

**THE ROLE OF DIGITAL NAVIGATORS IN PROMOTING CLINICAL CARE AND
TECHNOLOGY INTEGRATION INTO PRACTICE**

ABSTRACT

As the role of technology expands in behavioral and mental healthcare, so does the need to support its implementation and integration into the clinic. The concept of a new team member, the digital navigator, able to assume this role is introduced as a solution. With a digital navigator, any clinic today can take advantage of mobile health and smartphone tools to augment and expand existing telehealth and face to face care. The role of a digital navigator is suitable as an entry level healthcare role, additional training for an experienced clinician, and well suited to peer specialists. To facilitate training digital navigators, we draw upon our experiences creating the role and across health education to introduce a ten-hour curriculum designed to train digital navigators across five domains: 1) core smartphone skills; 2) basic technology troubleshooting; 3) app evaluation; 4) clinical terminology and data; and 5) engagement techniques. This paper outlines the curricular content, skills, and modules for this training and features a rich appendix with step by step instructions and resources.

INTRODUCTION.

As interest in telehealth and mobile health expands, more clinics and clinicians are seeking to integrate technology into their practice. The COVID-19 pandemic has only accelerated this interest, as telehealth and mobile health provide a solution to physical distancing requirements. However, mobile health also allows for collection of digital biomarkers of symptoms, sleep, mobility, and sociability between clinic visits that have the potential to inform care, especially during a time in which existing mental health outcomes may be exacerbated. These may be collected through real-time symptom assessment surveys, or from smartphone sensors such as GPS and text message logs. Therefore, the potential of technology to inform care is high.

This has spurred many clinicians to implement digital care without a well-constructed implementation plan and the required changes in staffing and policies that allow for successful roll-out [1]. Learning from past experience that offering technology solutions alone results in unsuccessful implementation efforts [2], it is clear there must be a focus on training frontline providers as well as new auxiliary staff who can support digital health. Recent research suggests the most common barrier to successful use of technology in care is not the technology itself, but rather workflow issues related to training [3,4]. This has been true for video, mobile health, social media and other asynchronous technologies [5].

Training for clinical staff around digital technology and especially mobile health and smartphone apps for care remains limited. This lack of training opportunities has been directly linked to lower uptake and acceptance of digital health technologies by clinicians [6]. Additionally, competencies have been published for telepsychiatry/video, social media, and mobile health have encouraged clinicians, learners, teachers and administrators to think together about clinical practices and medico-legal matters [7, 8, 9, 10], but unfortunately, organizational change is slow in adopting these competencies because of complex policy and regulatory environments [11]. The COVID-19 pandemic, though, has required that clinicians adopt these tools and has bypassed the usual roadblocks to system change in order to ensure patients continued to receive treatment. For example, in exploring how the field can ensure there is not a rise in deaths by suicide, one group of authors noted “digital training resources would enable those who have not previously worked with people who are suicidal to take active roles in health services and helpline” [12] – highlighting the need for rapid training to allow staff to take on new urgent clinical roles.

Patient-facing health technologies need to be simple to use and intuitive. But behind even well designed technologies there must be competencies, training, and technical assistance to support clinicians and patients. Prior to the COVID pandemic, new

technologies would commonly be introduced to clinicians by designating a “clinician champion” and a teaching faculty. Working together they would develop and “implement clinical competencies to steer training and faculty development” [11]. But we have seen in the COVID era that the process of establishing competencies and then implementing training is not sufficient to address the rapid pace of technology change, and we therefore present a new model to support successful implementation of digital health technologies.

We have proposed the role of the ‘digital navigator’ previously – as a new team member able to help facilitate and implement technology into care [15] – and in this paper we outline the skills, knowledge and competencies needed to become a digital navigator. The potential for this role is broad and the position may be ideal as an entry healthcare team member role – but systems need flexibility, so the person may be an established clinician, medical assistant, nurse case manager, peer specialist, member of the office staff, or other who now gains specific expertise in digital health and serve in the role of digital navigator. The content presented in the training below is derived from preliminary experience training digital navigators and working with them in clinical settings for over one year. We propose a ten-hour training and certification process as a means to offer concrete and actionable next steps for advancing this role.

The goal of the certification process is to define the role and skills of a digital navigator to support clinical teams with by offering front-line technical assistance in the integration of clinical, technical, workflow, and administrative factors that pertain to implementation of digital health technology. Effectiveness and implementation science factors (e.g., adoptability, feasibility, sustainability) inform this approach to the position.

Teaching skills/competencies successfully will likely require a mixture of methods that can be layered and adjusted for increasing skill level over time, and which incorporate evaluation methods that can determine that competencies have been achieved and can provide formative feedback to the learners [16].

CURRICULAR CONTENT: SKILLS AND MODULES

Regardless of the navigator’s background experience and skills, the three core responsibilities [15]: 1) selecting apps, 2) troubleshooting technology, and 3) reviewing and quality checking digital data to facilitate care. Much like a radiology or pathology technologist became an essential role as each of these fields developed new imaging and lab tests, so must the rest of medicine adopt individuals on the care team to support digital health. While the digital navigator role and training is not designed to develop medical thinking or decision-making, the core skills and competencies it offers could augment the acumen of an experienced clinician, facilitate workflow and bring a valuable skillset to the interprofessional team.

The initial training presented below teaches the basic knowledge and skills necessary for the digital navigator role using a competency-based approach. This training for the digital navigator role consists of five main modules: 1) core smartphone skills; 2) basic technology troubleshooting; 3) app evaluation; 4) clinical terminology and data; and 5) engagement techniques. Each module builds upon the prior and successful completion is necessary to advance to the next. Upon completion of all five modules, an individual will have the foundational skills required to be a digital navigator have met the requirements for successfully passing.

