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Brief Report

The COVID-19 AAGP Online Trainee Curriculum: Development and Method of Initial Evaluation

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ABSTRACT

Objective: One effect of the COVID-19 pandemic is the disruption of in-person clinical experiences within geriatric psychiatry residency education. Online resources for trainees are needed to fill resultant gaps. **Methods:** The American Association of Geriatric Psychiatry (AAGP) Teaching and Training Committee leadership collaborated with geriatric psychiatry experts to develop a web-based geriatric psychiatry curriculum for psychiatry residents and other learners. In addition, we planned to obtain initial self-report outcomes of the curricular modules. **Results:** The COVID-19 AAGP Online Trainee Curriculum (aagponline.org/covidcurriculum) consists of approximately 30 video-recorded lectures provided by AAGP member experts. A demographic survey and pre-/postsurvey attached to each module allow us to obtain learner characteristics and feedback on each module. **Conclusions:** The Curriculum has the potential to supplement psychiatry residency education during the pandemic and potentially raise the profile of AAGP, with the goal of inspiring interest within geriatric psychiatry. Results of the initial self-report evaluation should be available in 1 year (Am J Geriatr Psychiatry 2020; 28:1004–1008)

INTRODUCTION

The COVID-19 pandemic disproportionately impacts older adults¹ and may adversely impact

their mental health and healthcare.² The editors of the American Journal of Geriatric Psychiatry have called for new knowledge on the relationship between COVID-19, mental health, and aging.² The compromise of the geriatric psychiatry training experience is

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one of the innumerable unforeseen effects of the COVID-19 pandemic where new knowledge is needed. The Accreditation Council for Graduate Medical Education (ACGME) requires all general psychiatry residents complete 4 weeks caring for elderly populations.³ This experience is often the only exposure to geriatric psychiatry residents receive in their training. In response to COVID-19, in-person clinical experiences have been streamlined to prevent unnecessary exposure to the virus for our vulnerable older adults. And, in many cases, didactic curricula are significantly truncated due to reassignment of trainees and faculty to perform other hospital care needs.

Changes in geriatric psychiatry residency education due to the COVID-19 pandemic may compound the critical shortage of providers with adequate training to care for the nation's rapidly aging population. Prior to the crisis, it was estimated that by the year 2030, 1 in every 5 Americans will be over the age of 65, and in the same year, there will be only one geriatric psychiatrist per 5,682 older adults with a psychiatric disorder.^{4,5} Novel educational programs are needed to supplement COVID-related training deficits in geriatric psychiatry to equip residents with basic knowledge needed to care for older adults, and, potentially, foster interest in pursuing subspecialty training. In response, members of the American Association of Geriatric Psychiatry (AAGP) collaborated to create a comprehensive geriatric psychiatry curriculum consisting of online video modules: The COVID-19 AAGP Online Trainee Curriculum. This paper describes the development of the Curriculum and our plan to obtain initial self-report metrics.

Development of the Curriculum

The idea to develop an online curriculum for trainees unable to join in-person geriatric psychiatry rotations was conceived by the AAGP Teaching & Training (T&T) Committee Vice Chair. A team to plan and organize the curriculum was developed with input from the AAGP Board and T&T Committee leadership. COVID Curriculum team members included the Chair (S.W.L.) and Vice Chair (M.L.C.) of the T&T Committee, Chair of the Scholars Program (B.C.Y.), and Chair of the T&T Subcommittee on Resident Education (E.C.G.). Since the goal was to provide an educational resource for trainees, a PGY-3

psychiatry resident stakeholder (H.A.) was added to the team.

The list of potential lecture topics for the curriculum was created by the team and then modified iteratively based on suggestions from T&T Committee members with a goal of 20 lectures total. Topics were mapped to several ACGME requirements for psychiatry residents, including the diagnosis and management of the cognitive component of degenerative disorders and the management of drug interactions in older adults.³ Topics were also selected based on consensus by those actively engaged in resident learning (M.L.C., E.C.G., and members of the T&T Committee) to target key content areas foundational to resident education in geriatric psychiatry. The goal was for presenters to provide already prepared, online, video-recorded versions of lectures in an area of expertise so that the preparation time would be minimal.

Presenters were selected by email invitations to AAGP members with expertise in topics of interest and then an email to all participants on the T&T Committee listserv. Initially, we planned to livestream 20 lectures, then make lectures available for later viewing by additional trainees on a secure platform. However, logistical considerations required modifications to enable presenters to record lectures at their convenience. Presenters submitted recordings via Google Drive (Alphabet, Menlo Park, CA) to the team; recorded lectures were posted by AAGP staff to a password-protected database on the AAGP website (www.aagponline.org/covidcurriculum).

In addition, because of the enthusiastic response from T&T Committee members, the number of lecture topics was increased from the planned 20 lectures to approximately 30. Lecture topics include a comprehensive range of subjects related to the assessment, diagnosis, and treatment of the older adult patients, along with special topics, such as cultural psychiatry and a Psychiatry Resident-In-Training Examination (PRITE) review. The list of lecture topics to date is shown in the [Figure 1](#). Other topics will be added based on feedback obtained from learners.

Plans for Initial Evaluation of the Curriculum

Along with providing online module learning, we sought to obtain demographic data and pre-/postsurvey data from trainee participants who access the

FIGURE 1. AAGP COVID geriatric psychiatry curriculum modules to date.

