Association of Directors of Medical Student Education in Psychiatry

ADMSEP 2023 49th Annual Meeting

"Shaping the Future Medical Professional: Preparing Students to Serve Our Diverse Communities"

Paradise Point Resort & Spa, San Diego, California

June 22-24, 2023

Association of Directors of Medical Student Education in Psychiatry

Association of Directors of Medical Student Education in Psychiatry (ADMSEP)

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If you are interested in applying for CME credits for this Annual Meeting
Email: admsep.facdev@gmail.com

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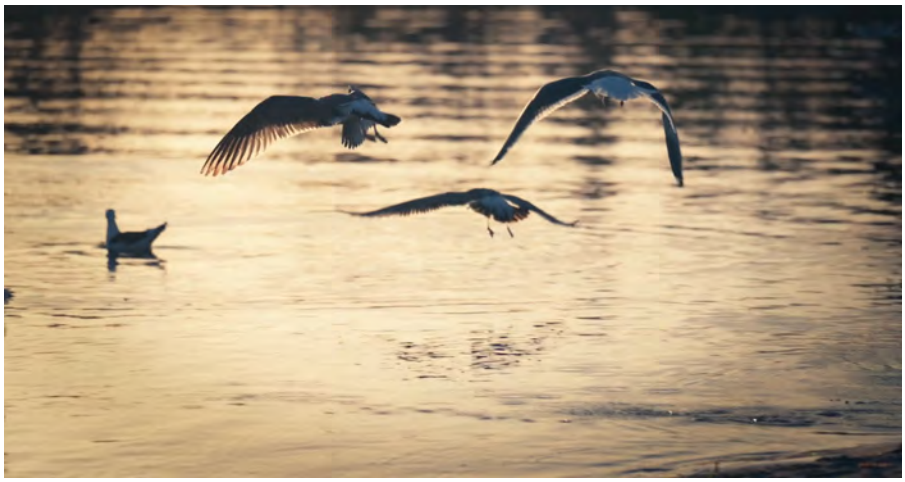
Meeting Close 12:30 P.M.



ADMSEP Annual Meeting President's Welcome

Dear ADMSEP Colleagues,

On behalf of the ADMSEP Executive Council and Program Committee, I extend a warm welcome to you to ADMSEP's 49th Annual Meeting!

I am delighted that you are joining us, and I hope that you will share my enthusiasm for a highly engaging and impactful program this year. We were so encouraged with the level of engagement at last year's return to an in-person program in Austin and are looking forward this year to even more of the collegiality and collaboration ADMSEP is known for.

I extend my gratitude to this year's Program Committee, led by Chair, Lindsey Pershern, Assistant Chair, Rachel Russo, and Facilities Chair, Jeff Rakofsky. Together they have built out a program theme of "***Shaping the Future Medical Professional: Preparing Students to Serve Our Diverse Communities,"*** with workshops, discussion groups, brief oral presentations, and other offerings on topics related to educational innovation, clinical education, advising students, faculty development, and more. We are looking forward to our keynote, "***Creating an Inclusive Learning Environment***," featuring Donna Elliott, Vice Dean of Medical Education and Chair of the Medical Education Department at the University of Southern California Keck School of Medicine. Dr. Elliott is also chair of the Board of Directors of the NRMP and a member of the LCME.

You will have plenty of opportunities to connect with colleagues at our poster session, mentoring program networking event, and even dining opportunities before the meeting. Our Membership Committee, led by Dana Raml and Peirce Johnston, is working with the ADMSEP Executive Council on fun activities you can join with colleagues throughout the time you will be in San Diego.

Lastly, I'd like highlight contributions of ADMSEP's Executive Council and Committee Co-Chairs this year. This has been a crucial year for ADMSEP, given the impact of the COVID pandemic on membership, leadership structure and finances. Our annual meeting will be a wonderful way to celebrate ADMSEP's building strength in relationships with AADPRT and the APA through President Elect Lia Thomas's representation. Also, the launch of our strategic plan for ADMSEP's financial health through Treasurer, Lorin Scher, and the ADMSEP Finance Committee. And, our commitment to supporting not only psychiatric education, but career support for our learners via our new resources for advising for the Match, and the work of the Standardized Letter of Recommendation working group, complete with virtual Town Halls for members — and career support for our members through the Faculty Development committee and the ADMSEP group Mentoring Program, have all been an essentail part of these efforts. Our CSI committee has shepherded new modules; our DEIA, Research, Clerkship Administrators, and Awards Committees are thriving as well. And, our flagship Education Scholars program is energized, and looking forward to an in-person program. We hope you will take some time to get to know the work of these vital components of ADMSEP during the Annual Meeting

Welcome to San Diego! I look forward to connecting with you at the meeting.

All the best,

Erin Malloy, MD, DLFAPA

President, Association of Directors of Medical Student Education in Psychiatry

2022-23

ADMSEP Mission Statement

The Association of Directors of Medical Student Education in Psychiatry is an organization of psychiatric educators dedicated to the education of medical students in the behavioral sciences and psychiatry. The Association was formed in 1975 when a small group of psychiatric educators met in Chicago to discuss undergraduate medical education. The mission of ADMSEP is to:

- Champion excellence in medical student psychiatric education
- Support, develop, and disseminate research and innovation in teaching methods, content, and evaluation
- Develop goals and objectives for medical student psychiatric education
- Foster the professional development and career satisfaction of medical student psychiatric educators
- Provide support, guidance, and resources to medical students considering a career in psychiatry
- Collaborate with other psychiatric and medical education organizations to pursue common interest

2022 Annual Meeting Goals

Educational Goal

To provide an update on current issues and innovative initiatives, methodologies and approaches to/in medical student education in psychiatry, in an environment of collegial sharing, support and inquiry.

Learning Objectives

By the end of the meeting, the attendee shall be able to:

- Design innovative methodologies of teaching medical students
- Utilize diversity as a teaching tool, and counter bias and racism in medicine with education
- Describe generational differences in medical education and apply that understanding to teaching
- Identify new approaches to faculty development
- Practice preparing scholarly work for publication using different research methodologies

APA Accreditation Statement

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the American Psychiatric Association (APA) and Association of Directors of Medical Student Education in Psychiatry. The APA is accredited by the ACCME to provide continuing medical education for physicians.

Designation Statement

The APA designates this live activity for a maximum of 14 *AMA PRA Category 1 Credits (TM)*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CME Credit & Program Evaluation

At the conclusion of the conference, physician and non-physician participants will be provided with an opportunity to claim hours of participation and receive an official CME certificate by completing the online CME conference evaluation. You must claim your CME credit within 60 days of the conference. Information to claim your CME's will be provided.

Please register for the CME's by emailing us at: admsep.facdev@gmail.com

Target Audience

This activity is designed for psychiatrists, behavioral health providers, medical educators, administrative staff, residents and medical students.

How To Claim Continuing Education Credit

At the conclusion of the course, physician participants will be provided with a link to claim hours of participation and receive an official **CME certificate** by completing an online CME course evaluation. Non-physician participants can also receive a **certificate of participation**. At the conclusion of the conference, participants should complete the online conference evaluation in order to print a certificate of attendance. Follow the instructions above but select "Certificate of Participation" as your certificate type. **Certificates will no longer be available after October 23, 2023.** **(Note: Due to the closure of the new APA certification site, instructions for claiming your CME's will be E-mailed to you to claim credits on Thursday, June 29, 2023.)**

Disclosure Information

Planning Committee and Faculty Disclosures -- The American Psychiatric Association adheres to the ACCME's Standards for Integrity and Independence in Accredited Continuing Medical Education. Any individuals in a position to control the content of a CME activity — including faculty, planners, reviewers or others — are required to disclose all relevant financial relationships with ineligible entities (commercial interests). All relevant conflicts of interest have been mitigated prior to the commencement of the activity.

Planning Committee

Nancy Harker, Elizabeth Corbaley have no relevant financial relationships to disclose.

Faculty Disclosures

[Name of Faculty] has the following financial relationships to disclose: List relationships
[Name of Faculty] has no relevant financial relationships to disclose.

Participant List

To better assist with "Making Connections" during this Annual Meeting, a separate list for all meeting registrants will be attached to your E-mail Address.

Meeting Plan for ADMSEP Annual Meeting in San Diego, CA

- **Three days of academic content, networking opportunities, and social events**
- **Academic events include: Large group events, concurrent workshops, discussion groups, plenary and poster presentation sessions**

Future Scheduled ADMSEP Annual Meetings:

June 19-22, 2024
Omni William Penn Hotel
530 William Penn Place
Pittsburgh, PA 15219

June 18-22, 2025
Boston Marriott Cambridge
50 Broadway
Cambridge, MA 02142

Keynote Speaker:

Donna Elliott, M.D, Ed.D.
Professor of Clinical Pediatrics and Medical Education
Vice Dean for Medical Education and Chair, Department of Medical Education
Keck School of Medicine of the University of Southern California

"Creating an Inclusive Learning Environment"

Dr. Elliott oversees all academic areas related to clinical training programs at Keck including the MD, physician assistant, speech and language pathology, and nurse anesthesia programs. Her clinical practice is as a pediatric nephrologist. Dr. Elliott has received numerous teaching and mentoring awards including the Mellon Award for Excellence in Mentoring and the Excellence in Teaching Award both from the University of Southern California. She was also named a Master Teacher at the Keck School of Medicine and elected a faculty fellow in the USC Center for Excellence in Teaching. Dr. Elliott received the Women Leaders in Medicine Award from the American Medical Student Association. She received the Edithe J. Levit Distinguished Service Award from the National Board of Medical Examiners and the Exemplary Service Award from the Association of American Medical Colleges Group on Student Affairs. Dr. Elliott is currently the chair of the National Resident Matching Program Board of Directors and a member of the Liaison Committee on Medical Education.

ADMSEP Meeting Schedule

THURSDAY, JUNE 22, 2023

7:50 AM - 12:00 PM	**ADMSEP Education Scholars Breakfast & Workshop** **(2023-25 Educational Scholars Only)**	SSII
10:00 AM - 5:00 PM	**Clerkship Administrator Certification Program** **(Program Registrant's Only)** 10:00 AM Zoom for 2023 presentations 12:00 PM Boxed Lunch - new program begins	705/707 Executive Suites
1:00 - 2:15 PM	**Educator's Tookit Concurrent Session 1**	
	Before You Send Out that Survey: The Nuts and Bolts of Implementing a Medical Student Survey Study	SSI
	Developing Clinical Reasoning in Medical Students	Bayview
	Promoting Each Other through the Promotion Process	Sunset II
2:30 - 3:45 PM	**Educator's Tookit Concurrent Session 2**	
	Secrets from the Architects: CSI Authors on Effective Electronic Module Construction	Bayview
	Today, You are You! Shaping Strong Personal Statements	Sunset II
	Is Imposter Syndrome Really the Enemy in One's Career Trajectory?	Sunset I
4:00 - 5:15 PM	**Educator's Tookit: Workshop**	
	The Secret Sauce of High Yield Group Peer Mentoring	Sunset Ballroom
6:00 PM	**President's Welcome Reception & Posters to view**	**Sunset Ballroom**
7:00 - 9:00 PM	**ADMSEP Welcome Banquet** **Affiliated Organizations Presentations**	**Sunset Ballroom**

ADMSEP Meeting Schedule

FRIDAY, JUNE 23, 2023

7:00 - 7:45 AM	**Breakfast** **Networking/Interest Groups meet during breakfast** • Child and Adolescent Psychiatry • Make a new group • New Training Directors (New to your role) • Pre-clinical Course Directors • Collaborative Care • Addictions • Geriatrics	Sunset Ballroom
8:00 - 9:00 AM	**Keynote Address:** **"Creating an Inclusive Learning Environment"** Donna D. Elliott, M.D., Ed.D.	**Sunset Ballroom**
9:00 - 9:30 PM	**ADMSEP Business Meeting, Voting for officers**	**Sunset Ballroom**
9:45 - 11:00 AM	**Concurrent Workshops 1**	
	Shrinks in the Clink: The "Pros and Cons" of Correctional Mental Health Clerkship Sites	701/703 Executive Suite
	Social Justice in Psychiatry Clerkship Education: An Evidence-Based Counternarrative to the Policing	705/707 Executive Suite
	Building a Better Advising Experience	SSI
	Unprofessional Professionals: Dealing with Difficult Faculty Members	Bayview
	"Oh, the places you'll go!" Elements of program implementation, advising, and selecting students for visiting rotations	SSII
11:15 - 12:30 PM	**Concurrent Workshops 2**	
	Mass Casualty Response Teaching for Medical Students Using Large Scale Simulation	701/703 Executive Suite
	Mentoring Residents as Medical Student Mentors: How Do We Do This Well?	Bayview
	"It was in that moment I realized": Best Practices for Advising Students Writing Personal Statement	SSI
	Grading Fairness: Current and Future Strategies	705/707 Executive Suite
	Curriculum Innovations Showcase: • Response to COVID-19: Opening New Outpatient Sites to Weather the Storm • "This Consult is Ridiculous!": A Novel Approach to Teaching Capacity Evaluations to Pre-Clinical Med • Re-imagining the Psychiatry Clerkship Curriculum: The Washington University School of Medicine Story • Teaching Social Determinants of Health in a Psychiatry Clerkship	SSII

FRIDAY (continued)

12:15 - 1:45 PM	**Boxed Lunches -- Committee Meetings**	
	Awards Committee	Sunset Ballroom
	Clerkship Administrators/Coordinators Committee	705/707 Executive Suite
	CSI Committee	701/703 Executive Suite
	Research Committee	SSI
	DEIA Committee	SSII
	Faculty Development Comittee	Bayview
	Membership Committee	Sunset Ballroom
2:00 - 4:00 PM	**Drawn to Uncertainty: An interactive workshop for medical educators (Attendance Limited to 30)**	Bayview
	Free Time	San Diego
6:00 - 7:00 PM	**Formal Poster Session & Reception**	**Sunset Ballroom**
7:00 - 9:00 PM	**Awards Banquet**	**Sunset Ballroom**

ADMSEP Meeting Schedule

SATURDAY, JUNE 24, 2023

7:00 - 8:00 AM	**Breakfast Buffet**	Sunset Ballroom
8:15 - 9:30 AM	**Brief Oral Presentations**	Sunset Ballroom
	Faculty Performance Evaluations: Building/using collected information to improve faculty development Althea Scott, Ed.D.	Sunset Ballroom
	An Interactive Educational Approach to Climate Change and Mental Health John Sullenbarger, M.D.	Sunset Ballroom
	Microskills of Therapy Amy Egolf, M.D.	Sunset Ballroom
	Reflections on a Clinical Prison Experience for Medical Students Megan Pruette, M.D.	Sunset Ballroom
	Resident as teacher… and curriculum developer Timothy Kreider, M.D.	Sunset Ballroom
	The Necessary Pause — Studying and Experiencing Parallel Charting Kaylah Pinkney, MD Candidate	Sunset Ballroom
9:45 - 11:00 AM	**Concurrent Workshops 3**	
	What Do We Do After Dobbs? Medical Student Education in Psychiatry in a Changing Political Landscape	705/707 Exec
	Professionalism in Health Professions Education	SSI
	Swings and Misses: Advising in the age of the Supplemental Application	SSII
	"I'm a Fraud!": Coaching Students Through Imposter Phenomenon as a Strategy to Increase Diversity	Bayview
	Brief Oral Showcase:	Sunset Ballroom
	Designing a Psychiatry Resident Clinician Educator Track Kaitlyn Kunstman, M.D.	
	Weaving Telehealth Into Medical Education Elizabeth Greene, M.D.	
	Incorporating psychiatry clerkship students into the safety planning process Dana Doctor, M.D.	
11:15 - 12:30 PM	**Plenary** Race and Other Patient Identifiers in the Clinical Leaning Environment: "What's the Harm?"	**Sunset Ballroom**
12:30 PM	**Meeting Ends**	

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MEETING FACILITIES

22 Mission Bay Room & Foyer
23 Paradise Ballroom & Foyer
24 Sunset Ballroom
25 Bay View Room
26 Dockside Room
27 Garden Room
28 Palm Room
29 Island Room
30 Pacific Room
31 Royal Room
32 Sunset Pavilion

POOLS

12 Lagoon Pool
13 Adult Pool
14 Meadow Pool
15 Waterfall Pool
16 Main Pool

RESTURANTS & BARS

17 Coffee Bar
18 Tidal & Bayside Lounge
19 Barefoot Bar & Grill
20 Tropics Cantina
21 Caveman Pizza Company

FACILITIES

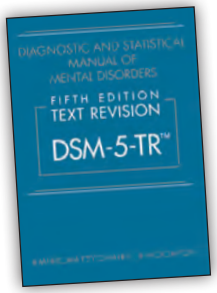
1 Lobby & Business Center
2 Spa & Salon
3 Fitness Center
4 Bike Rentals
5 Island Market
6 Observation Tower
7 Golf Putting Course
8 Tennis & Basketball Courts
9 Croquet, Bocce & Ping Pong
10 Island Adventure Club
11 Marina & Boat Rentals

KEY

Ice
Laundrette
$ ATM
Bonfire Pit
Road
Foot Path

ADMSEP Meeting Spaces are highlighted in PINK. Sunset Ballroom III-V, SSI, SSII, Bayview Room, Executive Suite -- 705/707 Executive Suite -- 701/703, The Board Room (Council-Only Mtgs.)

RESOURCES from
AMERICAN PSYCHIATRIC ASSOCIATION PUBLISHING



Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR®)

American Psychiatric Association

Now in four-color and with the ability to authenticate each printed copy, DSM-5-TR provides a cohesive, updated presentation of criteria, diagnostic codes, and text. It includes fully revised text for each disorder with updated sections on associated features, development and course, risk and prognostic factors, culture, diagnostic markers, suicide, differential diagnosis, and more.

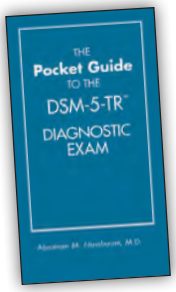
2022 • 1120 pages • ISBN 978-0-89042-575-6 • Hardcover • $220.00 • Item #2575
2022 • 1120 pages • ISBN 978-0-89042-576-3 • Paperback • $170.00 • Item #2576
2022 • 1120 pages • ISBN 978-0-89042-577-0 • eBook • $136.00 • Item #2577

Desk Reference to the Diagnostic Criteria From DSM-5-TR®

American Psychiatric Association

The Desk Reference to the Diagnostic Criteria From DSM-5-TR is a concise, affordable companion to the ultimate psychiatric reference, DSM-5-TR. It includes the fully revised diagnostic classification, as well as all the diagnostic criteria from DSM-5-TR in an easy-to-use format.

2022 • 398 pages • ISBN 978-0-89042-579-4 • Paperback • $75.00 • Item #2579
2022 • 398 pages • ISBN 978-0-89042-580-0 • Spiralbound • $75.00 • Item #2580
2022 • 398 pages • ISBN 978-0-89042-581-7 • eBook • $60.00 • Item #2581

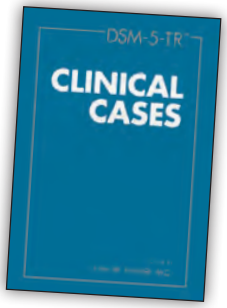


The Pocket Guide to the DSM-5-TR® Diagnostic Exam

Abraham M. Nussbaum, M.D., M.T.S.

Designed for interviewers at all levels of experience, *The Pocket Guide to the DSM-5-TR Diagnostic Exam* is the clinician's companion for using DSM-5-TR in diagnostic interviews. Beginning with an introduction to the diagnostic interview, the Pocket Guide addresses the goals of the interview, provides an efficient structure for learning how to conduct one, reviews the screening questions, and then explains the ways that DSM-5-TR, with its updated approaches to diagnosis and classification, impacts the interview.

2022 • 294 pages • ISBN 978-1-61537-357-4 • Paperback • $75.00 • Item #37357
2022 • 294 pages • ISBN 978-1-61537-358-1 • eBook • $60.00 • Item #37358

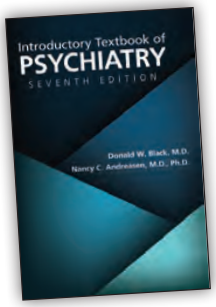


DSM-5-TR® Clinical Cases

Edited by John W. Barnhill, M.D.

DSM-5-TR Clinical Cases clarifies and discusses psychiatric diagnosis with a particular focus on how diagnoses have evolved from DSM-5. Designed for teachers, students, and clinicians, this book presents a broad range of patient vignettes that cover the diagnostic waterfront.

2023 • 416 pages • ISBN 978-1-61537-361-1 • Paperback • $92.00 • Item #37361
2023 • 416 pages • ISBN 978-1-61537-362-8 • eBook • $74.00 • Item #37362

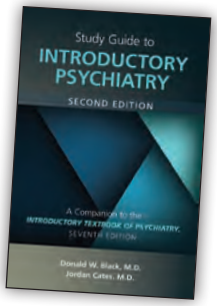


Introductory Textbook of Psychiatry, Seventh Edition

Donald W. Black, M.D., and
Nancy C. Andreasen, M.D., Ph.D.

Now in its seventh edition, *Introductory Textbook of Psychiatry* remains the seminal gateway to this fascinating field. This volume summarizes the DSM-5 diagnostic system, various psychiatric disorders and treatments, interviewing and assessment, psychiatric emergencies, legal issues, and more. Other features, such as clinical points, self-assessment questions, and an exhaustive glossary of terms, add to the educational value and enhance learning.

2020 • 638 pages • ISBN 978-1-61537-312-3 • Hardcover • $115.00 • Item #37312
2020 • 638 pages • ISBN 978-1-61537-319-2 • Paperback • $85.00 • Item #37319
2020 • 638 pages • ISBN 978-1-61537-318-5 • eBook • $68.00 • Item #37318



Study Guide to Introductory Psychiatry

A Companion to Textbook of Introductory Psychiatry, Seventh Edition, Second Edition

Donald W. Black, M.D., and Jordan G. Cates, M.D.

With a format that replicates what medical students and psychiatric residents might encounter in specialty certification exams, this guide is organized along the lines of DSM-5 and includes detailed questions on diagnosis, interviewing and assessment, all DSM-5 disorders, up-to-date treatment information, and more.

2022 • 348 pages • ISBN 978-1-61537-383-3 • Paperback • $62.00 • Item #37383
2022 • 348 pages • ISBN 978-1-61537-384-0 • eBook • $49.95 • Item #37384

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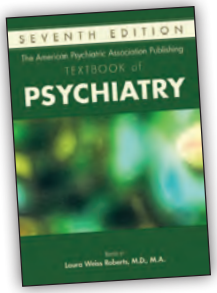
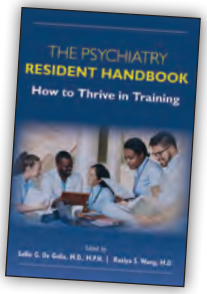


The American Psychiatric Association Publishing Textbook of Psychiatry, Seventh Edition

Edited by Laura Weiss Roberts, M.D., M.A.

The new seventh edition of *The American Psychiatric Association Publishing Textbook of Psychiatry* reflects advances in the understanding of the etiology, diagnosis, and treatment of psychiatric disorders as well as the positive, transformational change that has taken place in the field of psychiatry as a whole since the last edition. Not merely an update of the classic Textbook, the new volume exceeds expectations, incorporating deep understanding of mechanisms of disease, novel therapeutic methods, rich evidence-based clinical approaches, and adaptive systems and models of care.

2019 • 1362 pages • ISBN 978-1-61537-150-1 • Hardcover • $275.00 • Item #37150
2019 • 1362 pages • ISBN 978-1-61537-256-0 • eBook • $220.00 • Item #37256

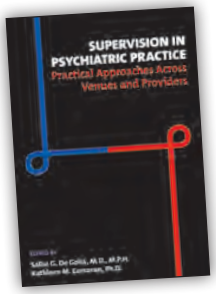


The Psychiatry Resident Handbook
How to Thrive in Training

Edited by Sallie G. De Golia, M.D., M.P.H., and Raziya Wang, M.D.

Psychiatry residency can be a profoundly meaningful and rewarding experience but also one that poses unique challenges. This guide deftly combines the wisdom of seasoned leaders in psychiatry residency and fellowship with the perspectives of current residents-in-training to deliver a holistic approach for making the most of the training years. Issues of identity, clinical practice, skill-building, career development, and balancing work and a personal life all are addressed in chapters that apply the information to real-life scenarios and encourage self-awareness and professional identity development.

2023 • 582 pages • ISBN 978-1-61537-411-3 • Paperback • $67.00 • Item #37411
2023 • 582 pages • ISBN 978-1-61537-412-0 • eBook • $54.00 • Item #37412

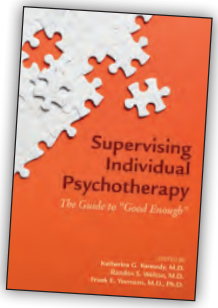


Supervision in Psychiatric Practice
Practical Approaches Across Venues and Providers

Edited by Sallie G. De Golia, M.D., M.P.H., and Kathleen M. Corcoran, Ph.D.

Most mental health supervisors receive little to no training on how to actually supervise, despite supervision's central importance to psychiatry's professional training and work. With the contributions of more than two dozen experts in their fields, Supervision in Psychiatric Practice establishes a practical framework for supervision grounded in real-world experience.

2019 • 457 pages • ISBN 978-1-61537-164-8 • Paperback • $75.00 • Item #37164
2019 • 457 pages • ISBN 978-1-61537-254-6 • eBook • $60.00 • Item #37254



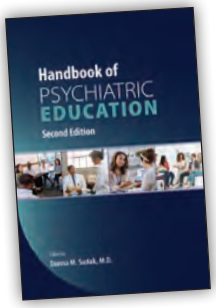
Supervising Individual Psychotherapy
The Guide to "Good Enough"

Edited by Katherine G. Kennedy, M.D., Randon S. Welton, M.D., and Frank E. Yeomans, M.D., Ph.D.

Combining theoretical concepts with practical applications, it covers four key areas: the process of supervisor development; specific techniques used in supervision; common challenges that may arise in supervision; and supervision within various care settings and for specific populations, including a discussion of the possible effects of supervisee and supervisor race, gender identity, and sexual orientation on the supervisory process.

With a wealth of information organized in an accessible and easy-to-reference format and supported by a profusion of illustrative clinical vignettes, this book is an indispensable resource for early- to mid-career supervisors seeking to develop and refine their skills.

2023 • 392 pages • ISBN 978-1-61537-424-3 • Paperback • $70.00 • Item #37424
2023 • 392 pages • ISBN 978-1-61537-425-0 • eBook • $56.00 • Item #37425



Handbook of Psychiatric Education, Second Edition

Edited by Donna M. Sudak, M.D.

The long-awaited second edition of the *Handbook of Psychiatric Education* represents a complete reconceptualization of the subject of psychiatric education, reflecting the increased complexity and sheer volume of information that has come to light in the more than 15 years since the first edition. This text offers cutting-edge content on general topics in psychiatric education, such as professionalism, diversity, supervision, and burnout; issues related to medical student education, such as residency recruitment and student advising, evaluation strategies, and the role of psychiatry in the preclinical curriculum; and subjects relevant to resident and fellowship education, such as accreditation, financing, residency administration, assessment of resident challenges, subspecialty training, and faculty and career development.

2021 • 288 pages • ISBN 978-1-61537-344-4 • Paperback • $68.00 • Item #37344
2021 • 288 pages • ISBN 978-1-61537-382-6 • eBook • $54.00 • Item #37382

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Education Scholars Program: 8:00 AM–12:00 PM, Thursday, June 22, 2023 • Sunset II

Developing Your Research Question

Matthew Goldenberg, MD, MSc, Yale University School of Medicine
Jeffrey Rakofsky, MD, Emory University

Description: Fundamental to any research endeavor is developing a clear and workable research question and hypothesis. This session will review the necessary elements in developing a high-quality research question. Participants will brainstorm research ideas, write, critique and refine answerable research questions. The session will include a brief didactic presentation followed by an interactive group discussion. Scholars will then break into pairs/small groups and together refine their own research questions, then present back to the group for feedback and further discussion.