Each module of the training (see Figure 1) is organized into corresponding objectives, tools, and skills. Objectives list the learning goals for that module. The tools within a given module are the broad categories of understanding required to complete the module and meet the learning objectives. For example, in the *Core Smartphone Skills* module, the tools are the general tasks a digital navigator would be required to perform on their smartphone, such as browsing the internet or sending a text message. Tools will then be broken down into *skills*. Skills are the specific competencies required to be proficient in a tool. For example, if the tool is sending a text message, the skills would be creating a new message, responding to a message, sending pictures and videos, and sending messages to a group. Finally, each skill is broken into *steps* (*not shown in figure 1*), which offer specific details on how to complete that particular skill. Steps for each tool and skill can be found in the appendix.

| MODULES | | | | |
|---|--|--|---|---|
| Core Smartphone Skills | Basic Technology Troubleshooting | App Evaluation | Clinical Terminology and Data | Engagement Techniques |
| Objectives | | | | |
| 1. Obtain a basic understanding of how to use smartphone tools 2. Be able to independently utilize smartphone tools to benefit mental health. | 1. Learn about common troubleshooting problems 2. Demonstrate effective methods to solve basic troubleshooting issues | 1. Learn to evaluate apps independently 2. Learn how to use an app evaluation tool to recommend clinically appropriate apps | 1. Obtain a basic understanding of clinical terminology 2. Demonstrate ability to summarize potentially clinically relevant information from graphs and app data | 1. Learn to verbally engage with patients in order to maintain app utilization 2. Communicate questions and concerns to appropriate channels as needed 3. Assist with the maintenance of trust and transparency in order to aid the therapeutic process |
| Tools: curriculum requirements within each module | | | | |
| 1. Wifi and data 2. Calls 3. Text messaging 4. Internet 5. Music 6. Photos & videos 7. Notes & reminders | 8. Clock 9. Calendar 10. Health Apps | 1. Complications downloading an app 2. Unknown account ID/password 3. Lack of storage space | 4. App compatibility issues 5. Wifi/data connection 6. Notification issues 7. App crashing 8. Bluetooth connections | 1. Gather background information 2. Risk/Privacy & Security 3. Evidence 4. Ease of Use 5. Interoperability |
| | | | 1. Diagnoses 2. Clinical Red Flags 3. HIPAA Compliance and confidentiality 4. Types of Data Streams | 1. Interviewing methods 2. Communication Methods 3. Convening Trust and transparency |
| Skills: knowledge required to complete a tool | | | | |
| 1. Understanding difference between wifi and data, connect to wifi 2. Making a call, guided meditation by phone 3. Creating a message, talking to support systems 4. Performing a search, watching videos, researching accurate information 5. Creating a playlist, finding podcasts 6. Taking photos/videos, photos/videos for mental health 7. Creating notes/reminders, notes/reminders for mental health 8. Setting an alarm, creating a routine 9. Creating an event, setting a schedule 10. Viewing step count, exercise and mental health | 1. Checking connections, deleting apps 2. Recovering passwords 3. Deleting apps, download size 4. Updating software 5. Switching networks, checking network strength, changing locations 6. Updating notification settings 7. Closing and reopening apps 8. Updating apps, disconnecting/connecting to Bluetooth, resetting wearables | 1. App costs, developer, platforms, last update, reviews 2. Privacy policy, data collection, opt-out, deleting data, data sharing, HIPAA-compliance 3. What does the app do?, peer-reviewed evidence, red flags 4. Customizability, accessibility, easy to use 5. Data sharing, exporting/downloading data, integration with other platforms | 1. Depressive Disorders, Anxiety Disorders 2. Warning signs, When to seek help 3. Adhering to HIPAA regulations, Understanding and practicing program specific compliancy and confidentiality protocols 4. Active Data, Passive Data | 1. Asking for clarification, open ended questions 2. Refer patient to appropriate sources 3. Acknowledge role limitations which conveys honesty and trust |

The training is designed to be completed in the order shown in figure 1, beginning with 'core smartphone skills' and progress will be assessed after each module. As the digital navigator trainee moves throughout the modules, he/she will notice the previously learned tools and tasks built upon earlier ones now mastered. Trainees will be required to demonstrate their knowledge of each module before continuing with training. Assessments will be conducted via simulation of common clinical scenarios. The trainee will be scored in three broad categories for all modules: 1) assessment, 2) solution, and 3) communication. Scoring details are provided in Table 1 below.

Further details on the objectives, tasks, skills, and assessment for each module are provided below.

Module #1: Core Smartphone Skills

The core competency required for all digital navigators includes developing a skillset needed to understand foundational smartphone knowledge and the ability to effectively teach others how to use a smartphone. Patients will vary in their smartphone literacy--some patients will have a strong understanding of their smartphone device although others will require more guidance. Additionally, patients may be able to use basic smartphone tools, but do not know how to use these tools for health advantages. However, if patients understand foundational smartphone skills and how they can benefit their health, they can begin to build upon these skills independently. Therefore, it is imperative that the digital navigator understands these foundational skills so that they are able to instruct and guide patients, and provide basic troubleshooting when necessary.

Since individuals will be entering the digital navigator training with various levels of skills sets around smartphone knowledge, a pre-training assessment will be given to all trainees to assess their ability to perform basic smartphone functions on both Apple and Android smartphones. Given that Apple and Android phones together compose over 98% of the smart phone market, we do not provide training for other models like Windows or BlackBerry phones. If the trainee demonstrates a sufficient knowledge of smartphone basics for Apple and Android phones, they will be able to skip part one of this section of the training and begin with part two.

The curriculum for both Part One and Part Two of *Core Smartphone Skills* is presented in Table 2.

Part One: Navigating Smartphone Basics

Part one of *Core Smartphone Skills* focuses on training for objective one: ensuring trainees have a basic understanding of how to use smartphone tools. The curriculum includes several tools related to core uses of smartphones that are important to be able assist patients with. As described previously, each of these tools will be broken down into tasks, each task into skills, and each skill into steps for the trainees to learn.

Using “internet/website” as an example, the task (internet/website) is broken down into three skills (performing internet searches, navigating to a specific address, viewing history). The first skill, “performing internet searches,” is broken down into 4 steps (see page 16 and 41 of appendix). Trainers will teach trainees all steps for each task on both Apple and Android devices. In order to complete a task and continue with the training, the trainee will be required to perform one skill related to that task independently as chosen by the instructor. If the trainee is unable to complete the requested skill independently, they will be required to repeat all of the tasks within that module. For the evaluation of the Internet/website task, the trainee may then be asked to independently conduct an internet search (eg. “search for digital mental health webpages” or “search for app evaluation webpages”) to ensure they fully understood and retained the knowledge.

Part Two: Smartphone Skills for Health

Part two of *Core Smartphone Skills* training will focus on Objective 2: Independently use smartphone tools to benefit mental health. The curriculum will further examine each of the previously learned tools and explain how these basic features can contribute to an individual’s health. These techniques will largely be self-management of symptoms by the patient.

This is a sequential training paradigm -- trainees are required to utilize the techniques covered in part one to be successful in part two. Each tool will be the same, but the skills will now consist of ways this tool can be beneficial for an individual’s health (e.g. task: internet; skills: Watching videos, finding mindfulness exercises, researching accurate information). As with part one, trainers will teach trainees these step by step instructions for each skill on both Apple and Android devices. Trainees will be required to demonstrate that they are able to perform each of these skills individually and have a sufficient understanding so they may demonstrate the skill to others. Since each task will include a multitude of skills that could be used to benefit an individual’s health management, training will focus on the most popular skills. After demonstration of each skill within a task, trainees will be asked to brainstorm additional ways in which the task could be used for the benefit of the patient. This ensures the trainees have a sufficient understanding of the task and have the critical thinking skills to generate further ideas that may benefit a patient.

