Workshop Session #3

Title
A Constant Amidst Change: The Y model as an integrated framework for teaching psychotherapy competencies

Primary Category
Curriculum

Presenters
Alena Balasanova, MD, University of Nebraska Medical Center College of Medicine
Matthew Kelly, MD, University of Nebraska Medical Center College of Medicine
Anne Ruble, BA, MPH, MD, Johns Hopkins Medical Institutions
David Mintz, MD, Austen Riggs Center - NOT ACCREDITED
Eric Plakun, MD, Austen Riggs Center - NOT ACCREDITED

Educational Objectives
1. Understand the role of psychotherapy in psychiatry residency
2. Describe common elements of effective psychotherapies utilizing the Y Model
3. Discover Methods of effectively teaching the Y Model to residents and fellows
4. Develop strategies for teaching faculty how to incorporate the Y model into resident and fellow supervision

Abstract
This workshop will begin with a review of the history of the Y Model by one of its creators as well as a brief summary of its components and evidence base. This will be followed by breakout discussion groups in which attendees will have the opportunity to discuss ways of applying the Y Model toward creating or enhancing existing psychotherapy curricula. After this interactive learning activity, the panel will present an innovative 12-week Psychotherapy Course developed at the University of Nebraska Medical Center. This curriculum employs a flipped classroom model facilitated by four MD faculty members in the Department of Psychiatry. Residents learn about the common factors as well as foundational concepts in CBT, supportive, and psychodynamic psychotherapy. One of the goals of the course is to role model physician engagement in psychotherapeutic work, as well as instill a sense of professional responsibility in residents to provide psychotherapeutic treatments to their patients during and upon graduation from residency. Finally, the workshop will end with a panel discussion and Q&A session with participation from the Y Model's originators.

At the conclusion of this workshop, training directors will have a better understanding of the Y Model and how to incorporate it into existing therapy training paradigms, thereby closing the gap between actual and best practices for teaching Residents and Fellows the important skill of psychotherapy.

Practice Gap

In 2001, the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee added psychotherapy as a core clinical competency. Despite the renewed emphasis on psychotherapy as an essential component of modern psychiatric practice in the last two decades, educational experiences vary widely across United States residency programs creating a discrepancy between optimal teaching and actual learning. In one study, for example, only a minority of chief residents (31%) surveyed reported that core psychotherapy competencies were well-integrated into their residency curricula. In order to bridge this gap, the Y Model offers an efficient, evidence-based, and integrated approach to teaching psychiatry residents core psychotherapy skills. The incorporation of this model into current training programs is likely to enrich residents' and fellows' psychotherapy experience and develop competency in psychotherapeutic modalities which have proven efficacy in the treatment of common mental disorders.

Agenda

00:00-00:05 Introduction of presenters
00:05-00:10 Common factors and relationship to Y Model
00:10-00:25: The Y Model Framework
00:25-00:30 Introduction of breakout group activity, distribution of handouts, explanation of prompts for activity
00:30-00:50 Breakout group activity
00:50-00:55 Full group debrief of group activity
00:55-01:05 Presentation of example curriculum developed and implemented using the Y model at an under resourced psychiatry residency in the Midwest
01:05-01:20 Wrap-up and Q&A Panel
01:30-01:30 Evaluations and spillover Q&A
Total time = 90min

Scientific Citations

1. Sudak, D.M., Goldberg, D.A. Trends in Psychotherapy Training: A National Survey of Psychiatry Residency Training. Acad Psychiatry 36, 369–373 (2012). https://doi.org/10.1176/appi.ap.11030057

2. Khurshid KA, Bennett JI, Vicari S, Lee KL, Broquet KE. Residency programs and psychotherapy competencies: a survey of chief residents. Acad Psychiatry. 2005 Nov-Dec;29(5):452-8. doi: 10.1176/appi.ap.29.5.452. PMID: 16387969.

3. Plakun EM, Sudak DM, Goldberg D. The Y model: an integrated, evidence-based approach to teaching psychotherapy competencies. J Psychiatr Pract. 2009 Jan;15(1):5-11. doi: 10.1097/01.pra.0000344914.54082.eb. PMID: 19182560.

4. Ivey G, Deans C. Y Model Psychotherapy Training: A Qualitative Investigation of Students' Experiences. Am J Psychother. 2019 Mar 1;72(1):9-20. doi: 10.1176/appi.psychotherapy.20180005. Epub 2019 Feb 21. PMID: 30786737.

5. Lilliengren, P. (2023). A comprehensive overview of randomized controlled trials of psychodynamic psychotherapies. Psychoanalytic Psychotherapy, 37(2), 117–140. https://doi.org/10.1080/02668734.2023.2197617

6. Driessen E, Dekker JJM, Peen J, Van HL, Maina G, Rosso G, Rigardetto S, Cuniberti F, Vitriol VG, Florenzano RU, Andreoli A, Burnand Y, López-Rodríguez J, Villamil-Salcedo V, Twisk JWR, Cuijpers P. The efficacy of adding short-term psychodynamic psychotherapy to antidepressants in the treatment of depression: A systematic review and meta-analysis of individual participant data. Clin Psychol Rev. 2020 Aug;80:101886. doi: 10.1016/j.cpr.2020.101886. Epub 2020 Jun 26. PMID: 32650213.

7. Markowitz JC. Supportive Evidence: Brief Supportive Psychotherapy as Active Control and Clinical Intervention. Am J Psychother. 2022 Sep 1;75(3):122-128. doi: 10.1176/appi.psychotherapy.2021.20210041. Epub 2022 Mar 2. PMID: 35232221.

8. Hollon, S.D., DeRubeis, R.J., Andrews, P.W. et al. Cognitive Therapy in the Treatment and Prevention of Depression: A Fifty-Year Retrospective with an Evolutionary Coda. Cogn Ther Res 45, 402–417 (2021). https://doi.org/10.1007/s10608-020-10132-1

Title
Constructive Feedback in 5D: Program Improvement Using Appreciative Inquiry and Shared Task Tracking

Primary Category
Program Administration and Leadership

Presenters
Brian Kurtz, MD, Cincinnati Children's Hospital Medical Center
Brian Evans, DO, University of Cincinnati
Lucia Wang, MD, Cincinnati Children's Hospital Medical Center
Cristin McDermott, MD, University of Connecticut Health Center

Educational Objectives
By the end of this workshop, participants will be able to:
1. Review current processes used by programs to discuss program feedback from trainees
2. Identify the five D's of the Appreciative Inquiry process
3. Describe how Appreciative Inquiry can be used to brainstorm organizational change with trainees
4. Incorporate the use of a dynamic tracker in developing and implementing actionable items
5. Access a tracker template that can be customized and used at home institutions

Abstract
Feedback conversations are widely recognized as important despite ongoing struggles with its facilitation, including those that concern program improvement. There are a variety of ways in which feedback can occur between program leadership and trainees, but the productivity of these conversations can be lost in the shuffle with other competing demands in academic medicine. Thus, the very discussions with trainees about a program's growth opportunities can be a main area of improvement themselves. This further highlights the significance of artfully navigating differing opinions, using skills that promote a collaborative dialogue that leads to an actionable agenda.

