Workshop Session #6

Title
A Necessary Challenge: Identifying and addressing racial enactments in Psychiatry residency training

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Daniel Knoepflmacher, MD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry
Nia Harris, MD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry
Alyson Gorun, BA, MD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry
Norman Greenberg, MD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry
Stephanie Cherestal, PhD, Weill Cornell Psychiatry/New York-Presbyterian Hospital - General Psychiatry

Educational Objectives
Upon completion of this workshop, participants will be able to:
1. Identify how racial enactments, which are ubiquitous and often go unaddressed, impact psychiatry residency training.
2. Analyze common dynamics between trainees, supervisors, and patients to understand how and when racial enactments arise.
3. Develop a tailored approach for educating psychiatry residents and attendings about racial enactments in residency training.

Abstract
To meet the mental health care demands of a richly multicultural U.S. population, psychiatry residency training programs must forge ahead (in the spirit of Magpadayon!) with collective efforts to diversify the psychiatric workforce of the future. With many residency programs successfully recruiting residents from more diverse backgrounds, more attention should be given to the challenges that complicate efforts to foster inclusivity and belonging within residency communities. Complex yet inevitable race-related dynamics arise, often adding additional emotional burden for BIPOC residents.

Our workshop will delve into these challenges, by focusing on racial enactments—a term describing how internalized ideas related to race and racism play out unconsciously in group and interpersonal processes. These dynamics are often left unaddressed, but they

negatively impact the learning environment. They are multidirectional and ubiquitous, occurring during residency training in clinical, educational, and social contexts. By training residents and faculty to understand and address racial enactments, a program can nurture a more inclusive culture for all residents, improve the ability to broach these difficult but important conversations with colleagues and patients, and help trainees become culturally sensitive psychiatrists.

Participants attending our workshop will hear from trainees and training directors. One member of our panel will describe the psychodynamic principles underlying the concept of racial enactments. We will present examples of racial enactments, including a case of challenging dynamics in a supervisory context. In describing this case, participants will hear from a trainee, two training directors, and the psychiatry department's Director of Health Justice. All will share their individual experiences and lessons learned. After, workshop attendees will participate in a small group exercise designed to help participants identify racial enactments in their respective settings and consider ways to address them.

The second half of the workshop will focus on educational efforts taken to address racial enactments in training, using examples from our residency program. A former resident, who led these efforts within our program, will describe didactics on racial enactments that have been incorporated into the residency curriculum. A current resident will share his experience of how these formal didactics and less formal peer supervision helped him navigate challenging clinical dynamics. The workshop will end with a group discussion designed to help attendees think about adopting similar didactics at their own programs and answering any questions from the audience.

Practice Gap

As residencies seek to diversify their programs and incorporate DEIB principles into education, there have been increasing efforts to foster inclusivity in the learning environment. Achieving this goal requires skillful management of the inevitable challenges that arise within changing cultures. Racial enactments—conflicted dynamics related to race and racism that unconsciously play out in group and interpersonal processes—are a common area of challenge in programs with diverse populations of residents. Despite the ubiquity of racial enactments in training, they are not regularly discussed in educational settings, either informally or formally. With more understanding of the nature and impact of racial enactments, psychiatry residency programs can bridge the gap by increasing awareness of how these dynamics impact the experiences of learners, supervisors, and patients. While this requires continuous learning and humility, it can help foster a sense of belonging that supports trainee development within a diverse community of residents.

Agenda

- 0-10m: Introduction: Speaker introductions, poll everywhere for audience identification
- 10-15m: Defining and identifying racial enactments
- 15-35m: Case presentation of a racial enactment in training:
  - Trainee perspective
  - PD and APD perspectives
  - Director of Health Justice perspective
- 35-50m: Small group discussion
- 50-60m: Model didactic on racial enactments
- 60-65m: Resident perspective on the implementation of racial enactment education
- 65-85m: Large group discussion on incorporating enactment didactics into curricula and Q&A
- 85-90m: Q&A and closing/survey

Scientific Citations

Holmes Report, 2023 - https://apsa.org/about-apsa/holmes-commission/

Cleary, R., & Armour, C. (2022). Exploring the role of practitioner lived experience of mental health issues in counseling and psychotherapy. Counseling and Psychotherapy Research, 22, 1100–1111. https://doi.org/10.1002/capr.12569

Lee, E., Hu, R., & Taiwo-Hanna, T. (2024). Addressing Racial Microaggressions and Racial Enactments in Therapy for BIPOC and Immigrant Clinicians. In Transforming Careers in Mental Health for BIPOC (pp. 61-70). Routledge.

Obeid, N., & Schoen, S. (2020). Dangerous dialogues: Racial enactment as the scene of address. Contemporary Psychoanalysis, 56(2-3), 255-281.

Powell, D. R. (2020). From the Sunken Place to the Shitty Place: The Film Get Out, Psychic Emancipation and Modern Race Relations From a Psychodynamic Clinical Perspective. The Psychoanalytic Quarterly, 89(3), 415–445. https://doi.org/10.1080/00332828.2020.1767486

Stoute, B. J. (2021). Black Rage: The Psychic Adaptation to the Trauma of Oppression. Journal of the American Psychoanalytic Association, 69(2), 259-290. https://doi.org/10.1177/00030651211014207

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
Destigmatizing language and beyond: Brief educational interventions to reduce substance use stigma

Primary Category
Teaching, Supervision, Pedagogy

Presenters
Jeremy Weleff, DO, Yale University School of Medicine
Michael Dawes, MD, Boston University Medical Center
Alena Balasanova, MD, University of Nebraska Medical Center College of Medicine
Jacob Givens, BS, MD, University of Nebraska Medical Center College of Medicine
Sandra DeJong, MSc, MD, Cambridge Health Alliance/Harvard Medical School

Educational Objectives
At the end of this session, the learner will be able to:
1) Distinguish different aspects of stigma (public-, self-, and structural), and apply these aspects of stigma to other social determinants.
2) Distinguish between stigmatizing and non-stigmatizing language around substance use.
3) Identify ways in which our clinical learning environments may unintentionally contribute to stigma and integrate substance use stigma into our learners' professional identity formation.
4) Apply brief educational interventions designed to reduce stigma in clinical care and harm reduction settings.
5) Mobilize strategies and approaches to educate trainees about stigma, challenge stigma in their professional practice, and advocate for systemic change.

