



Career-Stage Forums

Future Training Director

Title

Strategies for Aspiring Program Director/Associate Program Director/Program Administrator Super Teams

Presenters

Julia Shekunov, MD, Mayo Clinic

Amber Pearson, C-TAGME, Mayo School of Graduate Medical Education Kay

Powell, DO, University of Minnesota

Tolu Odebunmi, MBBS, MPH, University of Minnesota

Jeremy Bydlon, University of Minnesota

Educational Objective

- (1) Define roles and responsibilities of the program director, associate program director, and program administrator (PD/APD/PA) positions.
- (2) Identify key strengths of a cohesive PD/APD/PA team.
- (3) Develop and apply proactive approaches to ensure successful collaboration and prevent burnout in future leadership roles.

Practice Gap

The relationship between program administrators, program directors, and associate program directors is foundational to the success of any training program

- (1). Building blocks of this foundation include communication, honesty, trust, and availability
- (2). Creating and maintaining this relationship requires a deep mutual understanding of roles, consistent communication, and close collaboration
- (3). However, formal training on working effectively within this triad is scarce, leading to challenges including burnout
- (4). Insufficient support and rising administrative burdens were identified by psychiatry program directors as the most common contributors to burnout, while strong, caring colleague relationships was the most frequently reported protective factor against burnout
- (5). While personal wellbeing is commonly emphasized in medical education, we can also learn frameworks such as “mattering” that help us foster the collective good
- (6). This workshop addresses these gaps by helping aspiring program leaders understand roles clearly, build a cohesive team dynamic, and develop proactive approaches that foster collaboration and prevent burnout.

Workshop

This workshop empowers aspiring program leaders to envision their role on a “super team” and begin building collaborative skills essential for future program success. We will begin by sharing our individual journeys into program leadership, focusing on motivations, experiences, and challenges encountered along the way, as well as engaging the audience in understanding their leadership aspirations and apprehensions. Together with participants, we will then explore the key qualities of a



“super team” dynamic, setting the stage for defining the roles and responsibilities of PD/APD/PA positions and emphasizing how clear role delineation strengthens team function and program success. Through interactive discussions and breakout groups, participants will develop proactive strategies for fostering collaboration, establishing communication norms, and building a resilient team culture. Key themes include the importance of cultivating a sense of “mattering” - ensuring every team member feels valued - and fostering supportive relationships that enhance morale and prevent burnout. By the workshop’s end, participants will be equipped to define the roles within the PD/APD/PA triad, identify essential team strengths, and apply proactive strategies to support effective collaboration, individual well-being, and collective program success.

Agenda

1. Welcome, get to know who is in the audience, sharing of our own leadership journeys (10 mins)
2. Small break-out groups then large group discussion for participants to share their leadership aspirations (or upcoming leadership roles) and apprehensions (15 mins)
3. Interactive large group activity - brainstorm qualities and strengths of a “super” PD/APD/PA team (5 mins)
4. Didactics to describe roles and responsibilities of PD/APD/PA positions and introduce strategies for cohesive teamwork (15 mins)
5. Small break-out groups with three cases that involve clarifying PD/APD/PA roles, identifying and leveraging strengths within the team, and developing strategies to navigate potential challenges in collaboration (e.g., communication breakdowns, role confusion, burnout) (10 mins for one case)
6. Large group discussion for each group to share key insights from their case (15 mins)
7. Wrap-up discussion to reinforce key points and to highlight the concept of “mattering”; viewing everyone on the collaborative team as a person as opposed to a role doing tasks (10 mins)
8. Questions and wrap-up (10 min)

Scientific Citations

1. Nield LS, Reemtsma JL. Residency Program Personnel and Resources. In: The Residency Program Director’s Handbook. Third ed. Brentwood, TN: HCPro; 2019. p. 23–5.
2. Nawotniak R, Moore B. The Program Director-Program Coordinator Relationship. In: The Residency Program Coordinator’s Handbook, Fifth Edition. Brentwood, TN: HCPro; 2021. p 71-81.
3. Diaz K, Ponder H. The Program Director and Program Coordinator Relationship. *Ann Fam Med.* 2023;21(1):94-95.



