



Small Group Supervision in Psychiatric Residency Training: A National Survey to Determine Prevalence, Barriers and Feasibility

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BACKGROUND

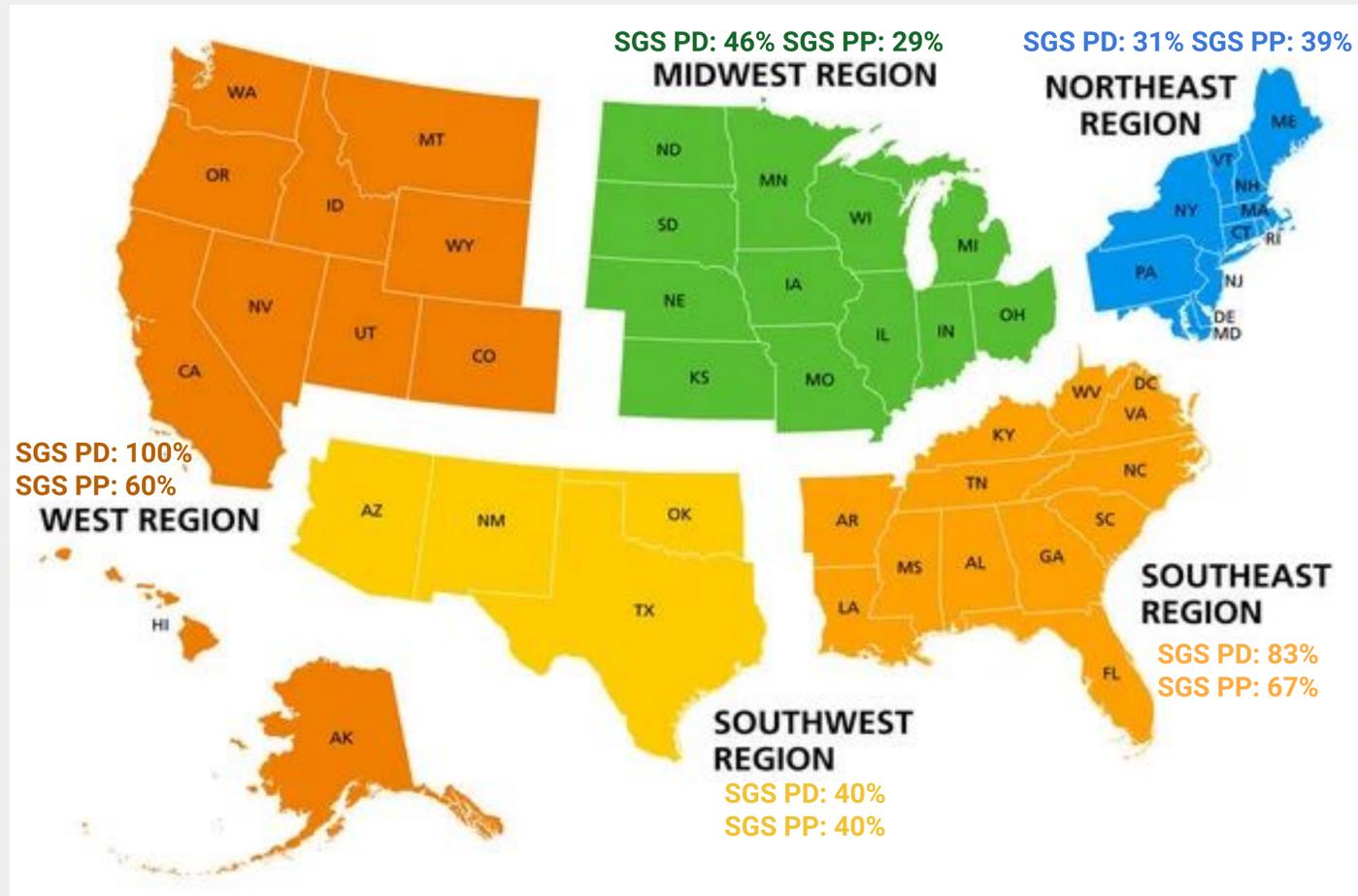
- The Accreditation Council for Graduate Medical Education (ACGME) requires that residents receive ≥ 2 hours of faculty supervision weekly, inclusive of Psychodynamic psychotherapy (PD) and Psychopharmacology (PP), which can occur in individual or group formats.
- Small group supervision (SGS) allows for robust discussions amongst peers and supervisors, igniting novel ideas while conceptualizing cases.
- The psychiatry residency program at Rush University Medical Center implemented SGS for PD and PP.
- Given the sparse data regarding SGS, we sought to study the prevalence of SGS in PD and PP in residency programs, examine their characteristics, and identify barriers to implementation.

