**Workshop #5**

**Title**
A Balancing Act: Supporting Parenthood in Psychiatry Training

**Primary Category**
Program Administration and Leadership

**Presenters**
Xiaoyi Yao, MD, Columbia University/New York State Psychiatric Institute
Destiny Price, MD, New York - Presbyterian Hospital - Child and Adolescent Psychiatry
Kevin Kennedy, MD, Perelman School of Medicine University of Pennsylvania
Jonathan Heldt, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)

**Educational Objectives**
-Identify the major challenges facing both trainee-parents and psychiatry program directors regarding parenthood in training, including call and clinical coverage, the need to extend training, lactation availability, accommodations for childcare, and negative perceptions from peers and faculty
- Describe ACGME, ABPN, and institutional policies regarding parental leave and policies regarding extending training due to parental leave
- Evaluate strategies to appropriately accommodate parent-trainees that mitigate burden faced by other trainees and that reduce the likelihood of training extension

**Abstract**
In August 2024, a US Surgeon General Advisory highlighted declining mental health and well-being among parents as a critical public health issue. Navigating early parenthood presents challenges such as sleep deprivation, role tension, and work-life integration for all parents, but they are particularly acute for resident and fellow physicians who face the unique demands of medical training. Medical training has historically been overrepresented with men and provided limited support for parent-trainees. As women now represent half of medical trainees and as family and parenting structures change, there is a growing tension between the needs of parent-trainees and ACGME and institutional requirements for training. One survey of a large GME institution found that approximately 40% of trainees expected to have children during training [Blair et al.], while another study found that over 60% of trainees felt the need to delay childbearing due to concerns about clinical demands, finances, access to childcare, burdening colleagues, and extending training. Parents in non-traditional family structures, including LGBTQ and single parents and parents who adopt or foster children, face additional stressors. Complicating this landscape are the growth of residency unions with more

generous parental leave policies and a lack of standardization and transparency for parental leave policies in psychiatry residency and fellowship programs, despite evidence that paid parental leave is associated with positive health outcomes for both parent and child, with one recent study among residents demonstrating an inverse relationship between the length of leave and parental burnout.

There is evidence that psychiatry program directors could be better equipped to face the unique needs and challenges of trainee-parents. In a recent survey of psychiatry program directors, 57% agreed that trainees could benefit from more leave, 33% reported a lack of knowledge around ACGME, ABPN, and hospital policy and 25% endorsed difficulty finding coverage for trainees on leave. This workshop explores the most common challenges program directors face regarding supporting and accommodating parent-trainees. Attendees will be introduced to up-to-date research on the challenges facing parent-trainees and ACGME and ABPN policies regarding parenthood in training. A case-based format will be used to help participants develop strategies regarding:

- Coverage of clinical duties (and whether clinical duties need to be “repaid” or repeated) and pager/inbox coverage

- Designing call schedules to accommodate parental leave while not overburdening other trainees

- Designing clinical schedules that limit the need to extend training while meeting ACGME requirements (e.g. advantages and disadvantages of built-in redundancy for core ACGME requirements in trainee schedules)

- Supporting academic careers and mitigating negative perceptions of parent-trainees by peers, supervisors, and training directors

- Schedule accommodations (e.g. for childcare, medical appointments, and lactation) during and after pregnancy

- Counseling residents on parental-leave policies and accommodations

- Supporting the needs of gender/sexual identity, family structure, financial status, and adoption/fostering

- Fostering an institutional culture that supports parent-trainees

Addressing the unique challenges facing parent-trainees warrants institutional, program, and interpersonal interventions. This session will help programs think systematically about the approach and to develop strategies supporting the well-being of trainees embarking on parenthood.

**Practice Gap**

In 2024, a US Surgeon General Advisory called attention to rising stress and declining well-being among parents. In addition to the universal stressors of early parenthood, residents who become parents during training face unique and complex challenges, including a lack of clarity around parental leave policy and pressures around clinical requirements, scheduling and call duty. Additional factors impacting the experience of resident-parents include availability of affordable childcare, lactation resources, and perceptions of colleagues and supervisors. Parents in non-traditional family structures are further subject to bias. While a recent study of shows that most psychiatry program directors agree residents would benefit from more parental leave and accommodations, there are there are few resources available to assist programs to approach supporting trainees in a systematic way.

**Agenda**

0:00- Introduction
0:03- Poll Questions: Assess learner needs. Review results to tailor subsequent discussions.
0:08- Didactic: Review of common challenges faced by trainees planning and entering parenthood during training.
0:25- Small Group Breakout: Case-based discussions of resident facing a combination of challenges described above. Discuss considerations and strategies to navigate these challenges.
0:50- Large Group Report-Out: Small-groups share their approach. Generate discussion with group brainstorming.
1:10- Reflections/Q&A
1:25- Feedback survey

**Scientific Citations**

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

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

3. Leandre, F. M., Sudak, D. M., & Ginory, A. (2021). Are psychiatry programs providing adequate parental leave to their residents? Academic Psychiatry, 46(2), 162–166. https://doi.org/10.1007/s40596-021-01558-0

4. Office of the Assistant Secretary for Health (OASH). (2024, August 28). U.S. Surgeon General Issues Advisory on the mental health and well-being of parents. HHS.gov.

https://www.hhs.gov/about/news/2024/08/28/us-surgeon-general-issues-advisory-mental-health-well-being-parents.html

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

**Title**
A Peer-to-Peer Anti-Bias Language Workshop: An Interactive Demonstration

**Primary Category**
Curriculum

**Presenters**
Rachele Yadon, MD, University of Kentucky
Theadia Carey, BS, MD, MS, Authority Health/Michigan State
Morgan Faeder, MD, PhD, Western Psychiatric Hospital
Sarah Oros, MD, University of Kentucky
Nazeeha Micciche, MD, University of Kentucky

**Educational Objectives**
• Highlight the impact of providers' language biases on patient care and the need for further formal education as part of psychiatric residency curriculum.
• Describe the development of a psychiatry specific workshop on biases in patient care and its implementation as part of the didactic curriculum.
• Review changes in resident biases following implementation of the workshop as measured on a validated instrument for measuring biases in healthcare workers.
• Demonstrate the feasibility of the implementation of a peer-to-peer anti-biased language workshop.
• Facilitate reflection and discussion around the impact of biased language expressed in a patient hand-off role play and written clinical case.