4. De Golia SG, Houston LJ, Madaan V, Zalpuri I, Welton R, Bernstein C, Sengupta S, Chaudhry MA, Sudak DM. The Burden of Leadership: a Survey of Burnout Experiences Among Psychiatry Program Directors. *Acad Psychiatry*. 2023 Apr;47(2):174-180.
5. Prilleltensky, I., Scarpa, M. P., Ness, O., & Di Martino, S. (2023). Mattering, wellness, and fairness: Psychosocial goods for the common good. *American Journal of Orthopsychiatry*, 93(3), 198–210.



New Training Director

Title

New Training Director's Symposium and Mentoring Breakfast

Presenter

Lindsey Pershern, MD, Baylor College of Medicine

Educational Objective

By the end of these sessions we expect participants to be able to:

- Differentiate roles and responsibilities of training directors
- Discuss regulatory agencies relevant to GME and effectively access resources for program accreditation requirements and board certification standards
- Utilize peer and experienced mentors for support and knowledge transfer
- Access AADPRT resources effectively to address common TD challenges

Practice Gap

Supporting new training directors (NTDs) is critical due to increased levels of burnout and the mounting administrative burden of managing a GME program. Through participation in the NTD programming at the annual meeting and throughout the year, NTDs will have access to training in the basics and beyond, but also connection with peers and experienced mentors for consultation and support.

Workshop

Graduate medical education (GME) programs in psychiatry are complex and require much of the individuals who lead them. Training directors and their teams are responsible for a breadth of tasks to reach the ultimate goal of producing the next generation of board-certified physicians while supporting the academic community as a whole through education, clinical care, advocacy, and scholarship. New training directors (NTDs) are particularly in need of professional development and community. Similar to medical school, the information and scope of the job can feel like “drinking from a water hose” at the beginning. Supporting NTDs is critical due to increased levels of burnout and the mounting administrative burden of managing a GME program. From the most recent data provided by ACGME from 2020-2021 data, Psychiatry was within the top 4 specialties in highest percentage of program turnover, set at 17.3%. (1) In addition, Psychiatry training director mean length of tenure in the director role has been decreased over the past 5 years, indicating higher levels of burnout and pressures that need focus and mitigation. The number of psychiatry programs is increasing in response to expanding GME funding and workforce shortages. Many new programs are in community settings where there may be less internal GME resources for new training directors. Membership in AADPRT provides access to a depth and breadth of experience to support those who are new in their roles. Through participation in the NTD programming at the annual meeting and throughout the year, NTDs will have



access to training in the basics and beyond, but also connection with peers and experienced mentors for consultation and support.

Agenda

00:00-00:10 – Participants and mentors will sit per group assignments and make introductions while eating their breakfast together.

00:10-00:30 – Brief presentation by presenters on the goals and expectations of mentor groups and an orientation to the organization and the annual meeting. We will include messaging around inclusion, goals for diversity and breaking down barriers for those that are vulnerable to “otherness”.

00:30-01:30: Mentoring group discussion and engagement.

Mentor group agenda suggestions for mentors:

6. Leadership/Management skills

7. Individual wellness/time management/self-advocacy

8. Groups will complete an ACGME CPR crossword together. Members can practice searching the ACGME CPR to find the answers to the crossword, as they would when looking for specific CPR information. (using “control f”)

9. Cultivating diversity and Inclusion

10. Challenges and opportunities for support

Scientific Citations

1. Accreditation Council for Graduate Medical Education. ACGME Data Resource Book 2020-2021. <https://www.acgme.org/about-us/publications-and-resources/graduate-medical-education-data-resource-book>. Accessed 1 Sept 2023.

2. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med*. 018;283(6)516–29.

3. Macaluso M, Houston LJ, Kinzie JM, Cowley DS. *Graduate Medical Education in Psychiatry: From Basic Processes to True Innovation*. Switzerland: Springer, 2022. DOI: 10.1007/978-3-031-00836-8

4. *Psychiatry Milestones 2.0*. Accreditation Council for Graduate Medical Education. 2020. [https://www.acgme.org/globalassets/PDFs/Milestones/Psychiatry Milestones2.0.pdf](https://www.acgme.org/globalassets/PDFs/Milestones/Psychiatry%20Milestones2.0.pdf). Accessed 1 Sept 2023.