In our roles as program directors, education leaders, and chief residents, we invite programs to learn about a specific technique and a tangible tool when addressing program feedback: 1) Appreciative Inquiry when facilitating feedback discussions, followed by 2) a dynamic tracker as a guide and record of actionable items. By targeting key areas of effective feedback communication, our goal is to foster trust through successful dialogue and bidirectional accountability between leadership and trainees.

Practice Gap

Despite its importance, it is not easy to simultaneously navigate program feedback and foster trust. Trainees and program leadership may have all the best intentions for organizational change; however, some of these ideas can be lost to ineffective communication and implementation. Trainees often offer newer perspectives, while training directors have greater access to institutional memory and knowledge of system limitations. This discrepancy, along with power differentials and competing priorities, can lead to conversations that fall short of the productivity all parties may hope for.

Agenda

Welcome and introduction (5 min)
Large-group discussion of collaborative processes programs are currently using (10 min)
Introduction to Appreciative Inquiry (15 min)
Break-out #1: Appreciative Inquiry guided by worksheet with specific prompt (15 min)
Large-group review and questions about Appreciative Inquiry (10 min)
Introduction to tracker and integration into actionable items (10 min)
Break-out #2: Tracker incorporation (10 min)
Conclusion with discussion and questions (10 min)
Evaluation form (5 min)

Scientific Citations

Telio S, Ajjawi R, Regehr G. The “educational alliance” as a framework for reconceptualizing feedback in medical education. Acad Med. 2015;90:609-14.

Liakos W, Keel T, Ellen Pearlman R, Fornari A. Frameworks for Effective Feedback in Health Professions Education. Acad Med. 2023 May 1;98(5):648.

Palaganas JC, Edwards RA. Six common pitfalls of feedback conversations. Acad Med. 2021;96:313.

Jacobson SL and Nguyen VT. WELL Toolkit. UPMC Graduate Medical Education Committee resource to support physicians in meeting the ACGME Core Program Requirements, Section VIc. https://gmewellness.upmc.com/ Initially published online June 23rd, 2020.

Accreditation Council for Graduate Medical Education. (2023). ACGME program requirements for residency education. https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf

Rama JA, Falco C, Balmer DF. Using Appreciative Inquiry to Inform Program Evaluation in Graduate Medical Education. J Grad Med Educ (2018) 10 (5): 587-590. https://doi.org/10.4300/JGME-D-18-00043.1

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Developing a Community-Based Psychiatry Training Elective by Partnering with a Church-Affiliated Mental Health Clinic

Primary Category
Program Administration and Leadership

Presenters
Sidney Hankerson, MD, MBA, Icahn School of Medicine at Mount Sinai
Lena Green, DSW, LCSW, Icahn School of Medicine at Mount Sinai
Antonia New, MD, Icahn School of Medicine at Mount Sinai

Educational Objectives
(1) Apply principles of community-engaged research to psychiatry residency training;
(2) Utilize community partners to help psychiatry residents build upon community strengths in providing clinical services;
(3) Assess how multi-level frameworks and be applied to health disparities populations

Abstract
The Psychiatry Residency at the Icahn School of Medicine at Mount Sinai (ISMMS) is implementing a new curriculum and clinical opportunity to educate residents to deliver culturally sensitive mental health services in community settings. The curriculum includes didactic components and an opportunity for trainees to engage in a year-long rotation at the HOPE (Healing On Purpose and Evolving) Center in Center Harlem to deliver direct patient care under the supervision Drs. Hankerson, New, and Green. Didactic training includes culturally tailored psychoeducation, study of culturally informed methods of mental health diagnosis and care delivery and understanding of the impact of systemic racism on psychological and psychiatric vulnerabilities, among other topics. During the pilot project year, 2 psychiatrist trainees will provide direct services at the HOPE Center. All 35 trainees in the residency program will participate in workshops, Healing Conversations, and Self-Care Fairs. The pilot training program will inform ongoing refinement of the curriculum, which is intended to serve as a national model. By providing clinical services free of charge, the HOPE Center's services are expressly intended to meet the needs of low-income New Yorkers in Harlem. The Center's core values include "respecting and responding to innovators [as Center participants are called] power to create the life they deserve." To ensure that Center programming is data-driven and responsive to community needs, the Center recently conducted bi-annual needs assessment surveys, securing responses from 300 local resident to drive planning and program refinement. This elective will primarily serve low-income New Yorkers who reside in Central and East Harlem. Central Harlem is a majority Black/Latinx population: 55.3% Black/AA, 23.9% Latinx, and 3.5% Asian. East Harlem is also a majority Black/Latinx population: 44.9% Latinx, 31.6% Black/AA, and 7.6% Asian. Poverty rates in East and Central Harlem are more than 1.5 times that of

NYC overall (31% and 34%, respectively). Building on principles of community-engaged research, the objectives of the pilot psychiatry community-based residency

training program are to: prepare psychiatrists to deliver the highest quality mental health services to individuals and families with low-income; and develop a replicable model of training and care delivery informed by culturally sensitive, tailored approaches to evidence-based treatment.

Practice Gap
There is a gap in translating principles of community-engaged research into clinical practice among psychiatry residents to address population-based mental health disparities

Agenda
Opening: Presentation will begin with a newscast video describing the creation and programming offered at the HOPE Center Harlem

Dr. Hankerson will review national data about mental health treatment disparities, rationale and principles of community engaged research, and an overview of the rationale for embedding psychiatry residents into community settings

Dr. Green provide a detailed description of the rationale and services offered at the HOPE Center, review details of the Mount Sinai-HOPE Center PGY4 HOPE Center elective, and review clinical and programmatic outcomes of residents who have completed the elective

Dr. New will discuss how the Mount Sinai-HOPE Center elective addresses key learning gaps in psychiatry residency training, and share perspectives of how to implement successful programs for Program Directors

Closing: Presenters summarize key take aways and open for Q&A from audience

Scientific Citations
Chaudhary AMD, Naveed S, Saboor S, Safdar B, Azeem MW, Khosa F. Gender and Racial Disparities among US Psychiatry Residents: A Review of Trends. Psychiatr Q. 2022 Mar;93(1):97-105.

Boatright D, Anderson N, Kim JG, Holmboe ES, McDade WA, Fancher T, Gross CP, Chaudhry S, Nguyen M, Nguemeni Tiako MJ, Colson E, Xu Y, Li F, Dziura JD, Saha S. Racial and Ethnic Differences in Internal Medicine Residency Assessments. JAMA Netw Open. 2022 Dec 1;5(12)

Hubbard A, Sudler A, Alves-Bradford JE, Trinh NH, Emmerich AD, Mangurian C. Building a Diverse Psychiatric Workforce for the Future and Helping Them Thrive: Recommendations for Psychiatry Training Directors. Child Adolesc Psychiatr Clin

N Am. 2024 Jan;33(1):57-69

Vieux U, Strange MP, Carey T, Ozdoba A, Hankerson S, Bell I Jr. Is It Time to Rethink Psychiatry Residency Training? Meeting the Needs of a Multicultural Population. Acad Psychiatry. 2024 Oct;48(5):486-491.