**Abstract**
Unconscious bias can lead to health inequalities by leading to differences in the treatment of patients based on factors such as race, gender, weight, age, language, income, and insurance status. This workshop is an interactive demonstration of the work described in last year's First Place AADPRT Outstanding Poster "Anti-Bias Workshop Implementation in Psychiatry Didactics: Measures of Bias Awareness and Mitigation Practice." The poster presented a study aimed at identifying gaps in knowledge about stigmatizing language in clinical practice and assessing the usefulness of interventions such as didactic sessions in training clinicians to systematically replace biased verbal and written language. For this project, an existing anti-bias workshop was adapted to be specific to psychiatric practice, including changing powerpoint slides, clinical vignettes and role play activities. Residents who participated on the research team were then trained to facilitate the updated workshop for their peers, and then the workshop was implemented as part of the didactics curriculum for all psychiatry trainees. In this

demonstration, participants will get the opportunity to engage with the role play, clinical cases and discussion questions developed for the workshop.

This workshop is a live, interactive demonstration of the major components of the Anti-Bias Language Workshop. This demonstration will include the role play of poignant and realistic examples of how biased language can be present in our communications about patients and impact patient care. This will be followed by discussion around written clinical cases and the opportunity to work in small groups with a Mindful Language Toolkit to make improvements in the language used in written patient summaries.

Implementing an anti-bias language workshop as part of the psychiatry didactics curriculum has shown that residents learn bias mitigation practices in oral and written communication. This can lead to less stigmatizing language and improve overall patient care. The facilitated discussion around the impact of biased language will help to illustrate the relevance and salience of these discussions in resident training as well as demonstrate the ease and feasibility of peer-to-peer facilitation of this workshop in didactics. A live demonstration with role-play, small and large group discussion and review of the Mindful Language Toolkit resource aims to empower programs to adopt this workshop into their curriculums.

**Practice Gap**
Unconscious bias can lead to health inequalities by leading to differences in the treatment of patients based on race, gender, weight, age, language, income, and insurance status. Clinical documentation not only influences treatment but can lead to a cascade of biases by influencing other clinicians' decisions and judgments. Attitudes towards patients are worse when using stigmatizing language vs neutral language. Given the particular vulnerability of patients seeking mental health care, implementation in psychiatry resident training is critical. There is a need for incorporation of this curriculum in a form that is feasible, approachable and engaging.

**Agenda**
15 Minute Introduction to the Workshop Protocol and Review of Screening and Feedback Data from Residents.
15 Minute Role Play Demonstration and Large Group Discussion
10 Minute Small Group Clinical Case Review
5 Minute Large Group Discussion
10 Minute Large Group Review of the Mindful Language Toolkit
10 Minute Small Group Activity: Rewriting the Case
10 Minute Large Group Share
10 Minute Large Group Discussion: What about challenging cases and therapeutic discharge?

5 Minute Feedback Survey

**Scientific Citations**

Raney J, Pal R, Lee T, Saenz SR, Bhushan D, Leahy P, Johnson C, Kapphahn C, Gisondi MA, Hoang K. Words Matter: An Antibias Workshop for Health Care Professionals to Reduce Stigmatizing Language. MedEdPORTAL. 2021 Mar 2;17:11115. doi: 10.15766/mep_2374-8265.11115. PMID: 33768147; PMCID: PMC7970642.

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Goddu AP, O'Conor KJ, Lanzkron S, Saheed MO, Saha S, Peek ME, Haywood C Jr, Beach MC. Do Words Matter? Stigmatizing Language and the Transmission of Bias in the Medical Record. J Gen Intern Med. 2018 May;33(5):685-691. doi: 10.1007/s11606-017-4289-2. Epub 2018 Jan 26. Erratum in: J Gen Intern Med. 2019 Jan;34(1):164. PMID: 29374357; PMCID: PMC5910343.

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Kontos N, Taylor JB, Beach SR. The therapeutic discharge II: An approach to documentation in the setting of feigned suicidal ideation. Gen Hosp Psychiatry. 2018 Mar-Apr;51:30-35. doi: 10.1016/j.genhosppsych.2017.12.007. Epub 2017 Dec 22. PMID: 29309988.

IRB Protocol # 84878 201984878

**Title**
Educational Consultations: Strategies to Help Faculty Incorporate Active Learning and Justice, Equity, Diversity, and Inclusion into Didactics and Clinical Teaching

**Primary Category**
Teaching, Supervision, Pedagogy

**Presenters**
Laurel Pellegrino, MD, University of Washington Program
Gabriella Stamper, MD, PhD, Cleveland Clinic Foundation
Chris Nguyen, MD, University of Washington Program
Molly Howland, MD, Cleveland Clinic Foundation
Sara Ochoa, MA, University of Washington Program

**Educational Objectives**
By the end of this session, participants will be able to:
1. Identify barriers to increasing active learning and incorporation of Justice, Equity, Diversity, and Inclusion topics in didactics and on clinical rotations
2. Describe methods to provide collaborative consultation to faculty on their teaching in multiple settings
3. Practice applying these strategies in role plays to a case example with common roadblocks
4. Plan how to apply these strategies at their home institutions.

**Abstract**
Psychiatry residents learn through a combination of 48 months of clinical rotations and 600-800 hours of didactic teaching as mandated by the ACGME. The best framework to provide teaching depends on the content and the educational setting (Harms 2019), requiring faculty to be facile in their technique. Teaching needs to respond to the evolving needs of programs, advances in active teaching methods (Sandrone 2020), and evolving psychiatric knowledge, such as more nimbly discussing issues of justice, equity, diversity, and inclusion (JEDI). Faculty who precept rotations and teach didactics offer a rich array of expertise and perspectives but may have varied training in educational methods and time availability. Time limitations commonly prohibit faculty from creating educational content that is cohesive across topics and fully updated (Mennin 2021).

This workshop follows a 2024 workshop that presented three didactic curriculum “underhaul” strategies, including a didactic consult service. This year, we expand on the concept of an education consult service by demonstrating how to provide consultation for faculty on both clinical rotations and in didactics, emphasizing the incorporation of active learning and JEDI concepts, and discussing the challenges and successes of executing a consult service. To do this, we present strategies to provide targeted didactic

and clinical consultations, including clinical teaching models, the development and use of faculty didactic "toolkits," and structured templates to use in consultations. In small groups, participants will have an opportunity to role play applying these models to a case example and gather ideas on how to normalize the role of consultations, increase buy-in, and perform them collaboratively at their home institutions.

