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Running thread: Foundation doctors' attitude to Psychiatry

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Abstract

Global recruitment in psychiatry has been falling for the last several decades. In the United Kingdom, lack of recruitment into psychiatry had reached a crisis point by 2003 when 15% of all unfilled consultants posts in England were in psychiatry and the Royal College of Psychiatrists has been finding recruitment into specialist psychiatry posts increasingly difficult. The factors that seem to dissuade medical students from taking up psychiatry as a future career may include: stigma, bad prognosis of psychiatric disorders, poor scientific base of psychiatry, bad-mouthing from medical colleagues, lack of respect among peers & public, threats of violence from patients and lack of resources. In this study, we have ascertained attitudes of a regional cohort of FY1 doctors towards psychiatry as a specialty and as a career choice. Our findings are similar to previous research carried out among medical students, which found that there were generally negative attitudes towards psychiatry as a specialty and career choice but fairly positive attitudes towards the role of psychiatry in medicine and in society in general. Like others, we also found that personal experience of psychiatry placement can improve trainees' view of psychiatry as a specialty and as a future career.

Key Words

Foundation doctor; Job satisfaction; Psychiatry training; Attitude; Overseas recruitment.

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Introduction:

Global recruitment in psychiatry has been falling for the last several decades because medical students and graduates have been finding it consistently unattractive^{1,2}. In the United Kingdom, lack of recruitment into psychiatry had reached a crisis point by 2003 when 15% of all unfilled consultants posts in England were in psychiatry and the Royal College of Psychiatrists has been finding recruitment into specialist psychiatry posts increasingly difficult^{3,4}. In 2012, only 78% of the Core Training year one (CT1) posts in psychiatry were filled; a serious shortfall which was concealed by overseas recruitment up until changes in immigration rules started taking toll. An Analysis of the career choices of newly qualified doctors in the U.K. found the same trend from 1974 to 2009; psychiatry was the first career choice for only 3-5% of medical graduates annually⁶.

The factors that seem to dissuade medical students from taking up psychiatry as a future career may include: stigma, bad prognosis of psychiatric disorders, poor scientific base of psychiatry, 'bad-mouthing' from medical colleagues, lack of respect

among peers & public, threats of violence from patients and lack of resources¹⁻⁶. Research has also investigated the link between clinical experience in psychiatry and students' attitudes towards choosing it as a career; many of the students' attitudes changed in a positive direction after working in psychiatry, regarding 'job satisfaction', 'life-style', 'training available' and 'multidisciplinary approach'⁶.

Psychiatry has previously been ranked higher in career choice at the end of students' clinical year⁷. To ensure a stable psychiatric workforce for the future, there is an obvious need to motivate current and future cohorts of young doctors to take up psychiatry as a career. Das & Chandrasena (1988) found that attitudes changed positively towards mental health following clinical placement in this specialty⁸. It is also known that medical students' attitudes to psychiatry and career intentions can be improved by their experiences of teaching⁹. Students were found to develop more positive attitudes when encouraged by senior psychiatrists, had direct involvement in patient care, or saw patients respond well to treatment. Improvement in attitudes during the placement was also related to

an increased intention to pursue psychiatry as a career.

Previous research into attitudes to psychiatry as a specialty and career choice seems to have produced conflicting results and almost all of it was carried out among medical students. Since career choices in the U.K. are actually made in the first clinical year following graduation, we carried out a survey of the attitudes of 2013 cohort of foundation year one (FY1) doctors in the South East England towards psychiatry as a specialty and a career choice before and after their first clinical year.

Method:

Our study sample consisted of all FY1 doctors (n=101) in one region of South East England. They participated in the study at the beginning and then at the end of their first clinical year. We used a 20-item questionnaire devised by Das & Chandrasena (1988) to ascertain their perceptions and attitudes towards psychiatry before they commenced their first medical placement. The questionnaire was sent to them via their Medical Education Managers (MEMS). It was handed out to the FY1 doctors as part of their induction pack for completion along with a study information sheet.