Coombs A, Joshua A, Flowers M, Wisdom J, Crayton LS, Frazier K, Hankerson SH. Mental Health Perspectives Among Black Americans Receiving Services From a Church-Affiliated Mental Health Clinic. Psychiatr Serv. 2022 Jan 1;73(1):77-82.https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf

Rama JA, Falco C, Balmer DF. Using Appreciative Inquiry to Inform Program Evaluation in Graduate Medical Education. J Grad Med Educ (2018) 10 (5): 587-590. https://doi.org/10.4300/JGME-D-18-00043.1

Title
From Mundane To Memorable: Enhancing Program Meetings Through Creativity, Theming and AI

Primary Category
Faculty Development

Presenters
Cathleen Cerny-Suelzer, BA, MD, Case Western Reserve University/University Hospitals of Cleveland Program
Victoria Kelly, MD, University of Toledo
Andrew Hunt, MD, Case Western Reserve University/University Hospitals of Cleveland Program
Julia Shekunov, MD, Mayo School of Graduate Medical Education
Ayame Takahashi, MD, Southern Illinois University School of Medicine

Educational Objectives
Participants will identify key points from Priya Parker's "The Art of Gathering" and discuss how these concepts can be applied to enhance the effectiveness and engagement of psychiatry training meetings.
Participants will list examples of themed training program meetings that apply principles of gathering to create meaningful experiences.
Participants will review how artificial intelligence can be a useful tool in accelerating planning and taking meeting themes and ideas to the next level.
Participants will formulate and workshop 1-2 ideas they can execute to elevate an upcoming program meeting beyond the ordinary.

Abstract
In psychiatry training, many program meetings and events are routine and cyclical but recommended or mandated by the ACGME and local GME leadership. These events create challenging administrative burdens. For example, all training programs must conduct Clinical Competency Committee meetings at least twice annually to determine milestones for their trainees. Every program is responsible for completing annual program reviews. Yearly preparation for the PRITE exam occurs. Faculty professional development sessions must take place. Often these meetings, events, or didactics are stale, costly of time and effort, and lacking in inspiration. The goals are accomplished only on the most basic of levels. We can do better!

Starting with recognition of the higher goals of psychiatry training - the ACGME competencies - we can utilize creativity, themes, gamification, and inspiration from Priya Parker's "The Art of Gathering" to make our routine meetings more engaging and fun. Residency and fellowship training events can be crafted into a series of gatherings that will result in the transformation of trainees into competent psychiatrists and faculty into enthusiastic educators. Further, we can leverage AI tools, such as ChatGPT, to bring

more of ourselves to planning, save time, & get over creativity hurdles to make gatherings truly transformative.

In this workshop, participants will be asked to evoke their recollections of successful gatherings and contrast these with less successful ones. From this experience, we will extrapolate common features of successful events, and discuss application to perfunctory meetings and psychiatry training events. The presenters will share their experiences of designing, planning, and executing successful gatherings, and what they have learned collectively from a decade-plus of psychiatry training events. We will discuss theming, gamification, role play, and team building to enhance medical education. In small groups, participants will hone their purposes, practice generous authority, and use ChatGPT to efficiently design an upcoming event or elevate a previously planned event.

Practice Gap

Residency programs struggle under an administrative burden to meet their required annual training needs for trainees and faculty, while also developing vibrant environments of inquiry that promote belonging, innovation, and resilience. This workshop will help participants learn how to infuse creativity into required and routine training program events, meetings, didactics, and professional development sessions to elevate them beyond the ho-hum. Through theming, attention to the purpose of the meeting, gamification, and free artificial intelligence (AI) tools, participants will gain the means to engage and stimulate their stakeholders in their residency and fellowship training missions. Participants will also develop their “generous authority” (citation 1) leadership skills as hosts of these training events.

Agenda

-Introduction - 5 mins
-The large group shares examples of bad and boring events - 5 minutes
-Presenters summarize the main points from “The Art of Gathering” and the large group will share examples of successful and meaningful gatherings they have attended or held - 10 minutes
-Presenters give several examples of creative meetings they have organized - 15 minutes
-Presenters demonstrate ChatGPT AI's potential role in event planning, workshop participants practice the tools - 10 minutes
-In small groups, participants will design or upgrade a training meeting/event using tools and tips provided - 40 mins
-Questions, wrap-up & evaluation - 5 minutes

Scientific Citations

Parker P. The Art of Gathering : How We Meet and Why It Matters. Riverhead Books; 2018.

Engel T, Gowda D, Sandhu JS, Banerjee S. Art Interventions to Mitigate Burnout in Health Care Professionals: A Systematic Review. Perm J. 2023 Jun 15;27(2):184-194.

Kim Y, Lee YH. Creativity in medical education: concepts related to creative capacity. Yeungnam Univ J Med. 2020 Apr;37(2):79-83. doi: 10.12701/yujm.2019.00458. Epub 2020 Mar 9.

Special Report: Thriving in Residency Training: Establishing Identity, Finding a Mentor, and Growing as a Clinician. Sallie G. DeGolia, M.D., M.P.H., and Raziya S. Wang, M.D. Psychiatric News Volume 59, Number 06 https://doi.org/10.1176/appi.pn.2024.06.6.39

Organizational strategies to reduce physician burnout and improve professional fulfillment. Kristine Olson MD, MSc, Daniel Marchalik MD, Heather Farley MD, Shannon M. Dean MD, Elizabeth C. Lawrence MD, FACP, Maryam S. Hamidi PhD, Susannah Rowe MD, MPH, Joanne M. McCool MSOD, Cormac A. O'Donovan MD, Mark A. Micek MD, MPH and Miriam T. Stewart MD. Current Problems in Pediatric and Adolescent Health Care, 2019-12-01, Volume 49, Issue 12

Wu Y, Zheng Y, Feng B, Yang Y, Kang K, Zhao A. Embracing ChatGPT for Medical Education: Exploring Its Impact on Doctors and Medical Students. JMIR Med Educ. 2024 Apr 10;10:e52483. doi: 10.2196/52483. PMID: 38598263; PMCID: PMC11043925.

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
From Tarasoff to Parkland: opportunities in forensic curriculum development

Primary Category
Curriculum

Presenters
Megan Mroczkowski, MD, New York University School of Medicine
Erick Hung, MD, University of California, San Francisco
Alissa Peterson, MD, University of California, San Francisco
Caitlin Costello, MD, University of California, San Francisco

Educational Objectives
At the end of this workshop, participants will be able to:
1. Summarize the ACGME requirements for Forensic Psychiatry in both Psychiatry and Child and Adolescent Psychiatry Residencies.
2. Describe the current state of the literature in forensic curriculum in both Psychiatry and Child and Adolescent Psychiatry residencies.
3. Appreciate the myriad ways in which the ACGME forensic psychiatry requirement may be met in both Psychiatry residencies and CAP fellowships with three national examples.
4. Connect with other programs with the goal to collaborate and share resources to meet this ACGME requirement.
5. Identify means to utilize telepsychiatry to expand capabilities to areas with fewer forensic psychiatry resources.