New Training Director (2)

Title

New Training Director (NTD) Career-stage forum

Presenters

Lindsey Pershern, MD, Baylor College of Medicine

Donna Sudak, BS,MD, Tower Health -- Phoenixville Hospital General Psychiatry

Educational Objective

By the end of these sessions we expect participants to be able to:

- Differentiate roles and responsibilities of training directors
- Discuss regulatory agencies relevant to GME and effectively access resources for program accreditation requirements and board certification standards
- Utilize peer and experienced mentors for support and knowledge transfer
- Access AADPRT resources effectively to address common TD challenges

Practice Gap

In this workshop, we will provide new training directors (NTDs) an overview of the roles and responsibilities of training directors and associate training directors, nuts and bolts of regulatory agencies and requirements and craft activities to apply this knowledge authentically and leveraging the diversity and experience of their NTD peer groups.

NTDs will be assigned groups with an NTD mentor for the morning symposium. They will remain in their same small group for NTD symposium and the career-stage workshop.

Workshop

Graduate medical education (GME) programs in psychiatry are complex and require much of the individuals who lead them. Training directors and their teams are responsible for a breadth of tasks to reach the ultimate goal of producing the next generation of board-certified physicians while supporting the academic community as a whole through education, clinical care, advocacy, and scholarship. New training directors (NTDs) are particularly in need of professional development and community. Similar to medical school, the information and scope of the job can feel like “drinking from a water hose” at the beginning. Supporting NTDs is critical due to increased levels of burnout and the mounting administrative burden of managing a GME program. From the most recent data provided by ACGME from 2020-2021 data, Psychiatry was within the top 4 specialties in highest percentage of program turnover, set at 17.3%. (1) In addition, Psychiatry training director mean length of tenure in the director role has been decreased over the past 5 years, indicating higher levels of burnout and pressures that need focus and mitigation. The number of psychiatry programs is increasing in response to expanding GME funding and workforce shortages. Many new programs are in community settings where there may be less internal GME resources for new training directors. Membership in AADPRT provides access to a depth and breadth of



experience to support those who are new in their roles. Through participation in the NTD programming at the annual meeting and throughout the year, NTDs will have access to training in the basics and beyond, but also connection with peers and experienced mentors for consultation and support.

Agenda

00:00- 00:05 – Participants will arrange in NTD peer mentoring groups and presenters will be introduced

00:05-00:25 – Presentation of ACGME nuts and bolts by ACGME leadership 00:25-

00:40 – Presentation of ABPN nuts and bolts by ABPN leadership 00:40-00:50 -

Presentation of priorities of collaboration of TDs, ATDs and PAs

00:50 – 00:65 – Small groups will discuss case vignettes on the following themes:

- Chief resident training and management
- Working effectively with leadership (chair/Vice Chair/DIO)
- Support/Advocacy/Relationships with teaching faculty
- ACGME survey, AFIs, citations

00:65-00:85 – Town Hall Q&A

00:85 – 00:90 – Conclusions and wrap-up

Scientific Citations

1. Accreditation Council for Graduate Medical Education. ACGME Data Resource Book 2020-2021. <https://www.acgme.org/about-us/publications-and-resources/graduate-medical-education-data-resource-book>. Accessed 1 Sept 2023.

2. West CP, Dyrbye LN, Shanafelt TD. Physician burnout: contributors, consequences and solutions. *J Intern Med.* 018;283(6)516–29.

3. Macaluso M, Houston LJ, Kinzie JM, Cowley DS. *Graduate Medical Education in Psychiatry: From Basic Processes to True Innovation.* Switzerland: Springer, 2022. DOI: 10.1007/978-3-031-00836-8

4. *Psychiatry Milestones 2.0.* Accreditation Council for Graduate Medical Education. 2020.

[https://www.](https://www.acgme.org/globalassets/PDFs/Milestones/Psychiatry%20Milestones2.0.pdf)

[acgme.org/globalassets/PDFs/Milestones/Psychiatry Milestones2.0.pdf](https://www.acgme.org/globalassets/PDFs/Milestones/Psychiatry%20Milestones2.0.pdf). Accessed 1 Sept 2023.



