PRE-MEETING FOR THE 45TH ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF
DIRECTORS OF PSYCHIATRIC RESIDENCY TRAINING

2016
BRAIN
CONFERENCE

TRANSLATIONAL TEACHING

BRIDGING THE CLASSROOM TO THE CLINIC

MARCH 2ND, 2016
HILTON AUSTIN, AUSTIN, TX

NIH National Institutes of Health

NNCI NATIONAL NEUROSCIENCE CURRICULUM INITIATIVE

AADPRT American Association of Directors of Psychiatric Residency Training

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The National Neuroscience Curriculum Initiative (NNCI) is an NIH-funded (R25 MH101076-02S1 and R25 MH086466 07S1) collaboration between educators and neuroscientists to create shared resources for effectively teaching neuroscience to psychiatry trainees and to provide faculty training on how to implement them. Funding for this conference was also made possible, in part, by grant support from the National Institute of Mental Health (R13 MH074298). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention by trade names, commercial practices or organizations imply endorsement by the U.S. Government.

OVERVIEW

PRACTICE GAP

There are many factors that make teaching neuroscience challenging: many programs lack access to faculty with expertise in neuroscience; the field of neuroscience is vast and constantly evolving; and the clinical relevance is not always clear. The National Neuroscience Curriculum Initiative (NNCI) was established to address this gap through the development and dissemination of resources for classroom teaching based upon principles of adult learning. However, most resident learning takes place outside the classroom in clinical settings under the mentorship of faculty who do not have a robust neuroscience background. If residents spend the majority of their time in clinical settings in which a neuroscience perspective is essentially absent, the implied message is that it is not important. While efforts to date have focused on the "formal" curriculum with courses, lessons, and learning activities, we have not yet tackled the challenges raised by the "hidden" curriculum, or the unspoken social and cultural messages communicated to residents on a daily basis. To this end, in addition to continuing our focus on developing resources for classroom teaching, this year's conference will also address the challenge of "translational teaching": our hope is that together we can begin to bridge the gap in neuroscience education from the classroom to the clinic.

EDUCATIONAL OBJECTIVES

As presented last year, this year's BRAIN Conference will focus on strategies to teach neuroscience and incorporate a modern neuroscience perspective into clinical care. This conference will include a series of morning and afternoon workshops designed to:

1. Empower faculty with or without a neuroscience background to feel confident that they can teach neuroscience effectively;
2. Engage conference attendees to participate as both student and instructor using new and innovative teaching methods;
3. Provide programs with resources for how they might address, teach, and assess neuroscience-specific milestones (see Table 1).

Through large and small group activities, attendees will receive training in various new and creative approaches to teaching neuroscience through technology (both old and new), on-line resources, and "flipped classroom" exercises.

INTENDED AUDIENCE

Medical educators with little or no neuroscience background, neuroscientists engaged in medical education, students and residents.

WORKSHOPS

As in the past, the day will be structured around several small group workshops. Each workshop at the 2016 BRAIN Conference is intended to demonstrate potential activities and resources for teaching neuroscience. The morning sessions will be conducted as if they are occurring in a classroom setting with residents. The afternoon will transition to focus on approaches for integrating neuroscience education into clinical training sites. All of the teaching materials will be posted on the NNCI website (at www.NNCIonline.org).

Note that these workshops are not intended to represent a "model curriculum" but rather a prototype of potential teaching activities to engage residents in learning neuroscience. We have kept the size of each group relatively small with less than 30 participants and have limited most of them to 30-75 minutes in order to approximate the experience of doing these modules with a cohort of residents during scheduled class time. We have deliberately focused each workshop on a different neuroscience topic in order to demonstrate the broad applicability of these approaches. In addition, we have asked faculty from diverse backgrounds to help facilitate these workshops in order to highlight the fact that effective teachers do not need to be expert neuroscientists. Essential ingredients for a successful experience include: faculty enthusiasm for the topic, clear learning objectives, and active teaching techniques built around readily available resources. After each workshop we have built in a 15 minute period for participants to reflect on the exercise and to process as a group what it might be like to implement each approach in their own programs.

