assessment of residents in research programs will benefit other research tracks and programs.

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Title
The Complexity is Coming from Inside the House: A Proof of Concept for Psychiatric Education in Critical Analysis and Healthcare Disparities

Primary Category
Curriculum

Presenters
Elina Drits, DO, Hofstra Northwell-Staten Island University Hospital
Jayinee Basu, DO, Hofstra Northwell-Staten Island University Hospital
Anna Costakis, MBA,MD, Hofstra Northwell-Staten Island University Hospital
Kevin Qosja, MD, Hofstra Northwell-Staten Island University Hospital

Educational Objective
A preliminary needs-assessment survey collected in May 2023 showed that residents consider understanding health inequity and health systems science to be an important factor in being a good physician and psychiatrist. Results also showed that residents perceive a deficit in the quantity and quality of instruction in these topics during residency. These findings reflect the 2022-2023 ACGME resident survey indicating that the program falls short in developing competencies in systematically analyzing practice using quality improvement methods, including activities aimed at reducing health care disparities, and implementing changes with the goal of practice improvement. The primary objective of this project is to address these gaps in training.

Practice Gap
Effective, compassionate, equitable treatment of psychiatric disorders requires not only understanding an individual's biology in the context of their environment, but also self-awareness of the practitioner's own beliefs and embeddedness in systems of power (Schlesinger et al., 2021). The emergent "three-pillar model" of medical education (i.e. basic science, clinical science, health systems science) reflects Engel's biopsychosocial model, as both have a basis in general systems theory (Skochelak, 2020). However, the vast number of systems subsumed under the term "social" often results in inadequate formal training in any of these fields (Castillo et al., 2020). There is an urgent need to address this training gap to produce physicians with the foundational skills in critical analyses required to address healthcare disparities.

Methods
As part of a resident project undertaken in the Medical Education Track--a 2-year long in-residency fellowship supported by GME--a curriculum was created incorporating interdisciplinary ideas relevant to the practice of psychiatry from the social sciences, humanities, and systems science. Topics within these fields were chosen based on

emerging competencies in medical and psychiatric training – structural competency (Neff et al., 2020), conceptual competency (Aftab et al., 2020), and systems thinking

(Skochelak, 2020) – aiming to develop skills in critical systems-based analysis with the goals of reducing healthcare disparities and solving complex ethical dilemmas in practice. Presentation and evaluation of the curriculum was refined through an iterative process over the 2-year long program.
The curriculum has been delivered thus far through six separate hour-long didactic sessions either virtually or in-person over 15 months. Sessions are on-going and the curriculum has not been fully implemented. Multiple methods of evaluation have been used to assess learning including pre-post tests and retrospective pre-post survey. At the 12-month mark, a repeat needs-assessment survey was sent to all residents.

Results
The Introduction to Critical Systems Citizenship lecture used a pre-post survey evaluation. The results showed that all residents (n=9) rated themselves as having no knowledge or minimal knowledge on the 3 pillars of medical education, the components of health systems science, types of systems thinking, and habits of a system thinker prior to the intervention, and rated themselves as having basic to advanced knowledge on these topics following the intervention. These results reached statistical significance.
The Introduction to Philosophy of Psychiatry/Conceptual Competency lecture used a pre-test and post-test evaluation. The results showed an increase in average score from 3.8 (n = 8) from pre-test to 4.3 (n=7) post-test.

The Structural Competency lecture was divided into two parts due to time constraints. The Structural Competency Part 1 lecture used a pre-test and post-test evaluation. The results showed an average score of 3.0 (n = 9) from pre-test to 3.0 (n=7) post-test.
At the 12-month mark, a repeat all-residency needs-assessment survey showed improved average ratings for topic familiarity as well as increased ratings for quantity and quality of instruction, though these scores did not reach statistical significance.

Conclusions
Preliminary results from a curriculum designed to increase trainee skills in navigating complex clinical issues and promote health equity have shown promising positive trends. Longitudinal data with larger sample sizes is needed to assess for retention, and measures of corresponding improvements in patient care need to be developed.