At the end of their first year of working, the participants were asked to complete an amended version of the questionnaire. This included two additional questions which ascertained whether the doctor had had an opportunity to work in a psychiatric post, or had any experience of psychiatry in practice (such as taster days or cases in A&E). These amended questionnaires were sent to the foundation doctors electronically via their MEMS for completion.

The data was collected and entered into a spreadsheet to prepare descriptive statistics. Comparisons for before and after exposure to psychiatry, and between the psychiatry and non-psychiatry groups were made using the chi-square test. As the data was binary, a latent class model was developed using LatentGOLD software⁸ to explore the associations between different items in the questionnaire. Responses from the questionnaires were coded as: responses which agree with a positive attitude to psychiatry or disagree with a negative attitude were coded as +1; those not sure were coded as 0; and responses which agree with a negative attitude to psychiatry or disagree with a positive attitude were coded as -1.

Results:

A 100% (n=101) response rate was obtained for the first set of questionnaires completed at the beginning of the year. However, there was a significant drop in the number of questionnaires completed at the end of the year - a 53.5% response rate (n=54) generally but 61.1% (22 out of 36) for those FY1 doctors who had the opportunity or access to a post in psychiatry within their clinical year.

Initial cohort at beginning of the clinical year vs. those with no exposure to psychiatry at the end

Table 1 shows the group means for each questionnaire item, for the whole cohort at the beginning of the year compared to those with no exposure to psychiatry by the end of the year.

	Before	After	Difference	L	U	p-value
Within medicine, psychiatry has a high status	-0.686	-0.591	0.095	-0.169	0.359	0.476
I may consider pursuing a career in psychiatry in the future	-0.539	-0.136	0.403	0.046	0.760	0.028
Psychiatry is attractive because it is intellectually comprehensive	-0.500	0.273	0.773	0.436	1.000	0.000
Most non-psychiatric medical staff are not critical of psychiatry	-0.431	-0.500	-0.069	-0.442	0.305	0.717
Physicians do not have time to deal with patients emotional problems	-0.294	0.273	0.567	0.142	0.991	0.009
Psychiatrists understand and communicate better than other physicians	-0.127	0.364	0.491	0.090	0.892	0.017
Psychiatrists don't overanalyse human behaviour	0.147	0.364	0.217	-0.200	0.633	0.306
Expressing an interest in psychiatry is not seen as odd	0.157	-0.136	-0.293	-0.727	0.141	0.184
Hospitalised patients are not given too much medication	0.167	0.591	0.424	0.116	0.732	0.007
Psychiatrists don't make less money on average than other physicians	0.255	0.045	0.209	-0.537	0.118	0.208
Psychiatry is a rapidly expanding frontier of medicine	0.363	0.727	0.365	0.033	0.696	0.032
Psychiatric curriculum and training are not too easy	0.520	0.682	0.162	-0.112	0.436	0.243
Psychiatrists are not fuzzy thinkers	0.578	0.818	0.240	-0.082	0.561	0.142
Psychiatrists should have the legal power to treat patients against their will	0.608	0.955	0.347	0.051	0.642	0.022
A placement in psychiatry can change one's negative views of psychiatry	0.618	0.864	0.246	-0.066	0.558	0.121
Psychiatry is scientific and precise	0.627	0.818	0.191	-0.098	0.480	0.194
There is a place for ECT in modern medicine	0.755	0.727	-0.028	-0.239	0.184	0.797
Psychiatric consultations are often helpful	0.853	0.864	0.011	-0.210	0.231	0.924
Entering psychiatry is not a waste of a medical education	0.873	1.000	0.127	-0.048	0.303	0.153
Psychiatrists don't often abuse their legal powers	0.892	1.000	0.108	-0.049	0.264	0.175

