













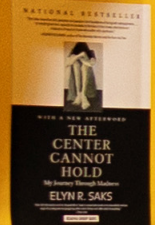
Clinical Setting: Evaluating Humanities-Based Enrichment in Psychiatry Medical Education

Dr. MD, Aubrey Chan, MD, PhD, Melissa Ludgate, MME, MD
University of Iowa Health Care

IOWA
HEALTH CARE

"An important thing for me to realize in medical education so I can check and treat patients with the utmost care possible."

"Making the writing assignments short and focusing on the activity itself without much commitment."



"The case conference was a good chance to get an in-depth dive on a patient... I feel like I better understand the purpose of getting to know a patient's entire life history to put their personal experience with their mental illness in context."



"Attending the support group changed how I see my patients—they are so much more than their diagnoses."

Conclusions

Structured enrichment activities extend students' comprehension of patient care and the human dimensions of psychiatry. Survey and free text responses highlighted the increased depth of understanding students gained from these experiences.

Experiential learning reinforces skills that elude didactic instruction—empathy, perspective-taking, and humanistic care. The enrichment activities were able to offer a different dimension of teaching that is not found on the wards or in the classroom.

Successful implementation requires balancing educational value with perceived logistical fairness to maximize engagement. Students were quick to raise concerns when the amount of work exceeded what they felt was appropriate.

Future Directions

Identify new experiential activities to incorporate into the psychiatry clerkship.

Further exploration of structured interviews, value and shortcomings.

Expanding to other clerkships, pilot institutions—and measuring impact—help determine whether these results are self-contained or broadly applicable to medical education.

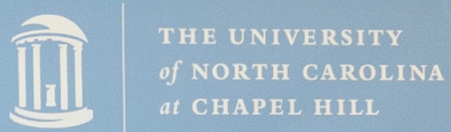
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Leveling the Field: Affordable Neuropsychological Testing for Student Success

Kenan Penaskovic¹ MD and Jessica Khan¹, MD
University of North Carolina School of Medicine



Background & Objectives

Medical students with learning difficulties often benefit from neuropsychological (NP) testing, but the high cost of evaluations leaves many without support and widens inequities in academic outcomes.¹ To address this, UNC School of Medicine's (UNC SOM) Student Affairs team partnered with faculty and local clinicians to build a sustainable model providing high-quality NP testing regardless of financial means. This effort reinforcing the institution's commitment to wellness, inclusion, and early academic support.

- Expand Access:** Provide affordable NP testing for medical students in need.
- Advance Equity:** Reduce financial barriers and disparities in academic outcomes.
- Enhance Support:** Link testing results to individualized academic and wellness plans.
- Measure Impact:** Track outcomes to guide program improvement and sustainability.

Methods

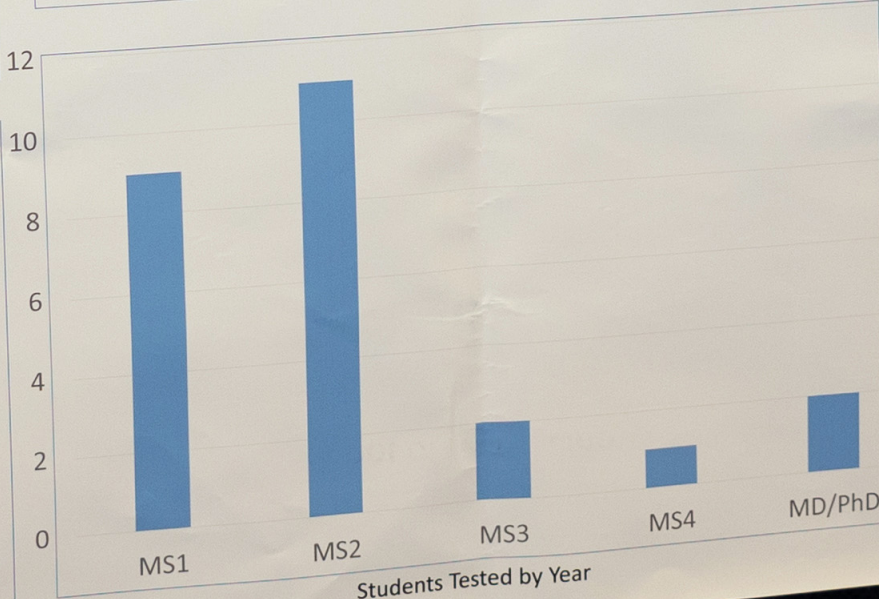
Needs Assessment: Reviewed student cases to identify barriers to obtaining NP testing and quantify unmet testing needs

Partnership: Collaborated with UNC Psychiatry and UNC Health's already existing Taking Care of Our Own Clinic, originally set up to support faculty and residents' mental health needs, to negotiate a reduced-rate model supported through institutional funds and grants.