Abstract
ACGME requires that Psychiatry Resident experience in forensic psychiatry must include "experience evaluating patients' potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability, and competency." ACGME requires Child and Adolescent Psychiatry Fellows experience in "legal issues relevant to child and adolescent psychiatry, which may include forensic consultation, court testimony, and/or interaction with a juvenile justice system." This requirement, open to broad interpretation, can be met in myriad ways. Programs vary widely in faculty experience in forensic psychiatry and local resources to accomplish this requirement. This workshop will present three examples of forensic curriculum across two institutions. Specifically, the forensic curriculum in an Adult Psychiatry Residency and a CAP fellowship at a large, tertiary care university hospital on the West Coast will be described and compared to the CAP fellowship curriculum at a large, public hospital on the East Coast. This workshop will provide a forum for participants to discuss current forensic curriculum at their institutions and brainstorm creative, virtual means to share resources across institutions and locales to meet this requirement.

Practice Gap

ACGME requires that Psychiatry Resident experience in forensic psychiatry must include experience evaluating patients' potential to harm themselves or others, appropriateness for commitment, decisional capacity, disability, and competency. ACGME requires Child and Adolescent Psychiatry Fellows experience in legal issues relevant to child and adolescent psychiatry, which may include forensic consultation, court testimony, and/or interaction with a juvenile justice system. This broad tent is met through a variety of methods, each optimizing a program's local resources and expertise. This workshop aims to provide several examples of forensic psychiatry training within both Psychiatry residency and CAP fellowship so that participants can optimize their program's forensic curriculum. Creative, virtual means to attain this requirement will be discussed, with a focus on resource sharing across institutions, cities, and regions.

Agenda

Welcome and introductions (5 minutes)
Presentation 1 (10 minutes)
Dr. Mroczkowski will review the current state of the literature in forensic psychiatry curriculum.
Presentation 2 (10 minutes):
Dr. Hung will discuss strategies for forensic psychiatry teaching in adult residency programs.
Presentation 3 (10 minutes):
Dr. Costello will outline a framework for addressing current issues in juvenile justice and common barriers to implementing a forensic curriculum.
Presentation 4 (10 minutes):
Dr. Peterson will discuss challenges around areas of law and justice in the current sociopolitical environment and the relevant considerations to attend to when implementing forensic curricula.
Break-out group 1 (20 minutes):
Small group discussion on home institution resources and connections across institutions
Presentation 5 (10 minutes): Dr. Chamberlain will provide demonstrations of current and emerging technologies in forensic teaching and unique features of the forensic psychiatry fellowship.
Q&A and wrap-up (15 minutes)

Scientific Citations

Abascal, A. M., Lillard, C. M., Law, K. B., & Jasinski, N. E. (2024). Curriculum development for competencies in forensic telemental health evaluations. Journal of Technology in Behavioral Science, 9(1), 14-19.

Appelbaum, P. S. (2007). Assessment of patients' competence to consent to treatment. New England Journal of Medicine, 357(18), 1834-1840.

Hung EK, Binder RL, Fordwood SR, Hall SE, Cramer RJ, McNiel DE. A method for evaluating competency in assessment and management of suicide risk. Acad Psychiatry. 2012 Jan 1;36(1):23-8. doi: 10.1176/appi.ap.10110160. Erratum in: Acad Psychiatry. 2012 Jul 1;36(4):287. PMID: 22362432.

Lewis, C. F. (2004). Teaching forensic psychiatry to general psychiatry residents. Academic Psychiatry, 28(1), 40-46.

Ramasamy, R., Radwan, K., Robinovitz, M., Nierman, P., & Jacobson, K. (2024). Forensic Psychiatry Education in Child and Adolescent Psychiatry (CAP) Fellowship: Results from a Multi-site Survey. Academic Psychiatry, 48(3), 238-243.

Schultz-Ross, R. A., & Kline, A. E. (1999). Using problem-based learning to teach forensic psychiatry. Academic Psychiatry, 23(1), 37-41.

Title
Minority faculty's Double-Edged Sword: Sharpening Support, Dulling Burnout

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

Presenters
Ronke Babalola, MD, MPH, Hackensack Meridian Health-Ocean Medical Center
Michael Stoyer, PhD, Nova Southeastern University (Orlando)
Neha Sharma, DO, Tufts Medical Center Program (Boston)

Educational Objectives
1. Identify and analyze the factors contributing to burnout among minority faculty.
2. Evaluate current institutional practices for supporting minority faculty.
3. Develop strategies to mitigate burnout and consider action plans for implementing comprehensive support programs that address the needs of both minority faculty and URiM trainees.
4. Explore methods for fostering cross-cultural mentorship and allyship within medical institutions.

Abstract
The persistent underrepresentation of minority faculty in academic medicine has significant implications for healthcare equity, medical education, and research diversity. There is a greater need to examine the experiences of minority faculty and the challenges they face. Campell et al. (2021) found that minority faculty experience unique stressors contributing to burnout, including feelings of isolation, lack of mentorship, and the burden of cultural taxation. Participants reported feeling pressured to represent their entire racial or ethnic group, leading to emotional exhaustion and decreased job satisfaction. Furthermore, minority faculty often face disproportionate expectations to engage in diversity-related service activities, such as serving on diversity committees or mentoring minority students (Rodriguez et al., 2022). While these activities are crucial for institutional diversity efforts, they can impede career advancement by taking time away from research and other scholarly pursuits.

Researchers have identified strategies to support minority faculty success and retention in academic medical institutions. Vargas et al. (2023) proposed a comprehensive approach to supporting underrepresented minorities in medicine. Their study emphasized the importance of institutional commitment, targeted mentorship programs, and creating inclusive environments that value diversity. The authors outlined a multi-level framework that includes individual support (e.g., skill-building workshops), departmental initiatives (e.g., diverse hiring practices), and institutional policies (e.g.,

anti-discrimination enforcement) to create a more supportive ecosystem for minority faculty. Lawrence et al. (2024) showed that well-structured mentorship initiatives significantly improved retention rates among minority faculty over a five-year period. Mentees in the initiatives were 40% more likely to remain in academic medicine compared to those without structured mentorship. Additionally, participants reported increased job satisfaction, higher rates of promotion, and greater success in securing research funding. Furthermore, Desai et al. (2023) introduced a framework for allyship in academic medicine, outlining how non-minority colleagues and leaders can actively contribute to creating more inclusive and supportive environments. The framework emphasizes self-education about systemic racism, amplifying minority voices, and using one's privilege to advocate for change. The authors argue that effective active allyship can help distribute the burden of diversity work and create a more equitable academic environment, and Vargas and Saetermore (2023) argue that non-minority educators' allyship can come with less risk on the journey to antiracist institutional transformations.