TABLE 1. MK3. CLINICAL NEUROSCIENCE MILESTONES

	NEURODIAGNOSTIC TESTING
Level 1	Knows commonly available neuroimaging and neurophysiologic diagnostic modalities and how to order them
Level 2	Knows indications for structural neuroimaging (cranial computed tomography [CT] and magnetic resonance imaging [MRI]) and neurophysiological testing (electroencephalography [EEG], evoked potentials, sleep studies)
Level 3	Recognizes the significance of abnormal findings in routine neurodiagnostic test reports in psychiatric patients
Level 4	Explains the significance of routine neuroimaging, neurophysiological, and neuropsychological testing abnormalities to patients
Level 5	Integrates recent neurodiagnostic research into understanding of psychopathology
	NEUROPSYCHOLOGICAL TESTING
Level 1	Knows how to order neuropsychological testing
Level 2	Describes common neuropsychological tests and their indications
Level 3	Knows indications for specific neuropsychological tests and understands meaning of common abnormal findings
Level 5	Flexibly applies knowledge of neuropsychological findings to the differential diagnoses of complex patients
	NEUROPSYCHIATRIC CO-MORBIDITY
Level 2	Describes psychiatric disorders co-morbid with common neurologic disorders and neurological disorders frequently seen in psychiatric patients
Level 4	Describes psychiatric comorbidities of less common neurologic disorders and less common neurologic comorbidities of psychiatric disorders
	NEUROBIOLOGY
Level 3	Describes neurobiological and genetic hypotheses of common psychiatric disorders and their limitations
Level 4	Explains neurobiological hypotheses and genetic risks of common psychiatric disorders to patients
Level 5	Explains neurobiological hypotheses and genetic risks of less common psychiatric disorders to patients. Integrates knowledge of neurobiology into advocacy for psychiatric patient care and stigma reduction
	APPLIED NEUROSCIENCE
Level 2	Identifies the brain areas thought to be important in social and emotional behavior (Areas might include dorsolateral prefrontal cortex, anterior cingulate, amygdala, hippocampus, etc.)
Level 4	Demonstrates sufficient knowledge to incorporate leading neuroscientific hypotheses of emotions and social behaviors into case formulation. (Social behaviors might include attachment, empathy, attraction, reward/addiction, aggression, appetites, etc.)

PROGRAM ASSESSMENT

Throughout the day we will ask you to provide feedback immediately after each workshop at:

http://tinyurl.com/brain2016-survey

These surveys should take less than 5 minutes to complete. At the end of this year's BRAIN Conference we will ask you to complete an additional survey relevant to the BRAIN Conference Series and in order to obtain CME credit for this event. This brief survey will be part of the annual meeting survey distributed by AADPRT. The results of these surveys will be used to determine the effectiveness of this year's meeting and the BRAIN Conference series in achieving set learning objectives and educational goals.

