Child Psychiatry Training During COVID-19: Impact on Clinical Care, Education, and Fellow Well-Being

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The COVID-19 pandemic has altered all aspects of personal and professional life, including how we practice psychiatry and teach trainees. This article presents and explores the challenges faced by child and adolescent psychiatry program directors in addressing the educational needs of fellows amidst this international crisis. The challenges presented by the pandemic to program directors include prioritizing fellow safety and education while ensuring quality treatment for our vulnerable patients and families. Amidst these difficulties, and remaining mindful of fellow well-being, program directors work to preserve communication and connection through transitioning in-person clinical care to telepsychiatry and live teaching onto remote platforms. This article addresses these current issues while reflecting on the future of child psychiatry training as programs prepare for subsequent stages of the COVID-19 pandemic.

The COVID-19 pandemic has transformed the fabric of our society. In some ways, the world's response to the pandemic has been inspiring, with healthcare professionals, frontline workers, and public health leaders joining forces to fight a deadly global disease. As we continue adjusting to a new way of living, we are left to consider multiple systems that must accommodate and continue operating under the new restrictions. Notably, the mental health field has been in the spotlight as individuals struggle to tolerate the lasting effects of this virus and its impact on society. From the perspective of child psychiatry program directors, initial challenges due to the pandemic included massive workflow adjustments across clinical settings while protecting the mental and physical health of fellows. In facing these challenges, we strongly believe that child psychiatry program directors must model resiliency and provide steadfast leadership through approaching problems systematically, communicating updates and policy changes clearly, and incorporating well-being into every opportunity.

Consolidating COVID-19—Related Information for Fellows

Training future child psychiatrists involves translating and implementing the policies of multiple governing bodies, including the Accreditation Council for Graduate Medical Education (ACGME) and institutional graduate medical education (GME) programs. In the context of the COVID-19 pandemic, governing bodies have needed to modify standard requirements for child psychiatry fellows without compromising educational priorities, with the understanding that trainee, patient, and educator safety comes first. As policies and procedures change by the minute, it is paramount that we, as program directors, ultimately deliver a clear message to fellows reflecting a bottom line. Specifically, program directors must filter through countless daily e-mails in order to consolidate information into a uniform message for trainees frequently enough to establish a sense of direction.[1,2] This has been helpful in discussions around surge planning, personal protective equipment (PPE) guidelines, COVID-19 testing, and workflow adjustments. The combination of effective communication from program leadership, involvement of trainees in decision-making, and the flexibility of the ACGME and GME policies, has allowed for training of future child psychiatrists to progress at a steady and thoughtful pace.

Telepsychiatry in Child Psychiatry Training

COVID-19 has catalyzed the integration of telemedicine in healthcare.[3,4] Telepsychiatry, a subset of telemedicine, involves providing services to patients via a virtual platform including psychiatric evaluation, follow-up care involving therapy and medication management, and

psychoeducation.[5] To decrease community transmission of COVID-19, many institutions across the country have moved to telepsychiatry for outpatient appointments. While this is manageable on an outpatient level, it can be challenging to transition more acute settings to telepsychiatry such as inpatient units, partial hospitalization programs (PHP), intensive outpatient programs (IOP) and Consultation-Liaison services. Specifically, for child and adolescent psychiatry fellows, transitioning to the use of virtual conferencing services can pose challenges given the intrinsic group-focused nature of the specialty. Patients are often connected to a cohesive network of individuals, from family members to educational providers and counselors. Coordinating family visits and obtaining information from educational professionals in a timely and comprehensive manner can pose challenges given the changes the pandemic has posed with daily schedules and education. Additionally, virtually assessing a young child with a limited attention span and severe behavioral issues offers a compromised ability to observe and intervene, two essential components of an evaluation. As such, in more acute settings, training programs throughout the country have opted for a hybrid version of in-person contact with young patients together with virtual communication with family members and community partners to preserve quality care while limiting COVID exposures.

There are unique challenges for child psychiatrists, including managing issues resulting from schools transitioning exclusively to remote learning. Children have needed to adjust to a new virtual curriculum which can be difficult for students, parents, and teachers. With increased screen time for children, less overall structure, limited peer contact, and working parents who are unable to monitor online learning, the opportunities for distress tolerance are abundant. With respect to the child, there can be difficulties learning from solely one platform, as access to visuospatial and tactile inputs is compromised. Additionally, having limited to no contact with peers and limited physical play can be difficult for a child in terms of nurturing social-emotional development during this critical developmental time. These problems are relevant to child and adolescent psychiatrists who often need to address the needs of their patients within the context of the family unit. Supervisors can model experiences such as creating a holding environment for these families, validating their struggles, and supporting trainees as they find their new system. Some of the most valuable teaching can come from opportunities to join with families in this way, demonstrating to the trainee that, despite imperfect circumstances, a powerful intervention can be simply listening and truly caring.