Objectives: At the end of the session, the participants will be able to:
1. Discuss appraise the key elements to consider in formulating an effective research question
2. Write a measurable research question that relates to their area of interest

Tools to Answer Your Research Question

James Curt West, MD, Uniformed University of the Health Sciences
Kirsten M. Wilkins, MD, Yale School of Medicine

Description: Choosing an appropriate research design is crucial for success. This session will review specific examples from current educational research to illustrate a variety of research designs. Strengths and weakness of different research approaches will be discussed and commonly used measurement methods will be reviewed. Basic principles of questionnaire and survey construction will be addressed, including tips for avoiding common errors in wording or response scales that can lead to misleading results. The session will include structured presentation and time for Scholars to work in pairs to consider their own research design, then present back to the group for feedback and discussion.

Objectives: At the end of this session participants will be able to:
1. Compare and contrast different research design approaches
2. Evaluate and select the 3 most important factors to consider in constructing a survey or questionnaire
3. Discuss common threats to validity in educational measurement methods

Clerkship Administrator Certificate Program • 10:00 AM – 5:00 PM • 705/707 Executive Suite

Kristi Rowell, BA, UT Health, McGovern Medical School
Althea Scott, EdD, Uniformed Services University of the Health Sciences

10:00 AM - (Virtual Delivery via Zoom) — 2022-23 Coordinator Project Presentations
12:00 – 5:00 PM - Lunch, New Admin Program Begins

- **Professionals strive to meet the highest standards of excellence**
- **Professionals are not limited by the confines of a job description**
- **Opportunities abound for clerkship coordinators/administrators in medical education**

1. Lead where you are

What do you hope to learn?
Describe what it means to be a medical education leader
Identify how your personal goals intersect with your department & institution

2. Lead from within

How do you get there?
Tips and tools to achieve your goals
Recognize your strengths & how to communicate them

3. Lead your home

What can you do?
Brainstorm quality improvement initiatives you can take
Tips to partner with your director to complete certification requirements

Educator's Toolbox — 1:00-2:15 P.M., Thursday, June 22, 2023 • Sunset I

"Before You Send Out that Survey: The Nuts and Bolts of Implementing a Medical Student Survey Study"

Jeffrey Rakoofsky, MD, Emory University SOM
Gary Beck Dallaghan, PhD, University of Texas Health Science Center at Tyler
Mohadetheh Moulana, PhD, University of Mississippi Medical Center
Richard Balon, MD, Wayne State University

Background: Surveys are a commonly used tool among medical educators who wish to evaluate the quality of their teaching or engage in educational research. From 2011 to 2014, 24% of the articles included in Medical Teacher and 75% of studies in Journal of Graduate Medical Education incorporated surveys as part of their methodology [1]. For those without much experience, conducting survey studies may seem intuitive relative to other forms of research, however, a poorly executed survey study could lead the researcher to reach conclusions that are not valid [2]. The Journal of Graduate Medical Education reports continuing to receive submissions with poorly constructed surveys in spite of advice offered by the journal [3]. There are many details to consider at the early stages of planning, when developing a survey instrument, and when preparing the manuscript that will increase the likelihood of finding meaningful results and eventually getting published. Planning a successful survey study and designing a reliable survey tool are within reach of any educator provided they understand the nuts and bolts of the process.

Objectives:

Participants will be able to:

1) List the steps necessary to prepare a survey study
2) Describe the elements necessary to develop a reliable survey instrument
3) Explain why items should be reported in the manuscript to increase the chances of getting published

Methods:

This workshop presents foundational material and pair-and-share activities. The talk will begin with a description of the steps necessary to prepare a survey study followed by the first pair-and-share activity. During this activity, audience members will be asked to identify the study purpose, the format of the survey, the population to survey for a hypothetical study and then they will be asked to identify the sampling procedure and the sampling frame. Each audience member will be instructed to share these ideas with another audience member. Then, the presenters will explain how to develop effective and reliable survey instruments. Following this will be the second pair-and-share activity where audience members will be asked to draft some questions for their hypothetical survey and read aloud those questions to another audience member to determine clarity. Following this the presenters will provide tips to increase the chance of having a survey study published.

Discussion:

The discussion in this workshop will touch on topics such as determining the study purpose, conducting a literature review, determining a study population, selecting the sample frame, selecting a sampling procedure, calculating sample sizes, determining the survey format, IRB considerations, and designing the survey instrument. Audience members will have a chance to use this information to develop survey questions of their own and to plan out components of their own survey study.

References:

1. Artino AR, La Rochelle JS, Dezee KJ, et al. Developing questionnaires for educational research: AMEE Guide No. 87. *Med Teach.* 2014; 36:463-474.
2. Rakofsky JJ, Beck Dallaghan GL. Before you send out that survey: the nuts and bolts of implementing a medical student survey. *Academic Psychiatry.* 2017; 41:391-395.
3. Sullivan GM, Artino AR. How to create a bad survey instrument. *J Grad Med Educ.* 2017; 9:411-415.

Educator's Toolbox — 1:00-2:15 P.M., Thursday, June 22, 2023 • Bayview

"Developing Clinical Reasoning in Medical Students"

Kewchang Lee, MD, University of California, San Francisco
Descartes Li, MD, University of California, San Francisco

Background: Medical errors have a huge impact not only on the level of human tragedy, but also on the economics of our society. (1) One of the key challenges in the transformation of the novice medical student into a seasoned clinician is the development of clinical reasoning, a comprehension of which reduces the risk of misdiagnosis and mismanagement in patient care. Clinical reasoning has been defined as "the cognitive and noncognitive process by which a health care professional consciously and unconsciously interacts with the patient and environment to collect and interpret patient data, weigh the benefits and risks of actions, and understand patient preferences to determine a working diagnostic and therapeutic management whose purpose is to improve a patient's well-being." (2) Over the past several decades, important strides have been made in understanding the cognitive processes underlying clinical reasoning and to promote clinical reasoning in learners. (3) A formal process of clinical reasoning has been developed, which includes:
1) data gathering guided by schemas or structured frameworks
2) development of a problem representation, and
3) creation and augmentation of knowledge structures known as illness scripts
While this process is well-established in the medical curricula of many medical schools, there has been minimal dissemination about clinical reasoning to the field of psychiatry.

Often, competence gaps in medical students are ascribed to a deficit in fund of knowledge, and the subsequent remediation plan is for the student to simply gain more experience or read more articles or textbooks. However, some learners lack important skills that are separate from their fund of knowledge. Application of the concepts of clinical reasoning can help identify these gaps and thus make significant enhancements not only in the care of an individual patient, but also in the education of the trainee. Psychiatric educators may have particular challenges in teaching clinical reasoning skills to their learners, as there are unique aspects of our field that create some differences in how clinical reasoning is applied to the care of our patients, as compared to those of other medical specialties.

Objectives:
Upon completion of this workshop, participants will be able to:
1. Enhance their clinical reasoning skills using a well-established framework
2. Use clinical reasoning skills to assess learner competence
3. Understand the unique aspects of applying clinical reasoning skills to psychiatry
4. Improve their teaching of clinical reasoning in this context to medical students in psychiatry

Methods:
We will provide a brief overview of a clinical reasoning, followed by case-based applications for psychiatric educators.

Discussion:
We will discuss the clinical reasoning concepts of data gathering, problem representation, and illness scripts in turn, and use case vignettes to give participants practice in applying them. We will also highlight the differences in applying these concepts to the field of psychiatry as compared to other medical specialties. We will then ask participants to discuss how to teach clinical reasoning in this context to medical students in psychiatry, with the goal of improving the learners' competence as physicians.

References:
1. Institute of Medicine (US) Committee on Quality of Health Care in America. To Err Is Human: Building a Safer Health System. (Kohn LT, Corrigan JM, Donaldson MS, eds.). National Academies Press (US); 2000. Accessed January 30, 2022. http://www.ncbi.nlm.nih.gov/books/NBK225182/
2. Trowbridge RL. Teaching Clinical Reasoning. 1st edition. American College of Physicians; 2015.
3. Parodis I, Andersson L, Durning SJ, et al. Clinical Reasoning Needs to Be Explicitly Addressed in Health Professions Curricula: Recommendations from a European Consortium. *Int J Environ Res Public Health*. 2021;18(21):11202. doi:10.3390/ijerph182111202
4. Yazdani S, Hoseini Abardeh M. Five decades of research and theorization on clinical reasoning: a critical review. *Adv Med Educ Pract*. 2019;10:703-716. doi:10.2147/AMEP.S213492

Educator's Toolbox — 1:00-2:15 P.M., Thursday, June 22, 2023 • Sunset II

"Promoting Each Other through the Promotion Process"

Ellen Gluzman, MD, Lewis Katz School of Medicine at Temple University
Laura Cardella, MD, University of Rochester School of Medicine and Dentistry
Carol Ping Tsao, MD, JD, Medical College of Wisconsin
Susan Lehmann, MD, Johns Hopkins University School of Medicine
James McKenzie, DO, Meharry Medical College

Background: Advancement within academic medicine can be difficult to navigate, particularly for underrepresented and women faculty, who may not be promoted at rates equivalent to their counterparts. Lack of mentorship can contribute to junior faculty's lack of awareness of steps to take to meaningfully advance their careers and seek promotions. Junior faculty may not be familiar with requirements for promotion at their institutions; how to initiate conversation about their interest in pursuing promotion within their department; how to put together their promotions packet; or seek out letters of recommendation. Faculty may also be unaware of what activities within their department and outside of it are going to stand out in their teaching portfolio and make them more attractive for promotion. In this workshop, we will discuss benefits of seeking and attaining promotion as well as engage in practical activities to strengthen promotion packets and plan concrete future steps to be taken by a faculty member seeking promotion.

Objectives:

Upon completion of this workshop, participants will be able to:

1. Clearly state the reason(s) it is important for you to be academically promoted.
2. Identity which activities can strengthen your application for promotion and highlight these in your CV and EP (Educational Portfolio).
3. Formulate concrete steps to take in seeking promotion, including assembling promotion packets, seeking support of your department chair, and obtaining letters of recommendation within and outside of your institution.
4. Articulate what an educator's/promotion portfolio is and why it is vital to promotion.
5. Commit to next steps in your promotions process.

Methods: This workshop will utilize facilitator-led review of literature to initiate discussion of reasons to pursue promotion, potential roadblocks, and basics required for academic promotion. Attendants will be invited to self-reflect on their reasons for seeking promotions as well as potential roadblocks in this process. Attendants will also engage in think/pair/share and large group discussions discussions of CVs for potential promotions to identify ways of strengthening one's CV and educator's portfolio. Finally, participants will engage in think/pair/share and large group discussion to develop next steps in their plans for promotion.

Discussion: The promotions process can seem unclear and challenging to faculty in medical education. While some aspects of the promotion process are particular to individual institutions, this workshop addresses key elements about the promotion process that are common among academic medical institutions. Participants in this workshop will gain greater clarity about the process and greater sense of personal direction to actualize their own promotion path.

References:

1. IFang D, Moy E, Colburn L, Hurley J. Racial and Ethnic Disparities in Faculty Promotion in Academic Medicine. JAMA. 2000;284(9):1085–1092. doi:10.1001/jama.284.9.1085
2. Laurie J. Morrison, Edmund Lorens, Glen Bandiera, W. Conrad Liles, Liesly Lee, Robert Hyland, Heather Mcdonald-Blumer, Johane P. Allard, Daniel M. Panisko, E. Jenny Heathcote, Wendy Levinson & On Behalf Of The Faculty Development Committee, Department Of Medicine, Faculty Of Medicine, University Of Toronto (2014) Impact of a formal mentoring program on academic promotion of Department of Medicine faculty: A comparative study, Medical Teacher, 36:7, 608-614, DOI: 10.3109/0142159X.2014.899683
3. Chaudhary, A.M.D., Naveed, S., Siddiqi, J. et al. US Psychiatry Faculty: Academic Rank, Gender and Racial Profile. Acad Psychiatry 44, 260–266 (2020). https://doi.org/10.1007/s40596-020-01192-2
4. Atasoylu AA, Wright SM, Beasley BW, Cofrancesco J Jr, Macpherson DS, Partridge T, Thomas PA, Bass EB. Promotion criteria for clinician-educators. J Gen Intern Med. 2003 Sep;18(9):711-6. doi: 10.1046/j.1525-1497.2003.10425.x. PMID: 12950479; PMCID: PMC1494922.
5. Bennett AJ, Clardy JA, Cargile CS, Thrush CR. Developing the careers of clinician-educators in psychiatry. Acad Psychiatry. 2007 Jan-Feb;31(1):57-60. doi: 10.1176/appi.ap.31.1.57. PMID: 17242053.

Educator's Toolbox — 2:30-3:45 P.M., Thursday, June 22, 2023 • Bayview

"Secrets from the Architects: CSI Authors on Effective Electronic Module Construction"

Derrick Hamaoka, MD, Uniformed Services University of Health Sciences
Mary Steinmann, MD, University of Utah
Amanda Fujiki, MD, University of Utah
Nicole Cotton, MD, Morehouse School of Medicine
Michael Miller, MD, University of Texas Medical Branch

Background: Building a self-paced interactive learning activity, such as an electronic module (eModule), can reach thousands of learners, provide supplemental learning opportunities, and enable clerkships to meet LCME standards by providing consistent and comparable learning experiences.[1] With the right planning and vision, developing such teaching material can be enjoyable, opening opportunities for collaboration, creativeness, and distribution of innovative methods and products.[2]

Objectives:

Upon completion of this workshop, participants will be able to:

1. Construct an initial, realistic eModule development plan based on available time, resources, and expertise
2. Identify ongoing collaboration opportunities for creating ADMSEP eModules
3. Anticipate common problem areas/junctures in module development
4. Evaluate the suitability of existing resources for transition to self-learning education

Methods: This series offers perspectives from teams who have completed recent ADMSEP eModules through a variety of paths and different challenges.[3-5] Each will provide a brief overview of where they found their inspiration, developed their ideas, executed the plans, and worked through obstacles in order to create highly utilized, internationally distributed educational works. Practical recommendations of where to start when considering a self-paced educational product will be emphasized.

Discussion: Being able to maintain production momentum with limited resources is key and has facilitated the authors' having to develop efficient and creative practices. The authors' accumulated experience in eModule creation has helped streamline development, improving production times and quality. These practices are not limited to eModule production and can be extended to other multi-institutional educational projects.

References:

1. ADMSEP–CSI–Clinical Simulation Initiative Committee Information. 2019; https://admsep.org/csi-emodules.php?c=taskforce.
2. Hawa R, Klapheke M, Liu H, Briscoe G, Foster A. An Innovative Technology Blueprint for Medical Education: Association of Directors of Medical Student Education in Psychiatry's Clinical Simulation Initiative Years 1-6. Acad Psychiatry. 2017;41(3):408-410.
3. Hamaoka DA, Marcangelo M, Steinmann M, Loeb R. Adjustment disorder. Association of Directors Medical Student Education in Psychiatry Clinical Simulation Initiative e-Module. 2021. Available at: https://www.admsep.org/csi-emodules.php?c=adjustmentdisorder&v=y
4. Miller M., O'Connor B. Major Depressive Disorder. Association of Directors Medical Student Education in Psychiatry Clinical Simulation Initiative e-Module. 2021. Available at: https://www.admsep.org/csi-emodules.php?c=depression&v=y
5. Cotton N., Fujiki A. Attention Deficit Hyperactivity Disorder Learning Module. Association of Directors Medical Student Education in Psychiatry Clinical Simulation Initiative e-Module. 2022. Available at: https://www.admsep.org/subpages/csi/modules/adhd/story.html

Educator's Toolbox — 2:30-3:45 P.M., Thursday, June 22, 2023 • Sunset II

"Today, You are You! Shaping Strong Personal Statements"

Sarah Baker, MD, University of Texas Southwestern Medical Center
Kimberly Benavente, MD, UT Health San Antonio
Chadrick Lane, MD, UT Southwestern Medical Center
Abigail Talley, MD, University of Texas Health Science Center at San Antonio
Rachel Russo, MD, VA San Diego

Background: Personal statements are an important aspect of residency applications, providing readers a more personalized perspective on candidates' personal characteristics and motivations to enter psychiatry [1, 2]. The 2021 NRMP Residency Program Director Survey indicated that 90.2% of psychiatry programs use the personal statement as a factor in selecting candidates for interviews [3]. However, trainees routinely struggle to create a concise, compelling narrative that describes their personal background and career aspirations. Gender differences have also been found in personal statements, with female applicants less likely to focus on self-promotion [4]. Furthermore, if a candidate has an area of concern, such as a test or course failure, they may struggle with how best to describe it. Candidates may also question whether to disclose personal experience with psychiatric or medical illness. While these experiences may enhance empathy towards patients or have motivated a trainee towards the field of psychiatry, a survey of ACGME residency training directors indicated that self-disclosure of mental illness may lower the chance of an interview offer [5]. Faculty mentors may struggle with how to advise students and how much input they should have in the writing process, particularly for students with poor writing skills.

In this workshop, participants will have the opportunity to learn more about the use of personal statements in the residency application process, along with strategies for helping trainees avoid pitfalls and write strong personal statements that provide valuable information to program directors. By the conclusion of the workshop, participants will have the knowledge and skills to guide trainees to write strong personal statements for residency applications.

Objectives:

By the end of this discussion group, participants will be able to:

1. Describe the use of personal statements in the residency application process.
2. Reflect on their own experiences and challenges with advising trainees writing personal statements
3. Identify characteristics of strong personal statements and potential concerns about gender differences between statements
4. Critique example personal statements and provide suggestions for revision
5. Guide applicants towards writing strong personal statements that provide information valuable to program directors

Methods: We will utilize individual reflection and small and large group discussion to engage participants in an interactive way to explore how to help trainees write effective personal statements.

References:

1. Chandran, L., Chandran, A.S. & Fischel, J.E. Crafting Compelling Personal Statements. Acad Psychiatry 44, 785–788 (2020). https://doi.org/10.1007/s40596-020-01344-4.
2. Thomas, L.A., Schatte, D., Briscoe, G. et al. What Should Faculty Advisors Know Before Advising Students Applying to Psychiatry Residency. Acad Psychiatry 45, 506–510 (2021). https://doi.org/10.1007/s40596-021-01438-7.
3. National Residency Matching Program (NRMP). Washington, DC. [date unknown]. Results of the 2021 NRMP program director survey; 2021; Available from https://mk0nrmp3oyqui6wqfm.kinstacdn.com/wp-content/uploads/2020/08/2020-PD-Survey.pdf. Accessed 10 October 2022.
4. Babal, J.C., Gower, A.D., Frohna, J.G. et al. Linguistic analysis of pediatric residency personal statements: gender differences. BMC Med Educ 19, 392 (2019). https://doi.org/10.1186/s12909-019-1838-x
5. Pheister M, Peters RM, Wrzosek MI. The impact of mental illness disclosure in applying for residency. Acad Psychiatry. 2020;44:554–61. https://doi.org/10.1007/s40596-020-01227-8.

Educator's Toolbox — 2:30-3:45 P.M., Thursday, June 22, 2023 • Sunset I

"Is Imposter syndrome really the enemy in one's career trajectory?"

Brenda Roman, MD, Wright State University Boonshoft School of Medicine
Gary Beck Dallaghan, PhD, University of Texas Health Science Center at Tyler
Dennis Popeo, MD, NYU Grossman School of Medicine

Background: Most medical student educators, clerkship directors and directors of medical student education arrive in their roles with little formal education on teaching; likewise, most academic leaders have had little formal education on leading medical schools, departments, programs, etc. Instead, our medical culture depends on highly motivated individuals to largely "figure it out themselves." As a result, many people will experience imposter syndrome. Generally imposter syndrome is seen as a negative, but it can be a motivating factor in helping people succeed in new roles.

Defining personal leadership goals, identifying skills needed to reach desired goals, and how to best utilize availiable "person" resources can allow educators to consider next steps in their careers as academics. With an increasing focus on "work-life" balance, making strategic decisions to focus on one's passion within their career, rather than simply "moving on up", is a topic of importance in guiding academic careers—and may include embracing the imposter syndrome.

Objectives:

Upon completion of this workshop, participants will be able to:

1. Develop and/or refine their leadership vision, using "Histories of the Future"
2. Map your network, in order to reach your leadership goal
3. Identify three action steps in order to achieve your academic goal, including the role that the imposter syndrome may play in key career decisions.

References:

1. Center for Applied Research: http:/www.cfar.com
2. What Got You Here Won't Get You There: How Successful People Become Even More Successful, by Marshall Goldsmith, New York: Hyperion, 2007.Center for Creative Leadership Visual Explorer: http://www.leadingeffectively.com/leadership-explorer/
3. Bruce Z. Morgenstern & Gary Beck Dallaghan (2021) Should Medical Educators Help Learners Reframe Imposterism?, Teaching and Learning in Medicine, 33:4, 445-452, DOI: 10.1080/10401334.2020.1856112

Educator's Workshop — 4:00-5:15 P.M., Thursday, June 22, 2023 • Sunset Ballroom *(Everyone)*

"The Secret Sauce of High Yield Group Peer Mentoring"

Adriane Dela Cruz, MD, PhD, University of Texas Southwestern Medical Center
Laura Cardella, MD, University of Rochester School of Medicine and Dentistry
Sindhu Idicula, MD, Baylor College of Medicine
Eva Waineo, MD, Wayne State University SOM
Erin Malloy, MD, University of North Carolina SOM

Background: The importance of mentoring for success in academic medicine is well recognized, and recent work has highlighted the benefits of group and peer mentoring. Models that utilize peer mentoring within an academic department (Farid et al) and within a professional society (Cree-Green et al) have demonstrated benefits of increasing promotion and camaraderie, thus supporting the career development of participants. It has been suggested that facilitated peer mentoring may be especially valuable for women junior faculty as a means for addressing the gender gap that currently exists in promotion and tenure (EM Yeung and A Zia).

In 2021, ADMSEP created an innovative approach to mentorship through the creation of facilitated peer mentoring groups, each composed of 2 mid-senior level faculty mentors and 6 junior faculty mentees; a total of 12 mentors and 58 mentees expressed interest in participation and were assigned to mentorship groups. We previously surveyed the mentors and mentees who participated in the first year of the ADMSEP group mentoring program and found that the program was an overall success, with participants identifying survey responses "gained new perspectives by interacting with peers from other institutions" and "gained social connections with others in ADMSEP" as the two most common benefits. Our initial survey also identified factors that differed between groups rated by participants as having high vs low level success, with discussion of negotiating and leadership roles more common in high success groups. Discussion of promotion was reported by 80% of high success group members and 0% of low success group members.

Objectives:

By the end of this discussion group, participants will be able to:

1. Discuss benefits of facilitated peer mentoring as a component of personal professional development
2. Identify factors that promote or impede success in facilitated peer mentoring groups
3. Demonstrate features of facilitated group mentoring via an experiential approach

Methods: For the 2022-23 mentoring program, all ADMSEP members were invited to complete a survey to determine interest in participating in ADMSEP peer mentoring groups. Respondents were asked to indicate whether they would like to be a mentor, a mentee, or both a mentor and a mentee. Survey respondents who participated in the mentoring program in 2021-22 were asked to indicate interest in participating in the mentoring program in 2022-23 with options to stay in their group, have a mix of current and new members in their group, or move to another group. All respondents were directed to an open-ended survey item to indicate any additional interests, questions, or concerns. Groups were formed based on member responses, with attention paid to group member time zones and preferences of whether to remain with their prior groups. The decision of participants from the first year to continue vs discontinue participation in the second year of the group mentoring program will be investigated. We will utilize quantitative surveys and semi-structured qualitative interviews for identifying factors for success that prompted members to continue participation in the group mentoring programs as well as factors that led members to discontinue program participation.

Discussion: To our knowledge, the ADMSEP Group Mentoring Program is novel in that, unlike single peer mentoring programs in professional organizations, ADMSEP's program created multiple mentoring groups based on shared interests that are co-facilitated by two senior ADMSEP members. These groups involved 58 ADMSEP members in the first year of the program and 60 members in the second year. Virtual group mentoring programs are a promising, cost-effective means to promote connection among members in professional organizations. The ADMSEP Group Mentoring Program's virtual nature provided opportunities for early career mentees to develop relationships with peers and senior ADMSEP mentors to enhance career development and to promote a sense of connection within the organization. Future directions of this work include using the survey data and discussion group key to continue to grow and refine the program as a mainstay offering for ADMSEP members, as well as potential growth of this mentorship model in other professional organizations.

References:

1. H Farid et al (2022). A scoping review of peer mentoring in medicine. Clinical Teacher 19(5): e13512
2. M Cree-Green et al (2020). Peer Mentoring for Professional and Personal Growth in Academic Medicine. J Investig Med; 68:1128-1134
3. EM Young and A Zia (2022). Facilitated peer mentoring to the close the gender gap in academic emergency medicine. Canadian Journal of Emergency Medicine 24: 359-361. gender differences. BMC Med Educ 19, 392 (2019). https://doi.org/10.1186/s12909-019-1838-x

Adam Brenner, M.D., is Vice Chair for Education and Residency Training Director at University of Texas Southwestern Medical Center. He is also **Editor-in-Chief for *Academic Psychiatry*.**

Dr. Brenner will be here for our ADMSEP annual meeting and has set aside time to meet with you and your colleagues in order to answer any questions you may have about *Academic Psychiatry*, how to make submissions, etc.

To make an appointment, they have set up an online form for attendees to sign up for a 1:1 time slot with Dr. Brenner.
Form link: **https://forms.gle/wq8UatQuez691eJW9**

There are nine 20-minute time slots (3 during Friday breakfast, 3 during first hour of Friday afternoon break, 3 during Saturday breakfast).

Meet Adam and look for him at the *Academic Psychiatry* booth!

Concurrent Workshops 1 — 9:45 - 11:00 A.M., Friday, June 23, 2023 • 701/703 Executive Suite

"Shrinks in the Clink: The Pros and Cons of Correctional Mental Health Clerkship Sites"

Jason Roof, MD, University of California, Davis Medical Center
Linda Kang, MD, University of California, Davis Medical Center
Jasmine McClendon, MD, University of California, Davis Medical Center
Loren Roth, MD, University of California San Francisco
Lorin Scher, MD, UC Davis Health
Ivy Song, MD, University of California, Davis Medical Center
Emma Zavala-Suarez, MD, University of California, Davis Medical Center

Background: Psychiatric departments with substantial diversity in clinical site training options will better serve their communities, increase program desirability for purposes of resident recruitment, increase departmental intake via contracts, and improve recruitment of medical students to the field of psychiatry. Correctional psychiatric training opportunities offer a response to these common departmental goals in a dynamic, high need training environment and offer additional opportunities in community service, advocacy and social justice.

Mental health issues are five times more prevalent in incarcerated populations compared to the general population (6). Inmates with psychiatric disorders are at elevated risk of repeat incarceration, homelessness and facility rule violation (6). In the recent decade, the correctional setting has an increasing rate of incarcerated mentally ill inmates, however, only 17-34% of inmates receive treatment since admission (7). Therefore, providing psychiatry residents exposure and training in the correctional setting could help address the inadequate access to psychiatric care. In various surveys, training directors of psychiatry residency programs expressed that forensic training is largely conveyed through didactics rather than clinical exposure. About 30-35% of general residency programs provide mandatory rotations in correctional settings, while 25% provide elective opportunities (6-8). The UC Davis psychiatry training program offers well established clinical rotations (for residents and medical students) in the correctional setting. Jail Psychiatric Services (JPS) at Sacramento County Jail has provided mental health services to inmates since 1978 and approximately 17% (~750) of total inmates are followed by the JPS clinical team. Multidisciplinary teams provide services in both acute inpatient and outpatient community settings (9). The purpose of this presentation is to showcase the rotation at various correctional settings within the UC Davis training program, to address the positive and negative aspects of training in correctional settings, and to describe best practices for educators who teach medical students within correctional training sites and the criminal justice system.

Objectives: By participating in this workshop, attendees will be able to:

1. Explain positive and negative aspects of a correctional psychiatric training environment
2. Describe various levels of correctional psychiatric clinical settings available
3. Identify methods to establish a correctional psychiatric clerkship training environment in their department

Methods: For the 2022-23 mentoring program, all ADMSEP members were invited to complete a survey to determine In this workshop, a successful model for correctional psychiatric training will be presented. Subsequently discussion opportunities for participants will include practical implementation of the clerkship, perspectives of departmental administration, as well as experiences from those involved including the training site director, attending physician, and resident trainees. Further, a discussion will include complexity of providing mental health care in a correctional setting, dispelling misconceptions of working in a correctional environment, maintaining a healthy learning climate for students and residents, as well as common challenges encountered.