Early Career

Title

Take a Step Back: Tools for Difficult Conversations When Stakes and Emotions are High

Presenters

Lillian Houston, MD, Southern Illinois University School of Medicine

Sumru Bilge-Johnson, MD, Northeast Ohio Medical University Neha

Sharma, DO, Tufts Medical Center Program (Boston)

Brendan Scherer, MD, San Mateo County Behavioral Health and Recovery Services. Zhongshu

Yang, PhD, MBBS, Kaiser Permanente Northern California Program (San Jose)

Educational Objective

Learning Objective 1:

Assess your communication style under stress and develop strategies to improve effective communications

Learning Objective 2:

Identify different negotiation theories and the elements of negotiation Learning

Objective 3:

Practice communication skills that will be useful in difficult conversations, including how to communicate needs, how to stay in dialogue when upset, and how to speak persuasively

Practice Gap

Difficult conversations occur in many healthcare settings, and physicians often feel insecure and frustrated during these moments. Strong emotions during difficult conversations can affect communication and patient outcomes. In addition to healthcare conversations, program directors also have to deal with difficult administrative conversations. These conversations can range from disciplinary issues to negotiations with departmental and institutional leadership. This workshop will address the practice gap in holding difficult conversations utilizing several exemplar cases. This skill set is crucial for the career success of a program director, and early development of this skill can lead to greater career success, personal and job satisfaction, and retention of program directors.

Abstract

Program directors deal with a great many difficult conversations, both personal and professional. These can range from formal and informal feedback to negotiation with outside facilities for more resources or rotation time. Very few program directors have received formal training in holding these crucial conversations, yet they are asked to begin doing so immediately upon assuming the program director role. This workshop is designed to provide early career program directors with the basics of negotiation theory and strategy, including the differences between positional and principled negotiation and the different phases of a negotiation (pre-planning, planning, and execution).



Additionally, we will cover skills unique to crucial/difficult conversations, such as the three critical questions to ask before engaging in a difficult conversation and how to shift a conversation away from an adversarial conversation toward a learning conversation. Participants will assess their communication style under stress and learn about the importance of self-monitoring and reflection-in-action in being able to adapt as a conversation unfolds. These skills will be practiced through a discussion of simulated videos before allowing participants to practice through roleplay. Particular focus will be given to how these skills can be utilized in discussions around how to navigate and negotiate in this landscape of limited PD time, which has been a source of stress for many programs and how to manage resident and faculty related issues successfully.

Agenda

Introduction and Objectives - 5 min.

Large group discussion of a video example - 10 min

Didactic presentation on negotiation, including a few minutes for self-assessment of communication style under stress - 15 min

Large group discussion of a video example - 10 min Didactic presentation on crucial conversations - 10 min

Small group roleplay – possible cases will range from personal to professional, including a case involving negotiating protected time accompanied by negotiating points - 20 min Large group debrief - 15 minutes

Summary and take-home points 5 minutes

Scientific Citations

Accreditation Council for Graduate Medical Education. ACGME common program requirements (residency). common program requirements. 2023.

https://www.acgme.org/globalassets/pfassets/programrequirements/400_psychiatry_20_23.pdf

Bessey, L. J., Ladd, C., & Walaszek, A. (2022). Negotiation Skills as a Program Director. *Graduate Medical Education in Psychiatry: From Basic Processes to True Innovation*, 53.

Cheng, A., LaDonna, K., Cristancho, S., & Ng, S. (2017). Navigating difficult conversations: The role of self-monitoring and reflection-in-action. *Medical education*, 51(12), 1220-1231.

Czelusta, K. L., Pershern, L. S., & Appelbaum, N. (2022). Managing Resident and Faculty Performance Issues. *Graduate Medical Education in Psychiatry: From Basic Processes to True Innovation*, 291.

Grenny, J., Patterson, K., McMillan, R., Switzler, A., & Gregory, E. (2022). *Crucial conversations*. McGraw Hill.