Abstract
Stigma towards those who use substances or have substance use disorders is rooted in the long history of moral superiority and "othering" that permeates many cultures towards marginalized sectors of the population. The language that has been used to describe substance use reflects this history: Words like "dirty" and "clean" have permeated our description of people who use substances not yet in treatment, associated paraphernalia, and even the individuals who are in treatment and relapse. These biases are reflected in key legislation produced by biased US congressional legislators who had stigmatizing views of persons who used substances and SUD treatment. At the beginning of the 1900s, the Harrison Narcotics Act and Volstead Act established abstinence and prohibition as the standard approaches to substance use. Throughout the mid-20th century, other legislation regarding opioid use disorder treatment including methadone treatment, further reinforced and entrenched these

biased and stigmatizing views in SUD treatment in the US. To this day, our language, health care system, and medical education for trainees on substance use treatment are often biased and stigmatizing towards persons with SUD. Understanding how these stigmatizing factors manifest and persist is critical if psychiatric educators are to effectively address stigma and treatment gaps for this population.

Despite advances in understanding SUDs as chronic medical conditions, individual developmental and historical factors, intersecting with societal and institutional biases, continue to influence perceptions, behaviors, and policies. Clinicians are often hesitant to address the treatment of substance use disorders, and thus, trainees (and currently practicing physicians) have inherited these biased and toxic beliefs from society and their mentors. Explicitly considering how these beliefs contribute to the Professional identify Formation of our trainees is critical.

After defining and describing the various aspects of stigma (public-, self-, and structural), and their relationships to other social determinants, we will present a menu of creative educational interventions to address stigma, ranging across fields from journalism to neuroscience. While each approach has its own merits, each has faced appropriate criticisms and has its own shortcomings. By examining practically relevant conceptualizations of internalized and externalized stigma, this workshop aims to provide participants with actionable insights to combat stigma effectively. Through this, we hope as a result, to cultivate a more compassionate and scientifically informed approach to the treatment of substance use disorders, ultimately leading to better education for our learners and improved outcomes for our patients.

Practice Gap

The persistence of substance use stigma creates significant barriers to effective treatment and harm reduction, for both patients seeking help and clinicians providing care. Despite advances in understanding substance use disorders (SUDs) as chronic medical conditions, individual developmental and historical factors intersecting with societal and institutional biases continue to influence perceptions, behaviors, and policies. Stigma is deeply rooted in society and history. And clinicians often hesitate to treat persons with SUDs due to their own stigmatizing perspectives, biased professional identities, and lack of training, while patients often avoid seeking care due to shame or fear of discrimination. To close these educational gaps, we must enhance or training methods to reduce stigma. We will explore aspects of stigma, stigma's manifestations in the clinical learning environment, and present practical strategies for psychiatric educators to mitigate stigma, with the goal of improving care and harm reduction strategies.

Agenda

Part 1: Using art and photographs to recognize stigma in a self-reflection activity (5 mins – Sandra DeJong)
Part 2: Stigma: Types, etiology, developmental trajectories, and historical roots (10 mins – Michael Dawes)
Part 3: The language of stigma and teaching best practices (10 mins – Alëna Balasanova)
Part 4: The use of neuroscience and other creative interventions to mitigate stigma (10 mins – Jeremy Weleff)
Part 5: A resident's perspective on professional identity formation around stigma (10 mins – Jacob Givens)
Part 6: Synthesis and Integration: Small group discussion and large-group talk-back about program-based interventions, mini educational interventions, and experiences in substance use disorder training (20-30 mins – Sandra DeJong / Team)
Q&A and Evaluation (10 mins)

Scientific Citations

Campopiano von Klimo M, Nolan L, Corbin M, et al. Physician Reluctance to Intervene in Addiction: A Systematic Review. JAMA Netw Open. 2024;7(7):e2420837. doi:10.1001/jamanetworkopen.2024.20837

Kyzar EJ, Arbuckle MR, Abba-Aji A, Balachandra K, Cooper J, Dela Cruz A, Edens E, Heward B, Jibson M, Jordan A, Moreno-De-Luca D, Pazderka H, Singh M, Weleff J, Yau B, Young J, Ross DA. Leveraging neuroscience education to address stigma related to opioid use disorder in the community: a pilot study. Front Psychiatry. 2024 Mar 18;15:1360356. doi: 10.3389/fpsyt.2024.1360356. PMID: 38563031; PMCID: PMC10982477.

Kyzar, E.J., Naqvi, N.H. & Arbuckle, M.R. Preparing Residents to Combat the Opioid Epidemic: Insights from a Peer-Led Addictions Course. Acad Psychiatry (2024). 10.1007/s40596-024-02032-3

Stone EM, Kennedy-Hendricks A, Barry CL, Bachhuber MA, McGinty EE. The role of stigma in U.S. primary care physicians' treatment of opioid use disorder. Drug Alcohol Depend. (2021) 221:108627. doi: 10.1016/j.drugalcdep.2021.108627

Crapanzano KA, Hammarlund R, Ahmad B, Hunsinger N, Kullar R. The association between perceived stigma and substance use disorder treatment outcomes: a review. Subst Abuse Rehabil. (2019) 10:1–12. doi: 10.2147/SAR

Title
Forging Bridges Across Generations: Addressing Intergenerational Gaps in Academic Psychiatry Learning and Leadership

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

Presenters
Ailyn Diaz, MD, Penn State University, Hershey Medical Center
Monica Arora, MD, Creighton University Psychiatry Residency Program (Omaha)
Peter Ureste, MD, University of California, Riverside School of Medicine

Educational Objectives
Upon completion of the workshop, attendees will be able to:
1. Describe three instances where intergenerational gaps arise between faculty and residents in in academic psychiatry practice through guided group discussion.
2. Assess the influence of intergenerational gaps on learner outcomes in academic clinical psychiatry practice through the application of a case vignette.
3. Apply the use of connectivism as an example of a learning paradigm to bridge intergenerational gaps in academic psychiatry through the interaction with a simulated social media platform.
4. Explore how intergenerational gaps impact leadership and collaboration, providing actionable insights in fostering a more inclusive academic environment through a concentric circle collaborative activity between senior faculty in leadership roles, junior faculty, and learners.