To practice these skills, trainers will provide a list of activities for trainees to complete. The activities will include at least one skill from all tasks covered. Examples of skills to be performed for practice include, setting an alarm for a certain time, creating a calendar event for a particular day and time, or creating a bookmark for a specific webpage. Trainers will provide assistance to the trainees during practice if necessary.

Before advancing to the next module, all material within the *Core Smartphone Skills* module will be tested via clinical scenario. Each trainee will be presented with 3 sets of criteria that provide details of patient goals that can be augmented with technology. The trainee will have to make a recommendation for the patients based on the criteria provided. To ensure the trainee understands how to perform the functions, they will also be required to demonstrate their recommendation via simulation/screenshot. A scoring rubric can be seen in table 1.

Table 1

| Score Metric | Rubric | | |
|--|---|---|---|
| | 1 | 2 | 3 |
| <p>Assessment The trainee will be required to demonstrate that they are able to assess the presented problem.</p> | Trainee was unable to correctly assess presented problem. | Trainee was able to correctly assess parts of presented problem, but not all. | Trainee was able to correctly assess all parts of presented problem. |
| <p>Solution The trainee will need to demonstrate that they are able to provide a solution the problem.</p> | Trainee was unable to provide a solution to the problem. | Trainee was able to provide a sufficient solution to the problem, but was unable to perform the required steps. | Trainee was able to provide a sufficient solution to the problem, but was unable to perform the required steps. |
| <p>Communication The trainee must demonstrate they are able to communicate the problem to the clinician and/or patient efficiently and appropriately.</p> | Trainee was unable to communicate their solution. | Trainee was able to communicate their solution, but with poor or inappropriate manner. | Trainee was able to communicate their solution to problem with sufficient manner. |

Module #2: Basic Technology Troubleshooting

Technological difficulties inevitably arise when using smartphones for clinical care. Therefore, a digital navigator should be prepared to handle basic technology troubleshooting. This module focuses on technological problems that are frequently

seen and the most effective ways to handle each issue. Some of the most common technical issues include the following seen in Table 2, and will serve as the skills for this module.

Table 2: Core Smartphone Skills Module

| OBJECTIVES | | | |
|--|--|-------------------------------|---|
| At the completion of this module, trainees should: | | | |
| 1. Demonstrate a basic understanding of how to use smartphone tools (Part 1) | | | |
| 2. Independently utilize smartphone tools to benefit mental health (Part 2) | | | |
| TASKS <i>Demonstrate effective use of</i> | SKILLS Part 1 | SKILLS Part 2 | Relevance |
| Wifi and data | Understanding difference between wifi and data | None | A wifi or data connection is often required to perform many smartphone features. |
| | Connect to wifi | | |
| Apps | Downloading an app | None | The ability to download an app is necessary to perform other smartphone skills. |
| Calls | Making a call | Relaxation by Phone | Calling allows individuals to connect with others and can be used for guided meditation. |
| | Answering a call | Talking to Loved Ones | |
| | Ignoring a call | | |
| Text messaging | Creating a new message | Talking to support systems | Text messaging allows individuals to connect with others. |
| | Responding to a message | | |
| | Sending pictures and videos | | |
| | Sending messages to a group | | |
| Internet | Performing internet searches | Watching videos | Internet browsing allows individuals to look up information and access self-guided exercises. |
| | Navigating to a specific address | Finding mindfulness exercises | |

| | | | |
|---------------------|--------------------------------------|-------------------------------------|--|
| | Viewing history | Researching accurate information | |
| Listening to music | Different music apps | Finding Podcasts | Music is often used as a relaxation or grounding mechanism. |
| | Playing a specific song | Creating a playlist | |
| | Creating a playlist | | |
| Camera | Taking a photo | Photos and videos for mental health | Photos or videos that comfort an individual can be used in times of stress |
| | Taking a video | | |
| Notes and reminders | Creating a new note | Notes for mental health | Setting reminders or writing in notes can be a grounding or relaxing exercise. |
| | Editing a note | | |
| | Setting a reminder | | |
| Clock | Setting an alarm | Creating a routine | Having a daily routine helps create healthy habits. |
| | Setting up Bedtime | | |
| | Using a timer | | |
| Calendar | Creating an event | Setting a schedule | Setting a schedule can help reduce stress. |
| | Creating an alert | | |
| | Sending and accepting invitations | | |
| Health apps | Viewing step count | Exercise and mental health | Exercising regularly improves mood. |
| | Tracking walking or running distance | | |
| | Viewing sleep information | | |

Practice Exercise

Trainers will have a prepared list of activities that each of the trainees will be required to perform. The list will include at least one skill from all tools for a total of 10 activities at a minimum. Trainers are able to assist trainees, if necessary, during the practice exercise. Example tasks for the practice exercise include:

- create a new note that states a certain sentence
- add an event to a calendar on a specific date
- connect to a particular wifi network
- check your step count on a particular day

Assessment

Testing of all *Core Smartphone Skills* material will be conducted via clinical scenarios. Each trainee will be presented with 3 sets of criteria. These criteria will be technology “prescriptions” for a patient. The digital navigator will have to make a recommendation for the patient based on the criteria provided. To ensure the digital navigator understands how to perform the functions, they will also be required to demonstrate their recommendation as if they were doing so with a patient. An in-depth criterion and scoring examples are provided below. Further case examples can be found in the appendix.

Criteria:

Trainer: The clinician has stated the co-created goals for the patient include creating a routine for their day-to-day life and using technology to keep them accountable.

| Rubric | | | |
|--|---|--|--|
| <u>Assessment</u> Patient goal is creating routine . | <u>Solution</u> Possible answers include: -Calendar: to set a schedule for each day Timer: to keep track of timing tasks Notes: to create a daily to-do list | | <u>Communication</u> Able to demonstrate necessary skills: Calendar: creating calendar events Timer: setting a timer Notes: creating a new note |
| Score Metric | 1 | 2 | 3 |
| Assessment | Trainee was unable to identify any patient goal. | Trainee was able to identify a patient goal, but did not correctly identify routine . | Trainee was able to identify routine as the patient goal. |
| Solution | Trainee was unable to provide a technology solution. | Trainee was able provide a solution but could not perform the task independently. | Trainee was able to provide a solution and could independently perform the steps required. |
| Communication | Trainee was unable to demonstrate a solution. | Trainee was able to demonstrate solution, but did so in a disrespectful manner. | Trainee was able to demonstrate solution to patient and/or clinician in a respectable manner. |

This list is not exhaustive, but includes the most common technology issues that may arise. On occasion, there may be more complex issues that are beyond the scope of the digital navigator’s ability. For example, a patient who forgot their Apple ID password may not remember the answer to their security questions or is unable to access their email account to recover this password. In this case, the digital navigator should be able to direct the patient to resources that will be able to assist them.