**Practice Gap**

Resident learners expect to be taught in increasingly active ways that incorporate equity, diversity, and inclusion concepts (JEDI). However, many faculty continue to teach using outdated strategies due to roadblocks such as familiarity, inertia, time constraints (Irby, 2008) and limited resources to revamp their teaching techniques. Faculty may avoid incorporating JEDI concepts due to lack of knowledge about how they are relevant to their topic, lack of expertise in this area, and fear of offending someone (Nguyen 2024). We propose concrete strategies to empower and support faculty in improving their educational didactics and efficiently teaching on clinical rotations to cater to changing learner needs. Our strategies are collaborative to avoid alienating faculty who are donating their time.

**Agenda**

- 5 min: Welcome and introductions
- 10 min: Large group discussion on barriers to giving actionable feedback to faculty on their didactic and clinical teaching
- 20 min: Brief didactic on providing targeted didactic and clinical consultations to faculty to improve active learning and incorporation of EDI
- 20 min: Small group discussion and role play on applying these techniques to a case example, using toolkits and templates provided
- 10 min: Brief didactic on getting buy-in from faculty and resident stakeholders
- 10 min: Small group discussion on applying these strategies to a case example
- 10 min: Large group discussion about how to incorporate these strategies at participants' home institutions
- 5 min: Evaluations

**Scientific Citations**

Harms S, Bogie BJM, Lizius A, Saperson K, Jack SM, McConnell MM. From good to great: learners' perceptions of the qualities of effective medical teachers and clinical supervisors in psychiatry. Can Med Educ J. 2019 Jul 24;10(3):e17-e26. PMID: 31388373; PMCID: PMC6681934.

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Mennin S. Ten Global Challenges in Medical Education: Wicked Issues and Options for Action. Med Sci Educ. 2021 Sep 20;31(Suppl 1):17-20.

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Sandrone S, Berthaud JV, Carlson C, Cios J, Dixit N, Farheen A, Kraker J, Owens JWM, Patino G, Sarva H, Weber D, Schneider LD. Active Learning in Psychiatry Education: Current Practices and Future Perspectives. Front Psychiatry. 2020 Apr 23;11:211.

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

**Title**
Freudenfreude*: Finding and Sustaining Joy and Generativity in Mentorship

**Primary Category**
Teaching, Supervision, Pedagogy

**Presenters**
Iljie Fitzgeralnd, MD, MS, UCLA-Olive View Psychiatry Residency
Joseph Stoklosa, MD
Michael Peterson, MD, PhD,
Christian Saavedra Chavez, MD, UCLA-Olive View

**Educational Objectives**
(1) Examine their personal values and how and where they are reflected in different aspects of their professional roles,
(2) Recognize and reflect on their specific sources of joy as mentors and mentees,
(3) Identify current and potential professional relationships and opportunities that could yield generativity and joy

**Abstract**
It may not be surprising to Program Directors and Associate Program Directors that there is significant attrition amongst our colleagues in educational leadership positions often leaving after only a few years. We carry the weight of many responsibilities in our professional roles, from navigating departments and institutions and all their attendant politics to staying on top of the requirements of all the acronyms (ACGME, ABPN, NBME, ERAS, GMEC, DIO etc.), in addition to the expected teaching and guiding of residents and developing of faculty educators, and much more. However, an encouraging source of inspiration for those of us who continue onward and who hope for sustainability in this kind of work can be gained from the experiences and wisdom of role models who have happily led training programs for decades and who identify social and interpersonal aspects in particular as enhancing their professional satisfaction and well-being. Mentoring and supporting our trainees and faculty are essential elements of our roles, and modeling and channeling this commitment for learners and colleagues can inspire and create meaningfulness in generativity. As we empower others to succeed, so too can we experience joy in contributing to their journeys, or joy in their joy, or freudenfreude.

Across the spectrum of experience, we can ask ourselves: how can we create and support joy - for our trainees? For our faculty? For ourselves? Considering these questions through the lens of one's individual values can be both personally affirming and professionally generative. When we intentionally bring the concept of values to the forefront, we can identify our own highest priorities and sources of joy. These can be

somewhat tangible, such as family, or friendship, or health – or slightly more abstract, such as kindness, or altruism, or social justice. Examining where our values take root in our work while identifying barriers to leaning into our values helps us make choices for ourselves and with our mentees that enhance our sense of connection and nourish generativity, and then, hopefully, a subsequent joyful and well-earned appreciation of accomplishing something meaningful together. Generativity in mentorship can take many forms, from brainstorming in the moment, to collaborating on educational projects, to sponsoring efforts on broader initiatives, to supporting career advancements and academic promotions. Please join us if you're interested in identifying and appreciating your values, and recognizing and building the opportunities to be the giver and receiver of freudenfreude as both mentee and mentor in your own professional journey!
*finding pleasure in another person's good fortune, inspired by the German word for "joy"

**Practice Gap**
A considerable number of Program Directors (PD) and Associate PDs in psychiatry report that they are considering resigning, and many stay in these roles for only a few years. Others who enjoy sustained longevity in these positions describe interpersonal components of their roles as being key to professional satisfaction and well-being. Positive mentoring relationships have also been identified as critical to the success of academic faculty. This workshop aims to help participants reinforce meaning and encourage joy to support success in their professional roles by way of authentic interpersonal connectedness and mentorship.

**Agenda**
5m: Introductions, stage-setting
15m: Review on values and real-time interactive Menti poll
8m: Pair-share of an experience where participants experienced freudenfreude as a mentor, or created freudenfreude as a mentee
7m: Large group discussion on values, mentorship, freudenfreude in work
10m: Freudenfreude from two perspectives: PD and trainee
5m: Menti poll on current obstacles to creating or sustaining joy for self and/or mentees
5m: Narrative (vulnerability): A journey from obstacle to freudenfreude
5m: Narrative (vulnerability): In an obstacle now, working hopefully toward freudenfreude
5m: Pair-share identifying and discussing obstacles to generating professional freudenfreude
15m: Small group sharing of current obstacles to generating freudenfreude as a mentee or mentor, and collaborative problem-solving
8m: Large group sharing on themes from small group discussion
2m: Wrap-up

**Scientific Citations**

1. De Golia SG, Houston LJ, Madaan V, et al.: The burden of leadership: a survey of burnout experiences among psychiatry program directors. Acad Psychiatry. 2022.