This rapid transformation to telepsychiatry involves extensive training and innovation. Outpatient visits, with direct supervision, are conducted completely differently in the era of COVID. Faculty members with varying degrees of technological comfort have been asked to join virtual patient encounters, staff cases with trainees, and create treatment plans, all while trying to preserve high quality patient care. Despite the adjustment, there are clearly many benefits to telepsychiatry. Expanded use of videoconferencing increases access to mental health care, reduces delays in care, diminishes emergency room burden, improves continuity of care, and further reduces the barrier of stigma.[6] Still, many providers and patients miss the human connection involved with in-person contact. In feeling the weight of this loss, we encourage our trainees to temper this with gratitude for being part of a specialty that values the connection between patient and provider.

Remote Teaching

The majority of child psychiatry training programs have transitioned to remote teaching to minimize viral spread. Ensuring that trainees obtain high quality education is essential for ACGME milestone requirements, but also for developing the rich knowledge base necessary to practice child psychiatry.[7] To streamline the process, a major investment was made to educate core teaching faculty on how to utilize common videoconferencing platforms to establish competency and troubleshoot in a less pressurized setting. Individuals have different levels of comfort with virtual teaching. To address this issue, program directors can supplement with vetted,

online modules to ensure that there is minimal disruption to trainee education, such as the well-received "Quarantine Curriculum" from the National Neuroscience Curriculum Initiative (NNCI).[8] In addition to didactics, videoconferencing has been successfully utilized for supervision for psychotherapy and medication management. Faculty and trainees are encouraged to approach this rapid change with a growth mindset—the belief that success is dependent on persistence, effort and embracing challenges—which has been instrumental for its success.

Well-Being

The focus of well-being shifted from the early stages of the pandemic to its current state. Initially, programs focused on creating new workflows for hospital and clinic settings to minimize in-person exposure while preserving access and high-quality treatment for patients. However, trainees and faculty were understandably worried about their own safety and their families' health. Many trainees also experienced anxiety about the potential necessity for psychiatrists to serve in medical services outside their core specialty. Initially, trainees' basic needs and safety were prioritized before addressing higher-level needs,[9] including education about good hygiene habits, access to PPE, accurate and clear information regarding the frequently changing workflows, health system-wide surge planning, child care, and housing in case of sickness or quarantine.[10] Regarding fears of redeployment, the most helpful interventions included specific data, such as sharing institutional dashboards of occupied ICU beds, number of COVID + admissions, and detailed contingency plans, which helped assuage trainees' fears through detailed information. Moving up Maslow's hierarchy, additional well-being activities were also introduced, including mindfulness exercises, remote process groups, and other community-oriented activities. As we settle into our new training environment (six months into the pandemic), we are reminded of the value of human connection more than ever to decrease emotional burnout and preserve morale, including recognition in departmental communications of individual trainees for their resiliency, flexibility, and dedication.

The Future

Looking forward, we must consider the consequences on trainee well-being, professional identity, and clinical experience while making timely modifications to the educational curriculum in preparation for the challenges ahead. This crisis affords an opportunity to provide emergent learning around relevant topics such as psychological first aid, high-quality telepsychiatry visits, and treatment of illness-related anxiety. There is also the hidden curriculum of role modeling the ability to cope and make difficult decisions amidst uncertainty which will undoubtedly shape trainees' leadership styles. Similarly, supporting one another directly showcases how to maintain solidarity during a crisis and prevent burnout. Moving ahead, we face additional uncertainty. Which patients benefit most from in-person appointments? How do we decide between which learning can occur in-person or remote? How do we translate what this crisis has taught us about the human condition to become better child psychiatrists? While we may not have the answers just yet, for now, posing these questions is important in addition to remaining hopeful as we continue to rise to the needs of our patients and communities.

Take Home Summary

Although the COVID-19 pandemic has posed many challenges for educating and training future child psychiatrists, there have been noteworthy developments related to improving communication strategies, rapid telepsychiatry expansion into clinical practice, curricular adjustments, and increased prioritization of well-being.

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