In this module, each objective is a troubleshooting issue and each tool is a potential solution. Training will consist of in-depth descriptions of each technology issue with a list of potential troubleshooting solutions. Each skill will be demonstrated step by step so that the trainees have a sufficient understanding of each troubleshooting technique.

All tools will be practiced via simulation. Trainers will have prepared scenarios that the present to each trainee to assess knowledge and skills. The trainees will then be asked

to describe what potential solutions could be provided for each scenario. For practice, trainees will only be required to provide a verbal explanation.

Testing will be performed via clinical scenarios. Each trainee will role-play with a trainer who will present the trainee with three technological issues to navigate. The trainee should be able to navigate to the corresponding webpages required to solve these issues regardless of which device the issue is occurring (Android or iPhone). A scoring rubric can be seen in table 3.

Table 3: Basic Technology and Troubleshooting Module

| OBJECTIVES | | |
|--|--------------------------------|---|
| At the completion of this module, trainees should: | | |
| 1. Have knowledge of common troubleshooting problems | | |
| 2. Demonstrate effective methods to solve basic troubleshooting issues | | |
| TASKS <i>Demonstrate effective management of....</i> | SKILLS | Relevance |
| Complications downloading an app | Checking connections | The ability to download apps is essential for using technology for health. Occasionally, apps may be slow to or unable to download. |
| | Deleting apps | |
| Unknown account ID or password | Recovering passwords | Accessing your account is required to download an app. An individual may not remember their account username or password necessary to download an app |
| Lack of storage space | Deleting apps | Storage space is necessary to download an app. Some patients may not have available storage to download a new app. |
| | Download size | |
| App compatibility issues | Updating software | The ability to download apps is essential for using technology for health. Some apps may not be able to run on an individual's phone. |
| Complications with wifi or data connection | Switching networks | A wifi or data connection is necessary to download an app and often to use an app after it has been downloaded. An inadequate connection can hinder this process. |
| | Changing locations | |
| Notification issues | Updating notification settings | Notifications remind patients to use the app regularly. Although an app is set to provide notifications, it is possible they may not appear. |
| App crashing | Closing and reopening apps | The ability to download apps is essential for using technology for health. Apps may be unable to load or quit unexpectedly. |
| | Update apps | |

| | | |
|--------------------------------------|---------------------------------------|--|
| Bluetooth connections with wearables | Disconnect and reconnect the wearable | Wearables can provide additional insight about fitness and environment data. Some may have trouble connecting or disconnect spontaneously. |
| | Reset the wearable | |

Practice Exercise

All *Basic Technology Troubleshooting* tools will be practiced via case scenarios and simulation. Trainers will have pre-prepared scenarios that they describe to each trainee. The trainees will then be asked to describe what potential solutions could be provided for each scenario. For practice, trainees will only be required to provide a verbal explanation.

Assessment

Testing will be performed via clinical scenarios. Each trainee will role-play with a trainer who will present the trainee with three technological issues to navigate. The digital navigator trainee should be able to walk through the steps required to solve these issues regardless of which device the issue is occurring (Android or iPhone). The trainee will be required to navigate to the corresponding pages to provide the solution. If the presented scenario is beyond the scope of the digital navigator’s ability, the trainee should be prepared to provide information to the trainer on where they can go for further troubleshooting assistance. Scoring of the *Basic Technology Troubleshooting* Module will be as follows. Further case examples can be found in the appendix.

Scenario: “I normally use my smartwatch to track my step count, but it hasn’t been working lately.”

| Rubric | | | |
|---|--|--|---|
| <u>Assessment</u> Technology issue is wearable connection . | <u>Solution</u> Possible answers include: -Updating the wearable app -Issues with Bluetooth connection -Resetting the wearable | | <u>Communication</u> Able to demonstrate necessary skills: -Navigate to app store to check for update -Disconnecting and reconnecting the smartwatch to Bluetooth -Following specific wearable instructions |
| Score Metric | 1 | 2 | 3 |
| Assessment | Trainee was unable to identify the technology issue. | Trainee was able to identify a technology issue, but did not correctly identify wearable connection . | Trainee was able to identify wearable connection as technology issue. |
| Solution | Trainee was unable to provide a technology solution. | Trainee was able to provide a solution but could not perform the task independently. | Trainee was able to provide a solution and could independently perform the steps required. |
| Communication | Trainee was unable to demonstrate a solution. | Trainee was able to demonstrate solution, but did so in a disrespectful manner. | Trainee was able to demonstrate solution to patient and/or clinician in a respectable manner. |

Module #3: App Evaluation

The digital navigator will be required to recommend apps to both clinicians and patients. They should be able to quickly and efficiently evaluate new and updated apps to ensure they both safe and potentially effective for the patient at hand to use. App evaluation

training will be based off of the American Psychiatric Association's App Evaluation Model [17] which also embodies the principles of personalizing app recommendations to each unique person and situation.

The model includes a 5-step process focusing on background information, privacy and security, evidence, ease of use, and interoperability. Most apps will not meet the criteria of all 5 categories. For example, an app that is easy to use and visually appealing may not have scientific evidence to evaluate its effectiveness, or an app with secure privacy measures may be difficult for a client to use. Therefore, the digital navigator should be prepared to discuss these steps with a client and clinician and help each decide which criteria are most important for the app to meet. At the completion of training, the digital navigator should be able to assess the needs for an app as described by the clinician and/or the client, identify and evaluate an app that would effectively meet those needs, and instruct the clinician and client on how to use the app.

App evaluation training will be conducted in the following format:

Each category from the APA app evaluation framework will be listed as the task, and the evaluation steps within that category will be listed as a skill. Trainees will be taught the framework in this format. For example, one of the listed tasks-- privacy and security -- contains privacy policies as a skill. Many apps do not have a privacy policy, and even the ones that do may not be adequate. Therefore, in this skill the trainer will teach trainees how to locate the privacy policy of an app if there is one listed.