2. Yager J, Anzia JM, Bernstein CA, et al.: What Sustains Residency Program Directors: Social and Interpersonal Factors That Foster Recruitment and Support Retention. Acad Med. 2022

3. Chopra, V, Arora VM, Saint S. Will You Be My Mentor?- Four Archetypes to Help Mentees Succeed in Academic Medicine. JAMA Intern Med. 2018

4. Lagina M, Grum C, Sandhu G, Ruff AL. Sources of Joy In Medical Educators as Described by the PERMA Model. Teach Learn Med. 2022

5. https://www.nytimes.com/2022/11/25/well/mind/schadenfreude-freudenfreude.html

**Title**
IMGs in Psychiatry: Leadership, Education, and Workforce Integration

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

**Presenters**
Raman Marwaha, MD, Case Western Reserve Univ/MetroHealth Medical Center
Shambhavi Chandraiah, MD, East Tennessee State University/James H. Quillen College of Medicine
Narpinder Malhi, MD, Christiana Care Health System

**Educational Objectives**
1. Analyze the Increasing Barriers for IMGs in Psychiatry Residency Matching
2. Develop Strategies to Overcome Acculturation Barriers
3. Create Programmatic Solutions for Addressing IMGs' Learning Needs
4. Increase Awareness of Alternative Training and Career Pathways for IMGs

**Abstract**
International Medical Graduates (IMGs) have always been an integral part of the psychiatric community in the United States. International Medical Graduates (IMG) are a heterogenous group of physicians who are described as having received their medical schooling outside the United States (US). Based on their nationality and citizenship, IMGs can either be non-US IMGs (visa-requiring IMGs) or US IMGs (non-visa requiring IMGs). IMGs represent around one third of Psychiatrists in the US and around one quarter of residents in psychiatry residency programs. IMG psychiatrists play a unique role in the delivery of mental health services in the US to a diverse population of patients especially those who are severely ill, publicly insured, socio-economically disadvantaged, and ethnic minorities.

While psychiatry residency positions continue to increase each year in the National Residency Match Program (NRMP) the match rates for IMGs (both US and non-US) have continued to decrease. IMGs also form a considerable percentage of subspecialists in Psychiatry and this downward trend in matching in psychiatry will have an impact on subspecialty match. While many IMGs note stress related to difficulties with the various aspects of recruitment and NRMP applications and interviews, one-third training directors report that they do not rank IMGs. Once matched many IMGs face further difficulties in residency related to acculturation issues, potential discrimination, mentorship, and job opportunities upon completion.

In this workshop, presenters will provide data about current trends in IMG entry into psychiatry residency and how to mitigate against some of the often implicit bias in selection as well as discrimination that may occur during the training process. Presenters will also guide attendees in recognizing their individual programmatic needs and potential biases with respect to recruitment, acculturation, and mentorship with a focus on addressing IMGs' unique sociocultural and educational needs. There will also be discussion on alternative pathways in training and non GME pathways which have started and will impact GME. Small groups will examine and discuss sample IMG scenarios to understand challenges for both the IMG and training programs and ways to implement systemic changes that can yield the desired successful outcome of producing competent psychiatrists who can provide excellent psychiatric care to diverse populations and also mentor and train future generations of psychiatrists including IMGs.

**Practice Gap**

IMGs are physicians who have completed their medical education outside the United States. They represent approximately one-third of the US psychiatry workforce and play a critical role in delivering mental health services to diverse patient populations across the country. However, with a growing interest in psychiatry, the number of IMGs matching into psychiatry residency programs has decreased. IMGs face distinct challenges, including potential bias in the residency selection process, the complexities of migration and acculturation, and the need to adapt to new healthcare systems, and social contexts relevant to psychiatric care in the US. In recent years, alternative GME and non-GME pathways have emerged, offering new opportunities for IMGs to contribute to the field of psychiatry. This workshop aims to explore the unique challenges IMGs face during the matching and training processes, as well as to highlight opportunities for their growth and new pathways that can lead to successful practice.

**Agenda**

Introduction and objectives- 5 minutes
Presentation of recent trends in IMG application and Match data- 10 minutes
Identification of acculturation and training needs and mentorship of IMGs– 10 minutes
Presentation on alternative training and non-training pathways – 10 minutes
Small group discussion of different IMG scenarios about how to help residency applicants as well as training directors regarding developing/assessing applications, interviews, training needs, and potential alternative pathways to help IMGs match into psychiatry or the workforce and achieve successful training/supervision, personal growth, and leadership opportunities- 25 minutes
Large group presentation of small group summary of IMG scenarios- 15 min
Q&A, Summary, take home points, and workshop evaluation - 15 min

**Scientific Citations**

1.Marwaha, R., Chandraiah, S., Malhi, N. et al. From Training to Practice: Innovative Pathways for International Medical Graduates to Assist with Workforce Shortages. Acad Psychiatry (2024). https://doi.org/10.1007/s40596-024-02041-2

2.The MATCH National Residency Matching Program: Results and Data2024 Main Residency Match https://www.nrmp.org/wp-content/uploads/2024/06/2024-Main-Match-Results-and-Data-Final.pdf. Accessed 9/16/2024

3. Zaidi Z, Dewan M, Norcini J. International medical graduates: promoting equity and belonging. Acid Med. 2020;95:S82-87.

4.Duvivier R, Buckley P, Martin A, Boulet J. International Medical Graduates in the United States Psychiatry Workforce. Academic Psychiatry. 2022; 46:428–434.

5. Accreditation Council for Graduate Medical Education. Advisory Commission on Alternate Licensing Models Hosts Symposium to Discuss Pathways to Licensure for Fully-Trained International Physicians https://www.acgme.org/newsroom/2024/6/advisory-commission-on-alternate-licensing-models-hosts-symposium-to-discuss-pathways-to-licensure-for-fully-trained-international-physicians/#:~:text=The%20Advisory%20Commission%20is%20co,streamlining%20the%20licensure%20of%20international . Accessed 9/16/2024.

**Title**
Making a List, Checking it Twice: Best Practices and Variations in Rank List Development

**Primary Category**
Recruitment and Selection

**Presenters**
Frank Andrew Peters, BS, MD, Prisma Health/University of South Carolina School of Medicine - Columbia
Daniel Gih, MD, University of Nebraska Medical Center College of Medicine
Taylor Preston, MD, University of Alabama at Birmingham
Shawen Ilaria, MD, Rutgers Robert Wood Johnson Medical School
Christine Marchionni, MD, St. Luke's University Health Network – Anderson Campus

**Educational Objectives**
1. Participants will identify strengths and growth areas in their current NRMP rank list development strategies and assess whether these align with the stated long-term goals for their program.
2. Participants will integrate best practices for developing their NRMP rank list through consideration of content presented in the workshop, as well as discussion with peers in breakout groups.
3. Participants will apply best practices to ensure that strategies for rank list development promote confidentiality, psychological safety, and equity, with a strong emphasis on fostering a diverse and inclusive resident pool.