METHODS

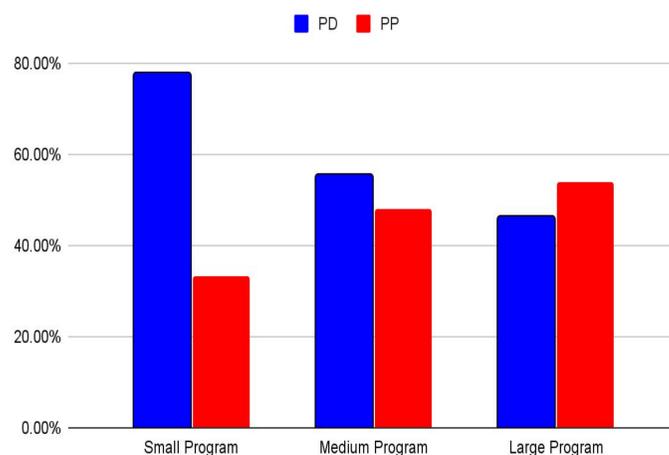
- An anonymous seven-question survey was sent via email to 281 US psychiatry residency programs identified in the FRIEDA database.
- After 1 week, a reminder was sent out to survey non-respondents via Program Directors' Listserv.
- 49 responses were received.
- Surveys included questions about the existence of SGS for PD and PP, feasibility of and barriers to implementation, and characteristics such as size, geographic location and academic-affiliation.

RESULTS

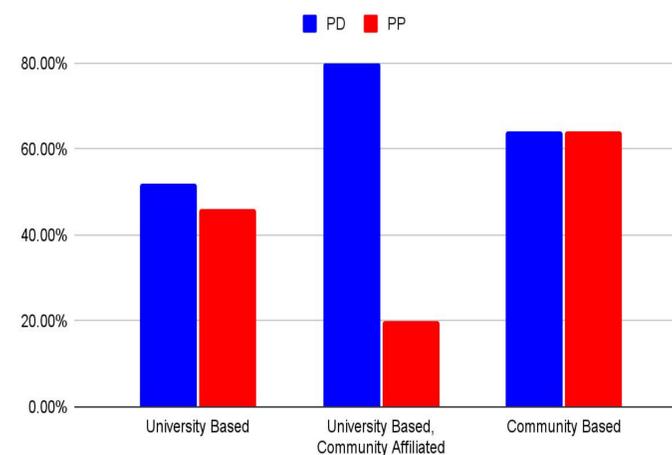
Training Programs by Region and Point Prevalence of SGS for PD and PP



Point Prevalence of SGS-PD & PP by Program Size



Point Prevalence of SGS PD and PP by Type of Training Center



DISCUSSION

- SGS for both PD and PP varied based on program size, region, and type of training center (academic vs. non-academic).
- A possible reason for the psychodynamically-oriented Northeast having less SGS for PD could be the prevailing tradition of individual supervision.
- A possible reason for smaller and community-based programs having more SGS for PD, could be the paucity of psychodynamically-oriented supervisors.
- Universally, all types of programs shared similar barriers to implementation of SGS, while agreeing to its feasibility.
- Primary barriers identified were presence of pre-existing individual supervision format, and time & staffing constraints.
- Limitations: limited generalizability, poor response rate, possible response bias.

IMPLICATIONS

- The identified barriers to SGS should be addressed to allow a more diverse educational experience.
- The information regarding the existence of SGS should be made readily available as it can serve as an additional differentiator that residency applicants can take into consideration when selecting a training program.
- Further inquiry is required to understand the benefits of SGS versus traditional individual supervision for PD and PP, and if a dual-approach to supervision is feasible.