After reviewing the APA App Evaluation Framework in full, trainees will be instructed on the Division of Digital Psychiatry App Evaluation Database. This database is an expansion upon the APA App Evaluation framework and allows individuals to rate apps based on 105 objective rating questions. The principal taught in this app evaluation can also be applied to non-medical apps for conditions that patients may suffer from including hypertension, diabetes, and cardiovascular disease among others. Trainees will apply their new knowledge of the app evaluation framework to app ratings on the App Evaluation Database. As a practice exercise, trainees will rate 2 apps on the app evaluation database. The apps used for evaluation on the database can be chosen arbitrarily, although all trainees should rate the same apps. Trainees' interrater reliability will be assessed both between current ratings available on the database as well as ratings with other trainees to ensure high concordance.

To assess trainees' understanding of app evaluation, trainers will administer 5 sets of criteria for an app and the trainees will be asked to make app recommendations based on the provided criteria. A scoring rubric can be found in table 4.

Table 4: App Evaluation Module

| <p style="text-align: center;">OBJECTIVES</p> <p style="text-align: center;">At the completion of this module, trainees should:</p> <p>1. Demonstrate ability to independently evaluate apps</p> <p>2. Make app recommendations to clinicians and/or patients</p> | | |
|--|------------------------|---|
| TASKS <i>Demonstrate effective assessment of apps related to:</i> | SKILLS | Relevance |
| Gather Background Information | App costs | Gathering as much information about the app before you evaluate it allows the digital navigator to assess if this app may be suitable for the patient. |
| | Developer | |
| | Platforms | |
| | Last update | |
| | Reviews | |
| Risk/Privacy & Security | Privacy policy | Apps present risk around security and privacy. Understanding an apps information sharing policy allows the digital navigator to assist the patient and/or clinician in making informed decisions about these potential risks. |
| | Data collection | |
| | Opt-out | |
| | Deleting data | |
| | Data sharing | |
| | HIPAA-compliance | |
| Evidence | What does the app do? | Apps may make claims about their effectiveness that do not have evidence to support them. Therefore, it is imperative to evaluate an app for its content and understand if the app may provide potential benefits. |
| | Peer reviewed evidence | |
| | Red Flags | |
| Ease of Use | Customizability | Different apps will be easier or more accessible for certain individuals than others. Understanding different features of apps allows the |
| | Accessibility | |

| | | |
|------------------|----------------------------------|---|
| | Easy to use | digital navigator to tailor app recommendations for the patient's preferences. |
| Interoperability | Data sharing | Based on the needs of the patient, certain ways of data sharing with the clinician may be more beneficial than others. The digital navigator should be able to assess those needs and make recommendations accordingly. |
| | Exporting/downloading data | |
| | Integration with other platforms | |

Practice Exercise

Trainees will practice app evaluation by evaluating 5 apps. Their interrater reliability will be assessed. The 5 apps will vary in their quality and content to assure the trainees can sufficiently rate a variety of apps. Apps used for evaluation will be continually updated to ensure consistency in difficulty of rating required by trainees to pass their training. A scoring example is as follows:

App 1. Low quality app. This should have no privacy policy, questionable developer, updated over 180 days ago. *Trainees should NOT RECOMMEND this app.*

App 2. Policy privacy present, but not detailed or does not provide adequate information. App should contain a “red flag.” *Trainees should NOT RECOMMEND this app.*

App 3. App should have a privacy policy present with sufficient information provided. App should contain no red flags. Usability features should be average or basic. *Trainees may recommend this app or not based on patient needs, as it meets basic safety and evidence requirements but its interface is mediocre. Therefore, some patients may find it useful while others may not.*

App 4 and 5. Strong privacy policy, updated regularly, relatively easy to use. App 4 and 5 should differ based on their usability and interoperability. *Trainees should RECOMMEND these apps and be able to distinguish when they would recommend these apps to patients based on their ease of use and integration capabilities.*

Assessment

Trainers will provide trainees with 5 case scenarios. These scenarios will outline details for app criteria that a clinician or a patient. Trainees will be required to make an app recommendation based on the provided criteria. A scoring example is as follows. Further examples can be found in the appendix.

Case scenario: The patient is looking for an app so that they can journal their thoughts in times of stress. They would like to be able to send their journal entries to their clinician periodically. They are highly concerned with privacy and would like the option to delete their data after a few weeks of using the app.

Rubric

| | | | |
|---|--|--|--|
| <p align="center"><u>Assessment</u></p> <p>Trainee should be able to assess the criteria to determine what app qualities to look for.</p> <ul style="list-style-type: none"> -Journaling feature -Data sharing -Privacy policy and data deletion | <p align="center"><u>Solution</u></p> <p>Trainee should be able to make an app recommendation based on these criteria.</p> | | <p align="center"><u>Communication</u></p> <p>The trainee should be able to provide reasoning as to why they chose the given app and demonstrate how to use it to the trainer. We understand that it may not always be possible to find an app based on all criteria listed. Therefore, the trainee should be able to provide reasoning behind their recommendation and whether or not the app meets all of the provided criteria.</p> |
| Score Metric | 1 | 2 | 3 |
| Assessment | Trainee was unable to identify the main app criteria provided in the case scenario. | The trainee was able to identify some of the criteria provided in the scenario, but not all. | The trainee was able to assess all app criteria provided in the case scenario. |
| Solution | Trainee was unable to recommend an app based on the given criteria. | Trainee was able to recommend an app, but the app did not meet all of the criteria provided in the case scenario. | Trainee was able to make a sufficient app recommendation based on the app criteria. |
| Communication | Trainee was unable to provide reasoning to the trainer as to why they recommended a particular app. | Trainee was able to provide some reasoning to the trainer as to why they recommended a particular app, but not in all areas of the specified criteria. | Trainee was able to sufficiently explain their app recommendation to trainers. |

Module #4: Clinical Terminology and Data

Part One: Clinical Terminology

The digital navigator position is not a clinical role; however, it is imperative the digital navigator have a foundational clinical understanding of health terminology, symptomology and practices so the navigator can have a discussion with the clinician and client around data outputs. The terminology and policies that are necessary for the digital navigator to be familiar with will vary depending on the clinical specialty (e.g., internal medicine, psychiatry, pediatrics), practice setting (e.g., inpatient vs outpatient), and population in which the digital navigator will work.

Trainers will need to select terminology and policies that are relevant for the trainees. The list below includes potential clinical terms used in an outpatient adult psychiatry clinic: Therapeutic Alliance; Rapport; Cultural Competency; Confidentiality; Health Insurance Portability and Accountability Act (HIPAA); Professional Boundaries. This is not an exhaustive list but rather identifies examples of how clinical terminology can be

selected. After choosing key phrases, the next step will be selecting a standardized definition for all terms listed. Selecting definitions that are mutually agreed upon by various level stakeholders will be key to implementing and creating shared language.

