

Telepsychiatry Education and Curriculum Development in Residency Training

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Advances in quality and availability of video conference technology have increased opportunities for use in various specialties, including psychiatry [1]. Telepsychiatry is a useful, albeit underutilized, method of expanding treatments for patients, especially in underserved areas [2, 3] apparent in every state [4]. Studies support the reliability of video conferencing in providing the same level and standard of care to patients in comparison to face-to-face interviews with similar satisfaction rates [5, 6]. Cost-effectiveness and satisfaction with telepsychiatric practices have been demonstrated [7, 8].

Telepsychiatry is used within residency programs and is a helpful educational tool [9]. While some residency programs have a curriculum [10], these appear to be the minority. There is limited research for training how to optimize patient encounters when utilizing video conferencing [11]. The objective of this study was to determine the extent of telepsychiatry in US training programs.

Methods

A survey using www.surveymonkey.com was distributed to psychiatry residency programs. The Institutional Review Board determined that the survey was not a research on human subjects, so it required no formal approval. E-mail addresses were verified [12], and undeliverable addresses were cross-checked for each program [13]. The e-mail contained a letter briefly describing the intent, a link, and a statement regarding survey completion time (approximately

1 min). The intention was to make the survey brief. The e-mail request was initially circulated on March 8, 2011, and resent on July 2011.

The questions asked were as follows: “1. Does your residency program’s curriculum involve telepsychiatry in any way? 2. If you answered yes to the previous question, may we contact you regarding your curriculum? 3. If there is no curriculum at your institution, are individual residents in your program learning about telepsychiatry elsewhere? 4. Would your program be interested in a sample curriculum for teaching telepsychiatry to residents?” Data gathered through www.surveymonkey.com was tabulated (duplicate submissions were not possible).

Results

Surveys were distributed to 183 residency programs. Initially, 24 responses were received, all within 1 week. On July 14, 2011, the survey recirculated, yielding 22 additional responses (Fig. 1) within 1 week. In total, 46 (25 %) programs responded.

Out of 46 responders, 21 (45.7 %) programs reported their residents involve telepsychiatry either through formal curriculum or informal exposure. Twelve programs (26.1 %) reported that they have a current curriculum. Ten of 12 offered contact information and were willing to share what they do. Nine programs (24 %) have alternative methods of learning about telepsychiatry, though, admittedly, have no formal curriculum. Eight programs had no interest in a sample curriculum, but of them, just one had a curriculum already in place. The great majority, 84.4 %, reported interest in a sample curriculum.

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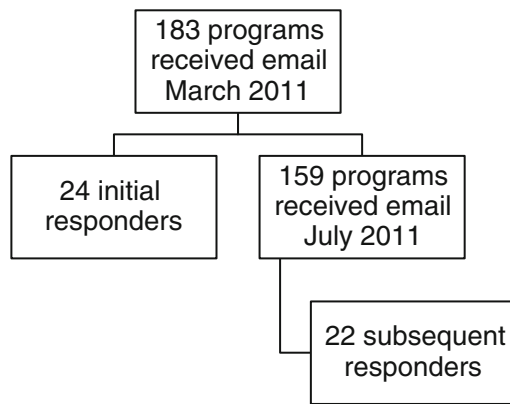


Fig. 1 Response to e-mails

Discussion

This study identified efforts to train residents in telepsychiatry. Querying programs gave us a partial snapshot of current approaches and interest in a standardized curriculum. About a quarter of the programs responded, which, while not surprising, remains disappointing given the brevity. Responders seemed to find the subject matter relevant, responding with current knowledge and/or interest.

Almost one-half of responders have direct connections with telepsychiatry. Still, one-half have no exposure to telepsychiatry, potentially putting residents at some disadvantage in future careers. Of respondents without training, most expressed interest in a standardized curriculum. While telepsychiatry grows and programs develop curricula, limited information is disseminated to programs.

The major limitation, as with many surveys, is the low response rate. Even with the high level of interest in telepsychiatry from responders, this only represents one-quarter of residency programs. Perhaps, programs with training or exposure in place are more likely to respond. Conversely, programs yet to consider the potential benefits might have been less likely to respond. Another limitation of the study is the binary information regarding alternative uses. Nine programs allow residents to participate in telepsychiatry education with no opportunity to elaborate on specifics.

Telepsychiatry is an important and growing modality. Technology provides increasingly greater bandwidth, necessary to optimize patient–clinician interactions. From the results, it appears that residency programs are interested in having a dedicated telepsychiatry curriculum for trainees. The limited response makes it difficult to draw any firm conclusion, though it seems that there are potential educational gaps to fill. It would be useful to gather more information from programs utilizing telepsychiatry in subspecialty training.

The next step might be to evaluate current curricula to create a state-of-the-art, standardized curriculum. Hopefully,

with this information combined with subsequent research, future residents can become competent in an integral part of the future of psychiatry.

Implications for Educators

- Telepsychiatry is a valid, yet underutilized tool in the care for patients, especially those in underserved areas
- Though rapidly gaining exposure and momentum, telepsychiatry is not yet ubiquitous
- Residency programs seem to have definite interest in a sample curriculum for training residents in telepsychiatry
- Dissemination and discussion of current curricula may help bridge the gap while awaiting a standardized curriculum recommendation

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