Martin Jr, E. B., Mazzola, N. M., Brandano, J., Luff, D., Zurakowski, D., & Meyer, E. C. (2015). Clinicians' recognition and management of emotions during difficult healthcare conversations. *Patient education and counseling*, 98(10), 1248-1254.

Priftanji, D., Hill, J. D., & Ashby, D. M. (2020). Managing difficult conversations. *American Journal of Health-System Pharmacy*, 77(21), 1723-1726.



Stewart, M. A. (1995). Effective physician-patient communication and health outcomes: a review. *CMAJ: Canadian medical association journal*, 152(9), 1423



Mid-Career

Title

Should I Stay, or Should I Go? Strategies to Keep Mid-Career Program Directors Engaged and Professionally Fulfilled

Presenters

Isheeta Zalpuri, MD, Stanford University School of Medicine
Shirley Alleyne, MBBS, Lakeland Regional Health Program
Benedicto Borja, MD, George Washington University Medical Center Sallie DeGolia, MPH, MD, Stanford University School of Medicine

Educational Objective

By the end of the session:

1. Participants will identify causes of mid-career fatigue and discuss ways of overcoming mid-career malaise as a program director.
2. Participants will learn basic concepts of non-promotable tasks and brainstorm ways to convert some of them to promotable tasks to enhance professional fulfillment.
3. Participants will develop an understanding of delegation techniques and how to implement them in their leadership roles.

Practice Gap

Physician well-being is a critical element of a well-functioning health care organization. While many Program Directors find the work with residents and colleagues fulfilling, a lack of resources, administrative burdens, and inadequate time allocated to the position contribute to a sense of futility at work leading to burnout (1).

Advocacy for resources, a decrease in administrative burdens, and increased protected time would clearly enhance the well-being of Psychiatry Program Directors (1), but also strong leadership skills (e.g., mentorship and sponsorship, communication skills, setting limits, delegation etc.) can contribute to one's professional fulfillment (2). However, many are unable to access opportunities to develop these skills.

This forum will focus on addressing some of these gaps through an interactive session.

Workshop

Being a mid-career Program Director (PD) can feel like a "mid-life crisis," especially when you begin to ask yourself "Is this still the right role for me?" or "Do I want to continue to be a PD?" Aside from the clinical and teaching responsibilities, the administrative workload can make it challenging to juggle the taxing personal responsibilities of midlife. Given that burnout is a common experience among Psychiatry Program Directors and is associated with a desire to resign as well as a struggle to find meaning in this highly demanding position (1), it is critical that our organization find ways to support our members along with several resources already offered (e.g. mentorship program, consultation program, sibling program etc). We hope that this workshop will add to the supports available to our membership.



As a physician, saying “yes” is often expected and reinforced. The culture of medicine accentuates some of these issues as being a “team player” is considered a vital trait. This expectation is especially true of women and under-represented faculty. Also, early on in one’s career it is often crucial to take on more responsibilities and get involved with projects to build one’s career and CV, but eventually saying “yes” to various demands and opportunities may lead to burnout and impact work-life integration. This may be especially true of those who already commonly experience burnout (1).

This workshop will focus on discussing some strategies on how to reflect and mitigate what may seem a “mid-life malaise” (3). There is evidence to support that opportunities for professional as well as leadership development are associated with professional fulfillment and well-being among individual physicians (2). Mid-career physicians often feel stuck with having said yes to too many opportunities as they start out in their career and not knowing how to balance and prioritize various opportunities as their career advances. Meaningful work and a healthy work-life integration are antidotes to burnout (3). Saying “no” when appropriate is a skill that supports wellbeing and one’s professional fulfillment (2). The session will help participants identify some non-promotable tasks (NPTs) (4) that they enjoy and how to convert them to promotable tasks using mentorship and innovative techniques. Another important leadership skill to sustain a mid-career Program Director’s well-being is to master delegation. This skill will allow the mid-career PDs to off load time-consuming tasks to others to become an effective leader. By freeing oneself of these tasks, one will be more able to strategize, prioritize and innovate. The workshop will introduce the rational for, myths commonly held in association to, and a practical step to learning the skill of delegation, critical for mid-career PDs success (5).

Agenda

We will start with a breakout discussion to engage audience in participation, then brief didactics on leadership skills and end with another small breakout followed by large discussion.

