Mental health and CPD: could videoconferencing be a way forward?

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Videoconferencing is not being widely used at present in mental health, however, it has the potential to be a useful resource if utilised alongside more traditional continuing professional development (CPD) to remain up-to-date within psychiatry. Dr Scott and Dr Shankar describe their literature search of the topic to uncover the benefits and limitations of videoconferencing as an educational tool.

CPD is a requirement for all doctors to keep up-to-date with medical knowledge and good practice. There are many ways to access CPD including: conferences; online tutorials; focused discussions with colleagues, and personal study.

Videoconferencing has arisen from telemedicine, which was developed to enable distance assessment and monitoring of patients in a variety of healthcare contexts using IT. Telemedicine is often cited as cost effective in settings where patients may have to travel long distances to reach a doctor.

Videoconferencing in CPD is a process by which educational activities located at a central site can be viewed remotely from satellite sites. Videoconferencing involves watching the educational activity through streaming of audiovisual material. The flow of audiovisual material can be ‘one way’ (whereby the satellite viewers simply receive the educational content) or ‘two way’ (whereby the satellite site can interact with the central site, which can allow dialogue and discussion with a more interactive learning environment).

Videoconferencing was discussed in the academic literature as a CPD modality over 10 years ago. It does not appear to have grown as a means of accessing CPD. Perhaps this was due to limited technological resources and a tendency for individuals to attend major conferences. However, technology has improved greatly over the last decade and CPD funding has generally reduced.

Objectives
The main aims of this literature review are to answer the following questions:
1. How is videoconferencing used in mental health?
2. What are the benefits and limitations of videoconference CPD?

Methods
The following databases were searched for relevant articles: Cochrane; PsychINFO; EMBASE, and MEDLINE. Papers were selected that described how videoconferencing is being used in any field of medicine, not just mental health. This strategy was utilised because it was anticipated that there would be few published papers focused on mental health. The search terms used (in various relevant permutations and combinations) were: revalidation; continuing professional development; CPD; continuing medical education; CME; doctor; webcast; web stream; conference call, and video. Relevant papers were extracted and reviewed depending upon their focus of videoconference use in CPD.

Results
How is videoconferencing used in mental health?
The literature search highlighted only two articles specific to mental health.

Greenwood et al.1 initially delivered six national videoconference seminars from prominent Australian psychiatrists. The second phase was to videoconference peer review groups between geographically isolated groups of psychiatrists in rural Australia. After a successful pilot, the project accommodated 62 psychiatrists across 29 sites. Survey results demonstrated that participants using videoconferencing found the intervention highly beneficial and reduced feelings of professional isolation. However, the intervention was less effective in improving networking opportunities for geographically isolated psychiatrists than initially assumed.

A second paper by Cheng et al.2 analysed videoconference interventions aimed at non-medical mental health professionals in Ontario, Canada. The videoconference intervention was investigating:
1. Whether knowledge retention surrounding early intervention in psychosis services increased, by comparing videoconferencing with onsite training, and 2. Whether the care pathway for young people was improved as a result of training, by comparing a videoconference intervention with ‘on site’ teaching arrangement.
The results demonstrated that the videoconference training intervention increased participants’ familiarity and partnership with psychiatric services. However, when participants were followed up at nine months, their knowledge of schizophrenia was no different from baseline when comparing on site and videoconference educational resources.

**What are the benefits and limitations of videoconference CPD?**

Videoconferencing has been used in a wide variety of other medical specialties. The strengths of videoconference CPD identified in these studies include:

- Videoconferencing can be a useful strategy for clinicians who need CPD but geographical factors make attending difficult.\(^1\,3\,5\)
- Videoconferencing can be useful in resource poor settings to distribute educational material.\(^6\)
- It can be a cost effective way of accessing CPD.\(^1\)
- Knowledge acquisition seems as be as favorable for videoconference CPD as more traditional face-to-face teaching or internet learning in some studies.\(^4\)
- Videoconferences can be seen positively as an educational resource.\(^5\)

There are some notable problems with establishing and maintaining a videoconference CPD program:

- Initial set up costs can be prohibitive.\(^5\)
- Technical skills are required to set up a videoconference project.\(^5\)
- Audiovisual quality needs to be of a sufficient quality not to detract from the learning experience.\(^5\)
- Videoconferencing requires a dedicated individual to run the program and maintain the technology.\(^5\)
- Whilst videoconferencing aims to improve feelings of professional isolation the sense of community and joint discussion, it may remain unsatisfactory for some.\(^7\,8\)
- Certain topics are best discussed in a group setting where debate is part of the educational experience. Videoconference CPD may only be useful for ‘filling the knowledge gap’.\(^7\)

**Discussion**

At present there is very limited literature surrounding videoconference CPD use within mental health. Currently there is limited evidence that could be used to back new videoconference projects. If more videoconference CPD resources were available, then it could be used to supplement pre-existing resources. However, it is unlikely that videoconferencing would become the primary source of CPD learning for an individual.

There has been a trend over recent years to limit funding of conferences by pharmaceutical companies. This change in funding could give momentum to videoconference CPD as a modality for accessing educational material.

From the perspective of organisations, there could be some merit in establishing videoconference links for remote sites to access material. This could be done if there is already a regular source of educational activities that would be suitable for broadcasting.

**Conclusion**

In theory, videoconference CPD has the potential to provide CPD resources to individuals across large geographical areas and could be used in mental health. However, videoconferencing has not established itself as an educational resource since first emerging in academic literature over a decade ago.

The status of videoconference CPD may change in the future if study budgets decrease. Small-scale projects in mental health have shown that it could have a role for medical education. Further experience is required before videoconference CPD becomes a more established modality for accessing CPD.

**Declaration of interests**

No conflicts of interest were declared.

**References**