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EARLY CAREER PSYCHIATRISTS' PREFERENCES ON E-LEARNING viewpoint from EPA Committee on Education

E-learning courses can increase physicians' confidence and use of evidence based interventions [1].

Preferences about e-learning courses were explored in general medicine physicians [2], but not in psychiatrists.

One of the aims of the Committee on Education of the European Psychiatric Association is to capture the great diversity that exists across Europe in educational needs of trainees and early career psychiatrists (ECP), i.e. psychiatrists within five years of training completion [3]. Some of these educational needs may be met by online educational programmes.

Exploring the preferences of trainees and ECP may provide useful information to ensure that future e-learning provision is accessible and beneficial to this target group of professionals.

We organised online focus groups with psychiatric trainees and ECP from different European countries, identified through the networks of the European Psychiatric Association (EPA) and European Federation of Psychiatric Trainees (EFPT).

The following questions were discussed: 1) What do psychiatric trainees and ECP want to learn via e-learning? 2) How should e-learning be provided? 3) What are the barriers and facilitating factors for accessing e-learning courses?

We carried out four online focus groups via Skype. Each focus group included professionals from different European areas (Northern, Southern, Eastern and Western

Europe) and both ECP and psychiatric trainees. Participants were: 1) psychiatric trainees or ECP; 2) having used online tools for communication; 3) involved in professional associations and educational activities; 4) consenting to participate on a voluntary basis; 5) fluent in English.

For each focus group a maximum of six (and minimum of four) participants were invited to ensure feasibility and good quality of the teleconference. Each session was led by a facilitator and co-facilitator exploring the following topics: 1) Introduction of focus group objectives; 2) Experience of participants with e-learning courses; b) topics suitable for e-learning; c) *most and least* appreciated aspects of e-learning; e) suggestions to improve access to e-learning initiatives.

The focus groups lasted up to 1.5 hours and were audio-recorded, ensuring the removal of any identifying information to maintain anonymity.

As an incentive, participants were offered a certificate and free participation in an EPA e-learning course to be developed.

Data from focus groups was analyzed through thematic analysis. Two researchers (MCD and DG) developed coding schemes independently and then met to compare, discuss and establish consensus.

In the four focus groups with 21 trainees or ECP from 15 European countries, ten (47.6%) had experience of asynchronous courses, three (14.3%) of only synchronous ones. Six (28.6%) had experience of both, and two had experience of online teaching (9.5%).

Emergent themes fell into four main categories: *unusual topics, up-to-date information, expert information, knowledge and skills*. (See table 1)

Topics which are outside the mainstream psychiatry teaching or textbooks were listed as important content for e-learning. Participants mentioned suicidality, interdisciplinary topics (e.g. neuropsychiatry), research methodology (statistics, critical appraisal), guidelines, and psychopharmacology.

Participants felt that e-learning courses are a good opportunity to keep their knowledge up-to-date and that they should include the most recent information.

Through e-learning one can gain access to international experts which would not otherwise be possible due to geographical and time availability constraints. E-learning can target a different audience from conferences.

For trainees who are at the very early stages of their careers, senior and expert input through e-learning was felt to be particularly important. Basic knowledge and skills was also described as an important topic. Some participants mentioned that even basic skills in psychotherapy may be taught through e-learning if there was the possibility of interaction with course facilitators (see table 1). Basic skills in research were also given as an example.

When it comes to delivery of e-learning, participants felt that it should be provided: a) facilitating *interactions with experts and peers* and b) ensuring *good technical quality*.

Focus group participants valued interacting with the course providers through assignment of tasks and receipt of personalized feedback. Interaction with peers and experts would also foster reflective practice. As a minimum, the use of a Question & Answer format was suggested as a useful way to interact.

Technical quality was perceived as of utmost importance. Participants described that the system used had to be user-friendly from the point a user registers, to navigating the

system and accessing the information afterwards. Videos and tables rather than just written text and *having a patient or using an actor/actress* to facilitate discussion of clinical cases was mentioned as important to facilitate learning.

