

## **Online Psychiatry Residency Chat Group : an innovative teaching learning method in psychiatry**

*Avinash De Sousa<sup>1</sup>*

<sup>1</sup>*Research Associate, Department of Psychiatry, Lokmanya Tilak Municipal Medical College, Mumbai.*

*E-mail – avinashdes888@gmail.com*

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Digitalization has taken over many arenas in medicine. Right from the use of power point presentations and case videos as a part of teaching learning methods to the use of tele-conferencing digital media has brought people closer in the field of medicine. Internet facilities have brought doctors closer more so than ever to the having the latest advances in research and treatment at their finger-tip at any given time and place. The same effect has been seen with the advent of the e-book that enables a reader to access and read a huge medical textbook anywhere. We decided to use a purely academic psychiatry resident online chat group using the chat software WhatsApp to see whether we are to further enhance and strengthen the already available teaching learning experience.

When we started the group we had made it clear that we would restrict the group to be purely academic and no jokes, anecdotes or other matter would be put up. We also decided that we would allow circulars or invitations of academic seminars or conferences to be posted therefor everyone to read. The group has been started since the past 8 months and has been fairly successful in many regards some of which I wish to share here so that it could be emulated in various settings.

We use the online chat group in various manners to enhance the teaching learning experience some of which I wish to highlight here. The group can be used firstly as a mobile viva-voce unit. Here questions posted by anyone to the group including the seniors and residents need to be answered. The questions range from many sub-discipline in psychiatry and thus covers a broad range of topics. The resident doctor may answer directly if he knows, may look it up online then and there or may refer a textbook and answer. The entire group learns and the answer is posted online thus enhancing learning for everyone. One may divide the residents into two groups and have month long online quizzes where scores are maintained and the team with the highest points winning. In fact the resident who answers the most questions can also be rewarded thereby giving incentive for everyone to answer. The biggest advantage of the group is that it permeates time boundaries and is accessible anywhere to the resident thus causing learning to happen all day.

Secondly, the group may be used to disseminate journal knowledge where link to a full text paper is put up which is downloaded and read by the residents after which a quiz or discussion on issues related to the subjects in the paper can ensue. This leads to cultivation of automatic journal reading where choice of article as per relevance and expertise of the residents may be decided by seniors in the group. Newer modalities of treatment and articles that touch controversial issues with fuzzy

boundaries in psychiatry may also be touched upon causing minds to kindle a questioning attitude and flexibility to experience.

Third, the group may be used to teach psychiatry neuroimaging where radiological images may be put up, following which differential diagnosis and treatment options along with further line of management can be discussed. Any resident doctor that sees an interesting neuroimaging image or plate can click a photograph after written patient consent and put it up on the chat group for further discussion. It is noteworthy that the neuroimaging images posted get stored on own's phone after download and each member of the group will have his own database of neuroimaging pictures for future reference and teaching as well.

Fourth, the group can serve as a medium to clarify one's study doubts at any time of the day. There are many a time in my resident days that I remember reading a text book chapter with lot of questions then confounding my mind. I did not have access to seniors and others who could clear doubts in the late evening hours when I was studying. Post a good sleep the questions in my mind would fade away only to resurface unanswered later. The groups allows one to posit questions at any time where answers may be available at any time as well and thereby enhances the study experience of the resident leading to doubts getting cleared and allowing room for further study. It also allows resident doctors to question what they read as they get answers often immediately.

Fifth the group serves as medium where the discussions one has had on rounds in the wards can be carried forward after reading about the same in the evening. The rounds of discussion can carry on through the night and the debates can continue endlessly. Very often some situations where the resident on duty is unsure of what to do could be posted on the group and seniors could suggest some corrective measures for better management of the patient.

Sixth, students also can use the group to share question papers and notes or slides of various presentations that may be useful in their learning of the subject. A collection of the print outs of the discussions may be filed in a file and kept for future reference.

We are at a stage in technology where we digital media is pummelling and replacing print media. The modern resident doctor is a digital native and one who constantly believes in debating on various issues put before him. Conditions change, people change and knowledge that passes by unchallenged turns into collective orthodoxy and it is important that psychiatry knowledge be reconceptualised and presented to the younger generation in a manner that is appealing and interesting to them. The chat group also serves as a medium where seniors and juniors in a department may interact and this may lead to better communication and relationship building between them. We are at a time where teaching and learning in medicine and psychiatry has to be digital. Groups such as the ones mentioned above will serve in improving teaching and shall make the learning process more enjoyable in the years to come.