



Challenges facing medical education in psychiatry during the COVID-19 pandemic

Les défis de la formation médicale en psychiatrie pendant la pandémie de la COVID-19

Alexander Bahadur, Benjamin Rosen and Mary Preisman

Volume 12, Number 1, 2021

URI: <https://id.erudit.org/iderudit/1076166ar>

DOI: <https://doi.org/10.36834/cmej.71020>

[See table of contents](#)

Publisher(s)

Canadian Medical Education Journal

ISSN

1923-1202 (digital)

[Explore this journal](#)

Cite this document

Bahadur, A., Rosen, B. & Preisman, M. (2021). Challenges facing medical education in psychiatry during the COVID-19 pandemic. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 12(1), e111–e112. <https://doi.org/10.36834/cmej.71020>

© Alexander Bahadur, Benjamin Rosen, Mary Preisman, 2020



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>

Challenges facing medical education in psychiatry during the COVID-19 pandemic

Les défis de la formation médicale en psychiatrie pendant la pandémie de la COVID-19

Alexander Bahadur,¹ Benjamin Rosen,¹ Mary Preisman¹

¹Department of Psychiatry, University of Toronto, Ontario, Canada

Correspondence to: Correspondence: Alexander Bahadur; email: alexander.bahadur@mail.utoronto.ca

Published ahead of issue: October 10, 2020; published: February 26, 2021. CMEJ 2021, 12(1) Available at <http://www.cmej.ca>

© 2021 Bahadur, Rosen, Preisman; licensee Synergies Partners

<https://doi.org/10.36834/cmej.71020>. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (<https://creativecommons.org/licenses/by-nc-nd/4.0>) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

Medical education has been drastically affected by the COVID-19 pandemic. Medical students were removed from clinical duties for upwards of 16 weeks at Canadian medical schools, while postgraduate trainees were required to quickly adapt to new forms of learning to conform with infection control requirements.¹ Virtual medical education (i.e. lectures and small group sessions via videoconferencing) became the new and reasonable norm, while the resumption of clinical duties came with significant modifications.¹ Surgical training programs described challenges with providing traditional surgical skills training during the pandemic, but have attempted to implement adaptations such as virtual clinical skills training.² Nonsurgical specialties that rely heavily on physical examination skills also described similar challenges, again adapting with virtual learning modalities (i.e. videoconferencing at the bedside).³ Many medical fields have also shifted to virtual patient care when feasible using videoconferencing tools, altering the process of traditional clinical learning.

In the field of psychiatry, where patient assessments and mental status examinations can often be accomplished indirectly, how has the COVID-19 pandemic impacted psychiatric medical education, if at all?

The field of psychiatry is arguably the most interpersonally intensive medical specialty. It deals with the inner workings of the mind, emotions, and resulting behaviours. Although

clinical understanding can be derived from reviewing DSM diagnoses and treatment guidelines, or by viewing online lectures, the nuances of practicing psychiatry are best realized through face-to-face assessments. For psychiatric practice to thrive, a meaningful therapeutic relationship is required to connect with patients at a level that creates trust and a willingness to share personal thoughts and emotions that allows for reflection and ultimately clinical improvement. Notably, the quality of the therapeutic relationship is also a strong predictor of outcomes in psychotherapy.⁴ The cultivation of this relationship, therefore, is not trivial. Face-to-face assessments allow psychiatrists and their trainees to better understand patients by identifying nuanced aspects of the patient that are not appreciable during voice and/or video assessments alone. For example, noticing a patient uncontrollably shaking their foot when discussing an anxiety-provoking thought can be a crucial mental status finding. However, with the challenges of the COVID-19 pandemic, clinical care and teaching have been altered, notably by way of virtual patient assessments. For example, when videoconferencing with a patient that only visualizes their head, many mental status signs may be lost. And even with current modified in-person assessments, wearing PPE adds a physical barrier between trainees and patients that often obstructs facial expressions that can be crucial to better understanding and connecting with patients. Unfortunately, the in-person aspect of psychiatry is crucial

to a trainees' ability to fully appreciate the intricate nature of patient interactions and can make or break clinical encounters and the subsequent strength of therapeutic relationships.

Psychiatry trainees often rely on direct clinical observation and supervision to develop their clinical skills.⁵ For trainees, observing clinical interactions between staff psychiatrists and patients can be an important tool to understanding the complexities of the clinical psychiatric interaction. However, this has been limited or lost altogether during the pandemic, and it is currently unclear if virtual means of observation are as effective. Similarly, direct supervision of trainees by psychiatrists is also crucial to trainee development.⁵ Trainees seek constructive feedback regarding their interview style, approach, and execution, as well as regarding clinical decision making and thought processes, that supervisor-led coaching and clinical articulation provide.⁵ However, due to COVID-19, trainee supervision is either reduced, limited to virtual mediums, or with modified in-person settings, and the effectiveness of these changes is questionable.

Psychiatry is often viewed as the medical field of people. It is humanistic, compassionate, and seeks to cultivate therapeutic relationships with patients. For psychiatry trainees, the various intricacies of the patient assessment are crucial to psychiatric medical education and subsequent patient care. We understand that during the COVID-19 pandemic, public health must be the priority compared to medical education. With the flattening of the curve across Canada, public health restrictions are cautiously being lifted, allowing for the resumption of modified in-person clinical activities for residents and medical students. However, with the threat of a second wave ever present, we must re-consider our contingency plan for psychiatric medical education in the coming

months and possibly even years. We must determine how to provide effective, pedagogically-sound modified psychiatric medical education during another future pandemic, in a way that minimizes the negative educational effects that such changes may have on the clinical abilities of psychiatry trainees.

References

1. Escalon MX, Raum G, Tieppo Francio V, Eubanks JE, Verduzco-Gutierrez M. The immediate impact of the Coronavirus pandemic and resulting adaptations in Physical Medicine and Rehabilitation medical education and practice. *PM & R: The Journal of Injury, Function, and Rehabilitation* (Internet). 2020 Jul 23 <https://doi.org/10.1002/pmrj.12455>
2. Hamidian Jahromi A, Arnautovic A & Konofaos P. Impact of COVID-19 pandemic on education of plastic surgery trainees in the United States. *JMIR* (Internet). 2020 Jul 2 <https://doi.org/10.2196/22045>
3. Suh GA, Shah AS, Kasten MJ, Virk A, Domonoske CL & Razonable RR. Mayo Clinic strategies for COVID-19 avoiding a medical education quarantine during the pandemic. *Mayo Clinic Proceedings*. (Internet). 2020 Jun 20 <https://doi.org/10.1016/j.mayocp.2020.06.011>
4. Martin DJ, Garske JP, & Davic, MK. Relation of the therapeutic alliance to outcome and other variables: A metanalytic review. *J. Consult. Clin. Psychol* (Internet). 2000 July 68, 438–450. <https://doi.org/10.1037/0022-006X.68.3.438>
5. Stephan A & Cheung G. Clinical teaching and supervision in postgraduate psychiatry training: the trainee perspective. *Australasian Psychiatry: Bulletin of the Royal Australian and New Zealand College of Psychiatrists*. (Internet). 2017 Apr 25(2), 191–197. <https://doi.org/10.1177/1039856216679539>