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LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Thriving with multiple hats: The creation of a new elective to support psychiatry trainees after a parental leave.

Primary Category
Curriculum

Presenters
Lucia Ray, BA, University of Minnesota
Jeremiah Atkinson, MD, University of Minnesota

Educational Objective
Utilize the development of a new parental elective in a psychiatry residency program to support the wellbeing of residents transitioning back to the rigors of training after a parental leave.

Practice Gap
Many medical trainees choose to start a family during their years of residency training, and they face unique challenges in balancing their role as a new parent with their role as a resident. Creative curricular solutions can improve residents' transition from parental leave back to full clinical responsibilities and extend their time spent with family. New parent electives allow residents to engage in their family responsibilities while simultaneously engaging in learning and working toward graduation requirements. However, the implementation and resident perspectives of parental electives in psychiatry residency programs have not been well-described. Here, we discuss the implementation of a new parental elective in a mid-western psychiatry residency program and resident perspectives on their experiences.

Methods
We created a structured 4-week parental elective curriculum. We curated three iterations of this curriculum for different residents to fit training level requirements and specific needs. Several common elements were shared between each iteration of the elective. The electives shared the same goals: to support the transition of trainees back into residency following the birth or adoption of their child, to address the knowledge gap in treating women during their reproductive transitions, understanding early infant development, and to reinforce ACGME milestones. The elective included an online module to learn about reproductive psychiatry, readings, reflective essays, and attending medical appointments for their child. During the elective, residents had regular touchpoint meetings with the supervisor to discuss weekly goals and rotation progress. A process for assessment and evaluation was integrated via mid-rotation and end of

rotation verbal and written feedback. Some elective responsibilities differed between residents and were customized to each resident's interests, such as varying teaching and

clinical responsibilities. Generally residents viewed the elective as supportive of their role as a new parent. Further analysis of resident perspectives on the rotation is currently underway. Parental electives can support trainees in their transition back to residency following a parental leave. Residency programs can implement a framework for this type of elective, with the option to customize resident responsibilities based on program needs and resident interests. Additional research is needed to assess the use of parental electives in psychiatry residency programs more widely.

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Title
Using a Learning Management System to Streamline Teaching

Primary Category
Curriculum

Presenters
James Haliburton, MD, John Peter Smith Hospital
Dustin DeMoss, DO,MSc, John Peter Smith Hospital
Kelly Moreno, DO,
Garrick Gaffney, DO,

Educational Objective
Because LMS reinforce learning processes and allows instructors to set learning expectations and assist in problem-solving(5), we felt that utilizing a LMS in our residency program would:

1. Improve communication about instructor didactic expectations to residents.

2. Increase transparency regarding individual didactic curriculum lectures and the didactic curriculum as a whole for faculty and residents.

3. Improve access to didactic materials so they could be used as a resource in clinical rotations.

Practice Gap
Faculty often need to be given protected time to teach residents. In a world where academic and community departments are increasingly driven by Relative Value Units (RVUs), securing faculty to teach resident didactics is sometimes difficult. Learning Management systems (LMS) store learning resources for learners and teachers and help automate some administrative functions(1). Learning management systems were recommended to be widely used and implemented after the beginning of the COVID-19 pandemic because they allowed wide dissemination both synchronously and asynchronously so that medical education could continue(2). LMS were implemented in some graduate medical education training programs during the COVID-19 pandemic to facilitate synchronous and asynchronous learning(3) and by interprofessional teams to learn care process modification and improvement efforts(4).

Methods
The program director secured a cost-effective, password-protected LMS for our program. Chief residents learned how to create the course pages, page links, and other tools faculty could use in the LMS. Our chief residents then taught faculty how to upload their course materials and utilize tools in the LMS and taught residents how to access and

navigate the LMS. In addition, they uploaded various resources for residents, such as call and rotation schedules, the resident handbook, and upcoming events into the LMS.