**Abstract**
Developing an annual NRMP rank list is one of the key responsibilities for psychiatry residency and fellowship leadership teams across the country. The ranking of applicants and match results have a prolonged impact on the resident milieu for the next several years. It may also have more distant impacts on faculty recruitment and retention of psychiatrists locally. Despite the importance of this task, there is significant variability in the process of rank list development, what factors impact ranking, and who participates in rank list development.

Interviewers new to the ERAS application packet and interview day process may need help prioritizing the various elements in scoring applicants. Significant variability in the format and quality of Medical Student Performance Evaluations (MSPEs) has led to uncertainty around the reliability and utility of this application component. Moreover, the shift in the USMLE Step 1 to pass/fail grading made every remaining element of comparison more important (1). A study of internal medicine residents indicated that strong USMLE scores (now limited to Step 2) are the most predictive of successfully navigating residency (2). However, the unique demands of psychiatric training call for a

holistic review of each applicant, which can lead to significant variability in applicant perception depending on the individual values of selection committee members (3). A desire to recruit a diverse resident pool with a broad array of backgrounds adds further challenges, particularly following recent court rulings around diversity, equity, and inclusion in education (4).

Multiple factors have led to unique recruitment strains within the psychiatry subspecialty fellowships. The current surplus of fellowship training positions relative to fellowship applicants places subspecialty fellowship programs in a significantly more challenging position to fill than general psychiatry programs, creating a need to innovate in fellowship recruitment (5).

In this workshop, we aim to present strategies for ensuring individual program rank strategies align with their stated program goals. We will present a variety of programs' current ranking methods, then utilize program size and type-matched breakout groups to explore current strengths, growth areas, and next steps for attendees. We will conclude with an opportunity for large group discussion and reflection.

Audience: Anyone involved in recruiting applicants to a psychiatry training program will benefit from this workshop. No prior knowledge of recruitment or ranking of applicants is required. New program directors and residents are especially encouraged to attend to learn the behind-the-scenes of several different programs.

**Practice Gap**

The development of an NRMP rank list is the culmination of dozens of hours of recruitment activities and interviews, and there is an incredible amount of variability in the ranking processes used from program to program. In this workshop, we aim to educate stakeholders on the facts and myths around the NRMP Match, and discuss best practices and pain points in the annual ranking process. We will explore the perspectives of residency programs of varying sizes and resources, as well as those of fellowship programs.

**Agenda**

- Introduction/Survey of attendees regarding their experience with rank (10 min.)
- Review of data from pubmed, NRMP, AAMC, and AADPRT (10 min.)
- Small group discussion of one main pro/con of the current ranking system for their program (10 min.)
- Formats Used by Presenting Programs (20 min.)
- Application/Breakout Groups "Build a Better Selection Process" (20 min.)
- Large Group Discussion (15 min.)
- Summary/Wrap-Up (5 min.)

**Scientific Citations**

1. Russo, R. A., Hameed, U., Ibrahim, Y., Joshi, A., Kerlek, A. J., Klapheke, M., ... & Rakofsky, J. J. (2022). Psychiatry residency directors' attitudes toward and uses of the medical student performance evaluation and other potential tools for residency selection. Academic Psychiatry, 46(5), 622-626.

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3. Poremski, D., Tan, G. M. Y., Lau, B. J., Lee, Y. W., & Sim, K. (2020). Selection of new psychiatry residents within a national program: a qualitative study of faculty perspectives on competencies and attributes. Academic Psychiatry, 44, 545-553.

4. Collins, S., & Baker, E. B. (2024). Resident Recruitment in a New Era. International Anesthesiology Clinics, 62(3), 35-46.

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6. NRMP Charting Outcomes Data, 2024.

7. Kovach, J. G., Batsel-Thomas, S. D., Gih, D., & Thomas, L. (2022). Recruitment in Graduate Medical Education. In Graduate Medical Education in Psychiatry: From Basic Processes to True Innovation (pp. 71-88). Cham: Springer International Publishing.

**Title**
Navigating Leadership Change: Using Storytelling to Explore Program Director Transitions

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

**Presenters**
Belinda Bandstra, MA, MD, University of California, Davis
Christine Bertini, BA, University of California, Davis
Rachel Mitchell, MD, Healthy Rural California, Inc. Program
Alan Koike, MD, University of California, Davis
Peter Ureste, MD, University of California, Riverside School of Medicine

**Educational Objectives**
AIMS: To help participants navigate the challenges of transitioning leadership in residency programs.
Objectives:
1. To utilize storytelling to explore issues regarding transitions into and out of the program director role from outgoing program director, resident, program administrator, and incoming program director perspectives
2. To reflect on how the unique circumstances of specific programs influence the challenges for program directors during times of immense change
3. To collaboratively develop best practices for program directors transitioning into and out of the role

**Abstract**
In keeping with this year's conference theme of "Leading and Teaching Amidst Change," our workshop will explore issues to consider and strategies for transitions in residency program directors. Despite the mandate from the Accreditation Council for Graduate Medical Education (ACGME) for programs to "demonstrate retention of the program director for a length of time adequate to maintain continuity of leadership and program stability" (ACGME, 2022), the rapid turnover of residency program directors is a concerning trend (ACGME, 2021). While the importance of the role of residency program director and the potential impact of turnover of the position is undisputed, we found very little literature on the subject of how to approach program director change. Given the dearth of data and lack of guidance on how to navigate the transition of program directors, a narrative approach will be adopted for this workshop. Narrative pedagogy has become an increasingly popular tool to explore Leadership Education (Armstrong et al., 2021). An approach to thinking about teaching and learning that utilizes the lived

experiences of learners to find and explore meaning, narrative pedagogy utilizes the telling of stories to open the door for eliciting and analyzing issues, interpreting and contextualizing meaning, and reflecting and integrating personal and theoretical knowledge. In this workshop, we explore the experiences of a former psychiatry resident who encountered multiple program director transitions during their training, a program administrator, and both outgoing and incoming program directors through each of the presenters telling their personal story relating to program director transitions. The presenters will discuss their experiences with a relatively long well-planned transition, a more rapid transition and starting a new program. They will compare the issues at a traditional academic institution, an institution relying on various community sites and a rural program. This approach will bring in the perspective of different stakeholders and highlight challenges across different contexts. Attendees will actively participate in live polling during the workshop to reflect on their experience with transitions in program leadership. Participants will also engage in discussions of both themes in the stories they are told as well as resonances with their personal transition experiences. Through the combination of the presenters' narratives and the small group discussions, the workshop hopes to identify common themes and unique challenges across programs, and facilitate the collaborative development of best practices for navigating leadership transitions effectively.