Abstract
This workshop addresses the unique challenge of managing intergenerational gaps in academic psychiatry, a field where five different generations—Silent Generation, Baby Boomers, Generation X, Millennials, and Generation Z—work and learn side by side (1). These generational differences can lead to variations in attitudes, learning, and work styles, potentially resulting in misunderstandings and gaps in teaching and learning (3). For example, while the Silent Generation may prefer traditional, structured learning methods, Generation Z gravitates towards technology-enhanced, network-based learning. This workshop aims to explore these gaps, providing a historical, social, and political context to how they occur, and offering practical strategies to bridge them, particularly focusing on the learning paradigm of connectivism.

Participants will engage in group discussions to identify the impact of these gaps on learner outcomes and interact with a simulated social media platform to experience

connectivism firsthand. By examining these intergenerational differences, attendees will leave with practical insights into how to bridge the intergenerational gap in their own institutions, enhancing both teaching and learning experiences in academic psychiatry.

Practice Gap

Intergenerational gaps in academic psychiatry practice reflect the varying attitudes, learning styles, and expectations of different generations working together. With psychiatry being the third oldest specialty in the United States (1), these gaps are particularly pertinent as older generations may prefer structured, constructivist learning methods, whereas younger generations, like Generation Z, thrive on connectivism—a learning approach centered on networking and technology (2). Bridging these gaps is essential to optimize learner outcomes, enhance leadership dynamics, and ensure effective knowledge sharing across generations. This workshop will provide an overview of these gaps, focusing on strategies to bridge them through the application of connectivism and collaborative intergenerational communication activities between learners, faculty, and leadership.

Agenda

Minutes 0-3: Introduction of topic and speakers.
Minutes 3-15: Didactic Presentation. Define intergenerational gaps and explore how these gaps form in academic psychiatric practice from historical, political, and social contexts.
Minutes 15-30: Small Group Breakout: Vignette-based discussion where participants identify three instances of intergenerational gaps in academic settings and assess potential outcomes.
Minutes 30-40: Simulation Exercise. Attendees will interact with a simulated social media platform to experience the digital learning landscape of the newer generation.
Minutes 40-65: Concentric Circle Exercise. Think, pair, and share in a concentric circle between senior faculty in leadership positions, junior faculty, and learners, followed by a discussion with the larger group, exploring how intergenerational gaps affect leadership and collaboration.
Minutes 65-85: Q&A and Conclusion. Open floor for questions, summarizing key takeaways, and reflecting on strategies to bridge the generational gap in academic psychiatry.

Scientific Citations

1. Aggarwal R, Balon R, Beresin EV, Coverdale J, Morreale MK, Guerrero APS, Louie AK, Brenner AM. Addressing Psychiatry Workforce Needs: Where Are We Now? Acad Psychiatry. 2022 Aug;46(4):407-409. doi: 10.1007/s40596-022-01690-5. PMID: 35882768; PMCID: PMC9321299.

2. D'souza F, Shah S, Oki O, Scrivens L, Guckian J. Social media: medical education's double-edged sword. Future healthcare journal. 2021 Jul 1;8(2):e307-10.

3. Josephine J, Jones L. Understanding the Impact of Generation Gap on Teaching and Learning in Medical Education: A Phenomenological Study. Adv Med Educ Pract. 2022;13:1071-1079. Published 2022 Sep 16. doi:10.2147/AMEP.S370304

AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
How to Create a Psychologically Safe Environment During Residency

Primary Category
Program Administration and Leadership

Presenters
Anju Hurria, MD, MPH, University of California, Irvine Medical Center
Kalyn Reddy, MD, UCLA Neuropsychiatric Institute & Hospital/Greater Los Angeles Healthcare System (VAMC)
Corina Vasquez, MD

Educational Objectives
1. Define “psychological safety” and its relevance within a residency training program.
2. Develop skills to create and implement a psychological safety survey tailored to their residency program.
3. Evaluate different interventions designed to improve psychological safety and exchange ideas for implementation across various programs.

Abstract
Dr. Amy Edmondson described the concept of psychological safety, namely: beliefs around the safety of interpersonal risk taking, such as speaking up with ideas and concerns or admitting mistakes1. Psychological safety can be conceptualized on an individual, group, and organizational level and can have implications for healthcare outcomes and employee learning, and burn-out2,3. Our institution faced concerns after receiving low scores on the annual Accreditation Council for Graduate Medical Education (ACGME) survey regarding fear of retaliation within our psychiatry residency program. Despite efforts by leadership to address these concerns with residents directly, the sensitive nature of the topic often led to hesitation in providing candid feedback, preventing effective resolution.. To address this, we drew inspiration from existing research on psychological safety and from Dr. Iram Ahmad, an ENT surgeon from Stanford, who conducted a comprehensive evaluation of psychological safety among faculty in her department and implemented targeted interventions4. We adapted Dr. Ahmad’s psychological safety evaluation to create a survey specifically for our psychiatry residency program.

We distributed the adapted survey to all trainees, ensuring anonymity to encourage honest and open feedback without fear of retaliation. The survey included both quantitative data and qualitative free-response sections, which provided specific, detailed insights into specific issues such as biases, communication gaps, and challenging dynamics between attendings and residents. This approach enabled us to identify

recurring themes and develop targeted interventions, including department-wide presentations, faculty workshops, and opportunities for individual coaching.

Preliminary results from these interventions have been positive, with faculty expressing a strong interest in personal feedback for self-growth and residents reporting improvements in program culture. We plan to substantiate the impact of these changes using future ACGME survey results and a follow-up psychological safety survey. If the data is supportive, this intervention could be used on a recurring basis to continue to identify areas of growth, promote program development, enhance resident well-being, and foster a culture of openness and psychological safety.

This interactive workshop will guide participants through our methods and findings, followed by small group activities in which participants will develop the skills to conduct and evaluate a similar intervention at their own programs. The goal of this workshop is to equip program directors and psychiatric educators with practical tools for creating a psychologically safe training environment.

Practice Gap

The ACGME survey is distributed annually for all trainees. It covers a range of topics including evaluations, diversity and inclusion, and teamwork5. It provides valuable quantitative data, but does not offer space for free response. It offers a snapshot of program satisfaction but does not provide qualitative insights necessary to fully understand the factors affecting culture.