Geriatric Assessment/Interviewing	Bereavement	Long Term Care Psychiatry
Normal Aging/Development	Late-Life Depression	Hospice and Palliative Medicine
Assessment of Neurocognitive Disorders	Treatment Resistant Late-Life Depression	Elder Abuse
Neuroimaging	Late-Life Anxiety Disorders	Cultural Psychiatry
Delirium	Late-Life Bipolar	Geriatric Psychopharmacology
Mild Neurocognitive Disorders	Late-Life Psychotic Disorders	Overprescribing/Polypharmacy
Major Neurocognitive Disorder: Alzheimers	Late-Life Trauma-Related Disorders	Psychotherapy in Older Adults
Major Neurocognitive Disorder: Lewy Body	Late-Life Substance Use Disorders	Management/Treatment of Behavioral and Psychological Symptoms of Dementia
Major Neurocognitive Disorder: Vascular	Sleep Disorders	Caregiver Support
Major Neurocognitive Disorder: Frontotemporal	Personality Disorders	Lifestyle Modifications for Dementia Prevention
Psychiatric Manifestations of Parkinson's Disease		PRITE Question Review

educational modules. The initial proposal was presented in writing and approved by AAGP Co-Presidents. Human subjects research exemption was obtained from the Yale University Institutional Review Board.

Data collection will include the number of unique users of the Curriculum, the number of viewers for each module, viewer demographics, and the perceived benefits of the modules. Trainees will provide informed consent for survey participation by reading an explanation of the survey procedures and then clicking a link on the AAGP COVID Curriculum webpage. Trainees will be assured their participation in the survey research is voluntary, and they may opt out of the research component at any time by not

completing or submitting responses to survey items. Trainees will be able to view each lecture and receive a certificate of completion regardless of their decision to complete the survey questions.

The team developed a self-report demographic questionnaire (including age, marital status, gender, year in training, and geographical region of training) based on previous similar educational research.⁶ Additionally, 3 pre- and 3 post-module self-report questions for each lecture were developed based upon an established framework to guide teaching and assessment in medical education.⁷ Questions assessed change in perceived knowledge about the topic, confidence in skills related to the topic, and enthusiasm about the topic. Pre- and post-module

questions were pilot tested in psychiatry residents (n = 2), medical students (n = 1), geriatric psychiatry (n = 4) and medicine (n = 2) fellows, geriatric psychiatrists (n = 2), and a nurse practitioner in response to one of the Curriculum modules (Substance Use Disorders) at Yale University. Questions were revised based on verbal feedback during this process.

Next Steps for Implementation of the Curriculum

The Curriculum will be launched in May 2020. Recruitment is planned via email outreach to professional organizations involved in psychiatry and medical education, including the AAGP T&T Committee, the American Association of Directors of Psychiatric Residency Training (AADPRT), the Association of Directors of Medical Student Education in Psychiatry (ADMSEP), and others.

We anticipate completion of the initial wave of feedback analysis in approximately 1 year.

SUMMARY

The COVID-19 pandemic has impacted the health-care system in a myriad of ways. One immediate effect is the disruption of geriatric psychiatry residency. This transition has removed the opportunity for “bedside” learning and, in many cases, didactic learning.

The AAGP COVID Curriculum is a module-based geriatric psychiatry didactic learning experience developed to address the educational gap caused by the COVID-19 pandemic. The Curriculum consists of approximately 30 online video modules, each delivered by an expert in the field. While the Curriculum is primarily intended to supplement psychiatry residency training, the modules may also benefit medical students, physician assistant students, and advanced practice nursing students, many of whom were also removed from clinical learning sites due to COVID-19. Additionally, these modules may be utilized by geriatric psychiatry fellows, general psychiatrists, or others who wish to access more in-depth learning related to psychiatric illness in older adults.

The AAGP COVID Curriculum is also a response to the recent call to develop new knowledge about COVID-19, mental health, and aging.² Feedback

obtained from learners will assist in determining whether an online educational curriculum is viewed positively by trainees during a time when usual clinical training experiences are curtailed. Since we will assess each module separately, the data will allow for Curriculum optimization in the future based on the success of various modules.

In addition, the AAGP COVID Curriculum may enhance geriatric psychiatry residency experiences beyond the pandemic. Given worsening shortages in geriatric mental healthcare, new educational tools are one possible way to promote interest in the field. If successful, the AAGP COVID Curriculum could be transitioned to a permanent offering to enhance recruitment for or be combined with AAGP’s other trainee recruitment activities, including the AAGP Scholars Program.^{8,9} Since the Curriculum is accessed through the AAGP website, it may increase traffic to the website, increasing exposure to AAGP as an organization committed to the mental health and well-being of older adults, and to AAGP’s resources for clinicians, educators, and researchers.

Limitations include lack of objective evaluation of changes in learners’ knowledge and skills. In addition, due to the accelerated implementation of this project prior, peer review or standardization of the content was not performed. These areas may provide opportunities for future studies and program improvement based on results of the initial evaluation.

One silver lining of this pandemic is the potential expansion of learning opportunities for medical students, psychiatry residents, and physician assistant and advanced practice nursing students who do not have access to adequate geriatric psychiatry education in their home programs. Indeed, other programs, such as the American Psychiatric Association and the National Neuroscience Curriculum Institute, have shifted toward more web-based educational opportunities. The AAGP COVID Curriculum demonstrates the potential for professional collaboration among AAGP experts to rapidly improve access to high-quality educational materials. As such, it has many potential benefits, including the delivery of high-quality content with the potential to expand interest in the field of geriatric psychiatry and prepare the workforce of mental health providers equipped to care for older adults.

AUTHOR CONTRIBUTIONS

Michelle L. Conroy conceived of the project. Michelle L. Conroy, Erica C. Garcia-Pittman, Hana Ali, Susan W. Lehmann, and Brandon C. Yarns each made substantial contributions to the design and implementation of the project, drafting and revising the work for important intellectual content, have approved the final version to be published, and agree to be accountable for all aspects of the work and its accuracy and integrity.

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DISCLOSURE

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