**Practice Gap**

There is considerable concern regarding the rapid turnover of residency program directors (ACGME, 2022; Brown & Gerkin, 2019). Based on Accreditation Council on Graduate Medical Education data, the median length of tenure of psychiatry program directors is 4.3 years (ACGME, 2021). Transitions into and out of this role are complex, often shaped by each program's unique culture and history (Gisondi et al., 2023). With sparse literature on residency program director transitions, there is little evidence-based guidance to navigate this process. In this workshop, we explore the experiences of outgoing and incoming program directors, using storytelling to highlight challenges and lessons learned across different contexts (Armstrong et al. 2021). Participants will actively engage in small group discussions to explore best practices for navigating leadership transitions effectively.

**Agenda**

10 minutes - Introduction and interactive poll regarding attendees and their experiences with program director transitions
10 minutes - First story, outgoing program director perspective on program director transition
10 minutes - Small group guided reflection and integration
10 minutes - Second story, resident perspective on program director transition

10 minutes - Small group guided reflection and integration
10 minutes - Third story, program admin perspective on program director transition
10 minutes - Small group guided reflection and integration
10 minutes - Fourth story, three contrasting incoming program director perspectives on program director transition
10 minutes - Small group guided reflection and integration

**Scientific Citations**

1. The Accreditation Council for Graduate Medical Education (ACGME): Common Program Requirements. Chicago, IL: ACGME, 2022; [accessed 2022 October 27.].?

2. Brown SR, Gerkin R: Family Medicine Program Director Tenure: 2011 Through 2017.?Fam Med.?2019;?51(4): 344–347.?

3. The Accreditation Council for Graduate Medical Education (ACGME): Common Program Requirements. Chicago, IL: ACGME, 2021; [accessed 2022 October 27.].?

4. Gisondi MA, Hopson L, Regan L and Branzetti J. Practical tips for navigating a program director transition. MedEdPublish 2023,?13:3

5. Armstrong, J.P. and McCain, K.D. (2021), Narrative Pedagogy for Leadership Education: Stories of Leadership Efficacy, Self-Identity, and Leadership Development. J Ldrship Studies, 14: 60-70.

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

**Title**
No instructor? No problem! Teaching neuroscience when time or teachers are tight.

**Primary Category**
Curriculum

**Presenters**
Ashley Walker, MD, University of Oklahoma College of Medicine, Tulsa
Mike Travis, MD, Western Psychiatric Hospital
Mayada Akil, MD, Georgetown University Medical Center
David Ross PhD, MD, Yale University School of Medicine
Janette Abramowitz, MD, University of Hawaii-John A. Burns School of Medicine

**Educational Objectives**
By the end of this session, participants will be able to:
1. Comfortably respond to last-minute instruction needs by accessing a library of ready-to-go learning sessions.
2. Utilize at least one neuroscience education resource that incorporates adult learning principles to teach clinical neuroscience.
3. Identify one or more sessions (or the entire curriculum) in their program's neuroscience teaching that could be enhanced by experiential learning exercises.

**Abstract**
Neuroscientific knowledge about mental illness is exploding. While many psychiatrists recognize the importance of neuroscience to the field of mental health, and regulatory bodies now require resident instruction and competence in this area, many programs still lack resources for delivering high-quality, engaging neuroscience classroom content. Instructors and even program directors, many of whom may not have received robust neuroscience training themselves, may not feel comfortable discussion neuroscientific concepts with trainees. When a neuroscience instructor cancels (or leaves the program altogether!) programs may be left with little to no time to prepare material to fill the classroom time, further widening the divide. To bridge this gap, we have developed a toolbox of interactive sessions based on principles of adult learning that can be run off-the-shelf with little to no preparation time. This workshop will provide participants the ability to quickly access content that can be used either with trainees or faculty, as well as practice facilitating different types of learning modules. Participants will be equipped with tools to implement both single sessions, as well as an entire neuroscience curriculum.

**Practice Gap**
Despite rapid advances in medical literature related to psychiatric neuroscience over the last decade, most psychiatrists still have relatively minimal knowledge of neuroscience as

it relates to their day-to-day clinical activities. Many clinical faculty may not feel comfortable discussing these topics with trainees and patients, limiting the pool of instructors available to teach neuroscience. This issue is compounded by inevitable last-minute instructor cancellations, which leave curriculum directors scrambling to fill classroom time. Series coordinators would benefit from access to and comfort using high-quality, ready-to-implement resources for single sessions or entire series of neuroscience education.

**Agenda**
10min – introduction and brief didactic
30min – large/small group activity and practice teaching #1 (demonstration and discussion)
20min – small group activity and practice teaching #2 (participants lead their groups)
10min – small group activity and practice teaching #3 (each participant has opportunity to demonstrate)
5min – brief didactic (whole curriculum and other resources)
15min – large group reflection on using available neuroscience resources at home institutions, Q&A

**Scientific Citations**
1. Arbuckle, M. R., Travis, M. J., Eisen, J., Wang, A., Walker, A. E., Cooper, J. J., Neeley, L., Zisook, S., Cowley, D. S., & Ross, D. A. (2020). Transforming Psychiatry from the Classroom to the Clinic: Lessons from the National Neuroscience Curriculum Initiative. Academic Psychiatry, 44(1), 29–36. https://doi.org/10.1007/s40596-019-01119-6

2. Certification Examination in Psychiatry. American Board of Psychiatry and Neurology, Inc.

https://abpn.org/wp-content/uploads/2024/03/Psychiatry_Certification_Content_Specifications.pdf. Accessed September 15, 2024.

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5. The Psychiatry Resident-In-Training Examination (PRITE) Content Outline 2023. The American College of Psychiatrists. https://www.acpsych.org/prite. Accessed September 15, 2024.

**Title**
Psychodynamic Formulations 2.0: An updated tool for the modern psychiatrist

**Primary Category**
Teaching, Supervision, Pedagogy

**Presenters**
Sindhu Idicula, MD, Baylor College of Medicine
Alyson Gorun, BA, MD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry
Randon Welton, MD, Northeast Ohio Medical University
Andrew Hunt, MD, Case Western Reserve University/University Hospitals of Cleveland Program
James Burden, MD, Baylor College of Medicine

**Educational Objectives**
By the end of this session attendees will be able to:
1. Describe the diagnostic and therapeutic uses of psychodynamic formulations
2. Create and use "working psychodynamic formulations" in a variety of clinical settings
3. Compare different methods for teaching and creating psychodynamic formulations
4. Incorporate "working formulations" into their own clinical practice

**Abstract**
Psychodynamic formulations have long been a foundational tool for psychodynamic psychotherapy. They were used to create a tentative hypothesis incorporating biological, intrapsychic, interpersonal, developmental, social, and situational factors. They would include considerations of early childhood trauma as well as family, social, and cultural factors. Despite their usefulness in long-term psychodynamic psychotherapy, they rarely crossed into general psychiatric practice. Several misconceptions created this barrier. The belief that they are useful only for psychodynamic psychotherapy ignores the fact that the success of any treatment may depend on understanding, supporting, or modifying aspects of a patient's personality. They also tended to be extremely elaborate and time-consuming making them impractical for anything except for the protracted opportunities created by long-term therapy approaches. The amount of time spent creating the psychodynamic formulation tended to render them fixed and unflexible, and diminished their helpfulness. While the comprehensive in-depth psychodynamic formulation taught to so many generations of psychiatrists still serve a useful purpose, many psychiatry training programs are creating newer, more flexible variations.