Welcome and self-reflection on participant’s challenges as mid-career PD (5 mins)
Small group discussion to share self-reflection (15 mins)

Brief didactics: mid-career fatigue, NPTs (15 mins)

Interactive didactic: Review strategies to maximize overlap between current and ideal job (5 mins)

Brief didactics: Delegation (5 mins)

Small group discussion: implementation of skills learned to overcome mid-career malaise and challenges shared earlier (30 mins)

Large group discussion (10 mins)

Survey (5 mins)

Scientific Citation

1. De Golia SG, Houston LJ, Madaan V, Zalpuri I, Welton R, Bernstein C, Sengupta S, Chaudhry MA, Sudak DM. The burden of leadership: a survey of burnout experiences



among psychiatry program directors. *Acad Psychiatry* 2023; 47(2):174-180. doi: 10.1007/s40596-022-01675-4

2. Shanafelt TD. Physician well-being 2.0: where are we and where are we going? In *Mayo Clinic Proceedings* 2021 Oct 1 (Vol. 96, No. 10, pp. 2682-2693). Elsevier.

3. How to Beat Mid-Career Malaise (hbr.org) Career Transitions. *Harvard Business Review*. Accessed September 10, 2023

4. <https://www.thenoclub.com/>. Accessed September 14, 2023

5. <https://hbr.org/2022/09/stop-feeling-guilty-about-delegating>

Harvard Business Review. Accessed September 14, 2023



Late Career

Title

Navigating the Rewards and Challenges of Leadership in Academic Psychiatry

Presenters

Mark Townsend, MD, University of Texas Austin Dell Medical School

Carol Bernstein, MD, Albert Einstein College of Medicine/Montefiore Medical Center Katrina DeBonis, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)

Fauzia Mahr, MD, Penn State University, Hershey Medical Center Ann Schwartz, MD, Emory University School of Medicine

Educational Objective

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

1. Describe the scope of the various vice chair roles in academic psychiatry
2. Discuss the strategies vice chairs who are former program directors can use in liaising among current program directors, faculty, and staff, including setting boundaries with residents
3. Outline the various opportunities and collaborations initiated by training directors to expand their academic portfolios
4. Using skills including relationship building, perspective taking, compromise, prioritization, and escalation in order to effectively problem solve as vice chairs.

Practice Gap

Many mid- and late-career academic psychiatrists serve as departmental vice chairs. Former program directors often transition to vice chair, and program directors are often also vice chairs. They can be hired from within or be the result of a national search.

While AADPRT maintains robust programs for orienting first-time program directors to their new role, and the organization provides many opportunities for veteran directors to refresh and update their knowledge, little is available to help former program directors sharpen and refocus their skills as they assume a vice chair position.

Workshop

Training directors are pivotal to the success of a department's educational mission, and a job well done can open a variety of opportunities. Departmental vice chair is a frequent next step for mid- and late-career program directors. The vice chair's job is similar, but much broader than the program director's, in that their work is essential to an entire department's operational and strategic success. Even so, many skills transfer from program direction, such as faculty development, quality improvement, and leadership. What sets vice chairs apart, however, is the significant and demanding role they play in resolving interpersonal conflict among colleagues, which otherwise would be mediated by the chair. They must do this, projecting the chair's authority, without the chair's ready access to peer and institutional support.



The specific challenges facing vice chairs also vary by the way they were appointed. Some are the result of a national search; and inside candidates can be appointed with or without such a search. Additionally, vice chairs who are also program directors must overcome concerns that with the chair's backing they will prioritize the needs of their own program. Those who are former program directors must, among other tasks, learn to set boundaries with residents who may still consider them in charge. Regardless of the circumstances of their hiring or the nature of their tasks, vice chairs serve a role familiar to any program director. Instead of liaising between residents and faculty, they now liaise between faculty and the chair.

Because the stakeholders a vice chair must engage with also vary, a consensus on nomenclature has developed. For example, a vice chair of education (VCE) can mentor program directors and oversee curricular development, but also be the point person for removing instructors whose courses are judged redundant or idiosyncratic. Vice chairs of faculty development can have a complementary role to the VCE, providing faculty with valuable training, while also shepherding them to meet promotion criteria that may seem arbitrary or unobtainable. Vice chairs for quality & safety (VCQ) can have an even wider role than other vice chairs, overseeing integration and collaboration on quality and regulatory imperatives with other departments and schools across the university.