Collectively, these studies underscore the complex challenges faced by minority faculty in academic medicine, including burnout, cultural taxation, and systemic barriers to advancement. However, they also point to promising strategies for improvement, such as institutional commitment to diversity, equity, and inclusion; targeted mentorship and support programs; and the cultivation of allyship among non-minority colleagues. This workshop will have participants identify factors contributing to minority faculty burnout, identify intersectional approaches to alleviate the burden, and begin to develop actionable policy plans to advocate for implementation in their institutions.

Practice Gap

The support of Underrepresented Minorities in Medicine (URiM) trainees is crucial for fostering diversity and inclusion in healthcare. However, this responsibility often falls disproportionately on minority faculty, leading to burnout and negatively impacting both educators and trainees. Current practices fail to address the unique challenges faced by minority faculty, including increased mentoring responsibilities, cultural taxation, lack of institutional recognition, and limited resources. Many institutions lack comprehensive strategies to distribute the responsibility of supporting URiM trainees across all faculty while providing targeted support to minority faculty. This gap in practice results in unsustainable support systems for URiM trainees and contributes to the ongoing burnout crisis among minority faculty in medical education.

Agenda

1. Introduction and overview of burnout among minority faculty (10 minutes)
2. Small group discussions: Sharing experiences and observations (10 minutes)
3. Presentation/large group discussion: Factors contributing to burnout and their impact (15 minutes)
5. Strategy development: Team brainstorming and design (15 minutes)

6. Expert feedback and refinement of strategies (15 minutes)
7. Action plan development (15 minutes)
8. Conclusion and next steps (10 minutes)

Scientific Citations

1. Vargas, J. H., & Saetermoe, C. L. (2023). The antiracist educator's journey and the psychology of critical consciousness development: A new roadmap. Educational Psychologist, 59(1), 20–41. https://doi.org/10.1080/00461520.2023.2243329

2. Myint MT, Yue H, Zalpuri I, Sharma N, Stewart C. Workforce initiatives to advance health equity and diverse representation. Child Adolesc Psychiatr Clin N Am. 2024;33(3):437-445. doi:10.1016/j.chc.2024.02.009

3. Rodríguez JE, Figueroa E, Campbell KM, et al. Towards a common lexicon for equity, diversity, and inclusion work in academic medicine. BMC Med Educ. 2022;22(1):703. doi:10.1186/s12909-022-03736-6

4. Rodríguez JE, Campbell KM. Cultural Taxation of Minority Faculty in Academic Medicine: A Systematic Review. Acad Med. 2022;97(3):418-429.

5. Lawrence JA, Davis BA, Corbette T, Hill EV, Williams DR, Reede JY. Racial/ethnic differences in burnout: a systematic review. J Racial Ethn Health Disparities. 2022;9(1):257-269. doi:10.1007/s40615-020-00950-0

6. Nfonoyim B, Martin A, Ellison A, Wright JL, Johnson TJ. Experiences of underrepresented faculty in pediatric emergency medicine. Acad Emerg Med. 2021;28(9):982-992. doi:10.1111/acem.14191

7. Campbell KM. The diversity efforts disparity in academic medicine. Int J Environ Res Public Health. 2021;18(9):4529. doi:10.3390/ijerph18094529

8. Desai V, Hernandez Conte A, Nguyen VT, et al. Veiled harm: impacts of microaggressions on psychological safety and physician burnout. Perm J. 2023;27:23.017. doi:10.7812/TPP/23.017

9. Tung J, Nahid M, Rajan M, Logio L. The impact of a faculty development program, the Leadership in Academic Medicine Program (LAMP), on self-efficacy, academic promotion and institutional retention. BMC Med Educ. 2021;21(1):468. doi:10.1186/s12909-021-02899-y

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Navigating Conflicts in Professional Settings: Preparing Residents for the Inevitable

Primary Category
Curriculum

Presenters
Adriane dela Cruz, MD, PhD, UT Southwestern Medical Center
Kari Whatley, MD, University of Texas Austin Dell Medical School
Jennifer O'Donohoe, MD, University of Utah School of Medicine
Fatma Ozlem Hokelekli, MD, PhD, UT Southwestern Medical Center
Melissa Dalhoe, MS, University of Minnesota

Educational Objectives
At the end of this workshop, participants will be able to:
-Describe the rationale for including training in conflict negotiation for psychiatry trainees
-Recognize conversations and conflicts that we often avoid or handle poorly
-Describe resources and strategies for teaching conflict negotiation skills to psychiatry trainees
-Outline a plan for implementing a training in conflict negotiation in their home program

Abstract
The Accreditation Council for Graduate Medical Education (ACGME) explicitly names interpersonal and communication skills as one of the six domains of physician competence in psychiatry (3). Interpersonal and communication skills are necessary when navigating complex situations, uncertainty, and conflict in the workplace. Skills include taking a personal inventory of your communication style and motives, creating a safe space for dialogue, sharing your perspective, hearing the other side's perspective, finding common ground, and negotiating resolution (5, 6, 7). These skills are not only helpful for efficient and effective clinical practice with patients and families, interprofessional teamwork, and system-level advocacy, but these skills have also been found to reduce burnout for residents in training (2, 3,8). With little published about psychiatry residency program training approaches to teaching this skill set, educators wanting to incorporate this into their residency curriculum are faced with the challenge of sifting through the many frameworks for managing conflict (e.g., Thomas Kilmann Conflict Model, Shannon-Kim 4-Step Conflict Dialogue Model, and Crucial Conversations) (5, 6, 7). Therefore, this workshop aims to support educators by providing rationale and direction for how to integrate training on conflict management into a psychiatry residency program. Representative of four different academic institutions, workshop facilitators skilled in teaching conflict management will host an experiential workshop where participants will be invited to first identify conflict and use

conflict management skills, and second, begin to build a curriculum for their training program.

Practice Gap

Navigating conflict and effectively communicating are essential skills for physicians. [1] Communication issues at work can increase resident burnout.[2] The ACGME Psychiatry Milestones measure trainees' ability to communicate with patients and families in settings with a high degree of uncertainty and conflict. They also examine interprofessional and team communication and the ability to resolve conflict. [3] However, no guidelines or curricula exist to teach psychiatric trainees the skills needed to successfully address conflict in the clinical environment. This workshop provides samples of conflict management and communication curricula from four different institutions. These curricula have been adapted from pediatrics, surgery, and from well-established business models. [4,5] The curricula include evidenced-based practices such as the Thomas-Kilmann modes of conflict, strategies from Crucial Conversations, and conflict resolution hierarchy. [5, 6, 7] A curriculum in conflict management will ensure that trainees develop the communication skills necessary to navigate challenging clinical and professional situations.