The main purpose of the psychodynamic formulation is to create a structured hypothesis that explains the conscious and unconscious aspects of a patient' presentation. It needs

to include considerations of how unconscious thoughts and feelings might affect a patient's problems and how those unconscious thoughts and feelings may have developed. It will include an understanding of what has happened in patients' lives and how it happened. We will lead a discussion with attendees about the basic components of a useful psychodynamic formulation and how they can be obtained in a relatively efficient manner in a variety of clinical of settings including inpatient psychiatric units, consultation and liaison teams, emergency departments, and busy medical management settings as well as therapy clinic.

The workshop will describe basic psychodynamic realities that can be observed, documented, and used in a jargon-free fashion. These include 1) What people say and do has meaning, 2) We don't always understand ourselves (active unconscious), 3) The past helps to shape the present, 4) We tend to form recurring patterns of behavior and relationships, and 5) The doctor-patient relationship has both diagnostic and therapeutic potential. We will discuss how these can shape a psychiatrist's understanding and response to patients. We will have scenarios where participants will observe and summarize psychodynamic components. We will describe methods used by a variety of training programs in training psychiatry residents to create and use these "working formulations". Some tools to be discussed will include worksheets, scripts, role-plays, group discussion strategies, and the use of artificial intelligence to help create materials. Participants will have an opportunity to consider their own patients using some of these approaches.

**Practice Gap**

Academic psychiatry is faced with a culture where biological treatments are prioritized over psychodynamic approaches to a patient. However, the use of psychotherapeutic skills in all clinical care allows for care to be more comprehensive and treat more complex cases. The skill of crafting psychodynamic formulations may be seen as intimidating or a heavy lift, as it requires the ability to reflect on multiple perspectives as well as to be acting in the here-and-now while simultaneously reflecting on the clinical process as it unfolds. In addition to learners finding the process daunting, faculty with limited exposure or experience with formulations may shy away from teaching these clinically due to unfamiliarity with the process. This workshop explores some strategies to make formulations more accessible and allows them to be seen as "working formulations" that are dynamic and allow for planning next steps in intervention.

**Agenda**

1. Introduction – 5 minutes (Didactic)
2. Review of purpose of formulation – 5 mins (Didactic)
3. Components of a Psychodynamic Formulation – 10 mins (Large Group Discussion)

4. Working Formulation – Example – 10 mins (Didactic)
5. Clinical examples from attendees – 15 mins (Small Group Discussion)
6. Discussion of training methods for teaching formulations – 20 mins (Didactic)
7. Comparing various methods for teaching formulations – 15 mins (Small group discussion)
8. Conclusions Discussion – 10 mins (Large Group Discussion)

**Scientific Citations**

Hwang G., Lee D.Y., Seol S., Jung J…Park R.W. Assessing the potential of ChatGPT for psychodynamic formulations in psychiatry: An exploratory study. Psychiatry Research 2024; 331: https://doi.org/10.1016/j.psychres.2023.115655.

Korner A. Psychodynamic practice in psychiatry. Australasian Psychiatry 2023; 31(6): 755-757.

Øystein S., Dahl HS.J., Eels T.D., Amlo S…Ulberg R. Psychodynamic case formulations without technical language: a reliability study. BMC Psychology 2019; https://doi.org/10.1186/s40359-019-0337-5.

Plakun E. Finding Psychodynamic Psychiatry's Lost Generation. Psychodynamic Psychiatry 2022; 50 (2): 212-225.

Sudak, D.M., Brenner, A.M. The Future of Psychotherapy Training. Acad Psychiatry (2024). https://doi.org/10.1007/s40596-024-02022-5

**Title**
The Art of Running an Outpatient Resident Clinic: Diverse Solutions to the Challenges of Billing, Panel Management, and Resident Efficiency

**Primary Category**
Teaching, Supervision, Pedagogy

**Presenters**
Judith Lewis, MD, University of Vermont Medical Center
Anna Costakis, MBA, MD, Hofstra Northwell-Staten Island University Hospital
Brian Evans, DO, University of Cincinnati
Michael Sean Stanley, MD, Oregon Health Sciences University
Kevin Winders, MD, Gateway Behavioral Health CSB

**Educational Objectives**
At the end of this workshop, participants will be able to
1) Name five challenges in the administration of their outpatient resident clinics
2) Identify two innovative solutions to bring home to their institution
3) Access resources from five outpatient clinics to enhance their own clinic infrastructure

**Abstract**
The ACGME Program Requirements for Psychiatry state, “each resident must have a significant experience treating outpatients longitudinally for at least one year” and further specifies that the experience should include psychotherapy, multiple treatment modalities, and psychosocial rehabilitation techniques1. Embedded in this requirement are three clear values: that an immersive learning experience in outpatient practice is important, that conducting longitudinal treatments2 under supervision is important, and that optimal training involves exposure to a variety of treatment modalities. In today’s specialty world, clinic directors face the complex task of how to meet these laudable aims within the constraints of current institutional economic pressures and models of care.

Across the country at each residency program, clinic directors struggle with the same challenges, such as how to orient residents, manage caseloads, allow for graded autonomy, provide supervision, manage turnover, balance diversity of patients, balance and determine treatment modalities (including the use of televideo3), determine length of visits4, bill for resident services, and design a treatment model5. While there are common challenges, there are also many differences between training clinics and therefore many diverse solutions. This workshop aims to discuss 3 specific areas of challenge and “crowdsource” a diversity of solutions from the collective wisdom of the group. In this workshop, we will elicit the top five challenges each participant faces, compare them to a master list compiled last year, and then cover the following topics in

depth: 1) optimal billing for resident services 2) the art of patient panel management, and 3) strategies to improve resident efficiency (including the pros/cons of AI in documentation).