Implementation: Launched a referral pathway with confidential triage and quick scheduling to connect learners with services specifically earmarked for medical students

Evaluation: Tracked number of referrals, accessibility, and availability to decide impact and to guide improvements

Continuous Improvement: Regular meetings with clinic leadership to address bottlenecks and to ensure sustainability.



Results

25

Students Tested

\$87,500

Cost Savings, Year 1

14 days

Time to First Appt.

Pilot phase: August 2025–April 2026

These findings suggest that institutionally supported NP testing can be delivered efficiently with high completion rates, while reducing financial barriers. This model may serve as a scalable framework for other medical schools looking to improve learner support and equity.

- Key Metrics:**
- Referral to First Appointment:** 13.9 days
 - Completion of Testing:** 16.3 days
 - Finalize Report:** 12.8 days
 - Referral to Close:** 40.6 days

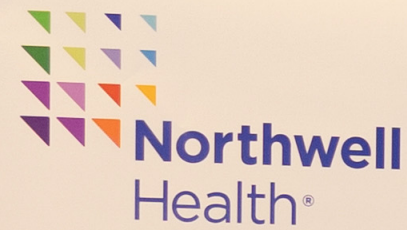
"At the time, you encouraged me to get free psych testing. I wasn't very excited about it at first, but in the past few weeks I've been officially diagnosed with ADHD, started meds, and am getting set up with a therapist and a new academic tutor. My experience with UNC Taking Care of Our Own and the OAE throughout this has been nothing but wonderful. Oh yes, please share with anyone!! I really could not be more grateful for all of these resources and especially the fact that it is all FREE! Amazing."

— Anonymous Student Feedback

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Special Thanks to Dr. Abby Norton, PhD- Fellow, UNC



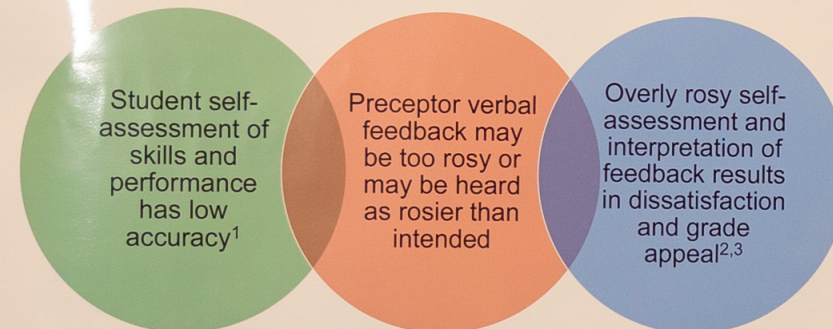
Reality Testing: Medical Student Self-Assessment on the Psychiatry Rotation (Early Project Data)



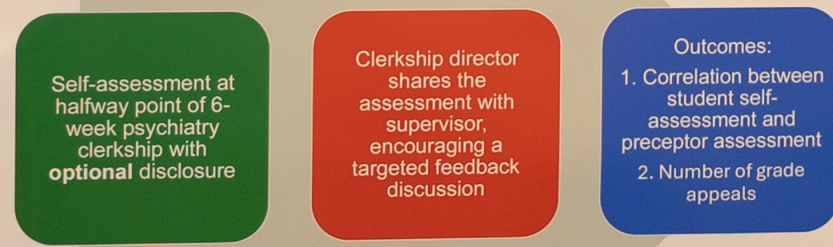
DONALD AND BARBARA
ZUCKER SCHOOL of MEDICINE
AT HOFSTRA/NORTHWELL

Andrew J. Spitzberg MD, Abigail Konopasky PhD, Timothy R. Kreider MD, PhD
Northwell, New Hyde Park, NY
Department of Psychiatry, Zucker Hillside Hospital in Glen Oaks, NY
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY

1. The Problem



2. The Process



This approach allows students to opt-in to bridge the gap between their self-perception and the perception of their supervising attending.