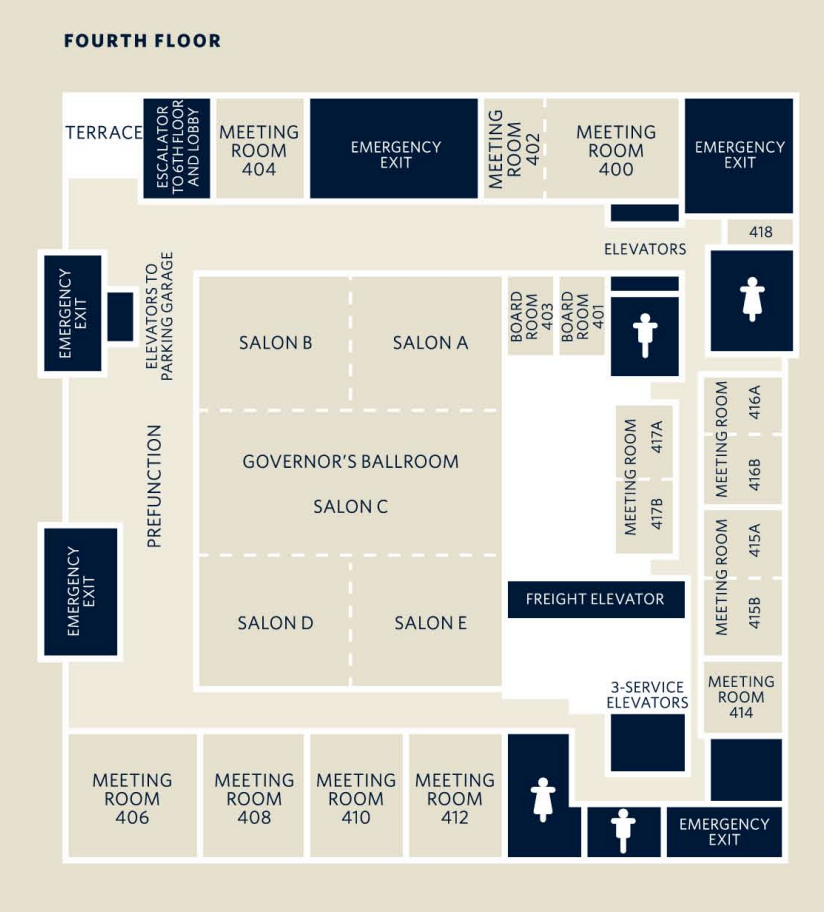
SCHEDULE

Check-in times for pre-registered attendees are on Tuesday, March 1st from 5:00pm - 8:00pm and Wednesday, March 2nd from 7:00am - 8:00am.

WEDNESDAY, MARCH 2, 2016			
7:00AM - 8:00AM	30 minutes	Continental Breakfast	Salon AB
8:00AM - 8:30AM	30 minutes	Opening Session & Fellows Award Presentation	Salon C
8:30AM - 8:45AM	15 minutes	Coffee Break	Transition to assigned breakout rooms*
8:45AM - 10:15AM	90 minutes	Workshop Session #1	Meeting Rooms (see next page)
10:15AM - 10:30AM	15 minutes	Coffee Break	
10:30AM - 12:00PM	90 minutes	Workshop Session #2	Meeting Rooms
12:00PM - 1:00PM	1 hour	Lunch	
1:00PM - 2:30PM	90 minutes	Workshop Session #3	Meeting Rooms
2:30PM - 2:45PM	15 minutes	Coffee Break	
2:45PM - 4:15PM	90 minutes	Workshop Session #4	Meeting Rooms
4:15PM - 4:30PM	15 minutes	Break	Transition to Salon C
4:30PM - 5:00PM	30 minutes	Closing Session	Salon C

*Participants will receive their group and room assignments when they arrive at the meeting.

ROOM LOCATIONS



BREAK OUT GROUPS

ROOM	400 (BLUE)	404 (GREEN)	412 (RED)	415A (PINK)
MODERATOR	SIDNEY ZISOOK, MD	JOAN ANZIA, MD	CHANDLEE DICKEY, MD	JANE EISEN, MD
FACILITATOR	MAYADA AKIL, MD	JOSEPH COOPER, MD	MICHAEL TRAVIS, MD	HANNA STEVENS, MD, PHD
FACILITATOR	LISA CATAPANO, MD, PHD	SHASHANK JOSHI, MD	MICHAEL AVISSAR, MD, PHD*	BASAR CENIK, MD, PHD*
FACILITATOR	JOHN TOROUS, MD*	REBECCA WHITE, MD*		