**Practice Gap**

Outpatient resident clinic directors have few shared resources or forums to inform the design and administration of their training clinics despite the unique challenges they face. In addition, there is the literature is scant and there are few educator workshops to guide them. Our AADPRT workshop last year on this topic was very successful with around 50 participants and excellent reviews. Participants were eager to continue the conversation. This workshop aims to fill this need by reviewing the common challenges we face and offering diverse solutions to three selected challenges—specifically, those that were identified as "pain points" by last year's participants-- via a panel format and audience engagement. The policies and procedures repository we started last year, from five geographically and structurally diverse programs, was well-received and we aim to grow that resource.

**Agenda**

1) Introduction and overview (10 min, moderator)
2) Small group share: what are your current most pressing challenges? (5 min)
3) Large group report out (5 min)
4) Panel and group discussion of 3 common challenges (15 min per topic; 60 min total)
-Description of challenge (1min, moderator)
-Panelist prepared comments (10 min)
-Small group share and report out of novel solutions (8 min)
-Resource listings for that topic (1 min, moderator)
5) Wrap up and course evaluation (10 min)

**Scientific Citations**

1. ACGME Program Requirements for Graduate Medical Education in Psychiatry, focused revision effective July 1, 2022, p. 28. Accessed here in Sept 2024: 400_Psychiatry_2023 (acgme.org)

2. Kinasz K, Hasser C, Hung E, Pinard KA, Treiman S, Peterson A. Longitudinality Matters: Qualitative Perspectives on a Longitudinal Clinical Experience in a Psychiatry Residency Training Program. Acad Psychiatry. 2022 Oct 26. doi: 10.1007/s40596-022-01719-9. Epub ahead of print. PMID: 36287333.

3. Ruble, Anne E et al. "Teaching the Fundamentals of Remote Psychotherapy to Psychiatry Residents in the COVID-19 Pandemic." Academic psychiatry 45.5 (2021): 629–635. Web.

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5. Gentry MT, Somers K, Hendricks J, Staab JP. A Multi-aim Redesign of the Residency Training Experience in Outpatient Psychiatry. Acad Psychiatry. 2024 Mar 19. doi: 10.1007/s40596-024-01951-5. Epub ahead of print. PMID: 38504055.

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

**Title**
When Technology and Psychiatry Collide: Creating Space for Innovation Using Longitudinal, Simulation-Based Learning Residency Curricula

**Primary Category**
Curriculum

**Presenters**
Samuel Dotson, BS, MD, Northeast Georgia Medical Center Program
Ahmad Hameed, MD, Penn State University, Hershey Medical Center
Kalpana Prasad, MD, Northeast Georgia Medical Center Program

**Educational Objectives**
Through participating in this workshop, attendees will be able to:
1. Explain the existing state of the education literature on technology integration into the psychiatric classroom and apply this knowledge to identify learning scenarios which may be well suited to this approach
2. Identify existing opportunities in their own programs for technological-innovation and analyze the potential challenges that their institutional culture and structure could present to implementing these strategies
3. Create a longitudinal technology-based curriculum for residents incorporating simulation-based learning, artificial intelligence, virtual reality, and co-teaching opportunities, as well evaluate the success of their curriculum from both a learner and program perspective

**Abstract**
Although the incorporation of technology into medical curricula has been steadily increasing for years, psychiatrists have historically been late adapters in this field. A variety of unique challenges in psychiatric education have contributed to a reliance on historical pedagogical methods and a resistance to innovation. Some of these concerns are valid, while others are based on false assumptions, so determining what topics are appropriate for the use of virtual reality, artificial intelligence, and simulation-based learning is a challenge with limited available guidance in the literature. This workshop will lead learners through a series of interactive sessions designed to promote self-reflection and a transformation in perspective on the potential value and pitfalls of using technology in residency programs. Learners will be exposed to the existing pedagogical research on the appropriate use of these methods, as well as arguments in the psychiatric literature for and against the use of technology in the classroom. Exercises will focus on identifying ideal topics for innovation, designing longitudinal curricula incorporating technology, and the value of technology in differentiating content according to post-graduate year in programs with limited teaching resources and grouped classrooms.

**Practice Gap**
From virtual reality to artificial intelligence, the list of technologies available to educators is rapidly expanding. Simulation-based learning is a pedagogical approach that can offer teachers a dedicated space for innovation in their curricula. Many programs, however, struggle to leverage this unique educational approach in psychiatry, and psychiatric educators lag behind other fields in the use of technology in their training programs. This workshop will help educators evaluate their own institutional resources and training needs with the goal of identifying opportunities for innovation and novel approaches to teaching.

**Agenda**
Introduction (25 Minutes)
-5 Minutes: Introduce speakers, learning objectives, and conduct a KWL needs assessment (PollEverywhere)
-10 Minutes: Minididactic reviewing the literature on technology use in psychiatric education with an emphasis on unique opportunities and challenges
-10 Minutes: Exercise 1 – "Good Tech Use, Bad Tech Use: Identifying Appropriate Topics" (think-pair-share)
Technology-Based Curriculum Mapping, Differentiating, and Practical Consideration (25 Minutes)
-10 Minutes: Review of example use scenarios. a longitudinal model curriculum example, and needed tools and resources for implementation
-15 Minutes: Exercise 2 – "We Don't Do that Here: Barriers to Implementation" (break-out groups)
Evaluation and Assessment Methods (25 Minutes)
-10 Minutes: Review data-drive approaches to evaluating simulation success and methods of providing feedback to residents across PGY
-15 Minutes: Exercise 3 – "How Many Evaluations Do I Have to Complete?! Selecting Appropriate Evaluation Metrics" (break-out groups)
Conclusion (15 Minutes)
-15 Minutes: Q&A and Evaluations

**Scientific Citations**
1. Amsalem D, Martin A, Mosheva M, Soul O, Korotkin L, Ziv A, Gothelf D, Gross R. Delivering difficult news: simulation-enhanced training improves psychiatry residents' clinical communication skills. Frontiers in Psychiatry. 2021;12:649090. https://doi.org/10.3389/fpsyt.2021.649090

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3. Pottle J. Virtual reality and the transformation of medical education. Future Healthcare Journal. 2019;6(3):181-185. https://doi.org/10.7861%2Ffhj.2019-0036

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5. Williams JC, Balasuriya L, Alexander-Bloch A, Qayyum Z. Comparing the effectiveness of a guide booklet to simulation-based training for management of acute agitation. Psychiatric Quarterly. 2019;90:861-869. https://doi.org/10.1007/s11126-019-09670-z