Discussion: Correctional psychiatric training opportunities are a relatively rare offering for psychiatric departments nationwide. However, if structured well, correctional sites offer many opportunities for clinical teaching, diversity of clinical experiences, and also serve as a scaffold for teaching about social justice, health equity and systems of care.

References:

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Concurrent Workshops 1 — 9:45 - 11:00 A.M., Friday, June 23, 2023 • 705/707 Executive Suite

"Social Justice in Psychiatry Clerkship Education: An Evidence-Based Counternarrative to the Policing of Mental Healthcare"

Carmen Black, MD, Connecticut Mental Health Center, Yale University
Nientara Anderson, MD, MHS, Yale School of Medicine
Alice Shen, MD, Greater Bridgeport Mental Health Clinic
Nichole Roxas, MD, MPH, University of California Los Angeles
Pochu Ho, MD, Yale School of Medicine

Background: Intersecting mechanisms of social bias concentrate marginalized populations – namely Black and Brown communities and persons living with severe mental illness (SMI) – amongst those harmed and failed by existing healthcare practices as published in numerous healthcare disparities papers. For many medical students, the psychiatry clerkship is their first experience at the interface of medicine, carceral practices, and the law as it relates to caring for these same marginalized populations and navigating healthcare inequities. For example, students are introduced to involuntary or court-ordered treatment, physical and/or chemical restraints for acute behavioral dysregulation, and behavioral emergency "codes" which most often center security or police responses [1, 2]. As an extension of the societal and healthcare injustice harming the racially minoritized and persons with SMI, many of the physical and mental healthcare facilties serving these populations are policed more heavily with metal detectors and/or lethally armed security than healthcare institutions catering to more privileged, white populations [3]. There is no evidence base for the efficacy of hospital policing programs to reduce hospital violence [3, 4], yet hospital policing measures are growing in frequency at institutions serving racially minoritized communities and people with SMI due to their unjust association with increases in ambient American societal gun violence. These biased policing practices hold heavy implications at teaching hospitals, as students risk internalizing these implicit policing messages and associating marginalized populations with violence, thereby influencing future healthcare disparities due to iatrogenic racism and bias [5]. Few, if any, medical schools offer curricula to help students prepare for, process, and reject the stigma and racial bias propagated by such experiences. To fill this necessary gap in medical education, this presentation will relate the collaboration between the Yale Psychiatry Clerskip and the Social Justice and Health Equity Curriculum of the Yale Psychiatry Residency to pioneer a new student learning experience against the policing of hospital medicine.

Objectives: At the conclusion of the discussion group, participants will be able to:

1. Understand a brief history of the racialization of hospital policing programs
2. Cite examples of the policing of healthcare, particularly mental healthcare
3. Describe the risks of exposing medical students to mental healthcare policing, especially in perpetuating iatrogenic harms born of racism and bias perpetuated onto marginalized populations
4. Describe problematic design constructs in the extant literature of hospital policing
5. Describe a pilot curricular intervention designed to help students use public health and epidemiological concepts to critically examine hospital policing in historical context

Methods: Drs. Roxas and Shen will begin with a brief presentation of a case of mental healthcare policing at a community-based mental health center and core psychiatry training site at our institution, including organizing efforts from trainees, faculty, and the community against these policing measures. Dr. Ho will then explain the concerns shared by our medical student education committee regarding the expansion of policing measures at this training site, to newly include subjecting all patients, staff, and students to metal detector screening. This narrative foundation will set the stage for the larger discussion about the new curriculum of evidence-based principles in de-policing healthcare

Discussion: In the first portion of the discussion, Dr. Anderson will summarize the history and literature of the ways in which healthcare is policed, how this policing manifests in a racialized manner, the disproportionate impact on patients with mental illness and racially minoritized patients, and the evidence against such policing as a means of violence prevention. Finally, Dr. Black, in her intersecting roles as Medical Student Site Representative of the indicated training site and Director of Social Justice and Health Equity (SJHE) for the psychiatry residency, will describe a novel curricular intervention designed to help students prepare for, process, and reject the stigma and racial bias propagated by the policing of mental healthcare.

Of note, Drs. Anderson, Roxas, and Shen are all recent graduates and/or resident leaders of the SJHE curriculum, community organizers, and pioneers of the first anti-racist depolicing studies of SJHE.

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Concurrent Workshops 1 — 9:45 - 11:00 A.M., Friday, June 23, 2023 • Sunset I

"Building a Better Advising Experience"

Lia Thomas, MD, UT Southwestern Medical Center/ VA North Texas
Linda Mintle, MD, Liberty University College of Osteopathic Medicine
Lindsey Pershern, MD, Baylor College of Medicine
Lisa Fore-Arcand, EdD, Eastern Virginia Medical School

Background: In this hypercompetitive market of residency recruitment, providing high quality faculty advising is crucial. Medical students often look to faculty for information on the process, and many educators are unaware of what guidance they need to be providing. They may be new to the role, isolated from other institutions and/or have other barriers.

In this workshop we wish to explore many of the following topics: how does your school identify advisors? How do you work with students on the various elements of recruitment season (obtaining letters of recommendation, coaching for virtual interviewing, etc). What are the barriers you have encountered and what resources do you as an advisor need to be successful?

Objectives: By participating in this workshop, attendees will be able to:

1. Summarize core skills needed for faculty advising
2. Evaluate and create a faculty advising structure that works for them/their institution
3. Identify barriers to effective advising and implement strategies to overcome them.

Methods: Workshop will be a combination of didactics, active learning strategies, small and large group discussions.

Discussion: Correctional psychiatric training opportunities are a relatively rare offering for psychiatric departments nationwide. However, if structured well, correctional sites offer many opportunities for clinical teaching, diversity of clinical experiences, and also serve as a scaffold for teaching about social justice, health equity and systems of care.

Discussion: The landscape of Psychiatry residency recruitment has shifted significantly over the last decade. Advising medical students who wish to pursue Psychiatry requires skills, experience, and resources, as the applicant numbers continue to increase. Students look to advisors within their medical school as sources of support, mentorship/sponsorship and strategy. Advising structures are not one-size-fits all, however. Depending on medical school size, institutional resources and academic setting, those placed in an advising role may need both internal and external support to perform their duties and measure their effectiveness. In this session, we will engage participants in activities to align their needs with practical strategies from different advising models and from presenter's lessons learned.

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Concurrent Workshops 1 — 9:45 - 11:00 A.M., Friday, June 23, 2023 • Sunset II

"Oh, the places you'll go! Elements of program implementation, advising, and selecting students for visiting rotations"

Kristin Escamilla, MD, Dell Medical School at The University of Texas at Austin
Sarah Baker, MD, University of Texas Southwestern Medical Center
Nicole Cotton, MD, Morehouse School of Medicine
Dana Raml, MD, University of Nebraska Medical Center
Chadrick Lane, MD, UT Southwestern Medical Center

Background: The number of US senior medical students applying to residency in psychiatry has substantially increased over the past decade, jumping from 680 in 2012 to 1,437 in 2022 (NRMP match data 2012 and 2022). According to the 2022 National Resident Match Program (NRMP) results, 99.2% of US psychiatry resident positions filled (NRMP 2022). Despite this much needed expansion, there may remain a relative shortage of US psychiatrists spanning as far as the year 2050 (Satiani et al., 2018). Several factors have been identified as significant in medical students' decision to match into psychiatry, including clerkship experience, mentorship, and an ethos of respect for psychiatry within their training healthcare system (Spollen et al., 2017). In addition to the core psychiatry clerkship, students have the ability to participate in electives at their home institution r as visiting students.

The goals of a visiting rotation may vary considerably between applicants and specialties, including opportunities to learn more about a program, a desire to match at the hosting program, and to broaden one's education prior to beginning residency. Applicants to surgical subspecialities, including neurosurgery, plastic surgery, orthopedics, and otolaryngology have high rates of participation in visiting rotations, with one survey showing 100% of responding US students applying for neurosurgery or plastic surgery having completed one or more visiting rotations (Winterton et al., 2016). In this same study, 47.7% of applicants to psychiatry completed at least one visiting rotation with 20% describing the experience as purely or mostly an audition for residency. Additionally, the NRMP survey of Psychiatry Residency Program Directors indicated that rotating at their institution was one of the top ten considerations when selecting applicants for interview (NRMP).

There remains a dearth of literature on visiting rotations in psychiatry undergraduate medical education, presenting ample opportunity for scholarship in this burgeoning need within psychiatry education across the country. With the growing number of applicants for residency positions in psychiatry, it remains unclear how this will translate to student interest in visiting rotations. What is clear is that psychiatry clerkship and elective directors must be prepared on several fronts: to counsel their advisees on how best to consider a visiting rotation, to collaborate with teaching faculty in the development and implementation of their own visiting electives, and to look for biases that can impact access and selection criteria.

Objectives: At the conclusion of the workshop, participants will be able to:

1. Describe the evolving role of visiting rotations for psychiatry residency applicants and review various institutional practices regarding visiting students
2. Identify challenges and limitations to the implementation of visiting student programs
3. Develop best practices in advising students on applying to visiting rotations
4. Evaluate processes for selecting visiting applicants while monitoring for bias and ensuring equity

Methods: We will utilize audience polling, along with small and large group discussion, to engage participants in an inter active way to explore fourth-year elective challenges and opportunities. We also aim to complete an interactive, shared document in real time for resources and other ideas brought up during the workshop.

Discussion: With growing numbers of medical students applying to psychiatry, and increased competition for psychiatry residency spots, we anticipate an increased medical student interest in pursuing visiting rotations. A joint position statement from ADMSEP and AADPRT on the 2021-2022 Residency Application Cycle noted that away rotations are not a necessary component of a psychiatry residency application. However, both "rotation in your department" and "personal prior knowledge of the applicant" were ranked highly as considerations when determining rank list and interview invitations in the 2021 NRMP Program Director Survey. Despite potential impact and interest from residency programs and students, there is a paucity of literature on the topic of visiting rotations for medical students in psychiatry. Our workshop offers academic physicians an opportunity to explore best practices on advising medical students considering visiting rotations, review opportunities and formats for implementation of visiting rotations at their institutions, and discuss strategies to mitigate bias in the visiting student selection process.

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Concurrent Workshops 1 — 9:45 - 11:00 A.M., Friday, June 23, 2023 • Bayview

"Unprofessional Professionals: Dealing with Difficult Faculty Members"

Jeffrey Rakofsky, MD, Emory University School of Medicine
Tamara Wright, Emory University School of Medicine
Howard Liu, MD, MBA, University of Nebraska Medical Center
Nutan Vaidya MD, The Chicago Medical School at Rosalind Franklin University of Medicine and Science
Geraldine Fox, MD, University of Illinois College of Medicine--Rockford Campus

Background: Difficult faculty members present a challenge to the teaching mission of directors/administrators within a medical student clerkship, the department home for that clerkship, and within the school of medicine at large. We define difficult faculty members as those who engage in bullying, microaggressions, and other unprofessional behaviors that lead to student mistreatment. These actions can be directed at a medical student or can occur in their presence, either of which can threaten the quality of the learning environment. Survey data from the 2016 and 2017 Association of American Medical Colleges Graduation Questionnaire reported that 35% of students experienced at least one event of mistreatment with the most common form being public humiliation. Women, underrepresented minorities, Asian, multiracial, and lesbian/gay/bisexual students experienced mistreatment disproportionately more than other groups surveyed in this study.[1] An earlier survey from 2011 revealed that as many as 64% of medical students on clinical rotations experienced mistreatment from a faculty member and that recurrent mistreatment was associated with high levels of student burnout.[2] Opportunities to successfully address these incidents exist as demonstrated by a study of the University of California San Diego Health Sciences system-wide intervention that increased respectful behaviors from faculty and improved the learning environment over time.[3] However, challenges to addressing unprofessional behaviors by medical school faculty remain and include: varying cultural norms, unclear standards of professional behavior, and false allegations. [4]

Objectives: At the conclusion of the workshop, participants will be able to:

1. Describe the impact a difficult faculty member has on the clerkship experience, the department, and within the school of medicine
2. List ways a clerkship director and coordinator can identify student mistreatment or other unprofessional faculty behaviors
3. List different interventions to address student mistreatment or other unprofessional faculty behaviors
4. Explain the role of the department chair and medical school dean in supporting clerkship team members in addressing a difficult faculty member

Methods: The methods for this workshop will include a presentation of statistics and other published literature on the problem, followed by a case example of a difficult faculty member and the impact of this faculty member's behavior on the student and the psychiatry clerkship. This will be followed by the creation of 3-4 break-out groups led by each of the presenters: a clerkship director, a clerkship coordinator, a department chair, and two medical school deans. Some of the presenters will team up to lead the groups. All groups will be asked to consider the roles and options available to the clerkship coordinator, director, department chair, and dean to respond to the faculty member in the case example. This will be followed by a large group discussion where the presenters will share the responses from their break-out groups and then provide their own reactions about the case from the perspective of their academic position. We will then break up the audience into small groups for a second time so that members can discuss difficulties with faculty at their own institutions and brainstorm solutions. We will then invite the different groups to share those solutions with the larger audience.

Discussion: We anticipate a rich discussion from the audience after they hear the statistics about unprofessional medical school faculty behaviors and the details of a complex situation involving a new faculty member and the students assigned to the faculty member's clinical team. The audience will hear about proactive solutions, such as surveying students frequently regarding faculty members' behaviors, surveying students about the learning environment generally, hosting informal feedback sessions, providing frequent reminders to students reviewing mistreatment reporting protocols, and/or drafting policy at the School of Medicine level regarding professional faculty behaviors. They will also hear about reactive solutions such as sending faculty results from the surveys completed by their students, 1:1 discussions between the clerkship director and faculty member, conferring with the faculty member's direct supervisor, avoiding the assignment of students to that faculty member, and/or the department chair making promotion or termination decisions with these reported unprofessional behaviors in mind. The speakers will also point out challenges that complicate addressing difficult faculty such as grade- retaliation against the student, cultural/generational differences, and the potential for false allegations. Altogether we anticipate that the audience members will be better equipped with solutions to address these problems when they occur at their respective institutions and will feel less isolated knowing others are facing this problem as well.

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Concurrent Workshops II — 11:15 A.M. - 12:30 P.M., Friday, June 23, 2023 • 701/703 Executive Suites

"Mass Casualty Response Teaching for Medical Students Using Large Scale Simulation"

Kimberly Kumer, MD, Uniformed Services University of Health Sciences
Vincent Capaldi, MD, Uniformed Services University of Health Sciences
Elle Cleaves, MD, Uniformed Services University of Health Sciences
Derrick Hamaoka, MD, Uniformed Services University of Health Sciences
James West, MD, Uniformed Services University of Health Sciences

Background: Current events across the globe have shown a dramatic increase in frequency and severity of natural disasters, pandemics, and terrorism events (1, 2). A projected continuation of this pattern underscores the vital need for clinicians of all specialties to have some core educational exposure to mass casualty response and management principles.

The Uniformed Services University (USU) 4th year medical students (MS4s) must successfully pass the Military Contingency Medicine Curriculum, which begins with a 2-week lecture series. The didactic series is followed by an intense, progressive 5-day, live-action capstone training and competency assessment across both clinical and leadership domains, termed the Bushmaster Practicum (3, 4). Through a multi-tiered approach, first-year medical students (MS1s), post-graduate 3rd year Psychiatry Residents (PGY3s), Faculty, and Staff work to create simulated, daily, behavioral health combat casualty scenarios. These scenarios are designed to be part of a larger mass casualty incident with both medical and psychiatric casualties, simulating large scale disaster scenarios. This hands-on workshop will review materials (Disaster Casualty Cards), casualty coaching, and student evaluations materials (Student Evaluation Card). Attendees will have the opportunity to practice coordination and teaching skills necessary for a simulated disaster drill. The workshop will highlight the need for civilian UME and GME training in psychological first aid (PFA) and disaster exposure stress control (DESC), also called Combat Operational Stress Control (COSC) in the military (3), and offer ideas for the development and implementation of a DESC and PFA simulation curriculum to begin bridging the growing need for competencies in these areas.

Objectives: At the conclusion of the workshop, participants will be able to:

1. Review a model for teaching and evaluating medical students psychological first aid in mass casualty incidents.
2. Utilize the Bushmaster framework to develop approaches to civilian UME and GME training in disaster preparedness
3. Describe the utility of standardized behavioral health casualty scripts (patient casualty cards) in the context of large mass casualty exercises

Methods: During this introduction, presenters will provide an overview of how military medicine prepares students for the psychological impact of disaster. Presenters will review the use of integrated standardized casualty cards, created for the purpose of educating MS1 students on the basics of behavioral health casualties in disaster scenarios. Presenters will also demonstrate how to utilize specially designed evaluation cards that may be utilized in both medical and behavioral health scenarios. Utilizing an audience polling system, attendees will be able to share their experience teaching.

Casualty Coaching: In this breakout group, facilitators will teach participants how to create and utilize casualty coaching to help students better understand the manifestations of acute and chronic behavioral health conditions in the context of a disaster scenario. Participants will be broken into dyads and will be asked to create and teach illness scripts to their fellow participants using a standardized behavioral health casualty card.

Student Evaluation: In the student evaluation break out group, facilitators will demonstrate how to assess student evaluation and treatment recommendations utilizing a standardized disaster scenario evaluation form. Participants will be broken into groups of three and will be asked to role play patient assessment, disposition, and communication with other colleagues in a simulated disaster event.

Time will be allotted for "teach-share-back" after the small groups to enable participants to learn from others. Members from each group will be invited to role play coaching and evaluation.

Discussion: This workshop will allow participants to utilize teaching tools from the Bushmaster multi-tiered behavioral health framework to teach DESC/PFA in civilian UME and GME programs. It will focus on several behavioral health teaching innovations, including patient casualty cards with patient history, social context, disposition, and direction in addition to student evaluation cards. The teaching and evaluation skills developed during this workshop will serve several proficiencies that may be integrated/support curriculum in all clinical specialties: interviewing [Entrustable Professional Activity

(EPA 1)], prioritizing a differential (EPA 2), recognizing and managing difficult acute patients (EPA 10), working in multidisciplinary/ inter-professional teams (EPA 9) (5) and assuming leadership roles in crises (6, 7). There will be an emphasis placed on teaching PFA to all medical students in order to best prepare for the increasing tempo and severity of natural disasters, pandemics, and other mass-casualty events in the near future.

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Concurrent Workshops II — 11:15 A.M. - 12:30 P.M., Friday, June 23, 2023 • Bayview

"Mentoring Residents as Medical Student Mentors: How Do We Do This Well?"

Kelly Cozza, MD, Uniformed Services University of Health Sciences
Lori Kels, MD, University of the Incarnate Word School of Osteopathic Medicine
Gretchenjan Gavero, MD, University of Hawai'i John A. Burns School of Medicine
Elizabeth Greene, MD, Uniformed Services University of Health Sciences
Veronica Gonzales, MS, LPC, LCDC, University of the Incarnate Word School of Osteopathic Medicine

Background: Mentoring programs for medical students vary widely in their design and focus on a range of goals(1). Some residents-as-mentors (RAM) programs focused on specific specialties have been associated with increased medical student interest in those fields (2) and there is evidence supporting this correlation for psychiatry specifically(3). There is limited published literature about medical student mentoring by residents, particularly in psychiatry, yet the feasibility and potential for impact are promising (4,5,6). This interactive workshop will share models for resident-as-mentors (RAM) for medical students programs, and will allow participants to explore lessons learned, challenges faced, and assist in developing next steps for building new or reinforce existing resident-as-mentor programs for their students in order to improve professional identity development.

Objectives: At the conclusion of the workshop, participants will be able to:

1. Understand current literature concerning Residents as Mentors in UME
2. Demonstrate several models of Residents as Mentor Programs with workshop participants to include active learning, redesign, and assessment method approaches
3. Develop 1-3 new steps for developing/improving Resident as Mentor programs for participants to utilize at their institution in order to improve professional identity development

Methods: The presenters/facilitators will open the workshop with a Poll Everywhere or similar poll of participants concerning their experiences, successes, and obstacles concerning Residents-as-Mentors (RAM) programs at their institution, followed by a brief review of the literature concerning RAM programs. The overview of the available literature concerning Residents as Mentors (RAM) in undergraduate medical education (UME) will set the stage for developing a list of the "Essential Elements of Successful" RAM programs, such as Resident Coaching (aka "Mentoring the Mentors"), and assuring mentor and mentee availability, with full audience participation. The overview of each of the presenter's Residents as Mentor programs with available outcome data will follow (USUHS, University of the Incarnate Word School of Osteopathic Medicine, and University of Hawai'i John A. Burns School of Medicine). These program descriptions will highlight several key decision points in developing successful RAM programs, and include perspectives from multiple levels of involvement (PDs/CDs/Site Directors/Resident/Student).

The participants will then be encouraged to brainstorm these points in small, breakout discussion groups, where they will craft a list of considerations and next steps on a worksheet in the small groups.

Each group will discuss their own RAM programs briefly, assisting their team members with identifying strengths and obstacles, and list possible next steps for enhancing each of their own programs in the areas of: Development/Buy-in, Selection, Coaching/Mentor Modeling, and Monitoring/Assessing success.

Facilitated by presenters.

Time will be allotted for "teach-share-back" after the small groups to enable participants to learn from others. Facilitators will encourage the development of ways to develop outcome measures and monitoring systems. Ideas will be collated visually and also incorporated into a resource list that will be shared with the participants. Each participant will be challenged to describe "next steps" to take to their own program based on what they have learned.

It is hoped that participants will be energized to also consider collaborating across institutions while developing ways to initiate, improve, and monitor outcomes in approaches to RAM activities.

Discussion: There is great disparity in the development, implementation, and assessment of resident as mentor programs across US medical schools. This workshop aims to highlight areas of strength and improvement, and assist in building interest and collaboration in order to reinforce this important foundation for professional development and inspire a lifelong interest in professional mentorship.

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Concurrent Workshops II — 11:15 A.M. - 12:30 P.M., Friday, June 23, 2023 • Sunset I

""It was in that moment I realized": Best Practices for Advising Students Writing Personal Statement"

Dana Raml, MD, University of Nebraska Medical Center
Michael Miller, MD, University of Texas Medical Branch
Ellen Gluzman, MD, Lewis Katz School of Medicine at Temple University
Daniel Gih, MD, University of Nebraska Medical Center
Jeana Benton, MD, University of Nebraska Medical Center

Background: As medical students prepare to apply for residency training, it is essential to have a solid personal statement (PS). In the NRMP 2021 Program Director Survey for Psychiatry programs, PS was tied with a perceived commitment to specialty as the number one characteristic in determining which candidates to interview. PS was rated more impactful than letters of recommendation, USMLE/COMLEX scores, class rank, away rotations, or volunteer/extracurricular experiences (NRMP). Despite the importance of a solid PS, students and faculty are often unaware of how to craft a strong personal statement that would appeal to program directors. Student PS may include oversharing, boundary violations, impertinent information, and other topics that disservice their application. Faculty often struggle to advise students in a manner that allows residency applicants to express their unique voices while presenting themselves as desirable candidates. This workshop will allow faculty to review best personal statement writing practices. The workshop will also discuss the faculty's role in advising student statements and potential conflicts of interest.

Objectives: At the conclusion of the workshop, participants will be able to:

1. Examine data demonstrating the weight given to PS
2. Identify elements of a compelling PS
3. Discuss problematic topics and styles often noted in PS
4. Formulate approaches for advising students writing PS for residency applications

Methods: Teaching methodologies utilized in this workshop include polling, individual reflection, think-pair-share, and small group discussion to evaluate PS. Presenters will provide example PS for discussion. Participants will be asked to read and evaluate the PS for structure and content in small groups. Small groups will generate feedback regarding reader perceptions of the overall PS quality and identification of possible areas for improvement. Small groups will then reconvene to compare and consolidate findings to identify significant trends.

Large groups will also review potential conflicts of interest for appropriate levels of involvement when advising students on personal statements and the potential for regional variations on PS style preferences.

Discussion:

While PS are an integral part of a residency application, students struggle with the subject matter and appropriate levels of self-disclosure, potentially making them less desirable as residency candidates. Program directors have identified PS as a top consideration for interview invitations and an essential consideration for rank determination in psychiatry (NRMP). PS are likely to become increasingly crucial as Step I transitions to Pass/Fail, and programs strive to be continually more inclusive for candidates of all backgrounds. Our workshop offers academic physicians a chance to evaluate their skills in advising students writing PS to promote their institution and students more effectively.

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Concurrent Workshops II — 11:15 A.M. - 12:30 P.M., Friday, June 23, 2023 • 705/707 Executive Suites

"Grading Fairness: Current and Future Strategies"

Jin Han, MD, Baylor College of Medicine
Julie Williams, MD, Baylor College of Medicine
Shelley Rote, MD, Baylor College of Medicine
Jeffrey Rakofsky, MD, Emory University School of Medicine
David Schilling, MD, Loyola-Stritch School of Medicine
Oday Alsarraf, MD, University of Illinois College of Medicine Rockford
Shilpa Sachdeva, MD, University of Kansas Medical Center
Laura Cardella, MD, University of Rochester School of Medicine and Dentistry
Pochu Ho, MD, Yale School of Medicine
Michael Miller, MD, University of Texas Medical Branch

Background: Despite the presence of curricular standards for accreditation, there is no current standardization of clerkship grading systems. This variability results in unique institutional approaches to grading fairness (Alexander 2012). Despite the efforts of clerkship directors across the nation, student perception of grading fairness remains low (Bullock 2019). Documented approaches to improve clerkship grade fairness include moving to a more competency-based system, de-emphasis of the NBME, and the use of grading committees (Bullock 2022, Schilling 2019, Frank 2019).

Current grading practices have been shown particularly to negatively impact students from under-represented minority groups (Low 2019). It is proposed that these disparities could result in less competitive residency matches (Teherani 2018).

The presenting clerkships vary in grading systems and techniques and this group discussion will review a variety of interventions aimed at increasing grade fairness inviting our audience to discuss and compare different aspects of fair grade processes while exploring potential solutions for improvement.

We have organized each institution's strategy in five main categories:

Pass/Fail (P/F) vs Honors/High Pass/Pass/Fail (H/HP/P/F): A pass/fail system often improves student perception of fairness, though causes difficulty in differentiating outstanding performances. Some institutions will discuss their transitions to pass/fail and how this change has impacted their clerkship and learners.

Cut-off Determination: A few institutions will discuss how their grade cut-offs are determined. Strategies including utilizing historical data, allowing for adjustments for early-clinical learners, normative vs alternative distributions will be covered.

NBME: The potential merits and deficiencies will be discussed by institutions with varied perspectives. Weighting NBME equally with clinical evaluations, less than clinical evaluations, and eliminating the NBME completely will be discussed.

Criterion-based vs Normative-based Grading: The utility of criterion-based vs normative-based grading will also be discussed. Most clerkships sampled here utilize a combination of criterion-based grading to identify basic competency to pass the course, then normative grading to delineate the student's final grade. However, variations to this will be explored.

DEI (Diversity, Equity, and Inclusion) related Interventions: This is a growing area in medical education. Some strategies employed by a few of our clerkships include de-identifying student exam grades and evaluations, broadening cut-offs for further committee review, and standardization of Dean's letters. Faculty education to reduce bias and biased language is also included.

Objectives: At the conclusion of the workshop, participants will be able to:

1. Participants will improve their understanding of the challenges surrounding grade fairness.
2. Participants will compare different strategies used within varied clerkship structures and grading systems to ensure fairness of grades.
3. Participants will discuss institutional challenges as well as creative solutions to grade fairness with others.

Methods: The introduction will provide an overview of a variety of grading systems within medical education. Strategies to ensure fairness including use of committees, de-identifying student portfolios, and the utility vs irrelevance of the NBME will be discussed. The impact of grade fairness in reference to underrepresented students will also be discussed. A poll will be utilized to determine which grading system each participant uses within their clerkship. The results of the poll will determine placement in break-out groups. The introduction will be followed by a few brief presentations which will outline the implementation of some key strategies.

Our presentation will include a summary of strategies implemented by different institutions taking into account the following categories: P/F vs. H/HP/P/F system; Setting thresholds for Failure and Cut-offs; Setting weights for assessment components; Novel strategies to improve grade fairness (using evaluation committees, de-identified portfolios, assessment-based narrative, etc.)