Finally, ensuring the digital navigators understands the mission of the clinical work being done (e.g., employment based, recovery oriented) and providing an example of treatment goals will help the digital navigator gain a deeper understanding of the types of technological resources they may provide to patients and clinicians.

Part 2: Clinical Data

One of the main responsibilities of the digital navigator is to translate and summarize app data for clinicians. As seen previously, different data streams (eg surveys, step count, sleep data) collected from a smartphone can provide a variety of clinical insights [18]. Therefore, the digital navigator should be prepared to interpret multiple types of information.

In part 2 of this module, trainees will be required to interpret data from various data streams to ensure they are able to understand the valuable information each provides. This module will focus on expanding upon what types of information can come from apps their classifications as active data (collected from an individual while they are using the app) or passive data (collected in the background regardless of whether or not the patient is using the app).

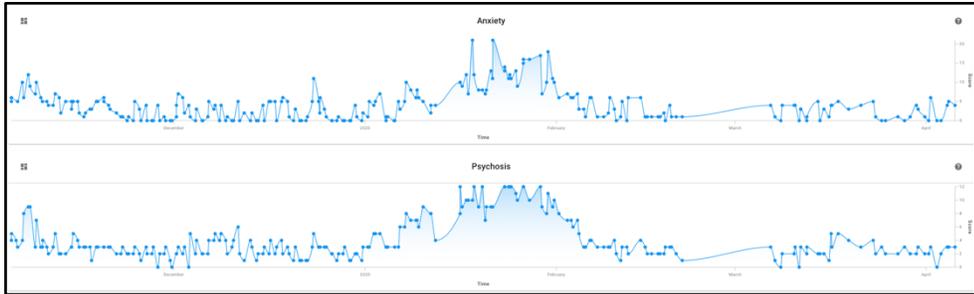
By completion of the module, trainees should be able to understand how each data stream can be used for clinical information and be able to recommend a particular data stream to a clinician and/or patient based on their technology needs. For example, if the data stream in question is survey responses, the trainees will be required to understand that this is an active data stream and can provide information about symptomology over time or symptom correlation. If a patient were to say they are interested in understanding how their anxiety fluctuates throughout the week, the trainee, in consultation with the treating clinician, should be able to recommend a survey tool to them.

Trainees will be presented with example of varying graphs and asked to interpret the relevance of each one. Once the trainee has completed their interpretations, the trainees and the training instructors will discuss the graphs to ensure all trainees have an understanding of the main results.

Upon completion of discussion of all presented graphs, trainees will be assessed on new graphs to evaluate their ability to relay relevant data individually. Each trainee will

be asked to evaluate five data sets. Trainees will be required to summarize the relevance of graphical depictions of data such as the figure shown in table 5. A scoring rubric can be seen in table 5.

Table 5: Clinical Terminology and Data Module

| OBJECTIVES | | |
|---|---|--|
| At the completion of this module, trainees should: | | |
| 1. Obtain a basic understanding of clinical terminology | | |
| 2. Demonstrate the ability to summarize potentially clinically relevant information from graphs and app data | | |
| TASKS <i>Demonstrate effective knowledge of:</i> | SKILLS | Relevance |
| Diagnoses | Depressive disorders | Understanding the foundational language of clinical practice, the mission of clinical work, and examples of treatment goals will aid a navigator in successfully carrying out their duties. |
| | Anxiety disorders | |
| Clinical Red Flags | Warning signs | Because the digital navigator is not a clinical role, they should be prepared to seek clinical help when necessary. |
| | When to seek help | |
| HIPAA Compliance and Confidentiality | Adhere to HIPAA regulations | Since Digital Navigators will be working in clinical settings, understanding federal HIPAA regulations and the program's compliancy and confidentiality protocols will help to ensure patient protection at all levels |
| | Understand and practice program specific compliancy and confidentiality protocols | |
| Data Streams | Active Data | The digital navigator will require a thorough understanding of the many types of data collected via apps and other technology so they are prepared to make recommendations based on treatment goals. |
| | Passive Data | |
| Practice Exercise | | |
| A practice worksheet should be created based upon clinic needs that tests the trainees on the reviewed definitions. This worksheet can be formatted as the trainers see fit. Please see the appendix for an example. | | |
| Assessment | | |
| Trainees will be assessed on <i>Clinical Data Interpretation and Safety</i> by evaluating 5 sets of app data presented in varying modalities. Trainees will be required both to summarize the relevance of the presented data as well as alert the clinician of possible warning signs. An example is provided below. | | |
|  | | |
| Rubric | | |

| <u>Assessment</u> | | <u>Solution</u> | | <u>Communication</u> |
|---|--|---|---|---|
| The figure displays an individual's anxiety and psychosis scores over time. | | Elevated levels of both anxiety and psychosis are apparent between January and February, 2020. | | Trainee is able to effectively describe relevant information from graph to clinician. |
| Score Metric | | 1 | 2 | 3 |
| Assessment | Trainee is unable to determine relevance of graph. | The trainee understands parts of the figure, but not all (i.e. understands figure shows anxiety/psychosis scores, but not over time. Cannot discern if high or low scores are clinically relevant). | The trainee is able to understand the graph. | |
| Solution | Trainee is unable to discern information of potential clinical relevance from the figure. | Trainee is able to discern some clinical relevance, but may not identify all aspects or incorrectly interpret key points. | Trainee is able to interpret all aspects of graph that may provide clinical relevance. | |
| Communication | Trainee was unable to communicate relevance of clinician in an understandable, appropriate manner. | Trainee was able to communicate figure relevance, but did so in a disrespectful manner. | Trainee was able to demonstrate skills to patient and/or clinician in a respectable manner. | |

Module #5: Engagement Techniques

In order for the patient-provided data to have potential clinical relevance, the patient must use the app enough to yield a sufficient level of information. Therefore, the digital navigator must be able to efficiently engage the patient in order to help maintain motivation of app use and understand any technology barriers that may arise.

Module 5 will focus on engagement techniques, specifically interviewing skills. The engagement skills for this section will be pulled from Motivational Interviewing techniques, specially part of the OARS methods (open ended questions; affirmation; reflective listening; and summaries) [19].

The digital navigator should be able to address technological issues or changes in engagement. Therefore, it will be important for the digital navigator to learn the skill of asking clarifying, open-ended questions with patients and clinicians. When used with patients, clarifying and open-ended questions may lead a digital navigator to a deeper understanding of how a patient would like to use technology, as well as identify strengths the patient possess and barriers which may negatively impact app engagement.