A psychological safety survey can bridge this gap by providing trainees with a safe, anonymous platform to offer detailed feedback. This approach allows for a more comprehensive understanding of the program's culture and identifies areas for improvement that may not be evident through quantitative data alone. Program leadership can use the psychological safety survey results to impart meaningful changes to their program that will address areas of concern identified on the ACGME survey effectively. In addition, regular evaluations of psychological safety may provide an approach for training directors to evaluate effectiveness of prior interventions.

Agenda

- Minutes 0 - 5: Introduction and completion of a psychological safety survey by participants.
- Minutes 5 - 30: Overview of psychological safety, literature review, and the rationale for the survey's implementation
- Minutes 30 - 40: Small Group Discussion #1: Participants discuss aspects of psychological safety. Each small group will have an area for discussion such as gender

bias, racial bias, boundaries and transference, generational gaps, and promoting a culture of openness.
● Minutes 40 - 50: Large Group Discussion: Summarization of small group findings
● Minutes 50 - 63: Small Group Discussion #2: Participants share thoughts on survey questions and discuss strategies for implementing changes within their programs based on survey feedback.
● Minutes 63 - 75: Large Group Discussion: Exploration of factors that contribute to a positive training culture, effective change implementation and leadership support
● Minutes 75 - 90: Closing discussion and workshop evaluation

Scientific Citations

Mohamed, I., Hom, G. L., Jiang, S., Nayate, A., Faraji, N., Wien, M., & Ramaiya, N. (2023). Psychological Safety as a New ACGME Requirement: A Comprehensive All-in-One Guide to Radiology Residency Programs. Academic Radiology, 30(12), 3137–3146. https://doi.org/10.1016/j.acra.2023.08.032

Edmondson, A. C., & Bransby, D. P. (2023). Psychological Safety Comes of Age: Observed Themes in an Established Literature. Annual Review of Organizational Psychology and Organizational Behavior, 10(Volume 10, 2023), 55–78. https://doi.org/10.1146/annurev-orgpsych-120920-055217

Grailey, K. E., Murray, E., Reader, T., & Brett, S. J. (2021). The presence and potential impact of psychological safety in the healthcare setting: An evidence synthesis. BMC Health Services Research, 21(1), 773. https://doi.org/10.1186/s129

Torralba, K. D., Jose, D., & Byrne, J. (2020). Psychological safety, the hidden curriculum, and ambiguity in medicine. Clinical Rheumatology, 39(3), 667–671. https://doi.org/10.1007/s10067-019-04889-4

O'Donovan, R., & McAuliffe, E. (2020). A systematic review exploring the content and outcomes of interventions to improve psychological safety, speaking up and voice behaviour. BMC Health Services Research, 20(1), 101. https://doi.org/10.1186/s12913-020-4931-2

Title
"How to financially support mentoring and well-being programs".

Primary Category
Program Administration and Leadership

Presenters
Silvina Tonarelli, MD, Texas Tech University Health Sciences Center, El Paso
Arden D Dingle, MD, University of Nevada-Reno
Auralyd Padilla, MD, UMass Chan Medical School
Alma Liliana Monroy Tijerina, MD, Texas Tech University Health Sciences Center, El Paso
Ruby Lekwauwa, BS, MD, Yale University School of Medicine

Educational Objectives
1. During the workshop the participants will learn about possible and potential sources of funding within and outside their institutions
2. Participants will explore the most frequent allies and potential partnerships
3. Participants will brainstorm useful rationales for funding and reasonable goals and outcomes to justify financial support

Abstract
ACGME states that to achieve successful graduate medical education, individuals serving as education and administrative leaders of residency programs, as well as those significantly engaged in the education, supervision, evaluation, and mentoring of residents, must have sufficient dedicated professional time to perform the vital activities required to sustain an accredited program. ACGME requires that programs, in partnership with their Sponsoring Institutions address well-being as an essential aspect of resident competence. Unfortunately, there are no accompanying mandates for financial support of these activities. In the recent editorial of Academic Psychiatry, Brennan et al (3) highlighted the importance to continue addressing the wellness and stress in medical education. Managing a successful mentoring or wellbeing program in medical education can be costly, and many programs struggle with limited funding, especially for activities that are not direct patient care. This workshop aims to identify potential sources of financial support within and outside institutions for wellness and mentorship programming with the exploration of strategic partnerships. Presenters will discuss the rationale for funding, goals and outcomes to justify grant applications/ provision of funds and offer practical steps for securing financial resources. Despite extensive analysis of mentoring programs, recent studies, including Joe et al. (2023) and Dennis et al. (2023), do not addressed financial limitations as a common barrier. By highlighting these aspects,

the workshop seeks to enhance understanding and provide actionable resources to support and grow mentoring and well-being programs.

Practice Gap

The financial limitation in the creation of a successful mentoring and well-being programs is not frequently reported in the literature. A recent publication by Joe and et al. (1) showed the results of analysis of more than 50 studies about mentoring programs in residency and fellowship in United Stated and Canada. The authors summarized all potential barriers and facilitators for success of the programs however "financial support" is not identified as a common barrier. Dennis and co-authors in 2023 (2) provide a set of guiding principles for promoting wellness during residency, however financial resources are not discussed. In practice, obtaining adequate funding for mentorship and wellness programming often is a major challenge for training programs. In addition to the direct costs of wellness and mentorship activities, faculty, learner and staff time and effort must be paid for.

Agenda

The workshop will be highly interactive incorporating both didactic and practical components:

- Welcome and Introductions (5 min, 5 min total)
- Brief didactics to introduce concepts and possible approaches/ strategies (10 min, 15 min total)
- Small Breakout Groups 1 (25 min, 40 min total): Participants will discuss potential funding sources, a template for discussion will be provided.
- Presentation of Action Plan examples (10 min, 50 min total) Examples of successful funding strategies will be shared.
- Leg stretch/water break (5 min, 55 min total)
- Small Breakout Groups 2 (25 min, 80 min total): Groups will brainstorm partnership ideas and funding strategies.
- Questions, feedback, fill out survey (10 min, 90 min total) Participants will provide feedback and complete a survey."

Scientific Citations

1) Joe MB, Cusano A, Leckie J, Czuczman N, Exner K, Yong H, Ruzycki S, Lithgow K. Mentorship Programs in Residency: A Scoping Review. J Grad Med Educ. 2023 Apr;15(2):190-200. doi: 10.4300/JGME-D-22-00415.1. Epub 2023 Apr 17. PMID: 37139208; PMCID: PMC10150829.