Our audience will be able to compare and discuss the pros and cons of each approach.

Discussion: Assessment of grade fairness is a complex issue. The heterogeneity of grading systems and fairness strategies across the nation causes confusion and angst for students and clerkship directors alike. This discussion group will review a variety of grading systems and fairness strategies. The initial presentation will serve as a launching point for smaller break-out groups and discussion. The goal of the discussion group is to spark a deeper understanding and consideration of existing systems. Participants will collaborate and foster discussion between institutions, and creatively seek new solutions for each unique institution.

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Workshop: Curriculum Innovations Showcase • 11:15 A.M.–12:30 P.M. • Friday, June 23, 2023 •

Description:
In the following session, each presentation group will give a ten-minute presentation of their innovation. There are four presentations and a moderator who will facilitate questions and discussion between the participants and presenters.

Curriculum Innovations Showcase • 11:15 A.M.–12:30 P.M. • Friday, June 23, 2023 • Sunset II

"Response to COVID-19: Opening New Outpatient Sites to Weather the Storm"

Anu Gupta, MD, University of California Davis Health
Lorin Scher, MD, University of California Davis Health
Andres Sciolla, MD, University of California Davis Health
Alexis Rosvall, MD, University of California Davis Health
Emma Samelson-Jones, MD, LPC, LCDC, University of California, San Francisco

Background: The COVID-19 pandemic has profoundly impacted medical student education in many domains, especially in the area of sustainable training sites. The pandemic, by necessity, forced medical educators to pivot the traditional medical student clerkship experience to novel methods and settings. Prior to the pandemic, the UC Davis Psychiatry Clerkship relied on a combination of inpatient and outpatient clerkship sites, yet inpatient sites were more common and readily available to students. However, at many points throughout 2020 and 2021, many inpatient psychiatry sites closed to new patients due to COVID outbreaks on the various inpatient units, which dramatically limited student access to new patient evaluations. In response to this crisis, and to avoid costly delays in our students' curriculum and advancement, our clerkship team built an outpatient, telepsychiatry site that was previously unavailable to clerkship students. In parallel, during the early days of the pandemic, our outpatient psychiatry clinic transitioned to 100% telehealth to allow for maximum safety and protection for our patients, families, and providers. We were able to incorporate students to our outpatient site while providing optimal care to their education and enhancing the patient experience with the students' involvement.

Objectives: At the conclusion of the presentation, participants will be able to:

1. Discuss how we were able to develop and streamline an outpatient psychiatry site within weeks in response to the pandemic

Methods: The clerkship team partnered with clinic staff, 10-15 general psychiatry residents, 6-8 child and adolescent psychiatry fellows, and 10-12 faculty members to implement the rapid creation of an outpatient, telepsychiatry-based clerkship site. In service to our students, this team was highly motivated to collaborate on this task. To maximize continuity of care for the medical students, faculty and resident schedules were divided into half day blocks and students were assigned to work with various providers throughout the week. This allowed students to care for an adequate number of patients during their clerkship, with appropriate diversity of clinical experiences. The clerkship faculty monitored student process to ensure the clerkship goals were met. This included ensuring that students saw patients with a diversity of presenting problems and patient pathology, and that they learned in a variety of treatment approaches (medication management, psychotherapy, and access to a variety of interviewing styles and approaches to care. Patient visits were conducted 100% over telehealth, either via Zoom or EPIC MyChart video visits. Following each visit, faculty and residents met with our students (without the patient) to allow for education, processing, and reflection. Limitations to this structure were the lack of acute patient presentations that are often seen in the inpatient psychiatry setting. We encouraged students to use Symptom Media, an online resource, as a supplement to view standardized patient interviews with more acute presentations.

Discussion:

Our program has changed the outlook for student education. In this brief oral presentation, we hope to show how our clerkship team built an outpatient, telepsychiatry site. We also plan to highlight future plans for this site as well as some limitations of a 100% outpatient site.

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Curriculum Innovations Showcase • 11:15 A.M.–12:30 P.M. • Friday, June 23, 2023 • Sunset II

"This Consult is Ridiculous!": A Novel Approach to Teaching Capacity Evaluations to Pre-Clinical Medical Students"

Riley Machal, MD, University of Nebraska Medical Center
Jeana Benton, MD, University of Nebraska Medical Center
Bryndis Grissom, DO, MPH, University of Nebraska Medical Center
Chloe Olson, MD, Creighton University

Background: As the population ages, the need for decision-making capacity evaluations (DMCEs) in clinical settings is increasingly common [1]. However, many physicians feel poorly equipped to complete DMCEs [2, 3]. This results in failure to recognize when assessments are indicated and increasing referrals to psychiatry and other specialty services for DMCEs [3]. Currently, physicians receive little training in DMCE which has prompted a call from the World Health Organization (2015) to provide compulsory education in DMCEs for physicians and other healthcare providers. This workshop will provide hands-on learning strategies for educating pre-clinical students on conducting DMCEs.

Objectives: At the conclusion of the presentation, participants will be able to:

1. Define best practices for capacity evaluations
2. Identify interactive teaching methods to improve student understanding of capacity evaluations

Methods: Teaching methodologies utilized in this workshop include polling, individual reflection, think-pair-share, and small group discussion to review the integration of interactive learning practices to instruct pre-clinical students. Presenters will provide access to the module and role-play activities geared toward instructing first-year medical students in DMCEs. Participants will be asked to assess the current state of their school's capacity curriculum and identify opportunities to increase formal instruction of DMCEs in small groups. Small groups will generate feedback regarding their institution's current focus on teaching DMCEs and their ability to include these interactive activities in their medical student curriculum. Small groups will then reconvene to compare and consolidate findings to identify obstacles to the implementation of such a curriculum.

Discussion:

While DCMEs are an essential aspect of practicing medicine in all clinical specialties, the inclusion of this topic in medical student education is lacking. Inclusion of curriculum teaching DMCE skills at all levels of medical education is crucial to preparing students to become physicians. Our workshop offers academic psychiatrists practical tips and resources for creating an interactive experience in conducting DMCEs for medical students. While our resources are geared toward pre-clinical students; many of these methods could be integrated into clerkship didactics as well.

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Curriculum Innovations Showcase • 11:15 A.M.–12:30 P.M. • Friday, June 23, 2023 • Sunset II

"Re-imagining the Psychiatry Clerkship Curriculum: The Washington University School of Medicine Story"

Max Rosen, MD, Washington University School of Medicine

Background: Washington University School of Medicine recently overhauled its "Legacy" Curriculum for medical students across all four years of Medical Degree training. Utilizing a backwards design strategy at each step, the desired outcomes for an expert clinician drove the implementation of various steps. Specifically, at the Clinical Clerkship level, major updates were made to promote active learning strategies in the development of core Patient Care objectives, while still addressing Medical Program objectives across Foundational Knowledge of Practice, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice, and Practice-Based Learning and Improvement. The forum provides an opportunity to share this unique structure of a Psychiatry Clerkship; explore an active learning strategy employed; and review the initial qualitative and quantitative feedback from students.

Objectives: At the conclusion of the presentation, participants will be able to:

1. Review the methodology behind re-structuring a medical school curriculum
2. Explore the broad array of objectives, using the Psychiatry Clerkship as a microcosm, needed to train a medical student in Patient Care
3. Explain the unique structure of the revamped Psychiatry Clerkship at Washington University School of Medicine
4. Analyze the initial qualitative and quantitative student feedback collected from the first year of implementation

Methods: In order to better meet the needs of medical students at our Institution, our Leadership has set out, over the past five years, to overhaul our existing "Legacy" curriculum with an entirely updated "Gateway" curriculum. These changes have included updating how medical students are prepared for their clinical experiences, including having three, 4-week Clinical Immersions during their first 18 months of training. Most relevant to this presentation, the medical school clerkships were all re-structured to homogenize the administrative aspects, while still allowing the unique aspects of each clinical field to shine. Each of the 6 core clerkships (Psychiatry, Neurology, Internal Medicine, Surgery, Obstetrics/Gynecology, and Pediatrics) were revamped into 8-week clerkships, each adopting a unique design as follows. Each clerkship has a 1-week Foundational Week, which is a non-clinical week and intended to provide the clinically-relevant science and communication skills prior to the clerkship. One example of an active learning session employed on Psychiatry is a LACE session, an acronym that stands for Learn and Apply, Consolidate and Expand. This session utilizes before-class required preparation; in-class group-based application; followed by optional after-class guided ascent to review more advanced texts for those interested. This Foundational Week is followed by 6-weeks of dedicated, uninterrupted clinical time. The last week of each clerkship is named ARCC- Assessment, Reflection, Coaching, and Community Engagement, which provides students a week to consolidate the experiences and explore how each clinical field may exist outside of the hospital in the community. As part of a Program Evaluation, Continuous Quality Improvement, we have collected the initial student feedback and attitudes towards the various unique features of the Psychiatry Clerkship.

Discussion: In this brief oral presentation, I will review the unique structure of the Psychiatry Clerkship at our Institution. This will include the guiding principles utilized to create a book-ended model, whereby students have a 1-week Foundational Week, followed by 6 clinical weeks, capped off with a 1-week ARCC week. I will review a novel active learning strategy employed during the Foundational Week that captures the essence of the goal to train expert clinicians. Finally, I will briefly discuss initial qualitative impressions collected from students from the first year of implementation.

References:

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Curriculum Innovations Showcase • 11:15 A.M.–12:30 P.M. • Friday, June 23, 2023 • Sunset II

"Teaching Social Determinants of Health in a Psychiatry Clerkship"

Fareesh Kanga, MD, University of Kentucky
Juliana Fort, MD, LSU Health Shreveport

Background: Social determinants of health (SDOH) are recognized as the important "non-medical" factors that contribute to one's health. While there is substantial evidence on the topic of SDOH, there is little in the literature to help teach SDOH in medical school clerkships. We were unable to find any research in teaching about SDOH in psychiatry clerkships, despite the overwhelming amount of SDOH patients with mental health problems endure. Working in small groups, this workshop addresses that gap, and begins to create meaningful SDOH pedagogy in psychiatry clerkships.**Objectives:** At the conclusion of the presentation, participants will be able to:

1. Determine the need for formal SDOH teaching guidance in psychiatry clerkships
2. Guide stunts in identifying and counseling patients with SDOH that impact their health
3. Assessmentnt: Gauge student awareness or attitudes toward SDOH
4. Explore novel structures and methods for teaching SDOH in clerkships

Methods: We will provide an overview of teaching SDOH in medical settings. While there is substantial literature regarding SDOH, and limited research regarding teaching SDOH in other specialties, there is sparse evidence regarding teaching or addressing SDOH in psychiatry clerkships. We will learn from the audience how many clerkships are represented in our workshop, and how many of them have implemented learning about SDOH in their curriculum. Then, we aim to discuss our approaches to SDOH in our clerkships and present methods in the literature from other specialties. After this, we will give participants an opportunity to discuss and develop novel approaches to teaching SDOH, guiding students on working with patients who have SDOH that contribute to their healthcare, and discover ways to assess student engagement and attitudes regarding SDOH. Then the small groups will create their own SDOH teaching modality for a psychiatry clerkship. Finally, we will discuss how each group would teach SDOH in a psychiatry clerkship and other conclusions from the workshop.

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Interactive Workshop: Pre-Registration Required — 2:00-4:00 P.M., Friday, June 23, 2023 • Bayview

(Pre-Registration Required) Limited to 30 Participants

"Drawn to Uncertainty: An Interactive Workshop for Medical Educators"

Howard Liu, MD, MBA, University of Nebraska Medical Center
Susan Lehmann, MD, Johns Hopkins University School of Medicine
Mark Gilbert, MD, University of Nebraska Medical Center

Background: Medical educators and medical students alike have faced unprecedented work and life stress throughout the pandemic, (1). For medical educators, uncertainty can take many forms: lack of confidence in adapting curricula to hybrid teaching environments, loneliness due to attrition of colleagues, and exhaustion due to illness, caregiving and loss. Visual art can promote well-being as well as express complex emotions during times of change (2). Indeed, the intimate process of drawing a portrait is the essence of mindfulness; a dynamic give and take between observation and action, artist and model. As the artist, Dr. Mark Gilbert states, "Like the drawing, the mind is always changing, flowing like a river, leaving behind where it has been." (3) In medical education, Visual Thinking Strategies (VTS) and art museum-based teaching are widely practiced as a teaching method to explore professionalism and improve observation among medical students, house officers and faculty (4). In 2021, ADMSEP incorporated Visual Thinking Strategies (VTS) into its annual meeting in a successful 2021 plenary where participants were encouraged to view art and respond to enhance their observational skills (5). This workshop will take a step further from responding to art to creating a portrait with guided feedback as a tool for resilience. This workshop will be facilitated by two former ADMSEP presidents as well as a decorated professional artist and Associate Professor of Art and Art History whose portraits have been featured on the covers of many leading medical journals, across Europe, and in the National Portrait Gallery, London.

Objectives: At the conclusion of the workshop, participants will be able to:

1. Recognize how drawing can allow educators to engage with uncertainty
2. Realize the rewards of enhancing one's powers of observation
3. Demonstrate how drawing can be utilized as a means of reflection

Methods: This Workshop will have 4 parts over 120 minutes. The authors recognize that this length is beyond the typical 75-minute block for workshops, but we believe it is essential to achieve the learning objectives.

1. Introduction: Looking with Uncertainty: 20 minutes: this will connect this session with the 2021 ADMSEP session on art and Visual Thinking Strategies (VTS) and assess why participants are attending. It will also link the learning objectives with their interests and introduce the concept of uncertainty in art and healthcare.
2. Warm Up Drawing Exercises: short studies with a focus on observation: 30 minutes: the artist, Dr. Gilbert, will lead participants in brief drawing exercises with a focus on observation. This will emphasize the importance of letting go of expectations and being attuned to the moment.
3. Two Longer Drawing Poses: 60 minutes: the artist, Dr. Gilbert, will lead participants in drawing two longer poses to highlight how critical thinking is a part of drawing. Learners will be challenged to maintain curiosity over a longer period of time and suspend judgment. Facilitators will highlight parallels between the drawing process and clinical medicine.
4. Reflection and Group De-Brief: 10 minutes: participants will share how this experience impacted their ability to work with uncertainty, enhance their observation skills, and utilize drawing as a means of reflection. Wrap-up discussion with participants will include suggestions about how to incorporate similar experiences to enhance resilience in their home institutions.

Discussion: As medical educators face a prolonged pandemic, it is essential that we equip them with tools to enhance resilience. Art is an accessible medium that educators, students and staff can access in times of adversity and change. It is our belief that this session will offer a practical, interactive workshop that will increase joy and offer educators a tool that they can bring back to their home institutions to share with colleagues and mentees.

References:

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Brief Oral Presentation — 8:15-9:30 AM, Saturday, June 24, 2023 • Sunset Ballroom

"Faculty Performance Evaluations: Building/using collected information to improve faculty development"

Althea Scott, EdD, Uniformed Services University
Kelly Cozza, MD, Uniformed Services University Health Sciences

Background: Faculty development is a valuable activity that should help clinician-educators to better understand their role as medical educators and academicians (Husain 2016), impact their ability to provide high-quality and relevant feedback to their students, and improve student and faculty performance. Students should have the opportunity to assess their faculty's performance and provide feedback in a way similar to how faculty assess student performance (Alexandraki et al, 2021; Chen et al, 2021; DeGolia et al, 2019; Gimbel et al, 2008), and is best obtained at the time of the student's rotation (Russel et al, 2020). The Liaison Committee on Medical Education (LCME) Accreditation Standards also requires faculty development and feedback to improve the learning environment and faculty performance (https://lcme.org/publications/last accessed 03Oct2022).

Some medical schools have designated Educational Data and Analytics support personnel who are dedicated to the collection and analyses of information concerning faculty performance, while some schools rely upon individual clerkships or departments to monitor faculty performance in whatever way they can devise (Scott, et al, 2022 ADMSEP workshop). This presentation will clearly outline the de-novo development of a successful pilot Psychiatry Clerkship faculty performance assessment system that set the foundation for a school-wide multi-specialty faculty performance and improvement program.

Objectives: Participants will be able to:

1. Describe a successful process for developing, collecting, and utilizing faculty performance data
2. Demonstrate how a faculty performance assessment system impacts faculty development

Methods: As leaders in undergraduate psychiatric education at our institution, we were charged with integratingThe authors developed a new, behaviorally anchored psychiatry clerkship and institution-specific faculty performance assessment tool in collaboration with the university deans of assessment, curriculum, and faculty affairs. The information collected is reviewed and aggregated by the authors, and mirrors the behaviorally-anchored psychiatry clerkship student assessments that are completed by the faculty for each student (Meyer, et al, 2019; see Appendix A). A four-step method was used to build this pilot and collect the information (Table 1). The presenters will outline these processes, as well as present outcome data and next steps, and highlight how these steps can be instituted by others.

Results: SAFP faculty performance data has been collected for 6 of 9 rotations for academic year 2022. Each student is asked to complete an assessment of all three of their assigned rotation faculty (2 ward attendings and one 5-week preceptor). One hundred eleven (111) students received the SAFP to complete (full class size=168), and for the first 6 rotations, 330 SAFP have been received for 82 faculty (full clerkship clinical faculty = 94), a 99% response rate from students. One student declined completing any SAFP, and opted to not review their own assessment until the end of the grading period. There have been no "red-flag" or outstanding items (selections <level 2 of available behavioral anchors) needing immediate review as of October 2022.

Discussion: The authors successfully developed a new "Faculty Assessment" pilot program for the Department of Psychiatry and the School of Medicine, and have received 100% of student assessment of faculty performance. Developing this new, behaviorally anchored psychiatry clerkship and institution-specific faculty performance assessment tool with a new LMS had its difficulties, but student acceptance and completion has been robust. Despite delays in distribution of individual faculty feedback, the LMS is to be credited for the high student faculty-assessment completion rate, since students cannot "pre-review" their faculty's assessments of them until the student first completes their performance assessment of their assigned faculty. The clerkship and school of medicine are actively awaiting the distribution of the individualized "Faculty Performance" documents to our faculty, and the collection of the follow-on feedback from individual faculty, site directors, clerkship directors, and the dean of assessment.

At our school, the SAFP component is being expanded for use by other specialty clerkships in the next academic year as the school readies to build this out for all faculty. This brief oral presentation aims to provide an inspiring approach for others when it comes to building, implementing, and utilizing faculty performance data for faculty development and improvement.

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Brief Oral Presentation — 8:15-9:30 AM, Saturday, June 24, 2023 • Sunset Ballroom

"An Interactive Educational Approach to Climate Change and Mental Health"

John Sullenbarger, MD, Wright State University Boonshoft School of Medicine
Bethany Harper, MD, Wright State University Boonshoft School of Medicine
Daniel Fisher, MD, Wright State University Boonshoft School of Medicine
Andrea Costin, Medical Student, Wright State University Boonshoft School of Medicine

Background: It is increasingly recognized that an urgent response from medical education is required to prepare providers to address the progressively growing impacts of climate change on human health, and mental health in particular (Hwong et al. 2022). Despite calls for action and some known projects throughout the US, there are few published reports of curriculum development at the undergraduate and graduate medical education levels regarding the mental health impacts of climate change. To fill this gap, we describe a nationally collaborative approach to developing an introductory curriculum on climate change and mental health for medical students.

Objectives: Participants will be able to:

1. Discuss the importance of introducing and addressing climate change as part of mental health education
2. Explore the national collaborative development process of a novel curriculum on climate change and mental health
3. Identify important standards in implementing an introductory course on climate change and mental health in psychiatry clerkships
4. Feature future areas of climate change and mental health curriculum growth and development in medical education

Methods: To address the content gap within medical student education, we developed a novel one-hour introductory didactic on climate change and mental health through a national collaborative process with Climate Psychiatry Alliance and its partner providers. Through collective content sharing and expert feedback, focal points of discussion and material structure were identified then refined to include three main areas of importance: direct and indirect impacts of climate change related disasters, psychological impacts of climate change, and healthcare-oriented solutions to climate change. This material was presented to medical students on their psychiatry clerkship as part of required scheduled didactics, incorporating both interactive discussion and traditional lecture methods. To address the efficacy of the didactic, students were asked to complete an optional, anonymous survey both prior to and after the didactic to assess their level of knowledge, comfort communicating, preparedness to address the issue, and awareness of resources pertaining to this topic. Qualitative feedback was solicited as part of the post-didactic survey as well to identify areas for improvement and greatest strengths of the education session.

Results: The results demonstrated that students agreed significantly more with items post-didactic than pre-didactic. Seventy students participated in the didactic with forty-nine students completing the pre and post-didactic surveys. The average across all four questions increased by 1.17 ($p<.001$, 95% CI 0.85 -1.48) following the didactic. When analyzed individually, each question showed a statistically significant increase in mean score with the greatest area of increase in awareness of resources on climate change and human health. Qualitative analysis of feedback revealed the greatest strength of the didactic being bolstering knowledge not offered elsewhere in curriculum and a desire for future didactics to be even more interactive.

Discussion: The introductory course developed for psychiatry clerkship medical students at Wright State University effectively filled an urgent need in medical education curricula regarding climate change's effects on human health. With the length of psychiatry clerkships shortening, it has become more challenging to address emerging topics such as climate change and mental health without decreasing time allotted to teaching core psychiatry concepts. By combining lecture based slides with active forms of learning such as case discussions and multiple choice questions, the students not only gained knowledge without requiring assigned preparation materials, but were expected to apply this knowledge in real time. Participating students identified low levels in knowledge, comfort, preparedness to address the issue, and awareness of resources pertaining to this topic based on pre-didactic survey results. The discussion prompts incorporated solution focused content to empower students, as there is a risk of defeatism and despair when delivering this content. All four areas of content objectives measured saw statistically significant increases in post-didactic results when compared to pre-didactic and were identified as major themes of identified didactic strengths during qualitative analysis, which supports the session's efficacy in addressing these knowledge gaps. Overall, these results suggest that this novel content can be delivered effectively without increasing required out of class prep time and serves a valuable role in medical student education as the effects of climate change, particularly on mental health, continue to progress throughout this century.

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Brief Oral Presentation — 8:15-9:30 AM, Saturday, June 24, 2023 • Sunset Ballroom

"Microskills of Therapy"

Amy Egolf, MD, Warren Alpert Medical School of Brown University
Colin Harrington, MD, Warren Alpert Medical School of Brown University

Background: The psychiatry clerkship presents a unique opportunity to offer students training in psychotherapy. At the same time, didactic time is limited and finding time for focused psychotherapy training can be challenging. While the majority of medical students will not become psychiatrists, there are valuable therapeutic skills that students can put into practice in any medical setting and in any career they choose. These skills can help students validate patients, aid patients in advocating for themselves, and balance an acceptance and change approach in clinical situations. Despite the clear value of therapy training, the literature on teaching therapy to medical students is limited.

Objectives: Participants will be able to:

1. Discuss the limited evidence base in teaching therapy to medical students
2. Describe a novel curriculum developed to teach students four core therapy skills that can be put into practice in any medical setting, titled "Microskills of Therapy"
3. Present outcomes from the training

Methods: We developed four 20 minute sessions to be given over the course of our 8-week psychiatry clerkship. The course is given during required didactic time. Each session, led by one of our clerkship faculty, teaches students a key therapeutic skill taken from dialectical behavioral therapy. The goal is for students to leave each session with a key skill that they can put into practice in any patient encounter and that they might also find personally beneficial. There is a pre-course and post-course assessment to gauge students' adoption of the skills and effectiveness of this teaching model.**Results:** This pilot program is currently running and results will be presented in the course of the brief oral presentation. The program will be delivered to approximately 50 medical students by the time of the oral presentation.

Discussion: In this brief oral presentation I will discuss the format of the course and briefly review the four skills that are taught to medical students. I will share results from our assessments and discuss future directions for medical student education in psychotherapy.

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Brief Oral Presentation — 8:15-9:30 AM, Saturday, June 24, 2023 • Sunset Ballroom

"Reflections on a Clinical Prison Experience for Medical Students"

Megan Pruette, MD, UNC School of Medicine
Theodore Zarzar, MD, Wright State University Boonshoft School of Medicine

Background: Incarcerated individuals are among the most underserved populations in the United States. Concern for safety, logistical red tape, and the stigma of working with correctional populations exacerbate the problem for psychiatry (1). The need for psychiatrists in correctional systems has become dire as 50% of prison and jail inmates report current symptoms of mental illness (2). Studies demonstrate increased interest in working with and advocating for incarcerated persons when students are exposed to carceral systems during their preclinical years (3). Additionally, exposure to the prison system can reinforce the practice of empathy in medicine (4) while fulfilling the LCME Curricular Content Standards of Social Problems and Structural Competence, Cultural Competence, and Health Inequities (5). In 2022, a new elective in correctional psychiatry was developed at the University of North Carolina which emphasized structural competence and racial/health disparities, and which fills a gap in the current curriculum.

Objectives: Participants will be able to:

1. Review trends in incarceration and the urgent need for more correctional psychiatrists in the United States
2. Summarize the value of medical student exposure to correctional systems as a LCME Curricular Standard
3. Appreciate themes from student reflective statements regarding the elective experience

Methods: Students choose to take the elective during the 4th year of medical school, and it is not exclusive to students hoping to match in Psychiatry. The elective exposes students to a variety of inpatient and outpatient experiences in the state prison system along with an outpatient clinic for recently released individuals. In addition, students complete readings and view documentaries regarding racial and mental health disparities in correctional populations and on the effect of solitary confinement on health. At the end of the elective, students submit an essay reflecting on their experience. Students are asked to comment on their ideas, anxieties, and beliefs before and after the rotation as well as commenting on any insights gained. These reflective statements were analyzed using qualitative methods.

Results: Student essays commented on the "humanizing" effect of clinical work in the prison. Students also commented on the history of trauma for many of the patients and the effects this has on patients' current experience in the prison and their psychiatric treatment.

Discussion: Medical schools are required by the LCME to have curriculum content relevant to current societal problems, structural competence, cultural competence, and health inequities. Medical students taking a clinical elective in correctional psychiatry during their 4th year have this opportunity through working with a severely underserved and frequently dismissed population. After the 4-week elective, students were able to reflect on the experience noting the gain in empathy for the patients while observing the systemic contributions to their current presentation.

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Brief Oral Presentation — 8:15-9:30 AM, Saturday, June 24, 2023 • Sunset Ballroom

"Resident as teacher… and curriculum developer"

Timothy Kreider, MD, MPH, Zucker School of Medicine at Hofstra/Northwell
Alicia Barnes, DO, MPH, Saint Louis University School of Medicine

Background: Residents are budding educators whose energy can be harnessed to improve medical student curriculum. Some residents arrive at their psychiatry training program already with skills and experience in formal pedagogy, and many more have interest in developing as an educator [1]. Residents are frequent and valuable teachers of clerkship students [2], and they may have formal roles in the curriculum (e.g., [3]). The most dedicated few might be recruited not just for teaching but for contributing to curriculum development.

Clerkship directors may find themselves strapped for time to research, design, test, and disseminate innovations in their course curriculum. A "win-win" for UME and GME goals can be achieved by offering resident electives in medical education, whereby a resident willing to devote protected time can be supervised in implementing desired clerkship development. Ancillary benefits of the arrangement include developing talent for future Med Ed hires, positioning Med Ed-minded residents and medical students into near-peer mentoring opportunities, leveraging resident energy to move scholarship forward, and expanding the clerkship director's impact on the department's educational mission by adding GME contributions to their portfolio.

The presenters will share how they have used partnerships with residents to enhance the psychiatry clerkship through curriculum development and medical education scholarship. Examples include taking advantage of residents' block electives, longitudinal electives, scholarly projects, and extra-curricular enthusiasm. Participants will brainstorm and draft proposals to engineer a similar activity for their own contexts.

Objectives: Participants will be able to:

1. Identify course innovations that could be designed and implemented with a resident partner
2. Propose an elective experience for residents in UME curriculum development

Methods: The workshop will begin with presentations on how two clerkship directors have partnered with residents to enhance their medical student courses. Subsequently, participants will separate into small groups and brainstorm how to apply this approach in their context. Specifically, small groups will identify potential innovations that could benefit from a resident partner and mechanisms for engaging residents in doing that curriculum development.