As previously mentioned, the unique position of the digital navigator allows the person to be part of the care team but the position remains a non-clinical role. Therefore, appropriate professional boundaries will be critical for the person to uphold and understand. However, since the digital navigator is part of the care team, there role may not always be as clear to patients or outside providers. For those reasons the digital

navigator should not answer questions out of their skill set and should refer them to appropriate channels in a timely manner. Examples of how a digital navigator can handle such situations will be provided in the case scenarios.

Trust and transparency will be reviewed through engagement techniques, specifically summarization and questions. Utilizing part of Bordin’s definition of the therapeutic alliance—collaboration—the cornerstone of the digital navigator’s definition of trust will be a shared understanding of the patient’s goals [20]. The most direct way a digital navigator can understand the patient’s goals and most effective ways a patient will use an app is through summarizing and reflective listening (two more motivational interviewing techniques). Again, to make these engagement techniques more concrete, case scenarios will be utilized to show examples of these techniques in real world scenarios. A scoring rubric can be found in table 6.

Table 6: Engagement Techniques Module

| OBJECTIVES | | |
|---|--|---|
| At the completion of this module, trainees should: | | |
| <ol style="list-style-type: none"> 1. Learn to verbally engage with patients in order to maintain app utilization 2. Communicate questions and concerns to appropriate channels as needed 3. Assist with the maintenance of trust and transparency in order to aid the therapeutic process | | |
| TASKS <i>Demonstrate effective use of:</i> | SKILLS | Relevance |
| Interviewing Methods | Asking for clarification Open ended questions | By being the point person for data information and having face to face conversations with patients, the digital navigator can assist the clinician and patient clarify any data or app confusion. |
| Communication Methods | Refer patient to appropriate sources | When a patient asks a digital navigator a question or conveys a concern in which the digital navigator cannot address, it is important the navigator explain refer the patient to an appropriate party so the issue can be rectified. |
| Convening Trust and Transparency | Acknowledge role limitations which conveys honesty and trust | Trust and transparency are crucial to the therapeutic alliance, but the digital navigator is not directly part of the dyad. However, the navigator remains part of the care team and therefore, acts as a representative of trust and transparency throughout the digital navigator meetings. |
| Practice Exercise | | |
| Case scenario as seen in appendix. | | |

Assessment

The assessment will utilize a case scenario and ask participants to select the best engagement technique for the scenario. See appendix for more examples.

| Rubric | | | |
|--|---|---|---|
| <u>Assessment</u> | <u>Solution</u> | <u>Communication</u> | |
| Case Scenario utilizing various engagement techniques. | Participants will choose the best possible answer from the list provided | Trainee will choose the best engagement technique for the situation and briefly explain their reasoning. | |
| Score Metric | 1 | 2 | 3 |
| Assessment | Trainee was unable to identify that an engagement technique was needed. | Trainee was able to identify when an engagement technique was needed between 60 and 79 percent of the time. | Trainee was able to identify when an engagement technique was needed 80 percent and more of the time. |
| Solution | Trainee was unable to select appropriate engagement technique | Trainee was able to select appropriate engagement technique between 60 and 79 percent of the time. | Trainee was able to select appropriate engagement techniques 80 percent and more of the time |
| Communication | Trainee was unable to communicate the reasoning behind the engagement technique | Trainee was able to communicate the reasoning behind the selected engagement technique between 60 and 79 percent of the time. | Trainee was able to communicate the reasoning behind the selected engagement technique 80 percent and more of the time. |

DISCUSSION

As interest in mobile health expands, so does the need for a new role to guide technology use and implementation. Studies typically describe methods, interventions, technologies used and care outcomes rather what clinical skills are needed and how they are developed or acquired. Education/training appears either narrowly limited to use of a specific technology for an intervention, or about the importance of patient buy-in, usability and engagement. This manuscript presents a training aimed to present practical instruction on using technology to improve access to and the quality of health care. Those completing the training, whether as a first role in healthcare or as a seasoned clinician, will emerge likely better able to integrate and support the use of technology in care. The combination of didactic learning, hands on experiences, simulation, and case presentations offer a multimodal learning experience designed to provide versatile and practical knowledge. While the focus of each training will vary based on the unique clinical needs and settings of a site, the core lessons offered here more invariant and should prove of benefit in diverse settings.

The implementation of the digital navigator position into health clinics will require more than just training including some degree of workflow restructuring and funding. Academic health centers and health systems may assume that clinicians and systems are adapting to technology – and they are using video in the COVID-19 era – but clinical, technological and administrative workflow is still in progress and many clinicians struggle to use new technologies or believe that do not have time to do “the little things”

that make it work [10]. Even more surprisingly, they may see apps, sensors, wearables and social media, as “outside” of regular care. The flexibility of the digital navigator position allows a diverse workforce to assume the role and seeking to minimize clinic disruption. Just as radiology technicians began as assistants who were already employed at the clinic [23], we propose this position could initially be filled by existing members of the healthcare team, peers with lived experience, a digital native’s first job in health care, or as an expansion of the duties of a clinician.

Finally, because technology is continually and rapidly evolving, so will the role of the digital navigator. Undergraduate medical education and graduate medical education councils and professional organizations are providing guidance on use of technology, but have not yet put forward competencies to ensure quality care [24, 25]. This skill/competency framework will facilitate implementation, training and evaluation. As technological innovation is moving so quickly, annual recertification will need to be conducted for quality control of skills and adjustment to relevant technological advances for the curricula. The recertification process could also explore the digital navigator role in general, and in relation to service delivery (e.g., interprofessional teams, stepped and/or integrated care models). As it becomes clear who the digital navigator serves and types of technology used, subtypes of digital navigators may bare consideration with additional/adjusted training requirements. Recertification processes are typically short and consist of one-two modules that are administered online.

There are limitations to our proposed training. Currently, this curriculum is based on our team’s experience with the digital navigator role and has not yet been implemented in other setting outside our team. Issues of interrater reliability for evaluation metrics must still be established. Therefore, this training serves as an initial foundation and will require amendments as necessary once training begins. Further, the training above has been written for in-person administration. This allows for adjustments to be easily made as the training evolves and allows for more efficient teaching techniques. However, the goal with this training is to eventually administer online. This would not only allow for a larger audience, so that more individuals can complete digital navigator training, but it would also allow for more individuals to conduct the training eventually as well.

As the need for technology integration into healthcare continues to grow, so does the need for a new role on the care team to help implement these changes. The training outlined in this paper provides practical and actionable steps that can be taken to move this role from theory into practice. This paper also outlines a practical way in which training can be implemented while leaving room for flexibility and customization.

