



The Challenge to Provide Core Forensics Training in Residency

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Psychiatric residents are often uncomfortable with their proficiency in forensic settings and want more training (1, 2), yet forensic education remains a low priority in academic psychiatry. Surveys of residents in Canada and the US indicate low overall comfort with forensic topics and populations (1, 2) and limited understanding of confidentiality and duties to third parties (3). Unlike for every other accredited subspecialty, the US Accreditation Council for Graduate Medical Education (ACGME) does not mandate a specific Full-Time Equivalent (FTE) for forensic psychiatry, and gives only a broad description of what a forensic experience must include. Similarly, a recent editorial proposed a major rethinking of the way we teach key subspecialty topics, but only addressed child, geriatrics, and addiction training (4). Compounding the difficulty, some programs lack access to forensic faculty or don't integrate existing faculty into the residency curriculum. In an effort to provide guidance for residency training programs to improve their forensic training, AAPL published the Practice Resource for Forensic Training in General Psychiatry Residency Programs in 2019, identifying ten core forensic topics and four advanced topics (5).

At the most recent AAPL Annual Meeting in Chicago in 2023, the Forensic Training of Psychiatric Residents Committee presented one of the ways it is addressing this issue: online interactive modules. After reviewing current ACGME requirements, we presented data from a survey of program directors that suggest that most programs meet ACGME requirements for "exposure" via educational and didactic experiences such as classroom

lectures (6). There is evidence that online didactics as well as classroom and clinical rotations can improve comfort with forensic matters (1, 3, 7).

We spent the bulk of the session highlighting efforts to put the AAPL Practice Resource into practice via online forensic modules. The effort to create online modules started with a pilot project spearheaded by Drs. Michaelsen and Wasser, funded by an AIER grant. They developed modules on two core forensic psychiatry topics, Confidentiality; and “Tarasoff” and Duties to Third Parties. When accessing the module, trainees take a ten-question pre-test, followed by the interactive module. The design is based on the premise that interactive scenarios improve learning and make the experience more engaging than didactic lectures alone. According to the authors:

The case vignettes place the learner in the role of a treating psychiatrist and ask the learner to consider how to approach the clinical scenario in a “choose your own adventure” format. The vignettes are presented through a combination of written and interactive static visual content. (3)

The module concludes with a post-test.

The modules were disseminated to US residency programs via listservs and were freely accessible online. The leaders obtained informed consent and collected demographic and quiz response data. The results indicated over-representation from residencies in the New England, Pacific, and Mid-Atlantic regions. The modules were accessed evenly in terms of sex distribution and were accessed slightly more by PGY2 and PGY4 residents compared to PGY1’s or 3’s. Pre-test scores averaged 4.6 and 4.9 out of ten for the Confidentiality and Tarasoff modules, respectively, improving in the post-test to 7.4 and 7.2. (3).

The Forensic Training of Psychiatric Residents Committee expanded the pilot by tasking three members to serve as team leaders for the development of three new modules: Drs. Michaelsen, Ali, and Annas led teams for Suicide; Civil Commitment; and Informed Consent and Civil Capacity modules. These modules underwent iterative revision and peer review: first reviews were conducted internally by each team, then by the Committee Co-chairs (Drs. Michaelsen and Wasser), and ultimately by members of AAPL’s

Education Committee. The modules are now being uploaded using articulate360 software (8). In the current phase of the project, we are preparing for dissemination to psychiatric residents and training programs. We hope to collect feedback on their strengths and weaknesses.

While these modules appear beneficial, there are limitations to assessing their utility. For example, pre and post-test scores measure a user's learning immediately after the task is completed, but it remains unknown how long-lasting this knowledge is. Barriers to extending the project include funding, as the software is costly and requires an ongoing subscription and renewal. Uploading the modules is labor-intensive. Despite these challenges, the Committee hopes to continue the project, developing more modules covering the remaining core forensic psychiatry topics (5), as well as more advanced topics of interest to residents. The modules can eventually serve as a foundational resource for residencies lacking access to forensic faculty.

Another way that programs are attempting to fill educational gaps is by seeking out novel experiences within communities. This can include collaborating with the judicial system and community partners. For smaller programs, seeking out experiences within carceral institutions can help increase exposure, as can court collaborations. Developing opportunities for residents to work in forensic hospitals, diversion programs, and with those who are experts in crafting forensic reports also allow for the exchange of knowledge and development of trainee skills.

Simultaneously, committee members are working to create national online question-and-answer resources for trainees and to set up remote lectures for programs without forensic psychiatry faculty. Some members are also starting mentorship groups within their areas of expertise to relay knowledge about the forensic subspecialty and to help trainees understand forensic work. The goal of all of these efforts is to prepare general psychiatrists for practice, expose residents to forensics as a potential career early in their training, and prepare interested individuals for fellowship.

We are always seeking out new perspectives and ideas. If you would like to become involved in any of these projects or are interested in joining the Forensic Training of

Psychiatric Residents Committee, please contact Dr. Annas at G.David.Annas@gmail.com.

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