Results: Each of the presenters mentors and partners with several residents each year on curriculum development or medical education scholarship projects. These projects have led to changes in their psychiatry clerkships and the writing of abstracts and papers about the innovations.

Discussion: Graduate medical education is predicated on leveraging residents as a talented, energetic, low-cost workforce that labors in exchange for educational experience. Undergraduate medical educators should take advantage of this arrangement, too, particularly since "resident as teacher" programming is a requirement for residency training programs. Clerkship directors are uniquely positioned to provide a substrate for "resident as teacher" development that naturally comes with many benefits for both UME and GME – a win/win situation.

For UME, this arrangement can springboard curricular innovation, improvement, and dissemination. A resident partner can help turn your ideas and intentions into results. Students benefit both from the curriculum changes and also from contact with the resident partner; near-peer interactions are powerful for teaching, modeling, mentoring, and recruiting to the field [4].

For GME, the clerkship director can provide a popular elective, a source of resident scholarship, and a tool for recruiting residents with Med Ed interest. By empowering residents to create something and leave a lasting mark on the course, clerkship directors can also contribute to strengthening the pipeline to recruit new graduates onto faculty.

For the clerkship director, this kind of supervision can be intrinsically quite satisfying. Additionally, it enhances the value of the clerkship director with respect the educational mission of the department – not only are they essential to UME, but they also provide high-quality, unique experiences in GME.

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Brief Oral Presentation — 8:15 - 9:30 AM, Saturday, June 24, 2023 • Sunset Ballroom

"The Necessary Pause-Studying and Experiencing Parallel Charting"

Kaylah Pinkney, BS, (Medical Student) Saint Louis University School of Medicine
Alicia Barnes, DO, MPH, Saint Louis University School of Medicine
Timothy Kreider, MD, MPH, Zucker School of Medicine at Hofstra/Northwell
Desiree Shapiro, MD, MPH, University of California, San Diego

Background: There is a growing body of data on the role of reflective narrative writing in psychiatry clerkship. Rita Charon is credited with developing the field of narrative medicine. The goals of narrative medicine are to encourage empathic engagement, self-reflection, and professionalism among clinicians as well as enhance public trust in the medical profession. Empirical studies have shown the benefit of reflective writing exercises in the psychiatry clerkship. Implementation of the education activity of parallel charting consists of students reflecting on an encounter with a patient in a written document. Through our research, we sought to build on the growing body of data about the role of parallel charting in the psychiatry clerkship, and better understand the emergent themes from these writing exercises in the psychiatry clerkship. Students conducted the parallel charting exercise then met in small groups with a faculty member to share and discuss their reflections. The study consisted of three phases: a survey on parallel charting experience, thematic analysis of parallel chart entries, and semi-structured focus groups with students.

Through this workshop we will demonstrate the role of parallel charting in the psychiatry clerkship and how to implement it into medical education. Participants will engage in a parallel charting activity: reflective writing followed by small group sharing and discussion of the experience.

Objectives: Participants will be able to:

1. Analyze the medical education research on parallel charting
2. Identify how to implement parallel charting as part of the psychiatry clerkship
3. Explore the experience of reflective writing and sharing with peers that experience in a small group setting

Methods: An introduction into parallel charting using minimal powerpoint slides. Presenter will present the study conducted at an academic institution on parallel charting in a psychiatry clerkship. This will enhance participants' understanding of the data on parallel charting and how the parallel charting is implemented in medical education. **Discussion:** In recent years much analysis has been conducted on parallel charting, showing the various benefits of the parallel; charting exercise on students. Among the benefits are professional development, improved patient care skills and improved clinical well being. One of the hypotheses is that through creating a space to explore the tension within patient experiences, the exercise helps shape students' professional identities.

The emerging themes of professionalism, empathy, and self reflection are in line with the data about the outcomes of reflective writing exercises. In this workshop, we intend to provide the parallel charting experience as well as enhance the use of narrative writing exercises within medical education. Self-reflection is an outcome of the exercise and is demonstrated in many ways such as naming emotion and recognizing personal bias. The small group reflection sessions at the end of the workshop will serve to allow time for debrief on the experience of self-reflection. The addition of small group debrief acts to enhance the parallel charting exercise. This exercise in conjunction with the parallel charting allows students more time to have "the necessary pause" in clerkships for emotional release. Incorporating this model of parallel charting in the psychiatry clerkship, will provide a unique opportunity for students to unfold emotions and thoughts from various patient experiences.

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Concurrent Workshops 3 — 9:45 -11:00 AM, Saturday, June 24, 2023 • 705/707 Executive Suites

"What Do We Do After Dobbs? Medical Student Education in Psychiatry in a Changing Political Landscape"

Sindhu Idicula, MD, Baylor College of Medicine
Adriane Dela Cruz, MD, PhD, University of Texas Southwestern Medical Center
Ila Gautham, MD, Baylor College of Medicine

Background: The Supreme Court decision in Dobbs v. Jackson Women's Health Organization fundamentally changed the landscape of medical education in the United States by ruling that the Constitution does not confer the right to an abortion, reversing the 1973 Roe v. Wade decision. Several new state laws go beyond prohibiting most abortions; in Texas provisions under SB4 and SB8 allow for legal / financial punishments for those found guilty of "aiding or abetting" an abortion and require physicians to report the occurrence of several purported abortion complications. The majority of medical students now receive their education in states with restrictive abortion laws (Traub et al). While trainees in Obstetrics-Gynecology are at risk of losing the opportunity to learn critical procedural skills (Traub et al, Vinekar et al), the risk to psychiatry trainees at both the UME and GME levels can be categorized into two large categories: risks associated with the personal implications of the Dobbs decision and risks to the development of professional skills. Students have experienced strong emotional responses to these laws that affect clinical care for their patients and their own reproductive choices. The ability to access legal abortion may factor in which programs medical students select for their training (ME Giglio, AM Traub), and some students are grappling with the implications of completing medical school in a region in which they have suddenly lost access to legal abortions. As programs navigate curriculum changes in line with their respective state regulations, there is potential for lack of standardization when educating trainees on abortion, with students seeking out variable knowledge from outside resources based on their own ideologies. The act of exploring the decision to pursue (or not pursue) an abortion has been identified as a key professional skill for medical education (AA Merz), and these discussions may serve as an opportunity to explore countertransference when the patient's ideological stance on abortion and abortion regulation differs from those of the student providing care to the patient. In addition, as the post-Dobbs legal landscape is still under development, students may also find themselves unsure of how to assist patients presenting with mental health concerns related to reproductive choice and are in need of practical guidance on how to navigate these conversations. The effects on these legal changes on medical student education in psychiatry is untouched in the literature. Medical student educators have the opportunity to create interventions that may be helpful to support students through learning about these new laws and to provide support for complex emotional responses.

Objectives: By the end of this workshop, attendees will be able to:

1. Describe the legal change related to Dobbs v. Jackson Women's Health Organization and the impact of state legislation, such as Texas State Laws SB4 and SB8, on the ability of physicians to counsel pregnant patients
2. Identify common emotional responses among medical students and psychiatry educators to these legal changes
3. Develop a framework for meeting medical student and faculty needs in response to laws that affect medical practice

Methods: In this workshop, we will explore the implications of the Dobbs decision on medical student education in psychiatry and work to develop a framework for meeting student and faculty needs in response to Dobbs. We propose that several interventions are available to medical student educators, including opportunities for new teaching activities focused specifically on addressing patient psychiatric needs related to reproductive health, discussion forums led by risk management and deans, faculty-led process groups, and individual consultation. In this workshop we will consider the risks and benefits of each intervention type in several different scenarios. At the end of the workshop, we will broaden the discussion and consider application of the framework to other areas in which legislation affects practice, including the delivery of care to transgender youth and discussion of guns and gun violence in the context of risk assessment.

Discussion: In this workshop, we will review the background of this specific legal change and its impact on medical education in Texas and utilize small groups to think through helpful interventions for this particular legal change, as well as other similar changes.

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Concurrent Workshops 3 — 9:45 -11:00 AM, Saturday, June 24, 2023 • Sunset I

"Professionalism in Health Professions Education"

Descartes Li, MD, University of California, San Francisco
Lorin Scher, MD, UC Davis Health

Background: The medical profession struggles to ensure that all physicians embrace and live the values of professionalism. However, physicians must move beyond the traditional educational paradigms focused on reinforcing rules and removing those who falter. Professionalism needs to evolve from being conceptualized as an innate character trait or virtue to sophisticated competencies that can and must be taught and refined over a lifetime of practice. Furthermore, professional behaviors are profoundly influenced by the context of modern medical practice, and these external forces need to be harnessed to support—not inhibit— professionalism in practice. This perspective on professionalism provides an opportunity to improve the delivery of health care through education and system-level reform.

Objectives: By the end of this workshop, participants will be able to:

1. Describe 3 methods for attending to individual professionalism lapses in Health Sciences Education (HSE): Explore, Remediate, Gather Evidence
2. Integrate a systems-level approach to professionalism in HSE
3. Identify ways to support a culture of professionalism in HSE

Methods: We will provide a brief overview of the development of health professions educator guidelines at one public institution and demonstrate our faculty development workshop to promulgate these standards.

Results: This workshop is meant to illustrate the efforts to promote professionalism for health professions educators. After participating in the workshop, participants will be able to bring key concepts on professionalism as well as useful methods for their dissemination back to their home institutions.

Discussion: Professionalism standards have been defined for physicians such as the ABIM Physician Charter on Medical Professionalism (1) and the AMA Code of Medical Ethics (2). Professionalism standards for educators also exist such as the UK Teachers Standards (3), the Code of Ethics for Educators published by the Association of American Educators (4) and another by the National Education Association (5). However, to our knowledge, professionalism standards for this combination: physicians who are also educators, who have the responsibilities of both doctors and teachers, have not been published at a national level nor are they widely available. Furthermore, most professional standards locate responsibility for professionalism at the individual level when in fact systems level conditions are critical to the culture of professionalism and promotion of professional behavior.

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Concurrent Workshops 3 — 9:45 -11:00 AM, Saturday, June 24, 2023 • Sunset II

"Swings and Misses: Advising in the age of the Supplemental Application"

Lia Thomas, MD, UT Southwestern Medical Center/ VA North Texas
Daniel Gih, MD, University of Nebraska Medical Center
Lisa Fore-Arcand, EdD, Eastern Virginia Medical School
Linda Mintle, MD, Liberty University College of Osteopathic Medicine

Background: The Supplemental Application added a new layer to the ongoing complexities to advising for Psychiatry in the 22-23 academic cycle. This was a new experience for students and advisors alike. As we attend the 2023 Annual meeting of ADMSEP, advisors will be gearing up to support another group of medical students in applying.

Objectives: By the end of this workshop, attendees will be able to:

1. Interpret how the supplemental applications impacted advising for Match 2023
2. Examine important areas of medical student advising for successful residency matching
3. Generate lessons learned and best practices among advisors

Methods: Workshop will be a combination of didactics, reflections from workshop leaders, and work in small and large groups.

Discussion: The Supplemental Application was added to ERAS for the 2022 cycle of the Match and in 2023 Psychiatry opted to participate in this experience. Throughout this recruitment cycle, faculty advisors were tasked with advising medical students on a completely new experience. What lessons were learned from this experience? How can we as advisors prepare our students for the next cycle of recruitment. This workshop will provide both the advisor and program director viewpoint on the Supplemental Application.

References:

1. A Roadmap to Psychiatric Residency: https://www.psychiatry.org/residents-medical-students/medical-students/apply-for-psychiatric-residency, 2019, revised 2021.
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Concurrent Workshops 3 — 9:45 -11:00 AM, Saturday, June 24, 2023 • Bayview

""I'm a Fraud!": Coaching Students Through Imposter Phenomenon as a Strategy to Increase Diversity"

Riley Machal, MD, University of Nebraska Medical Center
Dana Raml, MD, University of Nebraska Medical Center
Jeana Benton, MD, University of Nebraska Medical Center
Linda Love, EdD, University of Nebraska Medical Center
Chloe Olson, MD, Creighton University

Background: Imposter Phenomenon (IP) describes the feeling of inadequacy that comes with the inability to believe in the validity of one's own accomplishments [2]. IP affects 22-60% of medical students and is more common in students who belong to marginalized groups, especially women and those underrepresented in medicine (URM) [1, 3, 7]. IP can also result in the development of poor habits such as overpreparation and procrastination [2, 3]. IP can lead to burnout, suicidal ideation, and lower feelings of career fulfillment, potentially impeding career progress [5, 6]. This contributes to the presence of fewer women and URM at higher academic ranks [1]. Many institutional and systemic factors impact the development of IP which must be addressed. This workshop will provide educators with experience practicing techniques for minimizing the impact of Imposter Phenomenon on at-risk medical student mentees and analyze the systemic factors at play in the development of IP.

Objectives: By the end of this workshop, participants will be able to:

1. Define Imposter Phenomenon
2. Identify those at risk for Imposter Phenomenon
3. Identify how societal and institutional context contribute to the development of Imposter Phenomenon
4. Demonstrate activities that can help mitigate Imposter Phenomenon
5. Discuss the impact of Imposter Phenomenon on diversity in academic leadership

Methods: Teaching methodologies utilized in this workshop include individual reflection, small group discussion, and role play to practice effective mentorship of those experiencing IP. Presenters will provide an evidence-based assessment of the participant's own imposter phenomenon as well as review strategies for reducing the impact of this phenomenon. Participants will be asked to reflect upon and discuss warning signs for imposter phenomenon in small groups and to role-play strategies for reducing the impact of this phenomenon on students. Small groups will generate feedback on their experiences with addressing imposter phenomenon and the challenges with mentoring students experiencing IP. Small groups will then reconvene to compare and consolidate findings to identify common difficulties with implementation of these mentoring strategies.

Results: Through use of principles discussed in this workshop, participants will be able to identify those at risk for IP early in their careers and implement interventions to produce a growth mindset and minimize career impact. Participants will also be able to recognize the systemic issues at play in the development of IP.

Discussion: While IP is a phenomenon impacting those of all races and genders, it is seen most frequently in women and URM [3]. Strategies to address imposter phenomenon early in career development may minimize the impact of IP on subsequent careers and increase diversity of those in leadership positions. Inclusion of workshops, like this one, and formation of structured mentorship programs to address IP at an individual level can lessen the impact of the effect of IP systemically [3]. Our workshop offers academic psychiatrists practical tips and resources for creating a safe and inclusive space for medical students to practice vulnerability and decrease the impact of IP in their daily lives and its impact on their future careers.

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Concurrent Workshops 3: Brief Oral Showcase — 9:45 -11:00 AM, Saturday, June 24, 2023 • Sunset Ballroom

"Designing a Psychiatry Resident Clinician Educator Track"

Kaitlyn Kunstman, MD, Northwestern University
Michael Marcangelo, MD, Northwestern University Feinberg School of Medicine
Cara Angelott, MD, Northwestern University

Background: Clinician Educator Tracks (CETs) are becoming more popular in graduate medical education and offer an important means of training future clinician-educators. We will discuss the implementation of Northwestern University's psychiatry residency clinician educator track (CET), which aims to prepare residents for careers in undergraduate and graduate medical education through a series of specialized educational activities and scholarly projects aimed at developing skills in clinical teaching, didactic education, curriculum development, implementation and dissemination, assessment, and educational program evaluation. We will discuss our track's design, educational objectives, and evaluation methods. Preliminary results from the first six months of implementation will be reviewed.

Objectives: By the end of this presentation, participants will be able to:

1. Review the design, educational objectives, and evaluation methods of Northwestern University's clinician educator track
2. Review preliminary results from the first six months of the clinician educator track, including descriptions of resident scholarly projects, design of our monthly medical education skills workshop series, and resident feedback

Methods:

Psychiatry residents are invited to apply to our CET after acceptance into the McGaw Medical Education Clinical Scholars Program (MECS), a two-year competency-based medical education program that provides McGaw trainees from across the institution with training in educational theory, curriculum design, and teaching in a variety of settings. Residents can apply to MECS at the end of their PGY-1 year. After completion of MECS, CET residents have access to protected time for medical education activities, monthly medical education skills workshops, and scholarly work. CET residents work with a longitudinal faculty mentor in the psychiatry department to develop a portfolio of medical education projects, hone their skills as medical educators, and drive their own career development.

Results: Northwestern University's psychiatry residency CET began during the 2022-2023 academic year, with selection of five psychiatry residents. Current residents' curricular innovation scholarly projects will be described. We will discuss the curricular design of our monthly medical education skills workshop series. Qualitative feedback from CET residents will be discussed, including identified program strengths and areas of growth.

Discussion: In this brief oral presentation, we will discuss the implementation of Northwestern University's psychiatry residency CET, with emphasis on situating our track within the wider landscape of CETs in graduate medical education, track design, evaluation methods, and preliminary results from the pilot year. Future directions for the CET will be discussed.

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Concurrent Workshops 3: Brief Oral Showcase — 9:45 -11:00 AM, Saturday, June 24, 2023 • Sunset Ballroom

"Weaving Telehealth Into Medical Education"

Elizabeth Greene, MD, Uniformed Services University of the Health Sciences

Background: In the wake of the COVID19 Pandemic, telehealth education has emerged as a pressing concern for medical schools, and the AAMC has established six specific telehealth competencies. Telehealth is anticipated to continue as a part of medical practice in many contexts and disciplines, including psychiatry, but medical school curricula are already overflowing, leaving little time for additional courses on emerging topics. One approach to this challenge is to treat telehealth as a multi-specialty tool that can be woven into multiple existing educational modules to create multiple touch points for telehealth knowledge and skills with minimal increased time demands.

Objectives: By the end of this presentation, participants will be able to:

1. Learners will identify telehealth as a thread that can be woven into multiple aspects of medical education in brief ways
2. Learners will understand examples of weaving telehealth concepts into a existing curriculum through viewing the rubric created for telehealth within a psychiatry simulation experience
3. Learners will identify collaboration as a key ingredient in expanding telehealth education within the medical school curriculum

Methods:

In light of the need to expand telehealth education within the Uniformed Services University of the Health Sciences (USUHS) school of medicine without adding courses to the current curriculum, a telehealth consultant was hired and a collaborative multidisciplinary approach was adopted. With support from academic leadership within the school, multiple course directors and module directors were approached to discuss how telehealth education could fit within their existing educational materials. One on one meetings were conducted to discuss the current content and structure of the course and points were identified where telehealth was a natural fit. Supplemental telehealth materials specific to the goals of those educational efforts were written by the telehealth consultant and submitted for inclusion in student and faculty educational materials. These materials constitute threats of telehealth that are woven into the existing curriculum.

Results: Telehealth education has been incorporated into multiple educational modules at the pre-clerkship and clerkship levels. One example has been the introduction of appropriate telehealth openings into the existing psychiatry telesimulation program. Students receive education on key items of patient consent, privacy, and safety and then have the opportunity to practice those skills in four simulated patient cases conducted over video telecommunication technology.

Discussion: Telehealth is a multipurpose tool that can be used in many medical specialties, including psychiatry. As such, education on specific telehealth skills can be incorporated into multiple points in an overall medical school curriculum. This allows the addition of skills in an organic way that fits with the material students are already mastering. Over time the threads of telehealth education become part of the tapestry of medical knowledge and skill. Next steps and future projects include studying specific interventions to assess if students are acquiring and demonstrating knowledge and skills as intended, and using this information to further refine how telehealth concepts are woven into medical education.

References:

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Concurrent Workshops 3: Brief Oral Showcase — 9:45 -11:00 AM, Saturday, June 24, 2023 • Sunset Ballroom

"Incorporating psychiatry clerkship students into the safety planning process"

Dana Doctor, MD, University of North Carolina

Background: Suicide is a leading cause of death in the United States and a critical public health concern according to the Centers for Disease Control. Research indicates almost half of people who died by suicide saw a primary-care physician in the month before death.1 Studies show that 59% of all psychotropic drugs are prescribed by non–mental health specialists.2 Therefore training all medical students in safety planing to prevent suicide is potentially an impactful intervention and relevant tool for future physicians.

The Joint Commission has formally recognized the importance of safety planning by establishing a specific element of performance based on it: NPSG 15.01.01 EP6 - Evidence-based resources for safety planning, and follow up care upon discharge. Safety planning is a brief, collaborative intervention between a clinician and patient that has been demonstrated to prevent future suicide attempts and been recognized as a best practice by the Suicide Prevention Resource Center.

Objectives: By the end of this presentation, participants will be able to:

1. Demonstrate that clerkship-phase medical students rotating in psychiatry can implement evidence-based safety planning to prevent suicide.

Methods:

Third year medical students will have a background educational session focused on suicide including risk factors, protective factors, and prevention resources. The students will be provided Joint commission approved resources including online demonstration videos on safety planning and a tip sheet for documenting the Stanley-Brown safety plan in EPIC. Data will be collected tracking the number students who contributed to the medical record via completion of a safety plan during their rotation on an inpatient psychiatry unit at one institution.

Discussion: In this brief oral presentation, we will discuss the implementation of Northwestern University's psychiatry residency CETPreliminary studies suggest that greater personal experience of suicide and more exposure to patients with suicidal behaviors has several benefits. First, it appears to increase confidence in providing care to patients.3 Second, less exposure to suicidal patients has been associated with greater stigma, therefore clinical exposure appears to decrease stigma around suicide.4 This pilot study explores the feasibility of teaching third year medical students completing and documenting the Stanley Brown safety plan in the electronic health record (EPIC). This study also has the opportunity to examine the students' confidence in safety planning with patients. Given this is a pilot study at one institution, further research is needed to explore the feasibility at peer institutions.

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Plenary — 11:15-12:30 PM, Saturday, June 18, 2022 • Sunset Ballroom

"Race and Other Patient Identifiers in the Clinical Leaning Environment: "What's the Harm?"

Rodney Villanueva, MD, Atrium Health
James West, MD, Uniformed Services University Health Sciences
Melanie Gentry, MD, Mayo Clinic
Timothy Kreider, MD, Zucker School of Medicine at Hofstra/Northwell
Alex Maben, Medical Student, University of Nebraska Medical Center
Mohadetheh Moulana, PhD, University of Mississippi Medical Center

Background: Increased awareness and discussion of the role of race, unconscious and implicit bias, and systemic inequity has led some universities and organizations to issue guidance on the proper ways of describing patient race and other personal identifiers in the medical record. This concern also extends to other domains of the clinical learning environment, such as case examples and other didactic content. Patient identifiers of concern include race, ethnicity, gender and gender identity, sexual orientation, and others. For example, the presence of racial or ethnicity descriptors in certain parts of the medical record, such as the summary statement or physical exam, has the potential to activate bias in the reader or reinforce racist ideas about biology. Such descriptors can be arbitrarily assigned to patients without fully incorporating the patient's self-report of their identity and can disregard the intersectionality of multiple identity variables. Some new guidelines recommend avoiding any mention of racial or ethnic identity except in specific sections of the note. The counterpoint is concern that removing frank disclosure of patient race will backfire by ignoring potential psychosocial effects of discrimination on a given patient.

Objectives: By the end of this session, participants will be able to:

1. Enumerate potential harms and benefits of using patient identifiers in student documentation, presentations, and educational vignettes.
2. Cite current literature and guidelines on the use of patient identifiers.
3. Employ the skills and knowledge learned to critically review the use of patient identifiers at their home institutions

Methods: The DEIA Committee will conduct a literature review examining the use of patient identifiers in clinical documentation, patient presentations, case examples, and other didactic materials. We will specifically examine the impact of identifiers on bias, perpetuation of stereotypes, cultural formulation, and understanding how individuals experience health disparities.

Results: We will report results of our literature review as a series of three brief plenary presentations, each of which will be 10-15 minutes in length. The remaining time will be devoted to participant discussion and questions. The topics of the presentations are:

1. Race/ethnicity
2. Gender/sexuality
3. Bringing a thoughtful perspective on identifiers to one's institution

Presentations will discuss current practices across a range of institutions and consideration of the potential benefits and harms of including specific patient identifiers. The participants will be given ways to critically evaluate the use of patient identifiers in their own institutions. Presentations will also include audience participation activities in the form of live interactive polling.

Discussion: This session will feature several presentations focused on how particular institutions have navigated this question. Data, theory, and clinical vignettes will be shared to illustrate the potential harm of how race and other identifiers are used in the medical record. Points in favor of contrasting policies will be raised and responded to in the manner of a respectful debate. Participants will be able to ask questions of the panelists and then participate in a brief question and answer session.

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Innovations in Medical Education Posters — 7:00 PM, Friday, June 23, 2023 • Sunset Ballroom

1. Case-Based Learning for Development of Adaptive Expertise in Clinical Clerkship

Chloe Leon, MD, University of Toronto
Carla Garcia, MD, H.Bsc, University of Toronto
Kien Dang, MD, FRCPC, University of Toronto
Sacha Agrawal, MD, MSc, FRCPC, University of Toronto
Certina Ho, BScPhm, MISt, MEd, PhD, University of Toronto
Maria Mylopoulos, PhD, University of Toronto

Background: The MD Program at the University of Toronto is one of the largest undergraduate medical education programs in Canada, with approximately 260 students per class. The clinical clerkship in psychiatry is six weeks long and consists of clinical placements concurrent with seminars to consolidate learning. The clinical clerkship seminars for many years have consisted of didactic lectures by content experts. Over the years, with feedback from students, the number of hours spent in didactic lecture reduced from 24 hours total, to 8 hours total. Topics included management of agitation, suicidal ideation, and a basic approach to treatment (both psychopharmacology principles, as well as psychotherapy). The MD program as a whole has been moving towards opportunities for active learning. Additionally, developing curricula to promote the development of adaptive expertise (Mylopoulos, 2018) to help prepare clerks for practicing in novel and increasingly complex circumstances is important given the constantly changing health care system. In consultation with education scientists, the decision was made to replace the didactic lecture series with 10 hours of case-based learning seminars. The cases were created to span the majority of the blueprinted topics in psychiatry, while also integrating themes related to equity, diversity and inclusion (EDI), in line with the University's educational mandate. In consultation with experts at the University in using case-based learning to develop adaptive expertise, as well as our director of EDI for the Department of Psychiatry, we developed faculty development sessions to prepare teachers for this new seminar series, and also worked with evaluation scientists to ensure we were assessing the impact of the curriculum on learning as well.

Objectives:

1. Describe the rationale for replacing didactic lectures with case-based learning in clinical clerkship
2. Determine the structure and content of the new case-based curriculum
3. Conduct an evaluation of the new case-based curriculum

Methods: The current curriculum was reviewed including the Syllabus (textbook authored by various experts in the Department) as well as the materials covered in the didactic seminar series. In determining the priorities, the blueprint of our psychiatry course indicating the topics covered and their relative weighting, was heavily considered in developing the cases. Additionally, there was close liaison with the course assessment methods, understanding that the exam is increasingly weighted towards clinical decision making (and the multiple-choice questions are also now application-based rather than memorization questions). Five cases that incorporated important areas from the psychiatry blueprint, integrated with topics related to equity, diversity and social justice, were created. Each case has associated clinical-decision-making questions probing for more problem solving and thinking through complexity, which is related to the goal of the curriculum to help clerks become "adaptive experts" (Mylopoulos, 2018). We are conducting an evaluation of this new case-based curriculum by seeking students' pre-and-post psychiatry-clerkship knowledge (related to the topics covered) and their retrospective self-reporting (Lam and Bengo, 2003) confidence (in managing mental health conditions covered in the curriculum), respectively.

Results: The current curriculum has been approved by the Clerkship Committee for the 2022-2023 year. Our current evaluation approach of the new case-based curriculum is a series of weekly online questionnaires. Student participation is voluntary, anonymous, with no impact on their evaluations or grades. During Week 1 of the six-week clinical clerkship, students are administered a "pre-clerkship" questionnaire with knowledge-based, clinical-decision-making questions on topics that will be covered. At the end of each subsequent week, students will be asked to complete another questionnaire with questions related to knowledge (associated with the weekly topic) and self-perceived confidence in addressing mental health conditions (associated with the weekly topic). The purpose of these questionnaires is to collect subjective and objective feedback from students about the effectiveness of this new curriculum. Subjective feedback is based on students' retrospective self-reporting change (Lam and Bengo, 2003) in confidence (if any) through the weekly online questionnaires. Objective feedback refers to the students' knowledge change (if any) as reported on the "pre-clerkship" (Week 1) questionnaire when compared to the post- or weekly online questionnaires.