2) Dennis AA, Colton L, Tewari P, Slavin S. Promoting Well-Being in Graduate Medical Education: Embracing Principles Rather Than "Recipe". Acad Psychiatry. 2024

Aug;48(4):378-383. doi: 10.1007/s40596-023-01827-0. Epub 2023 Aug 8. PMID: 37552402.

3) Brenner AM, Guerrero APS, Morreale MK, Seritan A, Aggarwal R, Castillo EG, Coverdale J, Thomas L, Balon R, Louie AK, Beresin EV. Evolving Perspectives on Wellness and Stress. Acad Psychiatry. 2024 Aug;48(4):303-306. doi: 10.1007/s40596-024-02002-9. PMID: 38960978.

Title
Integrating Collaborative Psychiatric Care into Residency & Fellowship Training: Strategies for Forging Ahead

Primary Category
Curriculum

Presenters
Caitlin Engelhard, PhD, MD, McGaw Medical Center, Northwestern University
Ramanpreet Toor, MD, University of Washington Program
Shireen Cama, BA,MD, Cambridge Health Alliance/Harvard Medical School
Rachel Weir, MD, University of Utah School of Medicine
Richard Ly, MD, Samaritan Health Services Psychiatry Residency Program

Educational Objectives
1) Describe how integrated care improves population mental health including access to care and equity.
2) Name three approaches to incorporate integrated care education into residency and fellowship curriculum.
3) Describe Kotter's "8 Steps for Leading Change" as a model to effectively promote change within an organization.
4) Develop an action plan to take the next step in improving integrated care education in their program.

Abstract
As the healthcare landscape evolves, implementing integrated psychiatric care into medical education is crucial for advancing equity and serving diverse populations, as well as providing a critical access point and expanding the reach of psychiatry. The American Psychiatric Association (APA) and American Academy of Child and Adolescent Psychiatry (AACAP) have recommended greater use of integrated care models in clinical practice, particularly in light of the widening gap between population mental health needs and the available psychiatric resources. Workforce development is critical to promote expansion of integrated care, including the education of psychiatric residents and fellows (1). Several models for integrated care curricula have been developed (2-4) but implementation is often challenging due to practical and institutional barriers (5), and many psychiatry residency and fellowship programs have limited or no integrated care education.

This workshop will support attendees to develop a blueprint for incorporating integrated mental health care models into psychiatric training programs, guided by Dr. John Kotter's model "8 Steps for Leading Change" (6). Participants will learn to advocate for integrated care models within their institutions, utilizing Kotter's eight-step process to create

urgency, build coalitions, and develop and implement a strategic vision. The session will cover a spectrum of essential educational initiatives, such as didactics and integrated care rotations, which can equip trainees to navigate the changing medical landscape. The workshop will share currently available resources, discuss strategies for securing stakeholder support, share how collaborative educational programs have been successfully developed at different institutions, and explore potential future directions.

Interactive breakout groups will focus on applying Kotter's model “8 Steps for Leading Change” to implement these educational programs and changes in attendees' organizations. By the end of the session, participants will be equipped to lead the integration of integrated care into graduate medical education, fostering a future of psychiatric practice that is equitable, accessible, interdisciplinary, and patient-centered.

Practice Gap

Integrated mental health care models are a key strategy to address the population’s psychiatric needs, expand access to care, and improve equity. However, many psychiatry residency and fellowship programs provide limited training in integrated care, which means trainees are less prepared to work in these settings after graduation. Incorporating integrated care into graduate medical education can be challenging due to lack of time, funding, faculty expertise, available clinical experiences, and institutional barriers. This workshop will teach participants how to incorporate integrated care education in a wide variety of residency/fellowship settings as well as practical strategies to navigate barriers and promote change within their programs.

Agenda

1) Making the case for inclusion of integrated care in psychiatry residency and fellowship education: a review of integrated care models and how they improve access to quality mental health treatment (10 minutes)
2) Review a range of integrated care education approaches from five different programs at different stages on the integrated care education continuum. Provide tips on curriculum development and present resources from the AADPRT Integrated Care Caucus. (20 minutes)
3) Introduce Kotter’s model “8 Steps for Leading Change” (10 minutes)
4) Break out groups. Participants will break up into small groups based on where their program is along the integrated care education continuum, so that participants are grouped with others facing similar challenges. Participants will use Kotter’s “8 Steps for Leading Change” to identify feasible strategies to promote integrated care education in their programs. (30 minutes)
5) Wrap up and discussion (20 minutes)

Scientific Citations

1) Sunderji N, Ion A, Huynh D, Benassi P, Ghavam-Rassoul A, Carvalhal A. Advancing Integrated Care through Psychiatric Workforce Development: A Systematic Review of Educational Interventions to Train Psychiatrists in Integrated Care. Can J Psychiatry. 2018 Aug;63(8):513-525.

2) Burruss, N.C., Murray, C., Li, W. et al. Integrated Care Education for General Psychiatry Residents in the US: a Review of the Literature. Acad Psychiatry 47, 390–401 (2023).

3) Dobscha, S.K., Dandois, M., Rynerson, A. et al. Development and Evaluation of a Novel Collaborative Care Rotation for Psychiatry Residents. Acad Psychiatry 46, 491–494 (2022).

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Title
Steering through Rough Waters: Strategies for Successful Change Management

Primary Category
Program Administration and Leadership

Presenters
Kari Wolf, MD, SIU School of Medicine
Steven Scheinthal, DO
Mauricio Tohen, MD

Educational Objectives
Explain key principles of change management Assess barriers to change and generate strategies to overcome these barriers Develop strategies to drive change in your areas of responsibility

Abstract
Medicine is becoming increasingly complex. Market pressures have forced traditional academic medical centers to shift from institutions primarily focused on research and education to thriving healthcare businesses. Increasingly, successful private healthcare organizations are entering the field of residency education. To be successful in this rapidly evolving landscape, psychiatric educational leaders need to learn to successfully navigate the changing environment and implement changes to enhance the educational programs they lead. Traditional physician education does not prepare psychiatric educators to navigate this ever-changing environment. As a result, decisions affecting everything from clinical service design to budgeting and finances to educational programs are being made (or strongly influenced) by non-physicians. One opportunity for skill development of psychiatric educators involves learning how to successfully navigate and lead change. Using a combination of brief didactics, facilitated small group exercises, and questions & answers, this workshop will provide an overview of key theories of change management, exploring concepts developed in both business and healthcare industries. Participants will identify barriers to successful change initiatives and develop strategies to overcome these challenges. By the end of the workshop, participants will understand key principles to drive successful change and have created a change management plan that they can implement in their home institution. This workshop will be led by chairs from three academic departments across the country. Their experiences span traditional academic school settings, private healthcare settings, a community-based medical school, state-wide systems of care, and allopathic as well as osteopathic schools. They will highlight strategies that have resulted in successful change initiatives as well as common pitfalls that will derail even the best ideas.

