New Idea

Didactic Modules for Curricular Development in Child and Adolescent Psychiatry Education

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A group of child and adolescent psychiatry educators in the Association for Academic Psychiatry have developed didactic aids, termed modules, for curricular development in child psychiatry training programs. These modules consist of sets of references designed to communicate the essence of a subject area. The design is flexible, allowing the modules to be used by programs with varying amounts of time available for teaching the designated subject. The project has been endorsed by the major organizations representing education in child psychiatry. Eight modules are available for distribution, and a mechanism is in place for creating others. The authors believe this concept will be equally useful in adult psychiatry programs.

A knowledge explosion is occurring in child and adolescent psychiatry. New journals (1), the expansion of existing journals (2), and a push for research in the field (3) are evidence that knowledge is accumulating at a faster pace. It is increasingly difficult for clinicians and researchers to keep abreast of their own areas of expertise. These recent developments have intensified the challenge child and adolescent psychiatrists have always faced in attempting to integrate findings from the neurosciences, child development, and pediatrics into clinical practice of child and adolescent psychiatry (4).

These concerns are not unique to child psychiatrists. General psychiatry (5) and medicine (6) have also struggled with the issue of how to integrate sources of professional information efficiently and effectively in an era of information explosion. Hanson and colleagues (7) recently conducted a regional survey of general psychiatrists' practices in tracking current literature. They found little had changed in the methods practicing psychiatrists used in the 15 years that had elapsed since a similar previous survey (8). This is disquieting in view of the extent of the current literature. There are no available data on how training directors cull literature and decide what material is relevant for their curricula.

THE NEED FOR DIDACTIC AIDS

Consider further the quandary of the busy training director who attempts to cover comprehensively the breadth of current literature in our field. Most sections and divi-
The term *module* has several lay usages. For the purposes of our project, each module:

1. Defines an area of instruction.
2. Offers a list of recommended readings to be covered in weekly 1-hour didactic units.
3. Limits readings for any session to less than 50 pages.
4. Sequences the readings into units from basic (e.g., review article) to more advanced. The following question is used as a guide in module preparation: What articles (or audiovisual aids) would you use if you had only 1 hour of available didactic time? The question is repeated for each hour of available time to a maximum of 8 hours.
5. Offers a brief rationale for why the reading is being recommended.

Modules can take one of two forms. They can be redesigned each time a course length changes (as in the Infant Psychiatry module presented in Appendix A). This