Objectives: The authors assess the effectiveness of a specialized telepsychiatry training and supervision training model.

Methods: Fifteen residents and eight child fellows rotated through Cedars Sinai Medical Center Telepsychiatry Developmental Disability Clinic and completed questionnaires of knowledge and self-assessed skills at commencement and completion of the rotation. The supervision was on site, side-by-side, and directive.

Results: Both the residents and the fellows demonstrated improvement. Increase in knowledge was equal in the study cohorts, while residents’ self-assessed skills were significantly greater than the fellows’.

Conclusion: A telepsychiatry clinic appears to be an appropriate setting in which to provide direct supervision. Exposure to such opportunities early in training may yield a greater impact.

The prevalence rate of psychiatric disorders in individuals with developmental disabilities (which includes mental retardation) ranges between 10% and 60% and is greater than the prevalence in the general population (1–4). In the past, the diagnosis of mental retardation has overshadowed other appropriate diagnoses. There has been some interest in applying the same principles that govern the diagnostic process in the general population to individuals with developmental disabilities (5). Still, the psychiatric needs of these individuals are often not met. There is difficulty recruiting psychiatrists in this area due to the lack of proper education and exposure to developmental disabilities (6, 7). Throughout their medical education and specialty training, psychiatrists receive adequate exposure to patients diagnosed with psychiatric illness, but report minimal contact with patients diagnosed with developmental disabilities. While child psychiatry training does focus on developmental disorders, mental retardation, in particular, has never been in the mainstream of psychiatric education. When there is exposure to developmentally disabled populations it is often insufficient. Residents may see these patients within their regular clinics without specialized supervision and support. This sporadic and inadequately supervised exposure does not develop competence and may create anxiety. The following summarizes our experience of the critical issues in treating patients with developmental disabilities:

- A large number of patients have dually diagnosable psychiatric disorders.
- Few psychiatrists receive adequate training to properly communicate with and assess these patients.
- Psychiatric evaluations and treatment plans are frequently inadequate.
The crux of the issue lies in appropriate training and exposure to patients with developmental disabilities during medical education. Research on attitudes has shown that contact with and education about people suffering from physical and developmental disabilities affects the attitudes of the general public as well as health care professionals (8). Moreover, evidence suggests that in order to be efficient, contact must be carefully controlled and supported by accurate information highlighting the patient’s abilities and individuality (9). The stereotyping of individuals with developmental disabilities as “all alike” results in a loss of individuality that leads the physician to lack appreciation of the individual’s own strengths, wishes, and needs. In addition, when there is an overemphasis on the effects of disability, normal behavior may be interpreted as abnormal. Individuals are then treated in terms of their disabilities instead of their abilities, causing an underestimation of the individual’s potential (10). Furthermore, the literature has demonstrated that positive attitude changes will occur once discomfort in social interaction is addressed (11). A telepsychiatry program with specialized supervision that teaches skills and emphasizes the individual patient can address the inadequacies of training. Telepsychiatry brings the experts to patients in remote areas. This virtual subspecialty clinic of low incidence disorders would not be available from local referral alone. The Cedars Sinai Medical Center Telepsychiatry Developmental Disability Clinic founded in 1997 has a threefold mission: to treat patients with developmental disabilities and provide ongoing collaborative consultation to their primary care physicians; to teach caretakers, families, and staff to better understand and help these patients; and to train doctors with the skills and needed tools to provide exceptional care. In order to develop a successful training program we identified five clinical weaknesses seen in psychiatrists without adequate training in this area:

1. A psychiatrist who is extremely adept at assessing a verbal patient may be at a loss when confronted with a nonverbal patient, deferring or dismissing the assessment as if the patient is temporarily mute.

2. A psychiatrist may become reductionistic, attributing symptoms to retardation and dismissing other psychiatric disorders. This concept of “diagnostic overshadowing” has been used to describe the practice of physicians neglecting to diagnose comorbid axis I disorders in patients with an axis II diagnosis of mental retardation (4, 12). With mental retardation “overshadowing” other diagnoses, common disorders such as anxiety and depression are not considered or are misattributed to the developmental disability.

3. A psychiatrist who does not establish rapport with the patient tends to minimize the patient’s complaints and symptoms as though mental retardation prevents the experience of common emotions. In addition, as a result of common practice, symptoms are labeled as “behaviors” within many treatment facilities, feeding into the lack of appreciation for the individual’s feeling state.

4. A psychiatrist may develop inadequate treatment plans, reacting more to the fact that he or she cannot impact the mental retardation, instead of focusing on the axis I disorder, which he or she can impact.

5. A psychiatrist may not be able to generalize his psychiatric knowledge and skills to this population without specific clinical training.

This article assesses the impact of a telepsychiatry rotation on the self-assessed clinical skills and knowledge of psychiatric residents and fellows using a side-by-side supervision model. In the absence of a validated rating scale to assess the impact of training in this field, we developed a questionnaire for this purpose. The questionnaire was administered at the beginning and end of the rotation. We hypothesized that the most sophisticated trainees, the child fellows, would experience an overall greater benefit and impact compared to the residents at a lower level of training. This hypothesis was based on the supposition that the greater foundation in psychiatry would benefit the child fellows more than the junior residents.

Methods

General Telepsychiatry Clinical Design

Patients in the Cedars Sinai Medical Center Telepsychiatry Developmental Disability Clinic are referred by rural primary care physicians. All patients are clients of the California Regional Centers, whose mandate is to provide services to people with developmental disabilities. These patients live in a variety of settings: at home with parents/guardians, in group homes, in supported living settings, or in foster care. The patients range in age from 2 to 60 years. The hub site at Cedars Sinai provides regular clinics, with long distance real-time consultations, to many rural spoke sites. It uses a Polycom ViewStation 512 MP with Dual 46-inch flat screen plasma monitors. The system is capable of making calls using the ISDN network up to 512 Kbps or using the hospitals IP network up to 2 Mbps. The rural sites are located throughout California and include Bakersfield, Redding, Chico, Mammoth, Ridgecrest, and Ukiah. The program is designed to include initial 1-hour evaluations and 30-minute follow-up sessions as needed.