Practice Gap
As the Greek philosopher Heraclitus said, “There is nothing permanent except change.” The healthcare environment is changing. As academic medicine transitions from institutions of research and higher education to healthcare businesses being forced to adapt to the ever-changing healthcare environment, many physicians—especially clinician educators—are left at a loss for how to navigate the changing clinical environments in which residency learning occurs. Being in an ever-changing healthcare landscape offers opportunities for physicians to influence and lead change. However, many physicians lack the skills and expertise to successfully drive change to improve their areas of responsibility.

Agenda
Introduction to change (5 minutes)
Small group activity to Identify changes affecting your area (1-2-group – 8 minutes)
Principles of change management (17 minutes)
Small group activity to identify barriers to change and develop solutions (Triz Exercise – 40 minutes)
Best Practices in change management (10 minutes)
Wrap-up (large group discussion, Q&A – 10 minutes)

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Title
The ERAS Tour: recruitment trends and strategies for tortured residency and fellowship program directors

Primary Category
Recruitment and Selection

Presenters
Denise Baughn, MD, University of Texas Medical Branch, Galveston
Simone Bernstein, MD, National Capital Consortium Program
Carrie Ernst, MD, Icahn School of Medicine at Mount Sinai
Jessica Sandoval, MD, BA, MS, University of Texas Health Sciences Center at San Antonio
Daniel Gih, MD, University of Nebraska Medical Center College of Medicine

Educational Objectives
1. Summarize the newest psychiatry application data and related residency matching and fellowship results.
2. Describe the effects of ERAS program signaling and conversion to residency program interviews.
3. Define available tools and resources for recruitment for applicants and programs.
4. Describe how to collaborate with other stakeholders in recruitment.
5. Outline new challenges to residency and fellowship recruitment and recruitment.
6. Apply past recruitment season results to target future success in recruitment.

Abstract
Medical student interest and applications to psychiatry residency programs have been growing for the last decade. Competition for residency slots has similarly increased, reflected by significant numbers of unmatched applicants to psychiatry. Since 2022, substantial changes in the residency application system have been made, incorporating new elements like program signaling and geographic preferences.

The increase in competitiveness of psychiatry has not yet translated into an increase in competition for fellowship slots. The overall psychiatry workforce shortage has affected all of the psychiatric subspecialties and up to 50% of subspecialty fellowship positions go unfilled each year. Barriers to subspecialty recruitment include financial burden, better alternative career opportunities, prolonged training period, and residency burnout. Many recent efforts have been made to improve the fellowship application and recruitment process.

In light of these challenges, program directors want the latest and most relevant information to gauge the level of applicant competitiveness and interest and determine a

plan to recruit the best trainees. Residency and fellowship applicants get information about programs from numerous and varied sources. Knowing where applicants get their information – primarily program websites – can help training directors plan the best strategies for recruitment. (7) Recent data notes that applicants desire transparency about exam score requirements, geography and the information about the racial/ethnic backgrounds of program faculty and current residents when choosing a residency. (6)

Various stakeholders, including DIOs, medical school deans, UME psychiatry colleagues, and training directors from other departments have additional goals in recruitment. Understanding the roles of these stakeholders is vital to training directors in navigating the recruitment season.

This workshop is geared towards program directors and all attendees involved in the residency/fellowship application process. Endorsed by the AADPRT Recruitment Committee and Subspecialty Caucus, it will present updated lessons and data from the most recent residency and fellowship matches and the latest ERAS application format. Recruitment challenges faced will be explored through small group breakout session cases and a large group discussion. Presenters will provide practical tips for successful recruitment and session participants will be encouraged to share their own best practices. The session will conclude with an interactive question and answer session.

Practice Gap

Matching into a psychiatry residency program has become increasingly challenging due to the growing competitiveness of psychiatry and the ever-changing Electronic Residency Application Service (ERAS) application. Subspecialty recruitment has a different set of recruitment challenges. Programs need to stay updated with the latest information and data to determine a strategy to recruit trainees. In this workshop, we will present lessons learned from the 2024 Match and the latest ERAS format to provide ways to enhance knowledge and skills for a successful outcome in a residency or fellowship match.

Agenda

5 Minutes Introductions
5 Minutes Poll to gauge audience experiences in recent recruitment cycles (including audience identification questions)
10 Minutes Didactic presentation: Current ERAS application, 2024-2025 match data (including fellowship data), trends, data on signals from AAMC
20 minutes Small groups of 4-6 participants will discuss provided cases of challenging situations faced during the recruitment season, with approximately 10 minutes per case. Case discussions will allow participants to learn about what other programs do to develop new strategies for recruitment.

20 Minutes Large group discussion: Small groups will join to present the cases discussed, share the challenges presented by the case, and discuss their strategies to approach the situation with a goal of successful recruitment.
10 minutes Summary of findings and potential best practices in recruitment
15 minutes Q&A Discussion to ask audience about best practices in recruitment
5 Minutes Designated time for evaluation and Feedback

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AADPRT magpadayon!
LEADING AND EDUCATING AMIDST CHANGE
2025 ANNUAL MEETING

Title
The power of collaboration: Strategies for creating wellness initiatives

Primary Category
Curriculum

Presenters
Anetta Raysin, DO, Maimonides Medical Center
Sophia Mikityanskiy, DO, Maimonides Medical Center
Jinal Patel, MD, Maimonides Medical Center
Angela Liu, MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program
Dustin Brinker, MD, Zucker School of Medicine at Hofstra/Northwell at Mather Hospital Program

Educational Objectives
At the conclusion of this workshop, participants should be able to:
1. Describe the unique stressors that contribute to burnout for psychiatry residents
2. Discuss current evidence-based strategies to promote wellness and target burnout in psychiatry residents
3. Design curricular innovations to support residents while in training and promote life-long wellness strategies

Abstract
Background: Psychiatry residents experience significant amounts of stress, leading to increased rates of burnout, depression, and other mental health challenges (Chan et al., 2019; Tipa et al. 2019). The contributors to this issue are multifaceted; however, one strategy for addressing this need is the creation and integration of wellness curricula (Nasirzadeh et al., 2022). This workshop aims to highlight such curricular efforts. Through examples from two psychiatry training programs in New York City, we hope to provide a framework for other institutions to reflect upon their wellness endeavors and develop integrative wellness initiatives to combat the demands of psychiatry residency and facilitate retention to practice.