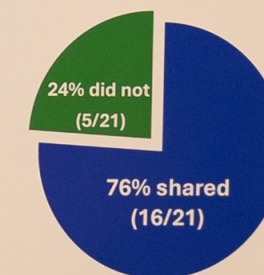
3. Self-Assessment

On a Scale of 1-10:

How confident are you that you are on track to receive Honors in your clinical rotation?

How helpful has your clinical preceptor's feedback been in determining your personal view of your current performance?

4. Students Opted to Share Self-Assessment



6. Early Findings

Students opted in to this new method of guiding feedback	16/21 students chose to share their self-assessment with their preceptor
The 5 students who did not opt in cited concerns of "retaliation" or "discomfort"	Lack of psychological safety appears to limit student buy-in

5. Supervisor Feedback

"I think this is an excellent system!"

"I like this and how this can guide direct feedback."

"Thank you for your message and am appreciating this new 'twist'."

"This... promoted discussion regarding clear expectation for achieving honors in our feedback session today."

7. References





Effects of Incorporating Structured Resident-Led Didactic Curriculum to Bolster Medical Student Education in Psychiatry



Alexandra Fowler, MD; Ramzi W. Nahhas, PhD; Maryyam Durrani, MS3; Larrilyn Grant, MD; Jessica Porcelan, MD
Wright State University, Boonshoft School of Medicine (WSU BSOM)

Abstract

- Third-year medical students at WSU BSOM psychiatry rotation sites do not have structured on-site didactic sessions to supplement the half-day-per-week clerkship didactics.
- Study examined whether resident-created standardized study materials improved scores compared to the existing ad hoc educational approach.
- Participants recruited from students rotating on the inpatient psychiatric services at local hospitals; randomly assigned to intervention or standard instruction.
- Pre- and post-instruction quizzes assessed change in proportion of correct answers to knowledge-based questions.
- Intervention group showed greater overall improvement in test scores; post-randomization group differences identified as a factor worth further examination.

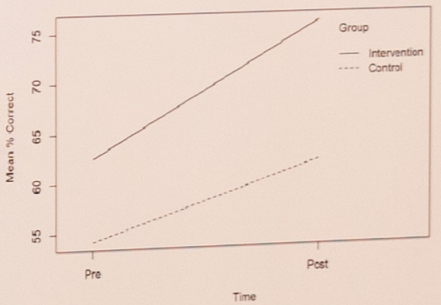
Introduction

- Third-year WSU BSOM medical students complete their psychiatry clerkship at three local hospitals, rotating through a combination of inpatient psychiatry units and Consultation-Liaison Psychiatry services.
- Beyond the half-day-per-week clerkship didactics, teaching occurring at their clinical sites was an ad hoc approach.
- Residents developed a formalized, resident-led didactic curriculum in 2023 to address this gap.
- Curriculum included weekly lectures with fillable handouts and optional knowledge assessments.
- Study evaluated whether standardized resident-created materials improve quiz scores compared to an ad hoc approach.

Methodology

- Design: Prospective quality improvement project; voluntary and non-coercive participation
- Eligibility: 3rd-year medical students on their psychiatry rotation at WSU BSOM
- Time frame: 2 of the 4 weeks of the rotation
- Sample size:
 - All years: n = 75 (40 pre, 35 post)
 - 2023–2024: n = 53 (29 pre, 24 post)
 - 2025–2026: n = 22 (11 pre, 11 post)
- Control: Unstructured teaching from residents and attendings, with handout materials available on request
- Intervention: Structured teaching 2–3x per week via handouts (5–10 min each) over 2 weeks, with optional next-day quizzes
- Assessment: Same 11-question quiz administered pre- and post-instruction; quiz content and results were blinded to residents
- Statistics: Two-way ANOVA used to compare change between groups; 2023–2024 data could not be paired due to absence of unique identifiers

Results



Combined Data

- $p = 0.004$ for the difference before and after the two weeks averaged over groups, indicating a learning effect in both groups, possibly due to taking the same test multiple times.
- Despite randomization, there was a pre-test difference of 8.4% between the intervention and control groups.
- Intervention group increased from pre to post by 13.4% while the control group increased by only 7.7%.
- The intervention group mean test scores increased by 5.7% more than the control group, but this difference was not statistically significant (group x time interaction $p = 0.42$).