Agenda

This 90-minute workshop will include large group didactic sessions/discussion and small-group activities.
Minutes 0-20: Introductory didactic on the rationale for explicitly teaching conflict negotiation in psychiatry training programs, approaches to identifying conflict and high-stakes conversations, conflict negotiation approaches (GPRI, conflict negotiation styles), and sample implementations
Minutes 20-40: Small Group One—icebreaker and sample conflict negotiation task taken from curricula developed by presenters
Minutes 40-50: Large Group Debrief conflict negotiation task
Minutes 50-70: Small Group Two—participants will work in small groups to develop a curriculum on conflict negotiation to implement at their home institution
Minutes 70-85: Large Group Debrief of facilitators and barriers of implementing conflict negotiation curricula
Minutes 85-90: Wrap Up and Survey Completion

Scientific Citations

1. Herrmann LE, Elliott LE, Sucharew H, Jerardi K, Zackoff MW, Klein M, Real FJ. Impact of a Remote Virtual Reality Curriculum Pilot on Clinician Conflict Communication Skills. Hosp Pediatr. 2023 Jun 1;13(6):527-540. doi: 10.1542/hpeds.2022-006990. PMID: 37161716.

2. Matsuo T, Takahashi O, Kitaoka K, Arioka H, Kobayashi D. Resident Burnout and Work Environment. Intern Med. 2021 May 1;60(9):1369-1376. doi:

10.2169/internalmedicine.5872-20. Epub 2020 Dec 7. PMID: 33281158; PMCID: PMC8170257.

3. The Accreditation Council for Graduate Medical Education and The American Board of Psychiatry and Neurology. (2020) Psychiatry Milestones.

4. Sinskey JL, Chang JM, Shibata GS, Infosino AJ, Rouine-Rapp K. Applying Conflict Management Strategies to the Pediatric Operating Room. Anesth Analg. 2019 Oct;129(4):1109-1117. doi: 10.1213/ANE.0000000000003991. PMID: 30633050.

5. Karen P. Barr, Maria R. Reyes, Sara Kim; “Hot Seat” Simulation to Teach Conflict Management Skills to Residents. J Grad Med Educ 1 August 2020; 12 (4): 485–488. doi: https://doi.org/10.4300/JGME-D-19-00594.1

6. Wolfe AD, Hoang KB, Denniston SF. Teaching Conflict Resolution in Medicine: Lessons From Business, Diplomacy, and Theatre. MedEdPORTAL. 2018 Jan 25;14:10672. doi: 10.15766/mep_2374-8265.10672. PMID: 30800872; PMCID: PMC6342419.

7. Patterson, K., Grenny, J., McMillan, R., & Switzler, A. (2002). Crucial conversations. McGraw-Hill Contemporary.

8. Vasquez, T. S., Close, J., Bylund, C. L. (2021) Skills-Based Programs Used to Reduce Physician Burnout in Graduate Medical Education: A Systematic Review. J Grad Med Educ, 13(4): 471–489. doi: https://doi.org/10.4300/JGME-D-20-01433.1

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Psychiatry Underrepresented in Medicine Mentorship Program (PUMP): Mentoring the Mentors

Primary Category
Faculty Development

Presenters
Nkechi Conteh, MBBS, MPH, Boston University Medical Center
Isaac De La Bruere, MD, Boston University Medical Center

Educational Objectives
1. Compare and contrast different models of mentorship and identify which applies to different situations
2. Describe essential facets of mentoring residents with multiple minoritized identities.
3 Discuss the most reported challenges to URiM resident recruitment from residents' perspective.
4. Identify innovative strategies to support URiM resident resilience in the setting of limited resources
5. Develop a plan to avoid pitfalls in the mentorship of URiM residents that can be implemented in their programs.

Abstract
Mentorship of residents is critical to developing a successful career in medicine. Residents who are underrepresented in medicine (URIM) are significantly less likely to establish a mentorship relationship compared to their peers. Studies have shown that URIM residents prefer to have racially concordant mentors who are more likely to understand the unique challenges that URIM residents face. However, evidence also suggests that both URIM faculty and residents experience higher levels of isolation and lower career satisfaction. A significant contributing factor to these negative experiences is the lack of racial diversity within academia and the physician workforce. Most mentorship programs are tailored toward research or career development, and there is limited literature on formalized mentorship programs that are geared toward improving wellness and resilience.

Moreover, numerous studies have underscored the necessity of training potential mentors to ensure the effectiveness of the mentoring experiences. Other crucial factors for the recruitment and retention of URIM physicians include tangible institutional and departmental support, tailored mentoring programs to address specific challenges within a system, and the availability of racially or ethnically concordant mentors. The Boston Medical Center Psychiatry URIM Program (PUMP) is a pilot program that pairs URIM residents with URIM faculty for community support and provides the URIM faculty with training in essential mentoring skills. In this project, we evaluated whether PUMP

enhances URiM faculty mentoring skills and URiM residents' training experiences and what strategies worked best for addressing challenges in the mentoring relationship.

Practice Gap

According to the AAMC report on Diversity in Medicine in 2019, physicians identified as underrepresented in medicine (URiM) made up 30% of the full-time medical faculty workforce in the United States in 2018. Though medical school enrollments have shown increased diversity in race and ethnicity, this has not translated to increased diversity in academic faculty. URiM residents continue to have higher attrition rates in residency. One proposed mechanism for improving the retention of trainees in academic medicine has been mentorship, which is associated with increased career satisfaction, scholarly productivity, and preparedness. Studies have shown that URiM residents prefer to have URiM mentors who are more likely to understand the unique challenges faced in training. However, URIM faculty are less likely to receive non-research or career-based mentoring training. This session will focus on mentoring tailored to promote wellness and resilience and address areas of need identified by URIM trainees.

Agenda

1. Welcome: Introduction and Objectives - 5 minutes
2. Presentation on challenges and attrition among URiM residents – 10 minutes
3. Cases

a. Case 1 Mentoring across Gender differences:

i. Small group discussion - 10 minutes

ii. Report to the larger group and Q&A -15 minutes

. b. Case 2 Intersectionality and Mentoring (QUEER/BIPOC/Immigrant)

i. Small group discussion- 10 minutes

ii. Report to larger group and Q&A - 15 minutes

c. Case 3- Addressing Unproductivity in Gen Z terms

i. Small group discussion -10 minutes

ii. Report to larger group and Q&A - 15 minutes

4. Discussion of Boston Medical Center PUMP survey results - 10 minutes
5. Addressing challenges in the mentoring relationship by a participating resident – 20 minutes

Scientific Citations

1.Fraser K, Dennis SN, Kim C, Saba GW, Guh J, Gonzalez CA, Shamlou T. Designing Effective Mentorship for Underrepresented Faculty in Academic Medicine. Fam Med. 2024 Jan;56(1):42-46. doi: 10.22454/FamMed.2023.186051. Epub 2023 Nov 16. PMID: 38055855; PMCID: PMC10836625.

2.Carrillo T, Rodriguez LM, Landry A, Alvarez A, Ceniza A, Gay R, Green A, Faiz J. A Virtual National Diversity Mentoring Initiative to Promote Inclusion in Emergency

Medicine. West J Emerg Med. 2023 Jul 12;24(4):662-667. doi: 10.5811/westjem.59666. PMID: 37527394; PMCID: PMC10393448.