	Before	After	Difference	L	U	P-value
Within medicine, psychiatry has a high status	-0.686	-0.745	-0.058	-0.242	0.125	0.531
I may consider pursuing a career in psychiatry in the future	-0.539	-0.617	-0.078	-0.332	0.177	0.547
Psychiatry is attractive because it is intellectually comprehensive	-0.500	-0.468	0.032	-0.214	0.278	0.798
Most non-psychiatric medical staff are not critical of psychiatry	-0.431	0.106	0.538	0.248	0.827	0.000
Physicians do not have time to deal with patients emotional problems	-0.294	-0.383	-0.089	-0.401	0.224	0.575
Psychiatrists understand and communicate better than other physicians	-0.127	-0.085	0.042	-0.260	0.345	0.783
Psychiatrists don't overanalyse human behaviour	0.147	0.340	0.193	-0.123	0.510	0.229
Expressing an interest in psychiatry is not seen as odd	0.157	0.106	-0.050	-0.378	0.277	0.761
Hospitalised patients are not given too much medication	0.167	0.362	0.195	-0.044	0.434	0.109
Psychiatrists don't make less money on average than other physicians	0.255	0.404	0.149	-0.092	0.391	0.224
Psychiatry is a rapidly expanding frontier of medicine	0.363	0.064	-0.299	-0.569	-0.029	0.030
Psychiatric curriculum and training are not too easy	0.520	0.596	0.076	-0.128	0.281	0.464
Psychiatrists are not fuzzy thinkers	0.578	0.596	0.017	-0.233	0.268	0.892
Psychiatrists should have the legal power to treat patients against their will	0.608	0.532	-0.076	-0.323	0.171	0.545
A placement in psychiatry can change one's negative views of psychiatry	0.618	0.574	-0.043	-0.290	0.203	0.730
Psychiatry is scientific and precise	0.627	0.702	0.075	-0.155	0.304	0.521
There is a place for ECT in modern medicine	0.755	0.511	-0.244	-0.427	-0.061	0.009
Psychiatric consultations are often helpful	0.853	0.745	-0.108	-0.289	0.073	0.239
Entering psychiatry is not a waste of a medical education	0.873	0.808	-0.064	-0.218	0.090	0.412
Psychiatrists don't often abuse their legal powers	0.892	0.766	-0.126	-0.279	0.027	0.105

Sorted by the size of the difference between the two groups.						t-test	rank-sum
	Psy-chiatry	No Psychia-try	Differ-ence	L	U	p-value	P-value
Most non-psychiatric medical staff are not critical of psychiatry	0.106	-0.500	-0.606	-1.000	-0.144	0.011	0.011
Psychiatrists don't make less money on average than other physicians	0.404	0.045	-0.359	-0.694	-0.024	0.036	0.034
Expressing an interest in psychiatry is not seen as odd	0.106	-0.136	-0.243	-0.735	0.249	0.329	0.322
Psychiatrists don't overanalyse human behaviour	0.340	0.364	0.023	-0.421	0.467	0.917	0.907
Psychiatric curriculum and training are not too easy	0.596	0.682	0.086	-0.210	0.382	0.564	0.497
Psychiatry is scientific and precise	0.702	0.818	0.116	-0.187	0.419	0.447	0.777
Psychiatric consultations are often helpful	0.745	0.864	0.119	-0.173	0.411	0.419	0.388
Within medicine, psychiatry has a high status	-0.745	-0.591	0.154	-0.130	0.437	0.283	0.391
Entering psychiatry is not a waste of a medical education	0.808	1.000	0.191	-0.020	0.403	0.075	0.058
There is a place for ECT in modern medicine	0.511	0.727	0.217	-0.117	0.551	0.200	0.192
Psychiatrists are not fuzzy thinkers	0.596	0.818	0.222	-0.114	0.559	0.192	0.190
Hospitalised patients are not given too much medication	0.362	0.591	0.223	-0.139	0.597	0.218	0.192
Psychiatrists don't often abuse their legal powers	0.766	1.000	0.234	-0.005	0.473	0.055	0.040
A placement in psychiatry can change one's negative views of psychiatry	0.574	0.864	0.289	-0.045	0.623	0.088	0.064
Psychiatrists should have the legal power to treat patients against their will	0.532	0.955	0.423	0.097	0.748	0.012	0.011
Psychiatrists understand and communicate better than other physicians	-0.085	0.364	0.449	0.000	0.897	0.050	0.050
I may consider pursuing a career in psychiatry in the future	-0.617	-0.136	0.481	0.084	0.878	0.028	0.017
Physicians do not have time to deal with patients emotional problems	-0.383	0.273	0.656	0.195	1.000	0.006	0.007
Psychiatry is a rapidly expanding frontier of medicine	0.064	0.727	0.663	0.269	1.000	0.001	0.002
Psychiatry is attractive because it is intellectually comprehensive	-0.468	0.273	0.741	0.352	1.000	0.000	0.001

Those FYI trainees who had not worked in psychiatry during the year were significantly more positive ($p = < 0.05$) for psychiatry's future, psychiatrist being better at patient communication and not over-medicating their patients. However, they remained significantly less convinced as compared to the whole cohort about psychiatry's intellectual attraction or taking it up as a future career.