Conclusion

- Results suggest resident-led structured didactics may offer meaningful benefit over ad hoc instruction although the group x time interaction was not statistically significant. The intervention group demonstrated a larger improvement than the control group (e.g. 13.4% vs 7.7%).
- The absence of statistical significance may also be attributable to several factors, including heterogeneity among participant cohorts, a small overall sample size, and performance bias.
- Larger, adequately powered study needed to confirm effect.
- Though randomly assigned, were assigned as a group (i.e., a cohort of students on a clerkship block together) for logistical reasons, as it would be difficult to provide different sets of instructions to medical students in such close proximity without information bleeding through from the other group.
- Future work should standardize control group instruction, ensure consistent pre/post data with unique identifiers, and update curriculum with student and resident feedback.
- Goal is to implement this research-tested curriculum as the standard for psychiatry clerkship education.

Acknowledgements

We thank the medical students of WSU BSOM for their willing participation; research advisors and mentors Drs. Nahhas and Grant; and the residents who provided the guidance and foundational data for this study.



handouts and quizzes

Beyond Access: A Strengths- and Trauma-Informed Wellness Program to Enhance Academic Flourishing in Medical Students

Karima Holmes, MD | Andres Sciolla, MD | Lorin Scher, MD
UC Davis School of Medicine · Department of Psychiatry

CONTEXT

UC Davis School of Medicine is among the most diverse in the country, ranking No. 17 for graduates who practice in primary care settings. A high proportion of students rely on public health insurance to access medical and mental health services, including psychiatric care. Despite high reported resilience, students from disadvantaged backgrounds are at increased odds of reporting childhood adversity and psychological distress compared to non-disadvantaged peers (Sciolla et al., 2025).

PROCESS

January 2025: The Trainee Mental Health Clinic was established under the leadership of a director embedded within both the School of Medicine and the Department of Psychiatry.
Barrier addressed: Students with public insurance faced a \$150 copay for psychiatric services at UC Davis Student Health. Students can now be seen by the Trainee Mental Health psychiatrist at no cost.

THEORETICAL GROUNDING

This clinic brings care to where students already are, at no additional cost, with a provider who understands their world. Grounded in liberation psychology, it locates the roots of psychological distress not in the individual, but in the systems they must navigate (Martin-Baró, 1994; Torres Rivera et al., 2013).

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CARE MODEL

A strengths-based model delivering easily accessible individualized psychiatric care.

1 Direct Access & Triage

Students contact me directly. I triage to prioritize those with the greatest acuity, ensuring timely access for students facing the most pressing barriers — financial, academic, or psychological.

2 Rapid Evaluation

I conduct a swift but thorough assessment to identify what each student needs — including resources many students are unaware exist. Students are often surprised by the support available to them.

3 Medication Management & Supportive Psychotherapy

Many students receive a combination of medication management and individual therapy grounded in liberation psychology: strengths-based, culturally- and trauma-informed, and guided by faith in the student's capacity. The goal is to reduce suffering, work toward stability, and create the internal conditions from which a student can flourish academically and beyond. Care is offered with honesty; academic outcomes are not guaranteed; the commitment to the student is.

4 Specialized Pathways & Advocacy

Evaluations and referrals are provided as clinically indicated: psychoeducational assessments, trauma therapy, ADHD evaluations (with particular attention to students of color frequently diagnosed for the first time in medical school), academic coaching, and medication management of psychiatric disorders. I also advocate for policy change in collaboration with the SOM and Office of Wellness when possible.