Participants felt that online delivery may offer advantages for knowledge-based courses. Some participants suggested the use of recorded lectures from a teacher or recorded discussions between teachers. Teaching materials should remain available for further consultation. Some participants might be accessing e-learning courses from sites where Internet connection is deficient; hence material should be easily broadcast.

Participants reported *cost* as one of the main barriers to access e-learning, especially when the content and quality is not known. A suggestion was to offer some "taster" session, in order to help the learners select the most appropriate courses for their needs.

Language was also pointed out as a barrier as most international courses are normally delivered in English. And there were suggestions to *provide a written translation in several languages*. It was pointed out that there seemed to be *lack of awareness* especially amongst trainees and in the smaller cities. Participants suggested ways of promotion. (See table 1).

Convenience was reported as a facilitating factor. *Flexibility* of use of online courses was also attractive, as participants felt that with e-learning courses they could set their own pace and fit them easily in their schedules. Participants mentioned the importance of *accreditation* as some national accreditation bodies do not recognize e-learning courses.

To our knowledge, this is the first time the preferences of psychiatrists on e-learning, both in terms of content and methods of delivery are explored. Participants represented all European regions and different seniority levels. We performed online synchronous groups using free IT software (Skype). Gathering such a group would not be feasible otherwise.

The information that we obtained may have been somewhat influenced by a number of factors: a) participants' views may not be representative of all trainees and ECP in their country, as they are engaged in the online activities of EPA and EFPT and hence may have had more contact and experience with e-learning than their colleagues; b) by using teleconferencing we were unable to record non-verbal behaviours accompanying responses; c) those participants who were less confident with their English might have held back their comments.

Similarly to what was found in previous literature on general medicine physicians' preferences [2], psychiatrists are also interested in content not already covered in textbooks or face to face educational meetings. They want to complement their learning, particularly in very specific areas of interest. Interestingly, despite a general suggestion that e-learning may be more suitable to transfer knowledge rather than teach skills, basic psychotherapy skills were reported as example of a topic that could be covered.

Another sought after characteristic is recency of information. Online courses can easily be updated once a new guideline or treatment is available as compared to traditional methods, increasing the adoption of evidence-based interventions [4]. Participants stressed that e-learning may also be a way to facilitate contact with experts and access first-hand information on research advances or practical tips. Unlike the study on physicians' preferences [2], there was no mention of the need to unlink content to pharmaceutical industry.

Participants stressed that, when providing e-learning resources, the technical quality needs to be taken into account and allow for interaction with teachers and other learners and make use of functionalities like videos, audio clips, charts, animations to cater for different learning styles. Blended methods, where there would be a face-to-face and online

interaction were suggested. This has proven to increase knowledge, skills and intention to change behaviour in general practitioners [5]. Like physicians [2], psychiatrists valued the flexibility and ability to set own pace of learning. Cost and language barriers are common factors reducing access to courses, both face-to-face and online. Advantages of e-learning courses are that they may provide translation in different languages and do not require travel and accommodation costs. Lack of awareness also emerged. In some countries (particularly in Eastern Europe) information on educational opportunities may not be widespread.

Implications

The authors' viewpoint is that providing courses that reflect trainees' and ECP's recommendations on content and format may facilitate a positive learning experience.

Keeping the costs for accessing e-learning courses low, providing translations, spreading information about the courses and applying for accreditation from national professional authorities may increase use of e-learning.

The authors recommend that new e-learning courses developed according to these indications should be rigorously evaluated in larger populations of ECP to assess the effect of the suggested strategies on learning experience and access.