Methods: The wellness initiatives at both institutions were co-led by program faculty and residents. These initiatives were both curricular and co-curricular. Curricular components incorporated members from wellness and anti-racism committees to develop didactics and workshops available to all residents in the respective programs. In addition to general education on burnout and wellness (e.g., moral injury, imposter syndrome, resiliency building, self-care), the didactics highlighted personal challenges that residents may face during training (e.g., bereavement, illness, immigration issues) and provided resources and strategies to cope with these challenges. We conducted debriefs before

and after these sessions to evaluate their content and effectiveness. Co-curricular initiatives included the creation of support groups, and resident “sibling/family” matches, as well as amendments to policy, budgets, and benefits. In doing so, we sought to address the individual, interpersonal, and structural influences on wellness.

Feedback from program directors, faculty, and residents suggested the initiatives contributed to increased awareness of potential challenges residents may face during training, and equipped residents with the tools, resources, and information they may need during periods of stress, adverse life events, and burnout.

Results: The results of these initiatives highlight the power of inviting residents in the co-creation of educational innovations. We have implemented a two pronged approach to address wellness for residents, focusing on wellness curricula that are supported by practical efforts to prioritize wellness. Our approach utilized a combination of lectures and group discussions to improve awareness of key policies, benefits, and external resources for support, working closely with the resident union, and creating initiatives to improve peer support and community in residency.

Conclusion: Integrating wellness didactics and practical initiatives that are, co-created and co-led by resident and faculty staff, into psychiatry residency training is a promising approach to mitigate the negative impact of stress, adverse life events, and burnout on resident physicians. By openly exploring the unique challenges and stressors faced by psychiatric residents, highlighted by examples of sensitive and emotionally demanding situations, these sessions can equip them with essential tools, and resources to navigate the rigors of training while fostering a culture of self-care, awareness, and support. We hope that such efforts lead to the development of resilient psychiatric providers and training programs, and maintain residents retention in programs. Simultaneously, this helps directors better understand the needs of trainees, and resources for support, while simultaneously adhering to the policies and expectations of training programs.

Practice Gap

Despite the growing need for mental health providers in the United States, the psychiatric workforce continues to fall short (Aggarwal et al., 2022). Our field has prioritized the recruitment and retention of trainees as one means of filling this gap, for example through concerted efforts to integrate international medical graduates into both residency and independent practice (Marwaha et al., 2024). Nonetheless, the retention of trainees and graduates remains a concern, due in part to the general demands of graduate medical education but also to the unique challenges of psychiatry residency (Brenner et al., 2024).

Agenda
0-10 min: Introductions, didactic overview of the literature on resident wellness in psychiatry training
10-20 min: Small group discussion on challenges residents face at respective institutions
20-30 min: Large-group share out
30-45 min: Narrative presentation of wellness initiatives at two programs
45-60 min: Individual activity guided by handout for programs to outline potential initiatives at their own institutions
60-75 min: Large group share out of individual activity
75-90 min: Large group debrief, Q&A, and wrap up

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Title
To Supplement, Not Supplant: An Interactive Workshop on Harnessing AI in Psychiatric Training

Primary Category
Curriculum

Presenters
Rehan Aziz, MD, Hackensack Meridian Health- Jersey Shore University Medical Center
Nathan Carroll, DO, MBA, MPH, Hackensack Meridian Health- Jersey Shore University Medical Center
Daniel Weiner, MD, Hackensack Meridian Health- Jersey Shore University Medical Center

Educational Objectives
Objectives
- Define Artificial Intelligence (AI) and key concepts such as large language models (LLMs), natural language processing, and deep learning.
- Discuss current positions on AI by the APA and AADPRT, as well as the ethical implications of using AI in psychiatric education.
- Describe a rotation started at Hackensack Meridian Health (HMH) in Digital Psychiatry for PGY1 Psychiatry Residents.
- Explore strategies for integrating AI into psychiatry training programs to assist with improving medical knowledge and supplementing training.
- Demonstrate the steps needed to create a custom voice-driven AI tailored to psychiatric education.

Abstract
Artificial Intelligence (AI) is rapidly reshaping the medical landscape, including psychiatric practice, and its influence on residency training is no longer a question of if but when. Whether or not we actively teach AI, our trainees—and increasingly, our patients—will be utilizing AI tools in clinical and personal settings. This workshop will explore how AI is poised to enhance psychiatric education and why now is the time for training programs to engage with this technology.

The session will provide participants with an interactive introduction to AI in education, starting with a comprehensive overview of foundational AI concepts, such as large language models (LLMs), natural language processing (NLP), and deep learning, ensuring

all participants have a baseline understanding. We will discuss the role of AI in bolstering key initiatives such as Justice, Equity, Diversity, and Inclusion (JEDI); Competency-Based Medical Education (CBME); leadership development; cultural competency training; and well-being and burnout prevention.

We will then introduce a new Digital Psychiatry rotation being piloted at Hackensack Meridian Health (HMH), which is designed to prepare residents for the future. This rotation reflects the growing need for psychiatrists to not only understand digital therapeutics but to actively teach its applications and limitations.

The core of the workshop will be a hands-on demonstration. Participants will collaboratively create a customized AI tool tailored to their residency program's specific needs using ChatGPT's Custom GPT feature. No programming skills are required—attendees will define behaviors, guidelines, and training criteria to develop the AI model. Following this, we will showcase AI's voice recognition and speech simulation capabilities through an interactive demonstration, allowing participants to experience AI as a simulated patient in real-time, potentially providing a valuable supplement to training.