Discussion: Although this new case-based clerkship curriculum requires more faculty facilitators than the previous didactic large-group seminar series, it is better poised to prepare students for the complex novel circumstances that are part of clinical practice in the real world. This new curriculum not only supports the development of adaptive expertise, but also allows for integration of intersecting psychosocial issues that impact our patients. By gathering students' feedback through our evaluation approach, our department can improve the overall delivery and training for our undergraduate medical students. This will also contribute to ongoing program evaluation of our medical education activities.

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2. A Spiral Curriculum Approach to Teaching Trauma-Informed Care to Medical Students

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Background: There is increasing recognition that trauma is not only prevalent, but also has wide-ranging impacts on physical and mental health. Furthermore, individuals who have experienced trauma are at risk of re-traumatization in health care settings. It is this for this reason that teaching trauma-informed care routinely as part of health professions education is critical. At the University of Toronto's MD program, trauma-informed care is taught in the first two years of the curriculum, emphasizing that students need to approach every clinical encounter with the assumption that trauma has had an impact in some way. Our MD program is built as a spiral curriculum, allowing for revisiting of topics, with increased complexity and depth. In clinical clerkship, we built on the foundations established in terms of trauma-informed care, and created as part of a new case-based curriculum, a case that involved an individual who was involved in a traumatic incident, on a background of childhood trauma. To accompany the case, a series of video vignettes were created to help unpack clinical skills of importance when working with an individual who has experienced trauma. These video vignettes were created in order to be flexibly used, and for the clinical clerks have a detailed companion guide walking them through important clinical moments and techniques. As part of a spiral curriculum, these videos will be used in different contexts, including courses outside of psychiatry in the MD program as well as in postgraduate psychiatry.

Objectives:

1. Identify how trauma is covered within the current curriculum
2. Describe how the current innovation in psychiatry clerkship builds on the foundations of trauma-informed care taught earlier in the curriculum
3. Discuss how creation of a trauma-related video vignette can be effectively used at different developmental stages across training

Methods: As a companion to the case-based learning case that involves an individual who experienced trauma (on a background of childhood trauma), a script was written in collaboration with a faculty expert in the treatment of trauma-related disorders. The script detailed two distinct clinical encounters. The first was right after the traumatic incident, and included open-ended empathic exploration, screening for important co-occurring conditions such as substance use and a safety assessment. The second assessment was after some trauma-therapy, and was an opportunity to reflect on what had been helpful, as well as what contributed to a minor relapse in symptoms. Given that the clinical clerks in psychiatry had already learned about trauma-informed care, this element of the curriculum was more advanced, and dealt with assessment of trauma-related disorder (and in this case, also identification of using substances as a maladaptive form of coping). The video series was created to be modular, and can be adapted for different levels of learners. For the clinical clerkship, a 'companion guide' was written that alerts clerks to important techniques and strategies in assessment.

Results: The new clinical clerkship curriculum in psychiatry has launched for the 2022-2023 academic year. All clinical clerks at the University of Toronto rotate through psychiatry, and through the case-based learning seminars, will have one week dedicated to trauma-related disorders. The students have the companion guide with the associated video vignettes, to connect the material to associated clinical skills.

Discussion: In addition to teaching trauma-informed care early in the course of medical student education, as part of revisiting of topics that help to consolidate learning, the psychiatry clerkship is well positioned to integrate topics related to trauma-related disorders. Using video vignettes along with case-based learning can be an efficient way to integrate trauma-related medical education throughout the curriculum. Creating 'companion guides' along with the video vignettes can help to use the video vignettes for different levels of learners, or for learners in different contexts.

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3. A Chalk Talk-Based Curriculum for Medical Students during the Psychiatry Clerkship

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Background: "Chalk talks" (i.e., focused talks on a particular topic) may be more effective than a traditional lecture-based curriculum for educating medical students on clinical clerkships. Benefits of chalk talks include that they are brief and minimally obstructive to clinical workflow; can be delivered in-the-moment and tailored to students' learning goals; can incorporate visual aids and organizational structures to increase learning gains and retention; and can be more interactive and engaging. However, there is a relative lack of studies evaluating the impact of chalk talks on medical trainee learning, particularly amongst trainees in psychiatry.

Objectives:

1. Develop and evaluate the acceptability and effectiveness of a chalk talk-based curriculum for medical students during their psychiatry clerkship, covering several high-yield clinical psychiatry topics

Methods: A series of brief (<5 minute) chalk talks were developed and presented to medical students at one teaching hospital by the study author during the first week of their psychiatry clerkship. Chalk talks included topics such as (1) the psychiatric interview, (2) basics of psychotropic medications, and (3) emergency psychiatry. Informal commentary on chalk talks were gathered from students immediately after chalk talk presentation and retrospectively in clerkship feedback sessions.

Results: Qualitative responses from students (n = 12) included responses such as "This helped a lot more [than the formal curriculum]", "I wish I had received this earlier", and "Can I share this with my classmates?". Quantitative analysis of clerkship outcomes is pending.

Discussion: A chalk talk-based psychiatry clerkship curriculum may be a more time-efficient, effective, and acceptable alternative to a traditional lecture-based curriculum. Future directions include (1) developing scripts to accompany chalk talks so they can be presented by any educator in a standardized manner, (2) developing self-evaluation resources (e.g., quizzes, flashcards) to accompany chalk talks to assist with retention and understanding of information, and (3) developing a controlled trial to compare outcomes (e.g., shelf exam scores) of chalk talk-based curriculum versus traditional curriculum.

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4. Developing a Fourth Year Medical Student Psychotherapy Clinical Elective

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Background: Psychotherapy and psychotherapeutic principles are an integral part of psychiatry training [1, 2]. LCME Element 7.8 states that the faculty of a medical school must ensure that the medical curriculum includes specific instruction in communication skills, and the AAMC recognizes communication and effective responses to patient cues and emotions as part of Core Entrustable Professional Activities (EPAs) for medical students [3, 4]. Additionally, ADMSEP identifies demonstration of the basic features of motivational interviewing and supportive psychotherapy as Learning Objective 1.3.b [5]. It is also important for graduates to be prepared for mastery of skills expected of them at the beginning intern level, e.g., the ACGME Psychiatry Milestone to recognize one's own emotional response to patients [6]. A review of our medical student curriculum found a paucity of clinical psychotherapy educational opportunities in the MS4 year. The purpose of this project was to develop a fourth-year medical student clinical psychotherapy elective primarily targeting psychiatry applicants.

Objectives:

1. Create and evaluate a fourth-year medical student elective in which medical students gain exposure to psychotherapeutic principles and techniques
2. Enhance medical student clinical opportunities to further develop their communication skills and practice basic psychotherapeutic interventions

Methods: We developed a 4-week psychotherapy elective for 4th-year medical students who are applying to psychiatry residency programs. The course was initially piloted in the spring of 2022. It was then approved by our university's Curriculum Committee and added to the medical student elective catalog beginning the fall semester of 2022. The elective consists of a combination of didactic and clinical experiences. Students participate in weekly psychotherapy didactics covering basic principles of the Patient-Provider Encounter, Motivational Interviewing, and Cultural Formulation. Students are also invited to observe resident small group psychotherapy supervision. During the clinical portion of the elective, the University Hospital Inpatient and Consult-Liaison psychiatry teams identify suitable patients who might benefit from student-driven brief psychotherapy sessions. Students see 1-2 patients daily utilizing skills they learned in didactics with supervision provided by the elective course director and team attendings. The elective was evaluated through student course evaluations.

Results: Three students participated in the initial pilot of the elective in the spring of 2022, and eight students have enrolled in the course for academic year 2022-2023. Qualitative feedback from a review of pilot course evaluations showed that students appreciated the extra time to spend with patients one-on-one. Students commented they improved their comfort with developing rapport and practicing basic supportive therapeutic techniques. Students also expressed a desire for increased direct observation opportunities. Several students reflected that their goals of exploring different therapy styles and improving their therapy techniques were met during the course.

Discussion: In summary, review of initial feedback from the pilot elective demonstrates students felt they gained an opportunity to develop their communication skills and knowledge of basic psychotherapeutic techniques. Potential future directions based on student feedback include incorporating an outpatient therapy experience with a university faculty member, soliciting feedback from current interns who had previously finished the course as medical students regarding the longitudinal effects of the elective, and extending the themes of the elective downward into the psychiatry clerkship and pre-clinical curriculum.

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5. Enhancing Psychiatry Education through a Psychiatry and Pop Culture Elective Course for Medical Students

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Background: Medical humanities has been used in medical education to help illustrate disease states, teach critical thinking and reflective skills, and cultivate empathy. In 2018, residents in the University of Texas Southwestern General Psychiatry Program developed an elective course for medical students called "Psychiatry and Pop Culture" that was designed to guide medical students through an array of literature, fine art, music, podcasts, and films with relevance to clinical psychiatry. The course was revised in 2021, and this study aimed to evaluate students' opinions of the course and the utility of using pop culture to teach psychiatry. We also wanted to measure changes in the students' awareness of psychiatric themes, such as forensic psychiatry, women's mental health, and in pop culture.

Objectives:

1. Determine whether the course leads to an improved understanding of the prevalence and importance of psychiatry in pop culture
2. Assess whether students feel an increased understanding of psychiatry and the human condition through use of modern cultural works

Methods: Residents co-leading the course sent a 22-question survey using RedCap to students before and after the course. The evaluators analyzed the survey responses in a collated fashion and looked for changes in survey responses between the pre-course and post-course surveys. SPSS analysis was completed on the pre and post course survey results. Paired T-Tests were run, one for each survey question (22 tests total). A Bonferroni correction for multiple comparisons was used to reduce the chances of obtaining false-positive results.

Results: The surveys were sent for two cycles of the course, which led to around 10 responses each for the pre-course survey and post-course survey. A total of 11 medical students participated in the course, leading to a response rate of 91%.

There was statistically significant improvement between pre- and post-test Likert scores on questions related to students' comfort level in identifying their own emotions in response to psychiatric themes depicted in film, television, podcasts, music, or art [P=0.01]. There was also statistically significant improvement on five out of six questions related to the hip hop section of the course, including that analyzing cultural works can provide insight into socioeconomic factors affecting mental health [P=<0.001] and can increase students' comfort level examining depictions of DSM-5 disorders based in an urban environment [P=<0.001]. There were no significant differences between the pre and post-test scores on students' beliefs that studying pop culture was an effective method of improving knowledge of psychiatric diagnosis and treatment [P=.642] or clinical skills such as interviewing [P=.999].

Discussion: Our study illustrated that the Psychiatry and Pop Culture course led to students feeling more comfort with some knowledge and skills applicable to psychiatric practice but not others. Results also demonstrate that the course may be an effective way to teach about social determinants of health and mental health outcomes in an urban environment. Limitations of the study included its small sample size, self-reported data, and lack of longitudinal follow up. Additional studies are needed to better measure the impact of the course on clinical skills.

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6. Medical Student Perspectives on a Resident-Written Psychiatry Mid-Clerkship Exam

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Christopher Ramsay, MD, Duke University Psychiatry Residency
Kathy Niu, MD, Vanderbilt University School of Medicine
Julie Penzner, MD, Duke University

Background: As more medical schools shift to satisfactory/unsatisfactory (or pass/fail) clerkship grading, and with pass/fail United States Medical Licensing Examination (USMLE) step exam scoring, the "numbers" or other ways of distinguishing students are becoming increasingly important in residency placement. Previous studies in other disciplines have found that several factors may improve medical student exam grades such as greater length of clerkship, increased use of book studying, flashcards, and practice questions, and use of a mid-clerkship exam [1-4]; however, we were unable to find published evidence of what factors impact psychiatry mid-clerkship exam grades nor medical student perspectives on psychiatry mid-clerkship exam study material. Research in teaching psychology suggests exam preparation that includes practice questions similar in style to the actual exam improves exam grades [5], but educators may feel ill-equipped to create study material that mirrors the psychiatry National Board of Medical Examiners (NBME) shelf exam. Psychiatry residents are in a unique position to write exam questions similar in style and difficulty to NBME exams due to their proximity in taking the exams themselves. With this in mind, two psychiatry residents about one year into residency created a new psychiatry mid-clerkship exam with associated answer explanations to use as a study tool.**Objectives:**

1. Explain the relevance of the current state of evidence regarding medical student exam scoring
2. Describe and show the structure of a novel psychiatry mid-clerkship exam and their associated answer explanations
3. Analyze the acceptance of this material by medical students and factors which might further impact their grades
4. Infer how one might use lessons learned from this study to improve one's own institution's psychiatry clerkship exam study material for medical students

Methods: We developed a 20-question, ungraded but compulsory online mid-clerkship exam written in an NBME-style question format. Upon completion of the exam, detailed answer explanations were viewable for educational purposes. The exam was placed in the medical student curriculum at the start of the 2021-2022 academic year (July 2021). The student with the highest score on the new mid-clerkship exam each cycle received a small prize (brain pin). After completion of the mid-clerkship exam, an optional and anonymous survey was distributed including 10 Likert scale questions that evaluated the medical student's acceptability and feasibility of the material for exam preparation and clinical performance. Qualitative data was gathered by asking about material strengths, weaknesses, and what other material would be helpful for the preparation of their exams and clinical performance. Aggregate shelf exam scores for students who completed the new exam over the course of one full academic year were also compared to the aggregate shelf exam scores of students who completed the previous version of the mid-clerkship exam.

Results: The mid-clerkship exam and answer explanations were given throughout the 2021-2022 academic year to approximately 130 medical students during their psychiatry clerkship and 14 students completed the post-mid-clerkship exam survey. The quantitative data showed that students almost all agreed that the test questions reflected NBME-style format, reflected realistic patient scenarios, that the difficulty of the exam was appropriate, that the mid-clerkship exam was a helpful study tool for the shelf, that even more questions would be helpful for studying, and that it helped consolidate their knowledge in a meaningful way. Students agreed to a lesser degree that the mid-clerkship exam would improve their clinical performance. Students generally felt the prize did not help motivate them to study for the mid-clerkship exam. Themes from the qualitative data included appreciation of the NBME-style and formatting, feeling that reviewing the questions as a class or having the questions available for longer would have been helpful for the studying, some formatting issues, more questions, and requests for dedicated time to study, and that other clerkship lecture material included more clinically relevant and shelf-exam-relevant practice modules. There was a decrease in the average shelf exam scores between the prior year and the year the new mid-clerkship exam was implemented.

Discussion: In this poster, I will show and elaborate on the structure of the exam questions and answer explanations and the principles of learning psychology which informed them as well as medical student acceptance and feasibility of our material. I will also discuss lessons learned during the design and implementation of this material as well as future directions and hypotheses for other factors that may play a role in medical student grades and clinical performance and that may explain the change in shelf scores.

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7. SLUSOM Mental Health Fair: Integrating Community Outreach Into Medical Education

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Tsz King Donald Chow, BS, Saint Louis University School of Medicine
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Background: The greater St. Louis area faces unique challenges regarding lack of providers, racial disparity (45-97% African American), and economic inequality (19-54% of residents living in poverty). Oftentimes lack of access, stigma, and unavailability of information are barriers to mental healthcare. Saint Louis University (SLU) medical students partnered with psychiatry residents in the Diversity, Equity, Inclusion (DEI) committee and to pilot a mental health fair in the St. Louis area. The mental health fair allowed students to apply pre-clinical knowledge and practice clinical interventions while learning about treatments with the assistance of psychiatry residents. We partnered with organizations such as Better Family Life, a not-for-profit community development organization, that works to stabilize inner city neighborhoods. Community-academic partnerships are beneficial for medical education as they facilitate inter-professional skills, exposure to the surrounding community's culture and teaching students how to directly apply best practices. Given evidence to support proactive outreach in improving outcomes of mental health and improving medical education, this mental health fair served to provide an opportunity for undergraduate students, medical students, and residents to further enhance their education and nurture a relationship with the St. Louis community.

Objectives:

1. Expand preclinical knowledge from psychiatry and neurology medical student organ modules into holistic community practice
2. Foster collaboration between SLU medical students, undergraduate students, and Psychiatry residents and attendings
3. Assess methods of integrating community engagement into the SLU School of Medicine curriculum

Methods: A SLU Psychiatry attending, 2 SLU Psychiatry residents, 4 SLU medical students, and 1 SLU undergraduate student worked together with the office of Diversity, Equity, Inclusion (DEI) committee to organize a pilot mental health fair in the St. Louis area. Planning for the fair began in September 2021 with applying for the 1818 Grant and contacting various organizations. The mental health fair took place on April 26, 2022. During the planning process, 4 meetings took place between the SLU Psychiatry attending, residents, medical students, and an undergraduate student. During these meetings, the organizers discussed the general setup of the fair including what activities to host at the fair, food, gauging overall response, what scales and surveys to utilize, and discussion of community partners that were able to table at the event.

Results: The medical students working with the residents learned the more clinical aspect of teaching patients to strengthen their mental health and early interventions to improve overall health outcomes. The undergraduate student gained valuable experience working with medical students and learned more about the community and how to connect science to real practice. Overall, the undergraduate students, medical students, and residents learned to work towards a common goal and make connections within the community to reach that goal to serve the greater population.**Discussion:** This mental health fair was conducted as a pilot project this year, and it provided an excellent learning experience as well as ideas for improvement in subsequent fairs. We received informative feedback from attendees about how helpful the resources provided at the fair were and how these fairs should definitely be conducted annually. As students, we also really enjoyed hosting this fair and felt that we were able to make an impact in our surrounding community by directing people to essential health resources they may not have previously known about. In the Saint Louis University School of Medicine Brain and Behavior block, students learn the ins and outs of psychiatry and neurology. Oftentimes, though students learn about the intricacies of patient conditions, there is not a connection to the surrounding community to serve those who are in need. Students learn the science of diseases without learning the social and emotional implications of diagnosis. Students need this holistic learning experience to view people and learn how a disease can affect the whole person, not just by their anatomy. For this reason, we recommend integrating the idea of organizing mental health fairs into SLU's medical school curriculum by making it available as an elective that students can take or an interest group they can join. Students will learn how to build relationships to facilitate a community-academic partnership and learn from providers in different disciplines and levels of their career. Lastly, incorporation of an outreach event into a curriculum can make the event sustainable and annual allowing more students to get involved in the community. By creating a course or an interest group for this mental health fair, students will be able to interact with not only members of the surrounding St. Louis community, but also with undergraduate students and residents at SLU.**References:**

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8. Teaching Capacity in Undergraduate Medical Education: Effectiveness of an Innovative Curriculum

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Background: Physicians have inconsistent knowledge and comfort levels of decision-making capacity (DMC) assessment. Given this is a necessary skill for all medical specialties, it would be most efficient to address this competency in undergraduate medical education. However, there is scarce literature or guidelines for teaching DMC to medical students, and the existing literature uses a wide variety of approaches. Moreover, without an effective capacity curriculum, future physicians are extremely limited in their ability to provide ethical patient care. We implemented an innovative curriculum for teaching medical students how to assess decision making capacity and have collected data on the effectiveness and student satisfaction with this curriculum.

Objectives:

1. Describe an innovative curriculum for teaching decision-making capacity in undergraduate medical education
2. Review preliminary evaluation and feedback of the curriculum
3. Discuss future directions and goals for continuing this curriculum

Methods: We developed a DMC curriculum guided by Kern's six-step approach. The curriculum is targeted to third year medical students during the psychiatry clerkship. We utilized an asynchronous learning model whereby students view the online ADMSEP capacity module prior to an in-person workshop. The workshop includes large-group lecture and discussion and small-group case-based skills practice using a capacity assessment checklist created by an expert panel. We evaluated the efficacy of this curriculum with a pre-/post-test comparing changes in knowledge, attitude, and comfort in DMC assessment. We received student feedback on their perception of the effectiveness of the workshop.**Results:** In the first 6 blocks of the 2022-2023 academic year, a total of 81 students participated in the psychiatry clerkship. Preliminary data from this cohort are presented here. Of these students, 43% had previously received some form of capacity education, and 10% had participated in an assessment of a patient's decision-making capacity. Pre- vs post- capacity curriculum data were as follows: mean scores on the knowledge-based questions doubled (3.1 to 6.3 out of 7 points); comfort levels increased from 6% to 94% of students feeling somewhat-very comfortable in assessing capacity; and students' attitudes that knowing how to assess for capacity is important remained high. Of students who completed the end-of-course evaluations, 79% agreed that the capacity curriculum was an effective at teaching this skill. Student evaluation of the quality of the ADMSEP video and workshop (mean rating: 3.28 and 3.61 on a 4-point scale) also increased from the past lecture format (mean rating: 3.0).

Discussion: Our findings suggest an educational strategy for teaching DMC in undergraduate medical education. This asynchronous method of learning allows for multi-modal learning that addresses not just the factual knowledge and defining terms of DMC but also the communication skills needed to gain comfort and competence in how to assess DMC. Our goal is to eventually add a standardized skills practice and evaluation in the OSCE setting, as DMC is a critical skill for all physicians.

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9. Teaching Catatonia to Standardized Patients for a Clerkship Simulation

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Background: Catatonia is a serious condition, prevalent in acute psychiatric and medical settings [1], and frequently poorly recognized [2]. A recently developed educational module uses the Bush-Francis Catatonia Rating Scale (BFCRS) to teach the assessment of catatonia [3]. The module includes a training manual, knowledge tests, and several videos featuring a PGY4 psychiatry resident acting as a standardized patient portraying catatonia [4].

The psychiatry clerkship is an ideal place to train future physicians of all specialties to recognize and treat catatonia. Ideally, each student will encounter a catatonic patient, but of course this cannot be guaranteed given the vagaries of clinical rotations, and so we are grateful for high-quality online modules such as that produced at University of Rochester Medical Center [4]. Compared to video, however, a more interactive and compelling method of teaching all clerkship students about catatonia would be an in-person simulation with standardized patients. We set out to design and implement a clinical skills exam on catatonia.

Objectives:

1. Describe the value of standardizing exposure to catatonia in the psychiatry clerkship
2. Identify video resources to aid in teaching catatonia

Methods: We wrote a clinical skills exam (CSE) for a catatonic patient, with a family member available to give collateral history. With help from the staff of the Northwell Health Center for Learning and Innovation, we trained 12 professional standardized patients (SPs) to portray the case. The training lasted 5 hours over 2 days and followed the typical process for any new medical case. We explained each catatonic sign in lay terms and demonstrated them, both by role play and by showing the Rochester videos.

Following the training, 14 clerkship students were given the new CSE. The students were allotted 15 minutes to examine the SP as a catatonic patient, and then they had 10 minutes to speak by phone to the family member; both patient and family member were portrayed by the same SP for a given student. After the CSE concluded, groups of 4-5 students met with a faculty member for a 30-minute debrief and learning session about catatonia.

The authors watched a random subset of 7 CSE encounters and tallied observed signs of catatonia that were specified in the SP training notes. Specifically, we monitored for evidence of performing immobility, stupor, mutism, posturing, echolalia, echopraxia, stererotypy, staring, and waxy flexibility. The staff of the learning center monitored how much of the allowed time was used by the students.

This CSE was a required activity for the clerkship and was advertised as ungraded ("formative only"). The students were given a pre-reading assignment of brief clinical guidelines that covered a variety of causes of altered mental status, including catatonia.

Results: Every catatonic sign assigned in the case notes was clearly portrayed by each SP.

The students spent a range of 7-13 minutes in the exam room, out of an allowed 15. All students used the entire 10 minutes for family collateral.

Discussion: In this pilot, we found that SPs accustomed to general medical cases were fully capable of learning and portraying signs of catatonia to the satisfaction of expert observers. It was not obvious that training this case would go as smoothly as it did – catatonia would seem to be a bizarre and foreign syndrome to most non-specialists. Indeed, the training materials published by University of Rochester used a psychiatry chief resident as the standardized patient [4], perhaps implying that a clinician who has encountered the syndrome in situ could most convincingly act catatonic. We found our professional SPs to be curious and excited to learn this novel case, and we were impressed at how precisely and reproducibly they demonstrated the signs.

Our next step will be to measure whether taking the catatonia CSE improves students' knowledge and confidence about catatonia compared to less intensive activities, namely "clerkship as usual." We did not measure pre- and post-intervention knowledge for the students taking the CSE, since it seems trivially likely that knowledge will rise after the debrief. Rather, we wish to test whether using a catatonia CSE – a striking encounter associated with heightened emotions (anxiety, frustration, curiosity) – results in better retention than a didactic alone or online module could.

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10. Rescuing the Topic of Suicide: A Critical Need to Integrate Suicide Training Throughout the Medical School Curriculum

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Background: Physicians play a critical role in identifying and assessing suicidal patients. However, the current dogma in medical education perpetuates stigma and entrenched negative perceptions toward suicide that ultimately leaves a large number of doctors feeling uncomfortable and unprepared to address suicidal patients.(1, 2, 3, 4, 5, 6) These perceptions are engrained early in medical education through the null curriculum (7) which serves to reinforce the idea that the topic is not important enough to include in their curriculum. This is further illustrated by an emphasis that non-mandatory extra-curricular activities provided by the office of student affairs and counseling address the topic of suicide (8). Further contributing to this problem is the fact that the majority of suicide training in most medical schools occurs only in the third-year psychiatry clerkship.

Through residency the stigma is reinforced when residents apply for licensure and report they are reluctant to seek help when needed for fear of having to disclose their mental health history on their applications (9). Finally, practicing physicians report that they know about mental health services available to them but report they would not utilize these resources (Medscape survey) thus perpetuating stigma which originates early in medical training. The stigma associated with suicide influences effective patient care, with physicians avoiding discussions about suicide with their patients and expressing negative reactions when suicidal ideation is disclosed, thus leaving the critical subject unexplored and excluded from the clinical encounter.(3,4)

To address this continuing problem, our research has indicated the strong need for training about the topic of suicide that is integrated early into the medical curriculum, evidence-based, and separated from wellness or mental health themes. Academic psychiatrists have a tremendous opportunity to revolutionize medical education and therefore reduce suicide in society.

We have designed an innovative training program for medical students intended to have meaningful, long-term, and far-reaching effects on the detection and assessment of suicidal patients.(1, 2). Our curriculum-based suicide training program raises student awareness and literacy, increases comfort with the topic, and in the end better prepare physicians to address suicide in clinical practice with patients. (1, 2). Our training is instruction-based, mandatory, and is designed to place the topic of suicide on equal footing with the other topics taught in medical school.

Objectives: Participants will:

1. Recognize the importance of implementing a four-year longitudinal suicide training curriculum as a fully integrated component of undergraduate medical training
2. Gain knowledge of useful elements of a suicide training curriculum such as practice broaching the topic of suicide in a patient interview and the development of a safety plan, using role-playing techniques
3. Identify opportunities to adapt a longitudinal suicide training curriculum, separate and distinct from extracurricular student wellness services at their individual medical school. Difficulties and challenges of implementation will be explored
4. Gain understanding of assessments of student comfort level, empathy, and competency in addressing the topic of suicide

Methods: During the development of the program, students were assessed at multiple points to obtain feedback that served as benchmarks of the viability of a suicide training program, integrated into the curriculum, and separate and distinct from extracurricular student wellness services. The results showed unanimous support by the students for this program. After the first session was delivered, the majority of students suggested additional training to include diagnosis, assessment, and role-playing which have all been integrated into later sessions.

Results:

To measure the year-to-year effectiveness of the initial training session delivered in their Professional Behavior's course, an Independent T-Tests were used along with a Cohen's D to measure the effect size. Student feedback was obtained using 5-point Likert-type scales administered at three time-points: (1) After a focus group during the development of the program; (2) one week after the session was delivered, and; (3) at the end of the academic year in the final evaluation of the Professional Behaviors course. We found no statistically significant differences between the 2019 and 2020 post-session survey items. Year to year differences in mean scores ranged from -.125 to +.114 for all items with P values ranging from <.365 - .974. Non-significant small effect sizes ranged from d=.0052 - .15.