ROOM	415B (YELLOW)	416A (PURPLE)	416B (BLACK)	417AB (WHITE)
MODERATOR	TONY ROSTAIN, MD	SALLIE DEGOLIA, MD, MPH	MARSHALL FORSTEIN, MD	DEBORAH COWLEY, MD
FACILITATOR	ASHER SIMON, MD	MELISSA ARBUCKLE, MD, PHD	DAVID ROSS, MD, PHD	JOYCE CHUNG, MD
FACILITATOR	TAMMY DUONG, MD*	BRYCE WININGER, MD*	ASHLEY WALKER, MD	ERICK HUNG, MD

*NNCI Scholars

MODERATORS

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Seattle, Washington

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Western Psychiatric Institute and Clinic
at the University of Pittsburgh,
Pittsburgh, PA

Ashley Walker, MD
University of Oklahoma School of Community Medicine,
Tulsa, OK

NNCI SCHOLARS

Six residents were selected as NNCI Scholars and were invited to attend this year's BRAIN Conference. Scholars were selected based on research and scholarly accomplishments, interest and experience in teaching, and potential as future academic psychiatrists. Please join us in congratulating this year's awardees:

Michael Avissar, MD, PhD
Weill Cornell Medical College

Basar Cenik, MD, PhD
UT Southwestern Medical Center at Dallas

Tammy Duong, MD
University of Southern California

John Torous, MD
Harvard Medical School - Harvard Longwood

Rebecca White, MD
Loma Linda University

Bryce Wininger, MD
Georgetown University Medical Center

BRAIN 2016 & THE NATIONAL NEUROSCIENCE CURRICULUM INITIATIVE

The idea for the Neuroscience Curriculum Initiative (NNCI) emerged as an extension of the 2014 BRAIN Conference. As we began to plan for the conference, we considered the many challenges that psychiatry programs face in trying to teach neuroscience effectively. We recognized that addressing these challenges would require educators and researchers coming together, across institutions, to develop a comprehensive set of shared teaching resources. In addition, these resources needed to be based upon the principles of adult learning and focused on the relevance of neuroscience to the clinical practice of psychiatry. In order to formalize this effort, we developed the NNCI.

Since BRAIN 2014 we have obtained two NIMH grants to support this ongoing effort and the BRAIN Conference. In addition, we have built a website to host a broad collection of shared resources (www.NNCIonline.org), and conducted faculty development and outreach exercises at grand rounds and at major national conferences, including the annual meetings of the American Psychiatric Association (APA), the Association for Academic Psychiatry (AAP), and the Society of Biological Psychiatry (SoBP) . Most importantly, we are thrilled by how much this effort has grown. Since launching the new National Neuroscience Curriculum Initiative (NNCI) website last year (in March 2015), we have had 9,064 users from 116 countries with 54,381 page views.

At the 2016 BRAIN Conference, you will get a taste of many of the new teaching resources we have been working on for the past year. As we continue to grow, we are eager for your input. If you have used NNCI teaching resources, please take a moment to provide us with your feedback. If you have teaching resources or approaches you would like to share, let us know. Suffice it to say: we are very excited about the year ahead and hope that you will contribute to the effort!

David Ross, MD, PhD
Melissa Arbuckle, MD, PhD
Michael Travis, MD

Co-Chairs of the Neuroscience Education Committee for AADPRT and the NNCI

ACKNOWLEDGEMENTS

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We are particularly grateful to trainees and faculty members from Columbia University Medical Center, Harlem Hospital Center, Icahn School of Medicine at Mount Sinai, Maimonides Medical Center, Mt. Sinai St. Lukes, New York University School of Medicine, University of Pittsburgh Medical Center, Weill Cornell University, and Yale School of Medicine who participated in focus groups to test run these modules and provide early feedback.

We also want to thank the residents and faculty who directly contributed to the development of the 2016 BRAIN workshops (Michael Avissar, Joey Cooper, Tammy Duong, Jenny Dwyer, Daniel Moreno De Luca, and Rebecca White, among others), as well as our many experts who consulted and provided feedback on the core content of our sessions and all of the faculty moderators, facilitators and NNCI scholars who agreed to run the break-out groups. We couldn't have done this without you!