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Can Email Reminders Sustain Training Gains from Continuing Education?

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Suicide is a significant public health problem, and is the most frequently encountered emergency situation in mental health settings. Because of the ubiquity of suicide risk in psychiatric services, and the paucity of training in this area, there have been calls to improve training in the assessment and management of suicide risk (1). The most common strategy to increase provider knowledge and attitudes about addressing client suicide is conducting one-time continuing education trainings. Unfortunately, an ever-growing body of implementation research has consistently documented that single-exposure training models are largely ineffective (2). Although these workshop models can yield increases in provider knowledge immediately after training, they are limited in the extent to which they produce consistent or sustained changes in knowledge, attitudes and behaviors over time (3). There is increasing recognition that ongoing contact and post-training supports is essential to the successful implementation of new practices; however, this can easily increase the cost of training by 50% or more. Efficient methods for supporting trainees following initial training are needed. The overarching aim of this research is to evaluate whether the addition of an email reminder system to a tradition professional development model can enhance its effects and result in detectable, sustained changes in practitioner knowledge and attitudes.

Data on knowledge and attitudes were obtained prior to the training, immediately after the training, and at three month follow-up. Participants included 83 clinicians recruited from a in person suicide prevention training, designed to meet the requirements of new legislation in Washington State (RCW 43.70.442) (4). Participants were randomly assigned to a low-cost email reminder condition or no reminder condition that provided information related to suicide assessment and management. Repeated Measures ANOVAs (RM-ANOVA) was used to examine the effect of post-training reminders on suicide knowledge and attitudes.

All practitioners demonstrated increases in suicide assessment knowledge and reported more favorable attitudes to engage with suicidal clients and to utilize standard assessment for suicide risk assessments from pre- to posttest, and these gains were maintained at the 3-month follow-up ($F(3, 72) = 10.43, p = .002$ for suicide assessment knowledge, $F(3, 72) = 6.90, p = .001$). No differences were found by reminder condition, suggesting that the presence or timing of email reminders did not influence the extent to which clinicians benefited from the continued education program.

Recognizing the expense involved when installing new practices in routine service contexts, implementation researchers and practitioners are increasingly asking “How low can you go?” regarding training and implementation supports while still demonstrating a positive effect (5). The current study reflects one such effort in which participants who completed a one-day suicide workshop were randomized to receive email reminders. Results did not support the added benefit of reminders or differences by reminder timing. Future research may compare different levels of reminder intensity (e.g., reminder visibility, links to direct services), frequency (e.g., number of reminders provide), or duration (e.g., length of reminder period) to improve the impact of traditional “train and hope” approaches and drive discovery of more cost-effective implementation strategies.

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