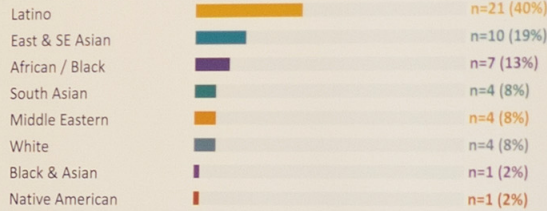
5 Transition to Community Care

Students who are stabilized on a treatment regimen transition to community providers ensuring continuity of care beyond the institution and freeing clinic capacity to reach students still waiting to be seen.

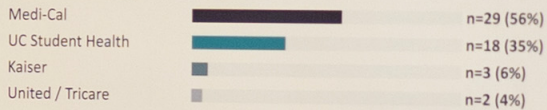
OUTCOMES

Clinical sample: 52 medical students

Racial / Ethnic Breakdown



Insurance Coverage



CONCLUSION

Embedding a psychiatrist whose racial and cultural identity resonates with the trainee population, paired with a liberation psychology and trauma-informed framework, creates conditions for trust and healing. This structure extends beyond access alone, emphasizing coordinated, responsive care, particularly for students with Medi-Cal facing high-stakes pressures, including Step exam retakes.

This work depends on collaboration among faculty and school leadership, supporting students' preparation to serve the communities from which they come.

Key Takeaway

A liberation psychology and trauma-informed model — led by a culturally concordant psychiatrist — moves beyond access to create lasting conditions for trust, healing, and academic success.

A NOTE ON SCOPE

The clinic currently operates with a single provider, allowing for deep, individualized accompaniment. Growth occurs one student at a time. Sustainable expansion remains an active area of development.

UC DAVIS | School of Medicine
Trainee Mental Health Clinic · AGMSEP Annual Conference



Contact
kholmes@health.ucdavis.edu

INTRODUCTION

- Clerkship transitioned from a pass/fail to a tiered grading system to better differentiate student performance.
- Grade inflation became evident with a high proportion of students receiving the highest-grade designation of Honors^{1,2}.
- Grading criteria was revised for AY2025-26 to address this.

Objectives:

- Evaluate impact of revised grading criteria on grade distribution.
- Determine whether changes resulted in a more balanced representation of student performance.

METHODS

The grading criteria for AY 2024-2025 were reviewed with our Office of Student Assessment and Program Evaluation. Based on our discussion, the following changes were implemented for AY 2025-26:

- Increased the score thresholds on a 500-point scale:
 - Honors: ≥ 440 to ≥ 450
 - High Pass: 375 – 439 to 385 – 449
 - Pass: 313 – 374 to 320 – 384
 - Fail: ≤ 312 to ≤ 319
- Eliminated a 5-point margin of error used for grade advancement to the next grade level.
- Increased the NBME passing score from ≥ 67 to ≥ 70 Equated Percent Correct (EPC).

Grade data from AY 2024-25 (n=133) was compared to AY 2025-26 (n=134) and the proportions of students achieving Honors, High Pass, and Pass were calculated.

RESULTS

Following implementation of revised grading criteria in AY 2025–26, the proportion of students achieving Honors decreased substantially, while the proportion achieving High Pass increased.

- Honors decreased from 80.5% $\rightarrow$ 48.5%
- High Pass increased from 18.8% $\rightarrow$ 50.0%
- Pass/Fail $\rightarrow$ essentially unchanged

These shifts suggest a reduction in grade inflation¹ and improved differentiation across grade tiers.

DISCUSSION

Results suggest that stricter grading criteria effectively reduced grade inflation and provided better differentiation of students' performance^{1,2}.

The decrease in Honors suggests changing grading criteria helped reduce the overrepresentation of students in the highest-grade tier.