REFERENCES.

1. Torous J, Jän Myrick K, Rauseo-Ricupero N, Firth J. Digital Mental Health and COVID-19: Using Technology Today to Accelerate the Curve on Access and Quality Tomorrow. *JMIR Ment Health*. 2020;7(3):e18848. Published 2020 Mar 26. doi:10.2196/18848
2. Greenhalgh, T., Wherton, J., Papoutsis, C., Lynch, J., Hughes, G., Hinder, S., Fahy, N., Procter, R. and Shaw, S., 2017. Beyond adoption: a new framework for theorizing and evaluating nonadoption, abandonment, and challenges to the scale-up, spread, and sustainability of health and care technologies. *Journal of medical Internet research*, 19(11), p.e367.
3. Jacob et al. Social, Organizational, and Technological Factors Impacting Clinicians' Adoption of Mobile Health Tools: Systematic Literature Review. *JMIR uHealth*. 2020
4. Lattie EG, Nicholas J, Knapp AA, Skerl JJ, Kaiser SM, Mohr DC. Opportunities for and Tensions Surrounding the Use of Technology-Enabled Mental Health Services in Community Mental Health Care. *Administration and Policy in Mental Health and Mental Health Services Research*. 2020 Jan 1;47(1):138-49.
5. Hilty DM, Torous J, Parish M, et al. A literature review comparing clinicians' approaches and skills to in-person, synchronous and asynchronous care: Moving toward asynchronous competencies to ensure quality care. *Telemed J E-Health*, In Press.
6. Cowan KE, McKean AJ, Gentry MT, Hilty DM. Barriers to Use of Telepsychiatry: Clinicians as Gatekeepers. *In Mayo Clinic Proceedings* 2019 Dec 1 (Vol. 94, No. 12, pp. 2510-2523). Elsevier.
7. Hilty DM, Crawford A, Teshima J, Chan S, Sunderji N, Yellowlees PM, Li ST. A framework for telepsychiatric training and e-health: Competency-based education, evaluation and implications. *Int Rev Psychiatry* **2015**;27(6):569-592.
8. Zalpuri I, Liu H, Stubbe D, Wrzosek M, Sadhu J, Hilty D. A competency-based framework for social media for trainees, faculty and others. *Acad Psychiatry* **2018**;42(6):808-817.
9. Hilty D, Chan S, Torous J, Luo J, Boland R. A Framework for Competencies for the Use of Mobile Technologies in Psychiatry and Medicine: Scoping Review. *JMIR Mhealth Uhealth* 2020;8(2):e12229. URL: <https://mhealth.jmir.org/2020/2/e12229>. DOI: 10.2196/12229
10. Hilty DM, Chan S, Torous J, Luo J, Boland, RJ. A framework for competencies for the use of mobile technologies in psychiatry and medicine. *JMIR Uhealth Mobile Health* **2020**, 8(2) <http://mhealth.jmir.org/2020/2/e12229/>
11. Hilty DM, Unutzer J, Ko DK, Luo J, Worley LM, Yager J. Approaches for departments, schools and health systems to better implement technologies used for clinical care and education. *Acad Psychiatry* **2019**; 43(6):611-616.
12. Gunnell D, Appleby L, Arensman E, Hawton K, John A, Kapur N, Khan M, O'Connor RC, Pirkis J, Caine ED, Chan LF. Suicide risk and prevention during the COVID-19 pandemic. *The Lancet Psychiatry*. 2020 Apr 21.
13. Hilty DM, Sunderji N, Suo S, Chan S, McCarron RM. Telepsychiatry/telebehavioral health and integrated care: Evidence-base, best practice models and competencies. *Int Rev Psychiatry* **2018**;1:1-18.

14. Raney L, Bergman D, Torous J, et al. Digitally driven integrated primary care and behavioral health: How technology can expand access to effective treatment. *Curr Psychiatry Rep* 2017; 19(11): 86. DOI: 10.1007/s11920-017-0838-y.
15. Wisniewski, H., & Torous, J. (2020). Digital navigators to implement smartphone and digital tools in care. *Acta Psychiatrica Scandinavica*, n/a(n/a).
<https://doi.org/10.1111/acps.13149>
16. Kirkpatrick, J., and W. Kirkpatrick. (2009). The Kirkpatrick Four Levels: A Fresh Look After 50 Years, 1959-2009. At:
http://www.managesmarter.com/managesmarter/images/pdfs/trg_20090417_kirkpatrick_w_hitepaper.pdf.
17. Torous JB, Chan SR, Gipson SYT, et al. A hierarchical framework for evaluation and informed decision making regarding smartphone apps for clinical care. *Psychiatr Serv* 2018;69:498–500.
18. Wisniewski H, Henson P and Torous J (2019) Using a Smartphone App to Identify Clinically Relevant Behavior Trends via Symptom Report, Cognition Scores, and Exercise Levels: A Case Series. *Front. Psychiatry* 10:652. doi: 10.3389/fpsy.2019.00652
19. Rosengren DB. *Building Motivational Interviewing Skills: A Practitioner Workbook*. New York: Guilford Press; 2009.
20. Bordin ES. Theory and Research on the Therapeutic Working Alliance: New Directions. In Hovarth AO., Greenberg LS., ed *The Working Alliance: Theory, Research, and Practice*. John Wiley & Sons, 1994: 13-37.
21. Hilty, D.M., Zalpuri, I., Stubbe, D. *et al.* Social Media/Networking and Psychiatric Education: Competencies, Teaching Methods, and Implications. *J. technol. behav. sci.* 3, 268–293 (2018). <https://doi.org/10.1007/s41347-018-0061-7>
22. Hilty DM, Chan S. Human behavior with mobile health: Smartphone/devices, apps and cognition. *Psychol Cogn Sci Open J.* 2018; 4(2): 36-47. doi: 10.17140/PCSOJ-4-141
23. *ASRT History*. (n.d.). Retrieved May 1, 2020, from <https://www.asrt.org/main/about-asrt/asrt-history>
24. Hilty DM, Maheu M, Drude K, et al. The need to implement and evaluate telehealth competency frameworks to ensure quality care across behavioral health professions. *Acad Psychiatry* 2018; 42(6): 818-24.
25. Maheu M, Drude K, Hertlein KM, et al. A framework for interprofessional telebehavioral health competencies: Implementation and challenges moving forward. *Acad Psychiatry* 2018; 42(6): 825-33.

Figure Legends

Fig. 1. A summary of the training content broken down by the objectives, tools, and skills for each module.