Fortunately, leadership competencies based on dialogue and collaboration can be achieved that not only boost managers' confidence, but also mitigate the interpersonal tension caused by their activities. Better yet, academic middle managers who can facilitate a healthy, bidirectional communication between the chair and the rest of the faculty can raise the well-being and, presumably, the productivity of an entire department. Thus, armed with information from best practices, vice chairs and other middle managers can in effect create their own toolkits. Panelists, vice chairs from each of the above groups, will lead participants' discussions as together we create the beginnings of such resources.

Agenda

5 min - Introduction: workshop faculty briefly describe their own vice chair roles

20 min - Background: workshop faculty present some of the more difficult vice chair tasks and review related leadership competencies

15 min - Working in small groups, participants act as consultants to an imaginary vice chair, who is dealing with a challenging situation and asks for their advice. Workshop faculty actively observe and respond to questions from individual groups as needed. 15 min - Large group discussion of the first situation

15 min - Small groups review a second challenging situation and provide advice specific to it

20 min - Large group discussion of second situation, followed by general discussion

Scientific Citations

Brown, J.V.E., Crampton, P.E.S., Finn, G.M. et al. From the sticky floor to the glass ceiling and everything in between: protocol for a systematic review of barriers and facilitators to clinical academic careers and interventions to address these, with a focus on gender inequality. *Syst Rev* 9. 2020; 26.

1. Catanzano TM, Slanetz P, Schaefer PW, Chetlen AL, Naeger DM, Mohammed TL, Agarwal V, Mullins ME. Vice chair for education: twelve roles to provide a framework for success. *Acad Radiol*. 2021; 28(7):1010-7.



2. Czelusta KL, Appelbaum NP. Psychiatry Vice Chairs of Education: Expected and Actual Responsibilities, Satisfaction, and Work Barriers. *Acad Psychiatry*. 2024; 48(2):163-7
3. Kruse SD. Department chair leadership: Exploring the role's demands and tensions. *EMAL*. 2022 Sep;50(5):739-57.
4. Shanafelt T, Trockel M, Rodriguez A, Logan D. Wellness-centered leadership: equipping health care leaders to cultivate physician well-Being and professional fulfillment. *Acad Med*. 2021; 96(5): 641-651.



Lifer Gathering

Title

Embracing 'Senior' Titles with Hope & Anticipation

Presenters

Shashank Joshi, MD, Stanford University School of Medicine

Geri Fox, MD, MPE, University of Illinois College of Medicine at Chicago

Josepha Cheong, MD, University of Florida

James Lomax, MD, Baylor College of Medicine

Carlyle Chan, MD, Medical College of Wisconsin

Educational Objectives

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

- a) Describe common challenges that the career advancement process presents to lifelong academicians and educators ("Lifers/ Later Stage Academics") ;
- b) List strategies for maintaining mental, physical and spiritual health as part of overall wellbeing as aging physicians;
- c) Discuss how to recruit, mentor and retain diverse faculty who will become leaders of the future

Practice Gap

Since Erik Erikson introduced his conceptual framework on the life cycle, the final stages of which include "Generativity vs Stagnation" and "Integrity vs. Despair," new research from positive psychology has expanded on this work and demonstrated its relevance to health and resilience in later life. George Vaillant (1993) added a stage called "Keeper of the Meaning", between "generativity" and "integrity". Whereas generativity focuses on the care of individuals, keeper of the meaning is less selective and focuses on wisdom and justice. However, little has been written about how career medical educators adapt over time to their roles and to their own aging process.

Moreover, there is little opportunity in most academic institutions to learn about these issues through frank and open discussions with colleagues. A new focus on wellbeing, resilience, and prevention of burnout are pertinent to personal and professional transitions, with a growing literature regarding this phase of development.

