Changes in communication following telepsychiatry: A perspective of psychiatrists in the psychiatric emergency department

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Introduction

- Telepsychiatry, the use of video calls for evaluation, treatment, or follow-up, is increasingly integrated into psychiatric care
- However, research on its impact remains limited, particularly in emergency department (ED) settings where it is used for evaluations considering involuntary psychiatric hospitalization
- Little is known about how telepsychiatry influences psychiatrist-patient interactions and the dynamics between attending and resident psychiatrists

Aim

- To explore how the transition to telepsychiatry, with the attending psychiatrist evaluating patients remotely while the resident and patient remain in the ED, affects communication and interaction as reported by physicians

Procedure

- In Israel, an involuntary psychiatric hospitalization requires a in-person evaluation by an attending psychiatrist, usually following the resident psychiatrist evaluation
- If the patient poses a risk and does not consent to hospitalization, the attending psychiatrist presents the case to the district psychiatrist, who approves the involuntary hospitalization
- In our study, the attending psychiatrist's evaluation was conducted via telepsychiatry instead of in-person based on a temporary waiver for the purpose of evaluating the new policy

Methods

- A qualitative study in an ED of a psychiatric hospital
- Semi-structured interviews with all 36 psychiatrists, including attendings and residents, working in the ED
- Thematic analysis and explanatory content analysis were applied
- The initial analysis was conducted by one researcher, with two additional researchers independently reviewing the data to ensure trustworthiness

Results: Three major themes

Theme 1: Changes in psychiatrist-patient communication:

- Concerns arose that telepsychiatry may weaken professionalism and the therapeutic bond
- However, most interviewees considered telepsychiatry sufficient for evaluating the need for involuntary hospitalization

> "The downside of telepsychiatry is the lack of direct human interaction, but when a resident is present, it doesn't have the same impact. There is someone physically with the patient to explain and guide them through the process"
> (Resident psychiatrist with two years or less of experience)

Theme 2: Evolving resident role and responsibilities:

- Residents' role has increased their responsibility as mediators in patient evaluations
- Without attending psychiatrists physically present, residents must relay crucial sensory and contextual details (e.g., non-verbal cues, odors, prior events) enhancing their clinical judgment and communication skills

> "It is my responsibility to highlight things that the attending psychiatrist may not be able to see or anticipate… If a patient has an injury, a specific tattoo, or an image with clinical significance- for example, a tattoo that says, 'I will kill myself', it is my duty to relay that information"
> (Resident psychiatrist with more than two years of experience)

Theme 3: Changes in interactions between the attending and the resident psychiatrists:

- The remote nature of telepsychiatry places emphasis on the degree of trust between attending psychiatrists and residents
- Some attendings trusted residents' evaluations, while others worried about bias from relying on second-hand reports

> "There are residents I trust completely, and in those cases, telepsychiatry is an option. But compared to a real face-to-face evaluation (laughs)… the reliability isn't high, though in some cases, it's sufficient. If it's a resident I trust and the case is clear, it works. Anything else, I don't rely on it"
> (Attending psychiatrist with more than 20 years of experience)
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> "There are some highly experienced resident physicians, and I trust their judgment… However, in certain cases where I don't fully trust a resident or their clinical judgment, I would prefer to come to the ED myself"
> (Attending psychiatrist with 10-20 years of experience)

Conclusions:

- The findings underscore how changes in the care delivery model can impact communication dynamics
- This emphasizes the need for telepsychiatry implementation to be accompanied by ongoing evaluation and training, to maintain effective and ethical care