Since implementing the LMS, faculty have developed a more complete, year-long, longitudinal curriculum for their courses. This technology has allowed residents and other faculty to become more familiar with the curriculum. Faculty have reported feeling an increased sensation of how their lecture or course fits into the curriculum. Faculty and residents have reported using resources uploaded to the LMS for didactics to reinforce clinical decision-making on rotations. Faculty also reported encouragement to teach because they could see the wide variety of other faculty participating in didactic. We also found that by having a learning management system, we created a repository for prior didactic activities that could aid faculty stepping into new teaching roles to integrate more effectively with the curriculum. Surprising results from this implantation included reducing redundancy in the curriculum, an improved ability for the academic team to fill in for lecturers when they had to cancel, and an improved ability for the academic team to identify and correct gaps in the curriculum.

We conclude that learning management systems can be successfully implemented in psychiatric post-graduate medical education and have a profound, positive effect on curriculum development and distribution.

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LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Virtual Intern Bootcamp: The Development of a Mixed Media Foundational Curriculum for Junior Psychiatry Residents

Primary Category
Curriculum

Presenters
Brice Thomas, MD, University of North Carolina Hospitals

Educational Objective
1. Identify curricular interventions that can be integrated into a general psychiatry residency curriculum to better prepare psychiatry interns for clinical practice

2. Apply the use of multimedia curricular tools to increase interest in psychiatry residency education

3. Design and implement a foundational psychiatric curriculum that serves a variety of learning styles and practical demands

Practice Gap
The COVID-19 pandemic significantly changed the format of medical education, with a dramatic increase in the use of virtual learning methods. Given trainees' diverse learning styles and needs, this shift in format was well suited for some trainees. However, many psychiatry residency programs have returned to in person and/or traditional lecture-based didactic education despite the ever-evolving landscape of medical education. Given an increased awareness of diverse learning styles, we aimed to create a foundational curriculum for junior psychiatry residents that would integrate a variety of learning methods, including recorded presentations, case-based practice questions, podcasts, books/articles, and computer-based flash cards. We hypothesized that our curriculum would lead to increased foundational knowledge via self-directed, individualized learning.

Methods
We began by choosing twelve foundational topics in psychiatry, including psychiatric interviewing, suicide risk assessment, and how to cultivate and maintain wellbeing as a psychiatrist. For the first topic ("The Psychiatric Interview"), we recorded a 15-minute virtual powerpoint presentation using Zoom. We then compiled a list of podcast episodes and book chapters with relevance to psychiatric interviewing. Finally, we created case material with practice questions and an Anki flash card deck. We uploaded these materials to the residency program's cloud-based storage service that is accessible to psychiatry trainees. Finally, we piloted the first installment of the intern curriculum by

playing the recorded powerpoint for 18 psychiatry interns during their orientation. Participants were asked to complete pre- and post-presentation questionnaires that assessed their knowledge and learning style preferences, which provided valuable pilot data to inform future iterations of the curriculum.

Results

Eighteen trainees completed pre- and post-presentation questionnaires. The intervention increased the percentage of residents endorsing strong agreement in their understanding of the psychiatric interview (39% pre-intervention, 83% post-intervention). The percentage of residents who indicated agreement in their understanding of how to handle challenging situations while interviewing patients increased as well (22%, 72%). When asked about their preferred learning modality, 66% of residents identified practice questions and 11% preferred group activities. About 5% of participants each preferred listening to podcasts, watching recorded powerpoints, reading, and experiential learning.

Conclusions

Response among residents indicated interest in a diverse array of educational modalities to support their self-directed learning. While residents' knowledge and confidence increased after watching a recorded powerpoint, they expressed strong preferences for more active learning modalities, such as practice questions and group activities. We suspect that junior residents' preference for practice questions may be influenced by their high utilization during medical school. Nevertheless, we decided to integrate more case-based learning and practice questions into each subsequent module, given residents' feedback. In terms of limitations, due to small sample size and single-group pre-post study design, results do not permit strong causal attributions. There may be a learning effect from the pre- and post-tests, but we intend to build additional curricula and gather further feedback to strengthen our results. Overall, our mixed media virtual intern bootcamp will serve as a self-directed, individualized curriculum for psychiatry residents.

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