Workshop

"To know how to grow old is the master-work of wisdom, and one of the most difficult chapters in the great art of living." Henri Amiel (1874) This experiential workshop will focus on the impact of becoming the "Senior _____ (Educator, Consultant, Faculty)" on our professional, personal, and spiritual lives. It is intended to provide a forum for participants to reflect on significant events and experiences that are shaping us and the ways we are facing the aging process. The primary framework for our discussion will be drawn from the works of Erik Erikson and George Vaillant, who view aging as a series of developmental challenges: Generativity vs Stagnation, Keeper of the Meaning vs Rigidity, and Integrity vs. Despair (see references). The social-emotional tasks associated with each of these include taking care others (especially the next generation



– and making efforts to recruit , mentor and retain diverse / engaged faculty that will provide future leadership), preserving past traditions and cultural achievements, & developing wisdom and spiritual depth--- while also working to reshape ones that have proven hierarchical and fraught with inequities and a lack of inclusiveness. We invite participants to consider the following questions:

1. What developmental challenges are you facing most acutely at the moment?
2. How are these challenges influencing your work as a program director?
 - a. What changes have you seen in your approach to your role?
 - b. What aspects of the role are the most difficult for you as you get older?
 - c. What strategies have you developed for staying engaged in the demands of the program director role?
 - d. What has proven helpful or difficult in recruiting an inclusive, diverse class of residents?
3. What plans are you making to evolve and/or transition out of the program director role?
4. What barriers/resistances are you encountering in yourself as you witness your aging process unfold? What can you do to address these?
5. What discoveries (positive and negative) are you making about the aging process? What is the most surprising thing you've had to learn?
6. What are you doing to preserve your personal and professional resilience? What do you do to mitigate or prevent burnout?
7. Among your aging mentors and predecessors, whose example are you most inspired by? Whose are you most turned off by? What mentors have you known that have been progressive in furthering diversity, equity, inclusion, and justice?
8. What are your plans, if any, for future mentoring and teaching? What comes next for you? How do you feel you can remain generative?
9. Are you considering doing things you have put off for a long time, e.g. music, art, reading, travel? How would these be integrated into your life as you make the transition?
10. Do you view "retirement" as leaving the field? Will there be other ways of contributing to the field as you leave your current role?

Agenda

90 min:

1. Introductions and Agenda (participants will choose one of 4 circles to join as their Later Career discussion group)--15 min.
2. Each group will meet for 50 minutes and discuss questions listed in the Abstract. This will be led by each facilitator.
3. The final 20 minutes will be used to share major themes from each group and 2-3 strategies / take-home points to apply immediately (There will be 5 min. for feedback at the very end)

Scientific Citations

1. Plotnick LH, et al. (2022) Engaging Retired Physicians as Educators: Motivations and Experiences of Participants in a Novel Educational Program; Academic Medicine; Vol 97 (12),1841-1846 (6)
2. BadahdahAM, et al (2020). The psychological well-being of physicians during COVID-19; Psychiatry Res. 2020 Jul; 289: 113053



3. Nakagawa K & Yellowlees P (2020). Intergenerational Effects of Technology: Why Millennial Physicians May Be Less at Risk for Burnout Than Baby Boomers; *Current Psychiatry Reports*; Vol 22 (45)
4. Bengtsson M & Flisbäck M (2021). Existential Driving Forces to Work after Retirement: The Example of Physicians' Mentoring. *Nordic Journal of Working Life Studies*, ISSN 2245-0157, E-ISSN 2245-0157 [Open Access]
5. Sarabia-Cobo M, et al. (2020). Retirement or no Retirement? The Decision's Effects on Cognitive Functioning, Well-Being, and Quality of Life; *Behav. Sci.* 2020, 10(10), 151; <https://doi.org/10.3390/bs10100151>
6. Erikson EH, Erikson JM, Kivnick HQ (1986). *Vital Involvement in Old Age*. New York: W.W. Norton.
7. Vaillant GE, Mukamal K (2001). Positive Aging. *Am J Psychiatry* 158:839-847.
8. Vaillant GE (2002). *Aging Well*. Boston: Little, Brown and Company.
<https://youtu.be/-V316QHxoe4?si=yRxL6b83Uddw7vNB>
(Vaillant on the various stages of adult development at TEDx Amsterdam)