Discussion: Incorporating sessions focused on suicide training early in the preclinical years of medical school was perceived by the students as increasing their knowledge of and comfort with the subject of suicide. Similar to the findings of Patel [3], students reported that the training would improve their communication skills and promote open discussion about suicide with future patients they may encounter. Students also expressed a desire for additional sessions on this topic throughout the remainder of medical school. Our findings further suggest that incorporating this training early in the curriculum will increase student readiness to broach the subject of suicide with patients [3, 4]. Previous research has shown that the stigma associated with suicide leads medical students and physicians to perceive it as different from other subjects addressed in the medical school curriculum [3]. Because of this stigma, medical students and physicians may not address their own struggles with depression and suicidal thinking and may also be uncomfortable addressing the topic of suicide with their patients [5].

While most medical schools train students in assessing patients who might be at risk for suicide, they often neglect the topic of suicide as it pertains to medical students and physicians. The unintended consequence is that an important part of suicide training may be perceived as being unimportant. The presence of wellness programs addressing the topic of medical student suicide may foster misperceptions that suicide is already adequately covered in a medical school curriculum. Wellness initiatives and active student counseling programs are important aspects of the effort to reduce suicide risk [10]. However, these programs are usually voluntary and not an integrated part of the curriculum. Including training about suicide as a fully integrated part of the curriculum helps reduce stigma. Consequently, the topic of suicide becomes viewed as an essential part of medical training, much like training regarding other clinical

topics such as cancer or heart disease.

The aim of our curriculum is to bring about an increased awareness of the topic of medical student and physician suicide to increase the likelihood that medical students would seek help when needed, to increase student's comfort level to openly discuss suicide with patients, and to potentially enhance patient care and reduce suicide risk. Implementing these curricular changes as an integral part of the pre-clinical years will reach future physicians of any specialty and help reinforce the idea that knowledge and comfort with the topic of suicide is important for all physicians.

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11. The Psychiatry Scholars Program: a Voluntary Supplemental Clerkship Learning Experience

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Background: In the Spring 2020 semester, the Psychiatry Clerkship at our institution initiated a Psychiatry Scholars Program (PSP) to enhance student learning. The Covid-19 pandemic drastically changed the available in-person learning experiences available to clerkship students. This, in turn, affected how students were able to partake in the NRMP Match (Hammoud et al 2020, Batchelder et al 2020). For the AY2021-2022, the Psychiatry Clerkship was forced to adopt a satisfactory/unsatisfactory grading scale, as opposed to its four-level scale due to the shortage in preceptors who could meaningfully assess students. The PSP emerged to supplement the increasingly virtual clerkship educational experience during the early parts of the pandemic. It permitted students to obtain individual (virtual) mentorship with a preceptor while gaining a deeper understanding of psychiatric topics of the student's choosing. The PSP has remained a viable method by which students wishing to pursue Psychiatry can demonstrate additional skills and interest in the field. In a time where residency recruitment is further changing to accommodate the adoption of a pass/fail metric for USMLE Step 1, students are increasingly seeking ways in which to distinguish themselves for residency applications. Part of the approved curriculum for the Psychiatry Clerkship since AY 2021-2022, even after returning to the typical grading scale, the PSP has had between 0-5 students per rotation engage with the program. The program requires additional self-directed learning and culminates with a final presentation on a psychiatric topic of the student's choosing. Successful completion is recorded in the learner's Medical Student Performance Evaluation (Dean's Letter) as part of the Clerkship Evaluation Comments. Though not affecting a student's final grade on the clerkship, the PSP participation is a way in which students can formally distinguish themselves from peers by going "above and beyond."

Objectives:

1. Understand the aspects of a supplemental Psychiatry Scholars Program
2. Appreciate the necessary resources to implement a Psychiatry Scholars Program
3. Describe at least two benefits of incorporating a similar program at their home institution

Methods: Students self-select to participate in the PSP. They are assigned a slate of asynchronous, virtual educational activities to complete, available on the clerkship earning module system site. Students are also matched with a faculty preceptor to guide their development of a final presentation on a topic of their choice. Initially, this was the clerkship director, but now a dedicated faculty member to increase students' exposure to a variety of preceptors. The preceptor meets with the student during the month-long clerkship. The student presents a brief presentation on the topic they selected, receiving individuated feedback form the preceptor. Participation and student engagement in this voluntarily program is recorded in the student comments that are eventually included in the Dean's Letter. At any point, students can opt to stop the program without any adverse effect on their final grade.

Results: There have been approximately 40 student participants in the Psych Scholars Program since its inception. We now describe the process by which the program was set up and describe NRMP Match trends for students who opted to participate.

Discussion: The pandemic forced changes to curricular offerings during the regular four-week clerkship that have since proven effective tools for student engagement. As students seek new ways to distinguish themselves for residency recruitment, voluntary programs such as the Psychiatry Scholars Program are a low-resource, but pro-learner technique by which students can demonstrate interest in psychiatry, engage with additional preceptors, and take an active role in their individualized learning.

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12. Association of Directors in Medical Student Education in Psychiatry's Clinical Simulation Initiative Years 6-12

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Background: In order to meet licensing body requirements for medical education, medical schools are tasked with providing "comparable educational experiences and equivalent methods of assessment across all locations within a given course and clerkship to ensure that all medical students achieve the same medical education program objectives." [1] Simulation and case-based learning strategies have become mainstays in medical education to fulfill this need, and several medical specialties have since developed paid standardized case banks for this purpose. The Association of Directors of Medical Student Education in Psychiatry (ADMSEP) developed a taskforce to develop quality electronic learning modules to complement clinical exposure for medical students in psychiatry in 2010. This task force evolved to become the Clinical Simulation Initiative (CSI) Committee. The mission of the CSI Committee is to develop and maintain a database of free interactive electronic learning modules (eModules) to provide comprehensive coverage of ADMSEP Key Diagnoses for Medical Students [2]. In 2017, the ADMSEP CSI Committee published the first 6 years of evaluation and impact of this project. [3] This poster will review years 6-12 of CSI progress, impact, and future directions.

Objectives:

1. Describe changes in the general steps of CSI eModule production since 2016
2. List eModules that are currently available on the ADMSEP website
3. Analyze usage data of CSI eModules since 2016

Methods: The blueprint of eModule creation were described in Hawa et al [3] and is largely still used. Although modules from a broad variety of topics in psychiatry are encouraged, those that address the ADMSEP Key Diagnoses for Medical Students are prioritized. In response to barriers identified by module creators and a decrease in module completions, submission to MedEdPORTAL was made optional in 2019. Additionally, with changes in the diagnostic criteria and advances in treatment of psychiatric disorders, as well as changes in plugin support for web browser content, the CSI Committee has facilitated updates to the original eModules posted on the ADMSEP site. Members create eModules based on their areas of medical expertise, with mentorship and peer review provided by current and past committee Chairs via teleconference and email. The published modules are hosted on ADMSEP's server for free web viewing. Educators can decide how to employ the eModules to address their learners' needs, e.g. either utilize the entire module or just segments (individual video clips for some of the modules are also posted on the website). ADMSEP has continued to provide access to administrative support, software, and grants. With the increase in CSI submissions and views, grant funding has been increased to support completion of more eModules.

Results: There are 21 eModules currently published to the ADMSEP website, including: ADHD, Anxiety Disorders, Pediatric Anxiety Disorder, Social Anxiety Disorder, Adjustment Disorder, Bipolar Disorder, Capacity Evaluations, Child and Adolescent Eating Disorders, Childhood Post Traumatic Stress Disorder, Informed Consent, Insomnia, Major Depressive Disorder, Geriatric Depression (2 parts), Insomnia, Neurocognitive Disorders/Dementia, OCD, Opioid Risk Reduction and Overdose Resuscitation, Personality Disorders, The Psychiatric Interview, Psychotic Disorders, and Somatic Symptom Disorder. Modules in progress include: Autism Spectrum Disorder and Intellectual Disability, PTSD, and ECT. Since 2016, CSI has presented two workshops at ADMSEP and three international presentations. ADMSEP began collecting web statistics in February 2013. Over the past 6 years, modules have comprised 62.1% of the traffic on the ADMSEP website and have been viewed over 422,057 times by people in over 173 countries. The CSI modules experienced peak viewership during the academic year 2019-2020 (specifically April 2020), with 43,467 page views by people in 43 countries. This happened to roughly coincide in time with the COVID-19-induced nationwide medical school virtual education implementation. The most popular module during academic year 2021-2022 was "The Psychiatric Interview" with 10,236 views.

Discussion: The ADMSEP CSI eModules continue to increase in popularity as a free, open-access medical education resource. These modules represent, to our knowledge, the first free, peer-reviewed, comprehensive content delivery resource for undergraduate medical student education in psychiatry with international use. The increase in viewership during and after the COVID-19 pandemic illustrates the need for high-quality web-based accessible content in psychiatry education. Future directions include ongoing content updates for current eModules and adding topics identified by members as areas of need. Engagement with the modules across several countries also poses the possibility of international collaboration in module updates and new module development.

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13. Climate Change and Mental Health: Filling An Urgent Curriculum Gap

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Background: Climate change is "the single biggest health threat facing humanity (WHO, 2021), with direct and indirect impacts on mental health (Hayes et al., 2018). Incorporating climate health education into medical school curricula is increasingly necessary (Seritan et al., 2022) to prepare the psychiatric workforce for increasing demands from climate change (Hwong et al., 2021). We present a response to multiple calls for curriculum development with a novel introductory module on climate change and mental health.

Objectives:

1. Provide a practical medical student education resource on the impacts of climate change on mental health
2. Focus on increased subject matter knowledge, comfort communicating with patients and peers on the connection between climate change and health
3. Acquire a sense of preparation to take action to limit the effects of climate change of human health, and
4. Increase awareness of the available resources on climate change and human health

Methods: We developed a novel one-hour introductory didactic on the mental health impacts of climate change and potential solutions utilizing expertise from the national Climate Psychiatry Alliance. The didactic was delivered to a new group of third-year psychiatry clerkship medical students every four-weeks over a period of ten months in an active learning format using informational slides, discussion prompts and multiple choice questions. We asked the students attending to complete pre and post-didactic surveys to assess the impact on our identified learning objectives. Our IRB-approved survey contained four Likert scale questions measuring student's knowledge, comfort communicating, preparedness to take action, and awareness of resources pertaining to climate change and two qualitative feedback questions.

Results: The results demonstrated that students agreed significantly more with items post-didactic than pre-didactic. Seventy students participated in the didactic, with forty-nine students completing the pre and post-didactic surveys. We analyzed these forty-nine responses with paired T-tests for overall change and change in individual questions. The mean increase across all questions was 1.17 ($p<.001$ and confidence interval of 0.85 -1.48). When analyzed individually, each question showed a significant increase in mean score with $P<0.01$ and all confidence intervals not containing zero. Awareness of resources on climate change and human health showed the largest mean increase of 1.71 ($P<0.001$).

Discussion: The introductory didactic developed for psychiatry clerkship medical students at Wright State University effectively filled an urgent need in medical education curricula regarding climate change's effects on human health. Participating students identified low levels in knowledge, comfort, preparedness to address the issue, and awareness of resources pertaining to this topic based on pre-didactic survey results. By incorporating active learning modalities into the didactic, students were expected to apply the knowledge gained within the same session. All four areas measured saw statistically significant increases in post-didactic results when compared to pre-didactic, which supports the didactic's efficacy in addressing these knowledge gaps. Overall, these results suggest that this novel content serves a valuable role in medical student education as the effects of climate change, particularly on mental health, continue to progress throughout this century.

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14. Designing a Transgender Mental Health Clinic at a Tertiary Academic Medical Center

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Background: Transgender and gender diverse (TGD) refer to individuals who experience incongruence between their natal sex and gender identity. TGD individuals may choose to pursue gender-affirming treatment (e.g. hormones, surgery, voice training, etc.) which may require an evaluation and letter of readiness from a mental health provider. Additionally, TGD individuals report increased rates of mental health symptoms, including suicidal ideation and suicide, and disproportionately experience health disparities such as homelessness, unemployment, violence, and limited access to health care. In June 2020, Northwestern Medicine launched the Gender Pathways Program (GPP) to provide a multidisciplinary approach to gender affirming treatment for the TGD population. In response, the authors proposed designing a TGD mental health clinic to better meet the needs of this patient population within the Northwestern psychiatry department and provide a unique educational opportunity for psychiatry residents and medical students.**Objectives:**

1. Discuss approach to curriculum design for a transgender mental health clinic for both psychiatry residents and medical students

Methods: The authors utilized Thomas and Kern's six step approach for curriculum design for medical education methodology to design the TGD clinic elective experience. Key stakeholders were identified and targeted needs assessments were conducted with two key stakeholder groups:

1. Psychiatry residents were anonymously surveyed about perceived knowledge, comfort level, and interest in treating the mental health concerns of TGD population.

2. TGD community members participated in virtual focus groups focused on identifying areas of need and services desired from a TGD-specific mental health clinic at Northwestern (IRB STU00214775). The authors piloted the TGD elective during the 2021-2022 academic year during their PGY-4 year, and continued to refine patient referral and screening processes, optimized clinic workflow, and identified learning objectives and educational strategies for the elective experience.

Results: Step 1: Problem Identification Northwestern GPP begins providing gender-affirming treatment to the TGD community, thereby uncovering a need for gender-affirming mental health care. Psychiatry residents report limited confidence in treating mental health care needs of TGD population.

Step 2: Needs Assessment

• Psychiatry Residents: Thirteen residents completed the anonymous survey. 85% of residents expressed interest in participating in the TGD clinic elective and 100% were interested in viewing associated curriculum. Additional results are summarized in Figure 2.

• TGD Community Members: Twenty-four community members participated in the focus groups. Common themes included emphasis on using gender-affirming language, preference for electronic communication with clinic staff when able, availability of gender neutral bathrooms, desire for a variety of clinical services (e.g. medication management, individual therapy, support groups, ADHD and autism evaluation, etc.), case management, insurance navigation, and sliding scale payment methods.

Steps 3 & 4: Learning Objectives and Educational Strategies See Figure 3

Step 5: Implementation The clinic model, referral and screening process, and sample schedule template are detailed in Figure 4. A total of twenty-nine new patients were seen between June 2021-January 2022. The most-requested service was letter writing (75.9%), followed by individual therapy (58.6%), and medication management (41.4%). The majority of patients were seen for a one-time mental health evaluation (55.2%).

Step 6: Evaluation and Feedback Ongoing evaluation and feedback is in process with the current resident class.**Discussion:** The TGD mental health clinic was proposed as a means of offering specialized mental health care to the growing population of TGD patients served by the GPP and wider Northwestern organization. Results from the resident needs assessment identified knowledge gaps and limited comfort in providing care to TGD patients, however the unanimous interest in increased curricular and clinical opportunities to care for TGD patients guided creation of this clinic as a resident-run elective experience. Medical students rotating through their third year psychiatry clerkship had a unique opportunity to participate in this clinical experience. The results from the TGD community needs assessment helped shape referral and screening processes and will guide future clinical service offerings. Creation of learning objectives with associated educational strategies will help guide resident evaluation methods. The TGD mental health clinic is now active in its second year, as a resident-run, faculty supervised, PGY-4 elective clinic focused on serving the mental health needs of the TGD population in collaboration with the wider GPP at Northwestern.

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15. Effects of Stigmatizing Language on Clinical Attitudes and Decision-Making Associated with Substance Use Disorders

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Background: Substance use disorders (SUD) continue to be one of the most stigmatized, under-recognized, and under-treated conditions in the U.S. A National Survey on Drug Use and Health (SAMHSA 2021) showed that in 2020, 40.3 million people aged 12 or older (or 14.5% of the general population) had a SUD in the past year. Of those above the age of 12 who were classified as needing substance use treatment, only 4.0 million people received treatment (SAMHSA 2021). SUD stigmatization remains a major reason preventing patients from seeking care (Volkow 2020). Stigma and bias from healthcare workers remain prevalent (Van Boekel et al., 2013), likely perpetuated by gaps in SUD education during medical training (Muvvala et al. 2020). The use of negative and stigmatizing language by healthcare professionals can transmit bias to others in healthcare, including to medical trainees (Goddu et al., 2018; Park et al., 2021; Zwick et al., 2020). The use of such stigmatizing language negatively impacts healthcare professional's attitudes towards patients with SUDs (Kelly et al., 2010). Medical school education presents an opportunity to elevate awareness of SUD bias and to arm future physicians with tools that counteract stigma (Renner 2019; Ram et al., 2016; Moses et al., 2021).**Objectives:**

1. To assess the general effects of addiction medicine curricula on medical student attitudes and clinical decision-making related to SUDs
2. To determine whether stigmatizing language influences participant clinical attitudes and decision-making toward a hypothetical patient with SUD
3. To identify curricular elements that reduce stigma-related attitudes and improve clinical decision-making for treating SUDs

Methods: Students from three Chicago area medical colleges were recruited to complete an online survey and answer questions regarding a clinical vignette. The vignette depicted a patient experiencing opioid withdrawal, and the clinical scenario was described utilizing neutral language (group 1) or stigmatizing language (group 2). Participants were asked to make treatment decisions, complete a modified Medical Condition Regard Scale (mMCRS) to assess bias, and answer questions regarding their experience with addiction medicine curricula.

Results: A one-way ANOVA revealed a significant difference ($p=0.027$) for treatment scores of students exposed to stigmatizing versus neutral (non-stigmatizing) vignettes. Students exposed to neutral (non-stigmatizing) vignettes ($n=175$) were more likely to choose treatments which would offer more relief from opioid withdrawal symptoms (treatment score $\mu=3$ .76) than participants exposed to stigmatizing vignettes ($n=191$; $\mu=3.42$). Students' attitudes towards patients, however, did not differ for the two vignettes ($p=0.085$). As significant association ($R=0.251$; $p<0.001$) was identified between students' positive attitudes (mMCRS) toward SUD patients and choosing treatments which would offer more relief from opioid withdrawal symptoms. The amount of exposure to addiction medicine curricula significantly predicted students' positive attitudes toward SUD patients, based on their mMCRS scores ($\beta=0.106$; $R2=0.011$; $p=0.044$). A significant positive relationship ($p<0.001$) was also reported between addiction medicine exposure and choosing treatments which would offer more relief from opioid withdrawal symptoms ($\beta=0.181$; $R2=0.033$; $p<0.001$).

Discussion: These results support past research indicating that stigmatizing versus neutral language can impact clinical decision-making by medical trainees (Goddu et al. 2018). The results indicated that 1) positive attitudes towards patients suffering with SUDs correlated with choosing treatments that would provide more relief from opioid withdrawal symptoms, and 2) greater addiction medicine training in medical school is associated with positive attitudes towards patients with SUDs. More studies are needed to determine particular curricular elements that have most impact on attitudes and clinical decision-making for SUD treatment.

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16. Exposing Students to a Multi-Disciplinary Approach for Assessment and Treatment of Cognitive Disorders

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Background: In July 2012, the Institute of Medicine (IOM) released a report outlining the mental health and substance use workforce needs for the growing population of older adults in the USA. The IOM report, The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?, documents the high prevalence of mental health and substance use issues among older adults, the interaction between these issues and physical health, and the changes needed in legislation, training, and reimbursement to provide quality care for the nation's older population. In the past 10 years since the report, the dire shortage of geriatric psychiatrists has continued. Fewer than 40% of geriatric psychiatry fellowship slots fill nationwide annually. Currently there are about 1,700 board-certified geriatric psychiatrists in the United States – one for every 23,000 older Americans. That ratio is estimated to diminish to one geriatric psychiatrist for every 27,000 individuals 65 and older by 2030. As such, it is critical to expose students to the field of geriatric psychiatry--both to attract students who might ultimately pursue geriatric psychiatry as a subspecialty, and also to provide a clinical toolkit for students who may not become geriatric psychiatrists but may be front-line for treatment of geriatric mental health in general adult psychiatry, internal medicine, family medicine, primary care, neurology, and other specialties.

The Cognitive Disorders Elective was designed at the University of Connecticut to expose students to a collaborative, multi-disciplinary approach for the assessment and treatment of cognitive disorders. Students' experience includes a primary clinical focus in geriatric psychiatry with clinical time also spent in geriatric medicine, neuropsychology, neurology, and speech-language pathology clinics in which the primary focus is memory assessment and treatment of dementia. Additionally, students spend several half-days with a neuro-radiologist. Students rotate in several levels of care including outpatient clinic, skilled nursing facility, and assisted living facility. The experience is complemented by didactics on topics related to cognitive disorders and associated readings. By incorporating a multi-disciplinary approach, students with a variety of career goals enroll in the elective, thereby improving knowledge about geriatric psychiatry for future psychiatrists and non-psychiatrists alike.

Objectives:

1. Recognize the need for increased exposure to geriatric psychiatry among medical students.
2. Describe how the Cognitive Disorders Elective at the University of Connecticut utilizes multi-disciplinary clinics to enhance medical students' understanding of neurocognitive disorders.
3. Review Likert scale data from course evaluations as well as students' pre- and post-elective test data to demonstrate effectiveness of course.

Methods: Target sample: Medical students at the University of Connecticut School of Medicine and visiting medical students.

Setting: Outpatient clinics, skilled nursing facilities, and assisted living facilities. Clinical supervision is provided under the supervision of attendings and staff in geriatric psychiatry, geriatric medicine, neurology, neuropsychology, radiology, and speech-language pathology.

Duration: 2019 to present

Primary outcome measures: Pre- and post-elective tests; Likert scale data from course evaluations

Results: We show statistically significant improvement from students' pre- to post-elective test scores, demonstrating improved understanding of cognitive disorders. Likert scale data supports that students rate the elective as good to excellent and that the quality of precepting across clinical services was excellent.

Discussion: We show that the Cognitive Disorders Elective at the University of Connecticut School of Medicine effectively teaches students about cognitive disorders in a way that is rated as ranked consistently as good to excellent. Spreading clinical experiences across specialties did not detract from students' experience as quality of precepting was rated excellent. We also demonstrate enrollment of students who apply to different specialties, thus enhancing knowledge of geriatric psychiatry both for future psychiatrists and for physicians in other specialties who may interact with older adults suffering from cognitive disorders.

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17. Humility – too much of a "good" thing? Self-perceived inferiority among female medical students despite equivalent academic performance

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Background: Imposter syndrome, or imposterism, has been defined as underrecognizing one's skills and competence and misattributing career success as undeserved. It is more prevalent in women than men and is especially relevant to medical students and early career physicians.[1, 3, 4] Furthermore, physician burnout is increasing, and imposter syndrome is an identified risk factor for burnout in medical students.[2] Medical school is an important time to provide education and interventions for burnout and imposter syndrome,[3] especially since physicians' self-perceived competence does not rebound once it has been achieved by objective measure.[5]

Objectives:

1. Determine if medical students' self-assessment of their abilities and performance differed by gender.
2. Determine whether any identified differences in self-assessment were reflected in test scores or clinical evaluations from educators.

Methods: We gathered data from medical students who participated in the Psychiatry Core Clerkship at the University of Iowa Carver College of Medicine between the dates of January 2021 and September 2022. Students completed a mid-clerkship self-assessment on various aspects of clinical skill, rating themselves as Below, At, or Above Expected Level for each item. The self-assessment form was composed of 14 items across five domains: Knowledge/Clinical Reasoning, Differential Diagnosis, Data Presentation, Studying Skills, and Teamwork. Gender was confirmed by the College of Medicine directory in which students provided their gender identity and preferred pronouns. Students who did not submit their self-assessment were excluded from analysis. The clerkship course site was accessed to obtain NBME Shelf exam scores and clinical evaluation scores for each student during the same time period. Self-assessment data was coded on a numerical scale and statistical analysis was performed using Student's T-test.

Results: 270 medical students were enrolled in the Psychiatry Core Clerkship during the study period. Of these students, 123 female and 114 male students were included in the analysis. Female students rated their performance below male peers in the domains of knowledge, studying, and teamwork. Specifically, in the Knowledge domain they self-perceive lower performance on clerkship-specific medical knowledge, clinical reasoning, and differential diagnosis. With regards to the Studying Skills domain, they provided lower self-rating on their ability to balance clinical work and studying, and to keep up with clerkship assignments. In the Teamwork domain, they self-rated lower ability to understand their role on the team, to interact with other team members, and to function as part of the team. NBME shelf exam scores were not different between men and women. Clinical Evaluation scores, which were composite scores from male and female residents and faculty members, also showed no difference in clinical performance between male and female students.

Discussion: To our knowledge, this is the first study to demonstrate that female medical students are more likely to underrate their performance when compared to their male peers in clinical knowledge, studying skills, and teamwork. Knowledge, as assessed by a standardized test, and clinical evaluation scores by multiple medical student educators show that there is no meaningful difference in performance between men and women, calling attention to the inaccuracy of their self-assessment. Individual meetings in which students rate their performance may present a unique opportunity for educators to intervene regarding imposter syndrome. Educators must focus more attention to pointing out these differences to women to decrease disparity, raise awareness, and normalize and address the experience of imposter syndrome.6 Further studies may be aimed at determining if this gender difference in self-assessment occurs in other specialties, especially in more female predominant fields, and if it persists into graduate medical training. It would also be worth studying the impact of and interventions for imposter syndrome in other underrepresented populations in medicine. Additionally, it will be important to study the emotional effects of lower self-rating on students and physicians, how this relates to burnout, and what can be done to prevent or mitigate emotional injury from this common phenomenon. Ultimately, this study highlights how early recognition of imposter syndrome can address this growing problem and improve the medical education landscape.

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18. Finding Needles in the Haystacks: Results of a scoping review of methods of evaluating medical student performance

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Background: There has been a search for a more holistic and competency based assessment tools for residency programs to choose their candidates. A long-standing problem that has been fast tracked since The Federation of State of Medical Boards and NBME announced that USMLE Step 1 is now Pass/Fail and the discontinuation of a relaunch of the Step 2 Clinical Skills Examination. As these changes of how our student's knowledge and skills sets are assessed and compared with their peers continue to occur, the Coalition for Physician Accountability convened the Undergraduate Medical Education to Graduate Medical Education Review Committee (UGRC) to work on challenges and solution to improve the UME to GME transition. Residency program directors have historically used Step 1 scores, in addition to other factors, as a means of attempting to differentiate those students for residency selection. Step 1 scores are used in many cases as a preliminary screening method to remove students from consideration who score below a selected threshold score on Step 1. I the absence of this information, program directors are looking for additional performance measures to help guide their selection of residents.

The Association of Directors of Medical Student Education in Psychiatry convened a task force to determine best practices for psychiatry educators regarding how best to serve the needs of program directors to differentiate applicants without a Step 1 score. We examine data for a holistic review of applicants and a focus on competency-based assessments on student performance. Our desired outcome is to identify performance measures that offer program directors a means of differentiating the level of achievement of applicants. In order to accomplish this, we chose to look at current literature describing evaluation of medical student performance.

Objectives:

1. Identify methods of more holistic reviews of applicants for residency programs
2. Cite competency based assessments of medical students' knowledge and skill set
3. Develop a psychiatry-specific workplace evaluation for standardized assessments to provide guidance for letters of recommendation and MSPE comments

Methods: We narrowed our search question to "What assessments of medical students in clinical training have been published with validity evidence to describe student performance?"

We elected to use a scoping methodology because preliminary searches had revealed a complex and heterogeneous body of literature and our research question was exploratory. We wanted to describe the broad field of assessment tools with (or without) validity evidence and intended to focus on practical applications to ensure relevance for medical educators. As such, we examine the various assessment tools, but we do not seek to be exhaustive.

We followed established PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines for our article selection process. An experienced research librarian helped with the process and designed the search strategy. The librarian ran the search in PubMed… through April 2021.

The inclusion criteria on this review included medical students as subjects, medical student performance (qualitative or quantitative). The exclusion criteria included any other type of learner (our search yielded articles about podiatry, veterinary medicine, continuing medical education), validation studies of a teaching method (for example, exam performance improvement after implementation of a Team-Based learning intervention), explanation of teaching method, surveys on student comfort or confidence on a task, surveys on experiences with a learning method, identification of gaps in learning. We limited the search parameters to English language, articles published since 2004 when Step 2 CS came into existence and changed much of our teaching and assessments.

The members from the Association of Directors of Medical Student Education in Psychiatry were invited/appointed to join the task force and one assessment expert was invited. The group divided into pairs to begin reviewing sets of articles using the inclusion and exclusion criteria. Each member of the pair reviewed the titles and abstracts independently, and then the pair met to compare and reach consensus about including the article for further consideration or excluding it from discussion.