Initial cohort at beginning of the year vs. those with exposure to psychiatry at the end

Table 2 shows the group means for each questionnaire item, for the whole cohort at the beginning of the year compared to those with exposure to psychiatry at the end of the year.

After a psychiatry placement, significant positive differences ($p < 0.05$) were observed in their responses to medical staff's view of psychiatry, future of psychiatry and place of Electro Convulsive Therapy (ECT) in modern medicine. While there was a positive trend in most responses in favour of psychiatry, trainees remained negative about psychiatry's status, its scientific base, curriculum & training and taking up psychiatry as a future career.

Those exposed to psychiatry vs. those not exposed to psychiatry

Table 3 compares responses between FYI doctors exposed to psychiatry during the clinical year and those who were not.

Those exposed to psychiatry agreed more often that non-psychiatric medical staffs were critical of psychiatry compared to the group not exposed to psychiatry. They also had comparatively negative responses for psychiatrists not abusing legal powers and to have the legal power to treat someone against their will. Trainees exposed to psychiatry also felt significantly ($p < 0.05$) positive towards psychiatry being intellectually comprehensive and adopting it as a career. However, they were less enthusiastic about psychiatrists treating patients against their will and psychiatry being the expanding frontier of medicine.

Discussion:

In this study, we have ascertained attitudes of a regional cohort of FYI doctors towards psychiatry as a specialty and as a career choice. Our findings are similar to previous research carried out among medical students, which found that there were generally negative attitudes towards psychiatry as a

specialty and career choice but fairly positive attitudes towards the role of psychiatry in medicine and in society in general^{1-6,10}. Like others, we also found that personal experience of psychiatry placement can improve trainees' view of psychiatry as a specialty and as a future career^{6,13}.

It was interesting to find out that after a year in clinical practice but without any experience of psychiatry, trainees' attitude towards psychiatry as a specialty had been positive. It is difficult to know the exact reason but we can speculate that this respect for the specialty may have developed when they experienced limitations of the other specialties in medicine and/or perhaps due to the positive professional encounters with psychiatrists at the Accident & Emergency (A&E) or with psychiatric liaison teams during ward consultations. As opposed to previous research¹³, it was heartening to note that the group with no exposure to psychiatry agreed that non-psychiatric medical staff were not critical of psychiatry; a possible sign of reduced stigma for psychiatry within the medical profession.

Despite exposure to psychiatry, FYI doctors' attitude to psychiatry's status, scientific base, curriculum & training and career choice remained somewhat negative. Similar results were found by Lyons et al¹⁴ when they assessed students' attitudes towards psychiatry after a clerkship in the specialty. There was a significant decrease in negative & stigmatising views towards mental illness after the clerkship, but no significant improvement in students' interest in psychiatry was detected¹. Goldacre et al (2013) also acknowledged mixed outcomes of early experience of working in psychiatry as it might discourage some doctors. While highlighting positive effect of the doctors' experience of the specialty, they also cited it as a negative factor that influenced some doctors who had previously considered psychiatry as a career⁶.

Our study has limitations because of having a small sample and being carried out in one small region of the country. It is also worth mentioning that the group exposed to psychiatry may not have had a psychiatric placement as it also included those who had had taster days or experience in A&E. The brevity of these latter exposures cannot give someone a real sense of the specialty. The nature of this and the overall experience needs to be differentiated and the exposure quantified in the future studies. Our study findings also need to be replicated with future cohorts and in other regions for confirmation because FY training programme in the U.K. is relatively recent and placements in psychiatry have evolved³ over the last few years through closer collaboration between different stakeholders in the Foundation Training

Programmes.

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