3.Idossa D, Velazquez AI, Horiguchi M, Alberth J, Abuali I, Smith-Graziani D, de Lima Lopes G, Lubner S, Florez N. Mentorship Experiences Are Not All the Same: A Survey Study of Oncology Trainees and Early-Career Faculty. JCO Oncol Pract. 2023 Sep;19(9):808-818. doi: 10.1200/OP.22.00643. Epub 2023 May 16. PMID: 37192431; PMCID: PMC10860955.

4. Gutierrez-Wu J, Lawrence C, Jamison S, Wright ST, Steiner MJ, Orr CJ. An evaluation of programs designed to increase representation of diverse faculty at academic medical centers. J Natl Med Assoc. 2022 Jun;114(3):278-289. doi: 10.1016/j.jnma.2022.01.012. Epub 2022 Mar 2. PMID: 35246333.

5.Bonifacino E, Ufomata EO, Farkas AH, Turner R, Corbelli JA. Mentorship of Underrepresented Physicians and Trainees in Academic Medicine: a Systematic Review. J Gen Intern Med. 2021 Apr;36(4):1023-1034. doi: 10.1007/s11606-020-06478-7. Epub 2021 Feb 2. PMID: 33532959; PMCID: PMC7852467.

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Restorative Justice Practices in Graduate Medical Education

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Peter Ureste, MD, University of California, Riverside School of Medicine
Martha Vargas, MD, University of California, San Francisco
Adaobi Nwabuo, MBBS, MPH, Yale University School of Medicine
Sandy Ngo-Moubarek, MD, University of California, Davis
Poh Choo How, MD, PhD, University of California, Davis

Educational Objectives
1. Identify the foundational principles of restorative justice, including its origins in Indigenous cultures and its relevance to psychiatry residency programs.
2. Experience the application of restorative justice principles by participating in a community circle on the topic of learner mistreatment.
3. Discuss the practical application of restorative justice in addressing mistreatment and fostering inclusivity within psychiatry residency programs.

Abstract
This workshop will introduce participants to RJ theory, encouraging discussions on its practical application by examining its use in three psychiatry residency training programs. These include during intern orientation to identify support as they transition to residency, response to harm after residents experienced hate speech from patients during an inpatient rotation, and resident conflict. Additionally, participants will engage in a community circle—a specific RJ practice to build community and support (3). The session will conclude with a dialogue on potential opportunities and practical implementations of RJ within participants' institutions. The workshop aims to facilitate experiential learning by utilizing interactive teaching methods, including small and large group discussions and participation in a community circle.

Practice Gap
Resident mistreatment remains a persistent issue in graduate medical education. A 2020 systematic review and meta-analysis reported a high prevalence (64.1%) of intimidation, harassment, and discrimination among resident physicians, with verbal, physical, and sexual abuse being the most common forms (1). Psychiatry residents also face harmful or derogatory comments from peers, supervisors, staff, and physicians from other specialties (2). One suggested approach to tackle this issue is adopting restorative justice (RJ) practices (3, 4, 5). Originating in the 1990s from global Indigenous traditions and the criminal justice system, RJ was introduced in the criminal justice system and has since expanded to various sectors, including K-12 and higher

education, social work, and, more recently, academic medicine and healthcare. RJ emphasizes community as an interconnected web, where individual actions affect the entire group. It offers a framework for strengthening communities, preventing harm, and fostering inclusive, secure learning environments (3).

Agenda

00:00-00:05 (5 min) Welcome, introductions, D.C. land acknowledgment
00:06-00:15 (10 min) RJ origins and foundational principles
00:16-00:20 (10 min) Examples of RJ in practice from three residency programs
00:21-00:25 (5 min) Activity set-up: Community guidelines, talking pieces, circle values
00:26-01:15 (45 min) Community Circle
1:16-1:30 (15 min) Large group discussion: Potential opportunities and challenges with RJ implementations within participants' institutions

Scientific Citations

1. Bahji, A., & Altomare, J. (2020). Prevalence of intimidation, harassment, and discrimination among resident physicians: a systematic review and meta-analysis. Canadian medical education journal, 11(1), e97–e123. https://doi.org/10.36834/cmej.57019

2. Coverdale, J., Balon, R., Beresin, E.V. et al. What Are Some Stressful Adversities in Psychiatry Residency Training, and How Should They Be Managed Professionally?. Acad Psychiatry 43, 145–150 (2019). https://doi.org/10.1007/s40596-019-01026-w

3. Eniasivam, Archna et al. “A Call for Restorative and Transformative Justice Approaches to Anti-Racism in Medicine.” Journal of general internal medicine vol. 37,10 (2022): 2335-2336. doi:10.1007/s11606-022-07605-2

4. Jaochico, M. S. (2023). A phenomenological study of the circle experience: Restorative justice in a graduate academic environment (Order No. 30530528). Available from ProQuest Dissertations & Theses A&I; ProQuest Dissertations & Theses Global. (2845356107). Retrieved from https://www.proquest.com/dissertations-theses/phenomenological-study-circle-experience/docview/2845356107/se-2

5. Sawin, G., Klasson, C. L., Kaplan, S., Larson Sawin, J., Brown, A., Thadaney Israni, S., Schonberg, J., & Gregory, A. (2023). Scoping Review of Restorative Justice in Academics and Medicine: A Powerful Tool for Justice Equity Diversity and Inclusion. Health equity, 7(1), 663–675. https://doi.org/10.1089/heq.2023.0071

Title
Socially responsive graduates: implications for faculty and trainees

Primary Category
Faculty Development

Presenters
Zheala Qayyum, MD, Children's Hospital Program/Boston, MA
Tracey Guthrie, MD, The Warren Alpert Medical School of Brown University
Gerrit van Schalkwyk, MD, Naval Medical Center-San Diego
Susan van Schalkwyk, PhD, AADPRT Affiliate Members

Educational Objectives
1. Participants will be able to articulate the concept of socially responsive medicine curricula and its implications for residency training.
2. Participants will be able to navigate tensions between advocacy for change and maintaining other educational priorities.
3. Participants will be able to identify and articulate common issues and opportunities for improvement across various faculty levels
4. Participants will collaborate with peers to discuss challenges and share solutions related to faculty experiences and institutional change.

Abstract
Socially responsive medicine involves identifying and working to change the circumstances that may impact the health of a group or community. To develop a clinical workforce that is up to the task requires innovation across the spectrum of medical education (2). This has implications for faculty who are required to implement these innovations (3). The process may be transformative, but there is also the potential for tension and conflict (4). Trainees are rightly empowered to advocate for meaningful change but may lack sensitivity to the limitations of institutional resources and flexibility. Junior faculty may experience an uncomfortable adjustment as they shift from being in a position to advocate for a more socially responsive curriculum, to abruptly being responsible for the design and implementation of such a curriculum. More senior faculty may experience tensions between supporting critical change while also holding to the importance of other educational priorities and maintaining a scholarly focus (5). For transformation to be effective, system wide changes are required to provide the necessary resources and context for all to thrive while true change is effected. This workshop will address the experiences of faculty at each of these levels provide opportunities for attendees to reflect on their own experience, and be equipped with language, strategies and tools for enabling change within their own systems.