Full-text articles were then assessed and analyzed by different pairs of authors for eligibility based on the inclusion and exclusion criteria. Prior to the assessment of full-text articles, we spent extended period to pilot the charting form with 8 articles among the whole team about the key information of the source such as types of assessment and validity evidence. The group discussed gaps and discrepancies to ensure that all information will be captured appropriately.**Results:** The MSPE Task Force identified 278 articles meeting our search criteria. Two members of the task force completed full text review of all articles and excluded 30 (final number to be determined). The remaining 248 (final number to be determined) articles were then tagged and key content extracted for use in this review.

Our poster will report the key findings of this scoping review. We will include qualitative and quantitative data, where available, describing the validity and reliability of medical student performance measures. We will also report significant findings of correlation of

identified performance measures with subsequent residency performance.

Discussion: There are many medical student performance measures that could be considered in lieu of the historical reliance on USMLE Step 1 scores. Our poster will report those measures that appear to be most promising, with suggestion for their use. There remains need for further research to identify valid a reliable means to differentiate medical students for the purpose of residency selection.

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19. Improving Medical Students' Recognition of Patients in Need of Medical Assisted Treatment for Opiate Use Disorders

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William Briscoe, MD, Eastern Virginia Medical School
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Background: Medication assisted treatment for opioid use disorders is a well-established treatment that reduces morbidity and mortality and decreases illicit opiate use among people with opioid use disorders (Substance Abuse and Mental Health Services Administration 2022). There are currently four FDA approved pharmacotherapies for opioid use disorders: methadone, buprenorphine, buprenorphine combined with naloxone (hereinafter referred to as buprenorphine), and naltrexone.

There is a significant gap between the number of patients with opioid use disorder and the number of patients enrolled in an opioid use disorder treatment program and on medication assisted treatment. Multiple factors contribute to this large gap, including systems-level barriers such as limited insurance coverage, availability of treatment program, patient-level barriers (such as knowledge of how to initiate/maintain MAT) the stigma of being on MAT (Jones, Campopiano et al. (2015). There are also provider-level barriers, such as willingness to prescribe and recognition of appropriate patients to refer to MAT programs (Scott, Dennis et al. 2020)

This latter issue is of critical importance for improving substance use outcomes since only a minority of patients self-present to substance use treatment programs. Medical hospitals and general and specialty clinics are opportune settings for initiating MAT because patients with opioid use disorder often present with medical complications related to opioid use disorder. Therefore, improving providers' knowledge of the indications for methadone and buprenorphine for OUD and which patients would benefit from referral to MAT programs is a key factor in improving outcomes for patients with substance use disorders.

Medical students are taught about opioid use disorder and the pharmacology for MAT in various courses and clerkships, and at USF Morsani College of Medicine, students learn about substance use disorders during their second year behavioral sciences courses, during their Doctoring courses which occur ½ day per week during all 4 years, and during their third year psychiatry clerkship. During their third year psychiatry clerkship, students have a didactic on substance use disorders, as well as a small group case conference that covers substance use disorders, focusing on opioid use disorders and MAT. Medical students then take the eight hour training course required to become a licensed buprenorphine prescriber during their 4th year of medical school. However, most medical students do not have the opportunity to treat a significant number of patients with OUD or discuss MAT, which may diminish their attention to treatment and referral of patients with OUD once they are in practice.

Objectives:

1. Analyze student's ability to recognize need for referral to MAT on a patient case of opioid use disorder during their end of clerkship standardized patient clinical exam, as well as during their end of year standardized patient clinical exam
2. Evaluate if requiring students to discuss MAT with two patients during their clerkship improves their ability to refer patients on their end of clerkship exam and end of year exams

Methods: During the 2021-2022 academic year, students took an end of clerkship final exam (CPX) in which they evaluated live standardized patients and answered specific questions. One of the standardized patients is a patient with opioid use disorder who would benefit from MAT, and one of the questions on their write-up asks students what treatment would be appropriate to offer that patient. Students also are taking an end of the year Comprehensive Clinical Practical Exam (CCPX), and one of the patient scenarios is also a patient with opioid use disorder who would benefit from MAT, and on their write up, students are again asked what treatments should be offered.

In the academic year of 2022-2023, students are required to participate in discussing the benefits of MAT with two real patients and will have to log and attest to having done this. The number of students who indicated they would start their standardized patient on MAT or refer their patient to a MAT program on their end of clerkship exam and end of year exam will be compared between academic years 2021-2022 and academic year 2022-2023.

Results: Responses from 94 students from AY 2021-2022 end of clerkship exam were evaluated. Of those, 62 students (66%) specified they would refer to the standardized patient on the end of clerkship exam to medication assisted treatment. Ten students (10%) specified they would refer to a substance use clinic without providing further details. Results from the end of year exam, and responses from academic year 2022-2023 are still being collected..

Discussion: The United States does not have nearly enough psychiatrists, and 156 million people live in a federally designated mental health professional shortage area (Bureau of Health Workforce 2022). Additionally, more than half of US counties lack any psychiatrists at all(Beck, Page et al. 2018). Yet, 9.5 million people, or 3.4 percent of the population, are estimated to misuse opioids in one year (Substance Abuse and Mental Health Services Administration 2021) and in the same year 66,830 people died from overdose on opioids(Centers for Disease Control and Prevention 2022). Evidence supporting medication for opioid use disorders is unequivocal, and has even been shown to reduce opioid-related mortality. However, given the large gap between the number of people who misuse opioids and the number of psychiatrists, it is essential to increase other physicians' comfort and awareness regarding referral of these patients for treatment. If this curricular change demonstrates a change in medical students' behavior at least over the course of the AY, this may be one method by which we can increase the number of patients receiving standard care for opioid use disorder.

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20. Perceptions of Bias in Clerkship Evaluations: A Multi-Institutional Survey of Preceptors

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Background: Though clerkship grades are typically viewed as objective, there is variation in grading nationally and within institutions and much of the grade is typically based on subjective attending assessment [1]. Despite this, clerkship grades have been traditionally considered among the objective measures both to show how a student has done during their clerkship and by residency directors in the selection of residents along with class rank and United States Medical Licensing Examination (USMLE) Step 1 and 2 scores. [2] Attendings clinical evaluations do not correlate with OSCE or NBME scores but do correlate with personality that reflect positive elements of extraversion, agreeableness, and conscientiousness [3]. Grading can also be influenced by the implicit bias of supervising physicians and perpetuate gender racial inequities [4, 5]. In fact, a survey of U.S. medical students found and association between underrepresented minorities and lower grades in all clerkships [6]. A multi-institutional study of U.S. students' perceptions showed that the majority did not feel grading was fair and had concerns about accuracy [7]. There are not similar quantitative multi-institutional studies looking at whether attendings think their clinical grading is fair, accurate, and unbiased so we surveyed faculty who grade in clerkships to determine the faculty perception of implicit bias in their grading of clerkship medical students.

Objectives:

1. Survey faculty who grade in clerkships at four institutions
2. Determine the faculty perception of implicit bias in their grading of clerkship medical students

Methods: An anonymous survey link was emailed to teaching faculty from the clerkship director in their specialty at their institution in February of 2022 with two reminder emails spaced one week apart. A total of 1598 faculty were emailed across four participating sites: Yale, Rush, University of Texas – Southwestern, and University of Washington. The schools were chosen for geographical distribution and to provide a balance between public and private institutions. This study was declared exempt by the Institutional Review Boards of each institution.

An 18-item survey was devised after reviewing guidelines for survey-based research [8, 9] and after a literature review basing questions on two surveys of medical students about clerkship grading [7,10] and another study of university students about fairness in grading [11]. The survey was then created in REDCAP consisting of ten questions about their general beliefs about student performance and grading, four questions about their comfort in discussing discrimination based on race, gender, sexual orientation, and age with students, and four questions about whether they believe discrimination based on those same things impacts grading, along with six demographic items: age, gender, race, ethnicity, medical specialty and current medical school.

Results: A total of 1598 faculty were emailed and 341 responded yielding an overall response rate of 21%. We are analyzing our survey results.

Discussion: Since there are no larger studies looking at multiple sites, we hoped to add to the literature. This is an important topic because while individual assessors may have small differences in rating, these amplify overtime and consistently favor non-UIM students [12].

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21. Teaching Patient-Centered Psychiatric and Substance Use History Taking—a multimodal approach

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Background: The use of simulated patients and scenarios for psychiatric history-taking skills is an effective method for building medical students' knowledge and confidence. 1,2,3,4,5

Much of the criticism for the use of simulated patients for psychiatric topics focuses on the ability of standardized patients to realistically portray psychiatric symptoms and clinical situations. 3,4

Our pilot, 1-day course introduces the psychiatric history taking and substance use history to first year medical students from a realistic, multidimensional scenario requiring the use of sensitive language.

Our pilot is unique in that it presents a case typically seen in a family medicine clinic. Facilitators help students practice asking sensitive questions, while also introducing the psychiatric and substance use history from a patient-centered perspective.

Objectives:

1. Evaluate the effectiveness of a collaborative, multi-modal approach to introducing first year medical students to the psychiatric interview, with an emphasis on substance use history taking
2. Introduce psychiatric and substance use history taking in the context of a family medicine clinic, with input from family medicine and psychiatry faculty and residents
3. Discuss stigmatizing language related to substance use and psychiatric disorders early in medical education, in a safe and inclusive setting. Encourage person-first language
4. Introduce basic concepts of trauma informed care

Methods: Students watched a pre-recorded lecture introducing the psychiatric interview and how it compares to the medical interview.

Students participated in a simulated patient encounter taking place in a family medicine clinic. The patient presented with depression and pain in the context of underlying severe opioid use disorder.

Facilitators were instructed to focus on person-first language, practice compassionate and effective communication, and incorporate trauma-informed care.

Students were encouraged to practice asking difficult questions, such asking about thoughts of suicide or consequences of substance use.

Anonymous, post-session surveys were distributed to students to assess comfort level conducting psychiatric and substance use patient histories.

Results: There was a 56.7% improvement in self-reported comfort in taking psychiatric patient histories before and after the session (N=74). Pre-session, only 25.67% of students responded that they felt "extremely" or "somewhat comfortable" taking a psychiatric patient history. Post session, this number increased to 82.37% of students.

Similarly, there was a 54.05% improvement in self-reported comfort in taking substance use patient stories (N=74). Pre-session, only 18.92% of students responded that they felt "extremely" or "somewhat comfortable" taking a substance use patient history. Post session, this number increased to 72.97% of students.

Student feedback was positive. The most common categories of feedback on areas of improvement for future sessions were (1) to provide dedicated, live didactic lectures on psychiatry and addition before the history-taking session, and (2) provide separate opportunities to practice history taking for psychiatry and substance use cases. Students reported feeling overwhelmed by the combined material in the simulated case; neither topic had been introduced to students as part of their coursework prior to this session.

Discussion: This is an effective way of introducing sensitive and important topics related to psychiatry early in medical school education. This approach demonstrates the generalizability and importance of psychiatric history taking.

Future studies should evaluate the effectiveness of combining family medicine and psychiatric history taking. Students reported feeling overwhelmed by the abundance of information introduced. It is unclear if this is detrimental to student learning versus increases curiosity and awareness of its complexity, a further area for exploration.

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22. Closing the Knowledge Gap in Informed Consent and Decision-Making Capacity Using the Electronic Health Record: A Pilot Study

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Background: Informed consent is a process by which a healthcare professional informs a patient about their current illness and presents the available treatment options with their respective risks and benefits so that the patient may make an informed decision about their medical care. A necessary component to informed consent is a patient who has the capacity to make this medical decision. Both decision-making capacity and informed consent are issues germane to patient care across all disciplines. Despite an abundance of literature supporting the value of bioethics training to medical trainees, there is no standard way to teach medical students and trainees about these key topics. Surveys of residents' performance in a variety of specialties confirm knowledge gaps and limited competency in the areas of informed consent and capacity assessments, suggesting that those assisting in the clinical education of medical students on these bioethics topics are not fully capable to do so. So far, curricula to teach decision-making capacity and informed consent to medical students and trainees have largely been restricted to didactics, case discussions, simulation training, clinical cases, or a combination of the above. One notable area of modern medicine that this leaves out is the option to utilize the electronic health record (EHR) as a way to support learning of these important clinical skills.

The current literature supports the utility of the EHR as a way to assist clinical decision-making on a variety of topics, including selection of hypertension medication, laboratory testing, precision drug dosing, and the provision of social-risk informed care. No study has yet looked at using the EHR as a clinical decision support tool for decision-making capacity assessments and whether this can improve knowledge on how to complete a decision-making capacity assessment.**Objectives:**

1. Design a decision-making capacity worksheet and implement broadly in our hospital system via an Epic dot phrase
2. Examine clinicians' knowledge of the four criteria in decision-making capacity assessments before and after the implementation of the capacity dot phrase
3. Assess implementation of the capacity dot phrase into clinical workflow across the health system
4. Identity areas of unmet need and areas for improvement in this educational and clinical tool

Methods: The capacity worksheet was developed in collaboration between the Departments of Psychiatry and Hospital Medicine. In addition to serving as a clinical decision support tool, the worksheet contains educational elements that are highlighted using italic lettering. The tool provides real-time support to clinicians by outlining Appelbaum's four necessary criteria in decision-making capacity assessments. It also encourages clinicians to include relevant patient quotes pertaining to each criterion. Educational elements within the tool include direction on when psychiatry consultation might be necessary, definitions of key terms, specific language to use during assessments, and how to apply the criteria in an assessment.

At its launch, the dot phrase was made available throughout the healthcare system. Given the frequency with which clinical teams encounter questions about decisional capacity, the initial phase of this pilot program focused on residents, attending physicians, and advanced practice providers within the Department of Hospital Medicine. These clinicians were invited to complete questionnaires before (February 2022) and four months after the launch of the capacity dot phrase (June 2022). Items in the questionnaires were designed to gauge interest in and/or need for education on capacity evaluations and assess knowledge of the four criteria in decision-making capacity assessments. The post-survey also included a section to assess respondents' use of the dot phrase in clinical practice. This pilot program also included in-person didactics in the form of a brief presentation providing education on decision-making capacity assessments and introducing the Epic dot phrase at a regularly scheduled House Staff meeting for the Department of Hospital Medicine, as well as brief presentations on the dot phrase to the Bioethics Committee at the hospital, which is made of a diverse group of physicians and residents from various specialties.

In order to assess utilization of the capacity dot phrase, a report was generated on Epic including all uses of the tool from its launch in February 2022 through July 2022. The report included the date the dot phrase was used and the clinical decision in question.

Our study design was submitted to the Cooper University Hospital Institutional Review Board and was deemed to fall under quality improvement/process improvement, and so no further review was required.

Results: Among respondents to the pre-implementation survey (n = 49), 85.8% reported encountering questions about decisional capacity on a regular basis and 87.8% agreed that an EHR-embedded tool to assist with capacity evaluations would be useful in clinical practice. Prior to the launch of the capacity dot phrase, 18.4% disagreed when asked if they felt confident in their ability to evaluate decisional capacity in their patients. In the post-implementation survey (n = 16) this percentage dropped to 12.5%. The post-survey further revealed that while only approximately half of respondents (50.1%) found the clinical decision support tool useful, 75% agreed that they would utilize it again for capacity evaluations.

Survey respondents' knowledge pertaining to decision-making capacity was assessed using a series of True or False questions. Of these six items, only two showed improvement between the pre- and post-survey. These results are shown in the attached table.

During the study period from February 2022 to July 2022, the mean number of uses of the capacity dot phrase per month was 20.7. There was a 540% increase in utilization throughout our health system during that time frame when comparing the first month of the study to the last month of the study. The attached figure shows the number of uses of the capacity dot phrase over time. During this study period, the clinical decision in question was "Declining intervention/medication" in 37.4% of uses, "Leaving AMA" in 23.6%, "Declining recommended disposition/transfer" in 17.1%, "Other" in 9.8%, and "Consenting to intervention/medication" in 8.9%. The remaining 2.4% of uses were for "Guardianship application".

Discussion: The pre- and post-implementation surveys generated results with several implications for the teaching of decision-making capacity evaluations. 85.8% of pre-survey respondents agreed that they encounter questions about decision-making capacity regularly, highlighting the relevance of this topic to clinical practice. Similarly, 87.8% of pre-survey respondents agreed that it would be useful to have an EHR-embedded clinical decision support tool, suggesting an existing need among clinicians for education on decision making

capacity assessment.

The results of the knowledge assessment portion of the surveys revealed that the capacity dot phrase and the brief presentations introducing it did not improve the knowledge base among respondents. These results, however, confirmed a knowledge gap among clinicians at our institution, including attendings and advanced practice providers. This is a significant finding since attendings and advanced practice providers are largely in charge of providing clinical teaching to medical students on informed consent and decision-making capacity and suggests that medical students may not be adequately or appropriately taught about these bioethics topics in the clinical setting. This may also contribute to the knowledge gaps seen among post-graduate trainees.

The increase in utilization of the capacity dot phrase over the study period has several important implications. First, this finding supports the need for clinical decision support tools related to decision-making capacity assessments. It further demonstrates that the EHR can be an effective way to disseminate educational and clinical tools to address knowledge gaps rapidly and across many disciplines and levels of training.

Limitations to our study include the small sample size in our survey, especially in the post-survey. The survey was also only sent to the hospitalist group of physicians and advanced practice providers and so the results may not be representative of the needs and impact across the whole hospital system. For example, we have heard from colleagues that the Epic Capacity Worksheet is also being used in the ambulatory setting across specialties, but we did not assess this group of clinicians. In addition, our utilization report includes psychiatry clinicians as well, so does not isolate the trends of hospitalist providers.

Moving forward, we will continue to assess the implementation and use of this decision-making capacity worksheet and obtain feedback from additional specialties. Based on our experience in consult-liaison psychiatry, we suspect that clinicians of different specialties and training levels may benefit from different types of education on decision-making capacity, and so we will assess the utility of adapting our worksheet to these different groups. Our findings also suggest that further investigation into the effectiveness in improving knowledge base by combining other methods of education, such as didactics and simulation training, with the EHR-embedded worksheet may be fruitful.

In conclusion, our pilot study supports the findings already in the literature of knowledge gaps in informed consent and decision-making capacity. Notably, our study suggests that even practicing attendings and advanced practice providers also have significant knowledge gaps in this area, which has significant negative implications for the clinical education of these important bioethical topics to our medical students and trainees. It also provides early data that a worksheet embedded in the EHR is an effective way to disseminate knowledge in an accessible and clinically relevant manner. However, the use of such an EHR-embedded worksheet may be more successful in bolstering knowledge if coupled with other educational sessions, like formal didactics. Ultimately, further study in the education of medical trainees and other clinicians of informed consent and decision-making capacity area is needed.

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23. Pre-Clerkship Self-Assessment and Sharing of Prior Performance Trends Improves Psychiatry Shelf Exam Performance

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Background: Since the USMLE Step 1 Exam (Step 1) became pass/fail in January of 2022, students spend less time studying for Step 1 (Girard et al, 2022), and subsequently enter clerkships with less consolidated clinical knowledge. At an institution in which the grading for NBME shelf exams (shelfs) had also shifted to pass/fail, this compounded into overall poorer performance on shelfs, including an increase in shelf failures despite stably high MCAT scores prior to admission. Thus, following the switch of Step 1 to binary grading, clerkship directors faced increasing challenges in motivating students to study without the driver of consequential quantitative scoring. This is particularly important because (1) It has been shown that shelf scores positively correlate with USMLE Step 2 Clinical Knowledge Exam (Step 2 CK) performance (Fitz et al, 2022; Jacobparayil et al, 2022) and (2) Since the conversion of Step 1 to binary grading, multiple studies surveying residency program directors have indicated that the residency admission selection process now relies more heavily on Step 2 CK scores and clerkship performance (Fan et al, 2022; Mun et al, 2022; O'Mary et al, 2022; Patel et al, 2022; Sorour et al, 2022; Stein et al, 2022; White-Dzuro et al, 2022).

Objectives:

1. Assess trends in Psychiatry clerkship shelf scores following conversion of shelf and Step 1 scoring to pass/fail at one US medical school.
2. Develop, implement, and assess efficacy of an intervention to improve psychiatry shelf performance in the setting of pass/fail grading

Methods: To meet objective 1, Psychiatry clerkship shelf scores were compared across academic years including years prior to conversion of the shelf to pass/fail, during years when the shelf was pass/fail but Step 1 was still quantitative, and following the conversion of Step 1 to pass/fail. Means and medians of percentiles, ranges, standard deviation, number of students who failed, and percent of total students who failed were calculated. A student was considered to fail if they scored 10th percentile nationally or lower on the shelf.

To meet objective 2, a 100-question self-assessment was derived from clerkship learning objectives and popular study resources to measure students' baseline level of clinical knowledge at the beginning of the clerkship block. Questions were designed such that a correct response relied on knowledge of a specific clinical fact rather than test taking skills or clinical reasoning. Kahoot learning game software was used as the platform for question administration. To determine if this initial self-assessment correlated with end of clerkship shelf performance, scores from both were analyzed in a pilot group of 12 students. Based on these initial results, students who did the clerkship later in the year were informed that the pilot students shelf scores were within 5-10 points of their initial self-assessment. The above information was conveyed to students both verbally during clerkship orientation and by email, along with instruction to take the self-assessment during the first week of clerkship, preferably the first day. Students were encouraged to use their self-assessment scores to gauge how much studying they had to do. In addition, like prior years, students were provided with specific study recommendations. Subsequent scores from self-assessments and shelfs were analyzed by calculating means and medians of percentiles, ranges, standard deviation, number of students who failed, and percent of total students who failed.

Results: Psychiatry shelf exams scores decreased following conversion of shelf exam grading to pass/fail

Since the conversion of the psychiatry shelf to pass/fail in academic year (AY) 2020-2021 average shelf scores decreased from a mean percentile of 87.5 in AY 2019-2020 (n=110, median 89, range 72-97, SD 5.21) to 85.86 in AY 2020-2021 (n=194, median 86, range 70-96, SD 4.77) and 83.45 in AY 2021-2022 (n=130, median 84, range 62-93, SD 5.29). The number of students to fail the shelf did not increase following this change, and actually went down from 3 (2.7%) in AY 2019-2020 to 0 (0%) in AY 2020-2021. The number of students to fail in AY 2021-2022 was 2 (2.3%), consistent with prior years with quantitative shelf grading.

Psychiatry shelf exams scores further decreased following conversion of Step 1 grading to pass/fail

After Step 1 became pass/fail in January 2022, psychiatry shelf scores in the next academic year of 2022-2023 had a mean of 83 in the pilot group of 12 students (median 85, range 71-90, SD 6.06). Of note, in this initial cohort, 3 (25%) of students failed the shelf, indicating a sharp increase in shelf exam failure.

Poor shelf performance correlates closely with initial self-assessment scores

In the pilot group of 12 students at the beginning of AY 2022-2023, the students with the lowest shelf performances scored within 5-10 percentile points of their initial self-assessment. The 3 students who failed the shelf in this cohort had the lowest initial self-assessment scores.

Intervention of initial self-assessment and sharing of prior performance trends improved final shelf scores

After shifting to a model in which students were provided with an initial self-assessment, educated that prior students' baseline self-assessment scores correlated closely with final shelf performance, and encouraged to use the self-assessment as a gauge for how much to study, the final shelf scores of subsequent cohorts of psychiatry clerkship students improved to a mean percentile score of 86 (n=50, median 87, range 78-94, SD 3.92), 3 points higher than the mean percentile score of the initial pilot group who did not receive any intervention. Importantly, no students since the intervention was implemented have failed the shelf. Initial self-assessment scores did not vary between the intervention group and the pilot group.

Discussion: As medical education shifts increasingly to pass/fail grading, consequences to the attainment of medical knowledge should be considered. If a clerkship shelf exam can be considered a measure of medical knowledge, our results show shifts to pass/fail grading on both the Psychiatry clerkship shelf and Step 1 individually and cumulatively led to decreases in knowledge attainment. This has ramifications for clerkship shelf performance, Step 2 CK performance, maintaining competitiveness for match, and residency preparedness. To promote students to study without the motivation of consequential quantitative scoring, we developed an intervention to help students assess their level of baseline knowledge and informed them that prior students' initial self-assessment scores correlated closely with final shelf scores. By encouraging them to use this self-assessment as a tool to determine how much they need to study, we

saw a large improvement in final shelf scores to levels comparable to before Step 1 converted to pass/fail. This intervention was easy to generate using Kahoot learning game software, and is broadly applicable across other clerkship specialties and institutions. Limitations to our study include small sample sizes and cohorts limited to a single school. Thus, we encourage others to attempt replication of our results to ascertain the generalizability and efficacy of our intervention.

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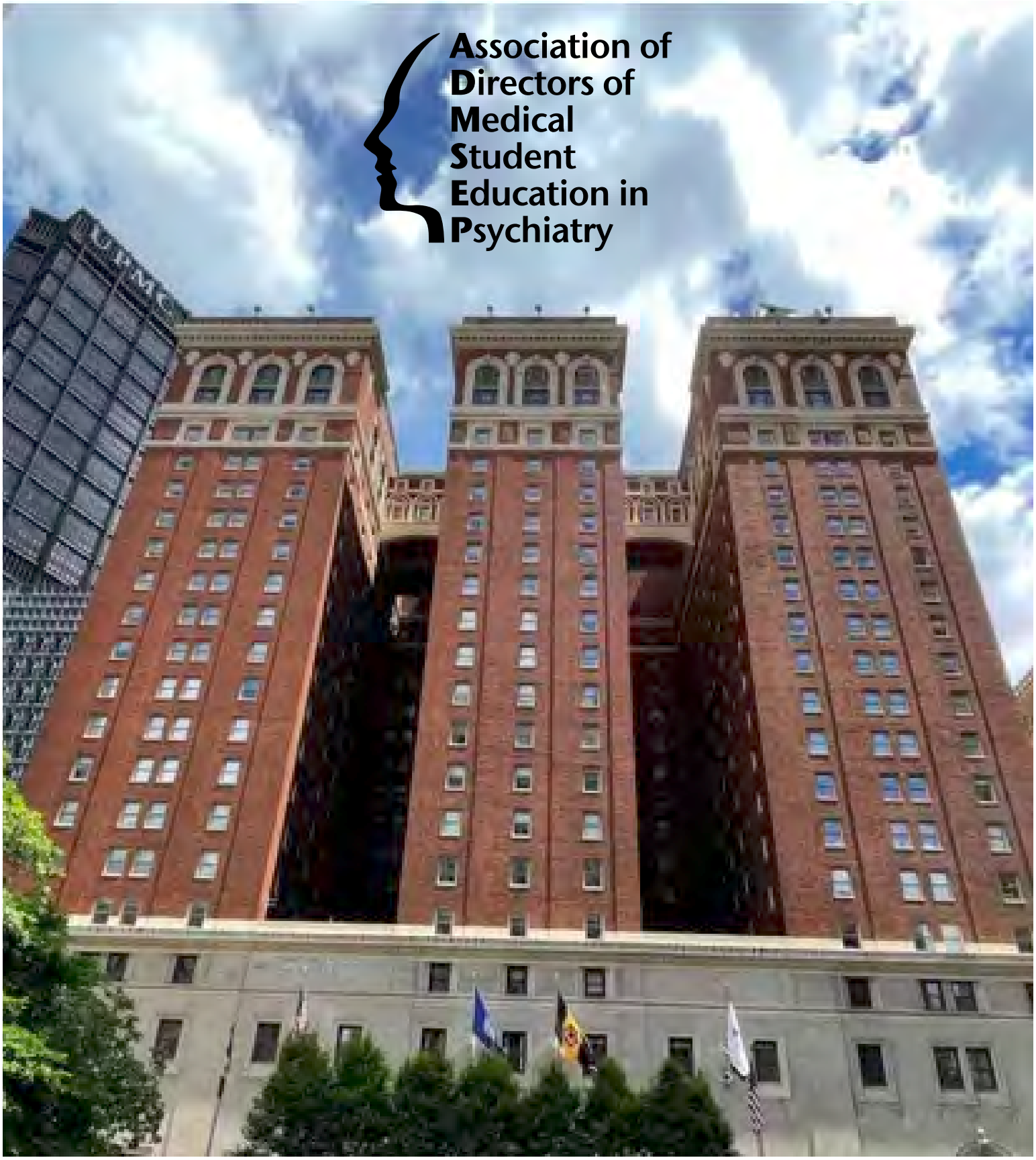

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