Additionally, the workshop will address the potential challenges of integrating AI into psychiatric training, including the risks of residents becoming overly reliant on AI, the importance of developing critical clinical judgment, and the necessity of understanding the technology's limitations. We will also discuss practical strategies to protect patient confidentiality and ensure responsible AI use in training programs.

By the end of the session, participants will leave with a clear understanding of how AI can be effectively incorporated into their residency programs in a way that enhances educational outcomes without compromising patient care or ethical standards. They will also gain the skills and confidence to begin developing and utilizing AI tools tailored to their own educational environments.

Practice Gap
Practice gaps to be addressed include:

1) Understanding of AI Concepts and Their Relevance to Psychiatric Training Programs

2) Guidance on the Ethical Implications and Official Stances on AI from Professional Bodies Regarding the Role of AI in Medical Education

3) Lack of Structured Approaches to Integrating AI into Psychiatry Training Programs

4) Understanding of Customizing AI for Residency Training Programs

Agenda
0:00 – Introduction
-Overview of AI in psychiatry: Definitions, key concepts, and how models like ChatGPT function.
-Presentation of current APA and AADPRT statements on AI and its emerging role in psychiatry.
0:10 – Audience Poll & Discussion
0:15 – Presentation: AI in Healthcare
-Exploration of AI's current role in JEDI, CBME, leadership development, and burnout prevention in healthcare.
0:20 – Overview of Digital Psychiatry Rotation at Hackensack Meridian Health
0:30 – Interactive Demonstration #1: Guided Creation and Utilization of a Custom AI
0:50 – Interactive Demonstration #2: Use of Newly Created AI
-Interactive use of the AI for simulating resident-patient interactions, curriculum planning, and faculty development exercises.
1:05 – Breakout Group: Planning AI Integration in Residency Training
-Participants will discuss in break-out groups how AI can be integrated into residency training.
1:20 – Closing Remarks
-Summary of AI best practices in psychiatric education.
-Strategies to prevent over-reliance on AI, while maintaining clinical judgment and safeguarding patient care.
1:25 – Q&A Session
1:35 – Evaluations

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Title
Using the Annual ACGME Reporting System to Your (Web) AD-vantage

Primary Category
Program Administration and Leadership

Presenters
Megan Zappitelli, MD, Prisma Health/University of South Carolina School of Medicine - Greenville
Russ Kolarik, MD, Prisma Health/University of South Carolina School of Medicine - Greenville
Rachele Yadon, MD, University of Kentucky
Robert Simon, MD, University of Kentucky
Raphaela Fontana, DO, Prisma Health/University of South Carolina School of Medicine - Greenville

Educational Objectives
• Understand the process for completing the ACGME annual reporting (WebADS) process
• Identify the content included in the ACGME annual report
• Discover strategies and tools for leveraging the WebADS process to highlight the strengths of and to respond to challenges within their program
• Generate an action plan to effectively manage and to leverage the ACGME annual reporting (WebADS) process to help support post-graduate psychiatry training

Abstract
The Accreditation Council for Graduate Medical Education (ACGME) requests annual reports through the Accreditation Data System (ADS), informally referred to as "WebADS." The psychiatric training director is responsible for the submission of these reports each year, and this process can be daunting, particularly for new training directors, or programs who have gone through many recent changes. There are many important topics that are included in the annual reports such as an accounting of trainee and faculty scholarly activity, clinical schedule information (ie. block diagrams), program overview information including inclusion and diversity initiatives, program major changes, and responses to citations. Information presented in WebADS is an opportunity for training directors to highlight the strengths of their program and to directly address areas of concern that are seen on the ACGME survey results or citations. Preparation of the content in WebADS can be time-consuming, daunting, and is a high-stakes responsibility held by the training director.

The presenters of this workshop are comprised of current training directors and a designated institutional officer (DIO). During this session, the presenters will break down

the elements of the WebADS annual report in an effort to provide tips and strategies for using the WebADS process in an effective way. The presentation will review the limited available literature associated with the ACGME survey and then will introduce a "WebADS toolkit," that includes tools for creating internal Annual Performance Evaluations (APEs), structured Program Evaluation Committee (PEC) meetings, internal surveys, and block diagrams. The toolkit will help training directors collect data throughout the year to be better prepared for the WebADS yearly report, thereby decreasing the burden of this important duty. The presenters will review cases where the WebADS process has been used as a tool to assist responding to an unfavorable ACGME survey into receiving ACGME continued accreditation with commendation, all within one academic year.

The participants will then divide into breakout groups to share strategies that they have incorporated to help them with their own WebADS reports as well as ways that they have used the annual reporting system to help support their programs. In a subsequent breakout group, participants will work together to create an action plan around which strategies they would like to incorporate for managing and organizing their future WebADS reports in their home institutions. Finally, participants will share their strategies to the larger group and will leave the session empowered to leverage the annual WebADS reporting system to their program's AD-vantage.

Practice Gap

Psychiatric training directors (TDs) are faced with the daunting task of submitting an annual report to the Accreditation Council for Graduate Medical Education (ACGME) through the Accreditation Data System (ADS), informally referred to as "WebADS." This report includes a program overview, diversity and inclusion efforts, faculty/trainee scholarly activity, major program changes, and responses to previous citations or areas of concern. This report, along with the yearly ACGME Program Survey, is one of the main tools that the ACGME uses to determine program status and to identify areas of program non-compliance. Despite the importance of this report, many TDs lack strategies for completing this annual report outside of what is available in the ACGME online resources. There is currently no literature that outlines strategies for WebADS completion, and our workshop hopes to bridge this gap to empower TDs to use WebADS to best reflect their training program.

Agenda

0-5 minutes – Introduction and Learning Objectives
5-10 minutes – Presentation of the ACGME annual report/WebADS process and limited literature
10-15 minutes – Detailed breakdown of each WebADS category

15-30 minutes – Presentation of case examples, success stories, and proposed tools/strategies that can be used throughout the year to generate content and data in preparation for the annual WebADS report
30-40 – Breakout groups: participants will identify and discuss strategies that they have incorporated to help them with their own WebADS reports as well as ways that they have used the annual reporting system to help support their programs
40-55 – Breakout groups: participants will work together to create an action plan around which strategies that they would like to incorporate for managing and organizing their future WebADS reports in their home institutions
55-65 – Breakout groups share back to the large group.
65-75 – Question, answer, and wrap-up session

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