Practice Gap

There is limited information about how to best train future generation of physicians to be not only socially aware but also to critically think about and address the healthcare needs of the diverse patient populations they serve. This includes not just the 'why' but also the 'how' of addressing issues such as the social determinants of health, collaborating in interdisciplinary teams, developing leadership and communication skills, and effectively advocating for their patients. This must start with medical educators who themselves will have to learn (1), and then navigate the challenges and tensions that arise for them and for their learners (2).

Agenda

00:00 – 00:10: Introductions, overview
00:10 – 00:25: Interactive PPT session: Defining social responsiveness
00:25 – 00:45: Small group engagement: Reflections on enabling social responsiveness (reflections on responsibility and barriers)
00:45 – 01:00: Facilitated plenary feedback (Synthesis of small group report out and discussion)
01:00 – 01:15: Large group engagement: Managing the 'tensions' (Elicit ideas from the groups of how people are making sense of the challenges)
01:15 – 01:30: Bringing it all together: language, strategies and tools (Synthesize the wisdom in the room)

Scientific Citations

1. Paton, M., Naidu, T., Wyatt, T. R., Oni, O., Lorello, G. R., Najeeb, U., ... & Kuper, A. (2020). Dismantling the master's house: new ways of knowing for equity and social justice in health professions education. Advances in Health Sciences Education, 25, 1107-1126.

2. Hansen, A., Engel-Hills, P., Jacobs, C., Blitz, J., Cooke, R., Hess-April, L., ... & van Schalkwyk, S. (2023). Understandings and practices: towards socially responsive curricula for the health professions. Advances in Health Sciences Education, 28(4), 1131-1149.

3. van Schalkwyk, S., & Blitz, J. (2024). Curriculum renewal towards critically conscious graduates: Implications for faculty development. Medical Education, 58(3), 299-307.

4. Frambach, J. M., & Martimianakis, M. A. (2017). The discomfort of an educator's critical conscience: the case of problem-based learning and other global industries in medical education. Perspectives on medical education, 6, 1-4

5. Frambach, J., & van Schalkwyk, S. (2024). Being the supervisor: A duo?ethnographic exploration of social justice in postgraduate health professions education. Medical Education.

Title
Standardized Letters of Recommendation are here to stay: do we move fast or slow to the SLOE?

Primary Category
Recruitment and Selection

Presenters
Anna Kerlek, MD, The Ohio State University College of Medicine
Lindsey Pershern, MD, Baylor College of Medicine
Ashley Walker, MD, University of Oklahoma College of Medicine, Tulsa

Educational Objectives
At the end of this workshop participants will:
1) Assess how traditional LORs may contain significant bias and how the Psychiatry SLOR attempts to address this;
2) Evaluate how to effectively utilize SLORs in the residency selection process;
3) Contribute to plans for next steps with the SLOR in our ever-evolving field, and consider when and how to transition to a Standardized Letter of Evaluation (SLOE)

Abstract
Each year, medical students request that psychiatry faculty attest to their clinical skills, work ethic, and character in the form of a residency application letter of recommendation. Traditional letters of recommendation have been shown to include both gender and racial bias; such language discrepancies between applicants, including those from underrepresented in medicine (URM) groups, perpetuate disparities in medicine. Additionally, with the transition of Step 1 to pass/fail and many medical schools using similar binary structures for preclinical and clerkship grading, program directors may now have fewer variables with which to assess candidate qualifications.

The Association of Directors of Medical Student Education in Psychiatry (ADMSEP), with input from members of the American Association of Directors of Psychiatric Residency Training (AADPRT), created a Psychiatry-specific SLOR template to be a more informative, uniform, equitable, and less biased tool program directors can use to assess applicants. It was piloted in the 2024 Match and an updated template was utilized in the 2025 Match after feedback from stakeholders (applicants, letter writers, and letter readers).

The Physician's Coalition for Accountability recommended that Structured Evaluative Letters should replace all traditional LORs as a universal tool in the residency program application process, and the vast majority of specialties now utilize either a SLOR or a SLOE. It is no longer a question of "if" but now a question of "how" do we make this

process work for our diverse Psychiatric residencies across the country. Psychiatry SLORs are optimally poised to provide necessary information to program directors.

In this workshop, participants will become familiar with the latest psychiatry SLOR template, as contrasted to both a traditional LOR and a potential future SLOE. Through small and large group discussions, participants will reflect on the utility of each of these formats, as well as contribute to recommendations for future iterations of these tools.

Practice Gap
AADPRT members contributed to the creation of the Psychiatry Standardized Letter of Recommendation (SLOR) through survey completion in 2023, however many are not up to date on the latest format or how to direct applicants to use it. The creation of the SLOR was a strategy that will be evaluated annually and updated based on feedback from the Psychiatric community, particularly AADPRT members. In the ever-changing healthcare landscape, the goal of the SLOR is to highlight characteristics and qualities of applicants in order to best shape the future of our field. This workshop is designed to provide necessary education about the SLOR, to both letter writers and letter readers, and recommendations for use in future recruitment cycles.

Agenda
--5 min introduction/poll
--15 min overview: history of Psychiatry SLOR, how it compares to SLOR/SLOEs in other fields, review of our form
--20 min small group: review LOR examples to identify and consider potential introduced biases and impact on the applicant.
--5 min large group discussion
--5 min didactic: current landscape of SLOE recommendations and considerations of evolution of the current format
--20 min small group: discuss/debate the SLOR and SLOE and advantages/disadvantages of each in reviewing applications for training. Will then discuss and determine steps/strategies to move to the next stage, while considering barriers and strategies within their educational role/context
--15 min large group discussion: small groups will report on their discussion and strategies. Each participant will be encouraged to identify one goal to implement in their training selection process in their home institution
--5 min wrap-up and evaluation

Scientific Citations
Carrico CWT, Lourenco AP, Jambhekar K. Development and Assessment of Early Utilization of the Standardized Letter of Recommendation for Use in the Radiology Residency Match. Acad Radiol. 2022;29(10):1583-1589. doi:10.1016/j.acra.2022.02.004

Deshpande SR, Lepore G, Wieland L, Kogan JR. Racial and ethnic bias in letters of recommendation in academic medicine: a systematic review. Acad Med. 2024 Mar 8. doi: 10.1097/ACM.0000000000005688. Epub ahead of print. PMID: 38466619.

Kukulski P, Schwartz A, Hirshfield LE, Ahn J, Carter K. Racial Bias on the Emergency Medicine Standardized Letter of Evaluation. J Grad Med Educ. 2022;14(5):542-548. doi:10.4300/JGME-D-21-01144.1

Raml D, Kerlek A, Russo R, et al. The Pilot of the Psychiatry Standardized Letter of Recommendation in the 2024 Match. Acad Psychiatry. Published online September 7, 2024. doi:10.1007/s40596-024-02037-y

Russo RA, Hameed U, Ibrahim Y, et al. Psychiatry Residency Directors' Attitudes Toward and Uses of the Medical Student Performance Evaluation and Other Potential Tools for Residency Selection. Acad Psychiatry. 2022;46(5):622-626. doi:10.1007/s40596-022-01636-x