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SUPPLEMENTARY MATERIAL

Table 1. Quotes from participants

Unusual topics
<i>"It should not be something that you can learn from other sources but it should be</i>

exotic and it should be creative. So, questions that are much more practical and that are usually not covered in psychiatric textbooks but that touch our daily practice and nobody ever teaches that.” (P1)

”When I go to congresses face to face I usually go to more general topics because I am there and I hear all kinds of lectures but when I go online I go for very specific things that I am really interested in.” (P2)

”Online courses focus on very few topics, not to try to offer everything because this will lower the quality but pick one and then make it extremely high quality” (P3)

Up-to-date information

”So it has to be sharp and something new, something up to date. Sometimes you just need those online courses to keep you up to date with the information” (P4)

”Up-to-date information from experts, from the latest papers or from the generally accepted ideas of that topic will be interesting for people to get these courses” (P5)

Expert information

”Online courses can be a way to access experts in a field who just give you their knowledge to the larger community, rather than just a small group of conferences, where not everybody could take part.” (P6)

”It’s difficult for us in the smaller cities to get information face-to-face with experts or something, even here in our country.” (P7)

”What I liked the most was the fact that I have been taught by the very experts in that field – that was number one for me” (P8)

”Even one sentence from an expert of that field will count a lot for the participant.”

(P9)

“For me, in my second year as a specialist trainee, I would like to have some courses about the management of a certain disease – let’s say, the management of depression in various situations – which I would appreciate some advice from older, senior psychiatrists”. (P10)

Knowledge and skills

“basic general knowledge on psychiatry for trainees, for instance, with clinical cases, psychopathology”.

“Maybe not a full experience, clinical experience will be transferred to the participant, but some important tips, clinical tips or points raised in the courses I think will be very valuable for the participants on that course.”

“I think one of the most educative experiences during my psychotherapy training was having my own psychotherapy sessions being videotaped and later on, demonstrated and discussed with other people, with supervisors, etc., and I think if that could be opened to a much wider audience, let’s say, we also do that.”

“how to do research, how to deal with research topics, choosing your topics, making it easier for you to have right publications and things like that which there are not that many online courses for this type.”

How should e-learning be provided

Facilitating interactions with experts and peers

“I think the most important thing for me is to get the feedback, so whatever you do, you just know if you do it right or wrong; and if it’s right or wrong, why is it like that.”

“Possibility of discussing a certain situation with a patient with other participants and the other professors can be quite useful to see some skills that may not yet be achieved by the participants. So, also the discussion and reflection can increase insights about the lack of a certain skill.”

“possibility to ask questions to the authors of the course and preferably maybe after the course, there should be some list of frequently asked questions with the answers from the authors of the course.”

Ensuring technical quality

“So make it very simple for the user, so you can find it very easy to orient yourself, like what’s going on, where can you put questions, where are the answers coming back and what can you do. So, I mean, these technicalities might be also of importance”.

“So if you give a lot of text, it’s as good as reading a textbook, reading a book really. So I’d prefer being more interactive, have videos, have quizzes, tables and things like that.”

“For example psychopharmacology – it’s much more easily delivered online, because you can use technology to make all the 3D models and all artwork, etc., rather than just say it in words”.

“recorded videos would be also really useful because then you get the intonation and all the most important information would be more stressed and you would get more visual information.”

Barriers and facilitating factors

“I think that the price is the main obstacle, and I think it would be nice that, for

example, if you plan one course, one part of it will be free or maybe for a low price, and people who, for example, who are interested in these courses then will pay”

“if your (English) language skills are not as good, I mean you’re probably not gaining much, and of course, if there is an interaction, it’s even harder.”

“You can actually use the face to face courses for trainees, meetings, or the National Association of Psychiatrists, as a way of making public this type of courses”.

“I can do it from anywhere where I’ve got an Internet connection, and this is – I think that it’s great”.

“One of the things about online courses is that you get access whenever you want them. You can take as much time as you want”.

“our system of education doesn’t recognise even e-learning courses as CME... So it’s not so important for our graduation and continuing professional education.”

Vitae

Marisa Casanova Dias



Marisa Casanova Dias completed an MSc in Psychiatric Research at University College London. She is a senior registrar in General Adult Psychiatry and completed her core training at the Maudsley. She was awarded a leadership fellowship at NICE under the NHS Medical Director's clinical fellow scheme. Dr Dias has an interest in medical education and global health. She set up the first European Psychiatry Exchange Programme and recently completed a research project with the Academy of Medical Royal Colleges to introduce global health competencies in all postgraduate curricula. She was president of the European Federation of Psychiatric Trainees in 2013-2014.

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