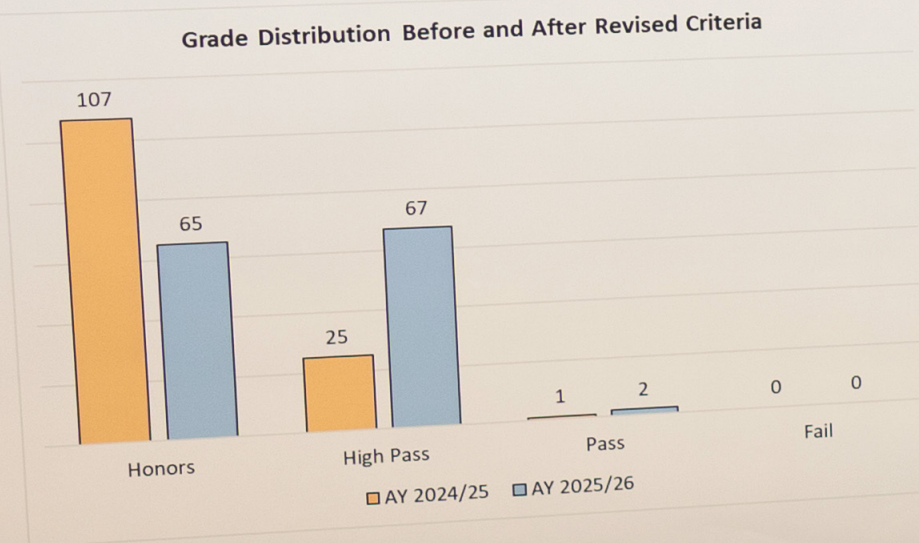
Ongoing review will determine if this more balanced grade distribution continues across future rotation groups and academic years, while maintaining high performance standards.

CONCLUSIONS

- Revised grading criteria reduced grade inflation.
- There was improved distinction between performance tiers.
- Ongoing review is needed to determine whether these changes remain consistent across future academic years.

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Teaching Cultural Humility Through Visual Art

A Psychiatry Clerkship Exercise

Charles Camp, MD; Paula Del Regno, MD; Cynthia Pristach MD



Introduction

- Cultural sensitivity is an essential component of medical education and patient care (LCME, 2024; Kumagai, 2002).
- Cultural humility is a framework for culturally-sensitive education, lifelong learning, self-reflection, and awareness of power dynamics in the physician-patient relationship (Torvalson & Murray-Garcia, 1998). Visual Thinking Strategies (VTS) using visual art promotes student ability to recognize cultural differences, reflect on personal biases, and engage empathetically with patients (Godley et al., 2020). We incorporated a VTS-based art activity into the psychiatry clerkship to teach cultural humility and culturally-informed treatment planning.

Methods

- Psychiatry clerkship students participated in a cultural humility activity at Burchfield Penney Art Center.
- The intervention combined VTS, discussion of artwork by culturally diverse artists (Figure A), brief didactic instruction, and reflective treatment planning exercises.
- Voluntary pre- and post-session surveys assessed cultural humility knowledge, attitudes, and self-efficacy.
- Students completed pre- and post-session free-text definitions of cultural humility, scored on a 0-4 scale based on the number of core elements included.
- Pre/post responses were compared using a t-test assuming unequal variances. IRB exempt (00008933).



City Playground (1949-1950)
Wilhelmina Godfrey



Generations (2023)
Hayden Hayes

Figure A: Artwork analyzed in the small group exercise.



Terezin I (1993)
Harvey Breverman

Results

- Out of 255 participants, 172 completed the pre-survey and 72 completed the post-survey.
- Statistically significant improvements were observed across all assessed domains (Table 1).

Table 1 - Pre- to Post-Survey Results on Cultural Humility Measures

Assessment Domain	Pre Mean	Post Mean	p
Comfortable discussing cultural issues with treatment team	1.75	1.44	<.001
Comfortable discussing cultural issues with a patient	1.87	1.44	<.001
I can define cultural humility	2.35	1.56	<.001
I can differentiate cultural humility from cultural competency	2.46	1.52	<.001
Define cultural humility (free-text, rubric score 0-4)	1.28	1.73	<.001

For domains 1-4, lower scores indicate greater agreement. For domain 5, higher scores indicate greater inclusion of cultural humility core elements (0-4 rubric).



Burchfield Penney Art Center - Buffalo, NY

Student Reflections

“This will have a huge impact on my care of patients...”

...taught me to approach every patient with openness, curiosity, and respect...”

It will make me more confident and flexible in accounting for cultural diversity in medical care.”

Representative post-survey student comments

Key Finding

Participation in an arts-based educational session was associated with significant improvements in cultural humility knowledge, self-efficacy, and application among psychiatry clerkship students.

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Department of Psychiatry
Jacobs School of Medicine and Biomedical Sciences
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John Spollen, MD
Associate Dean
University of Arkansas for Medical
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