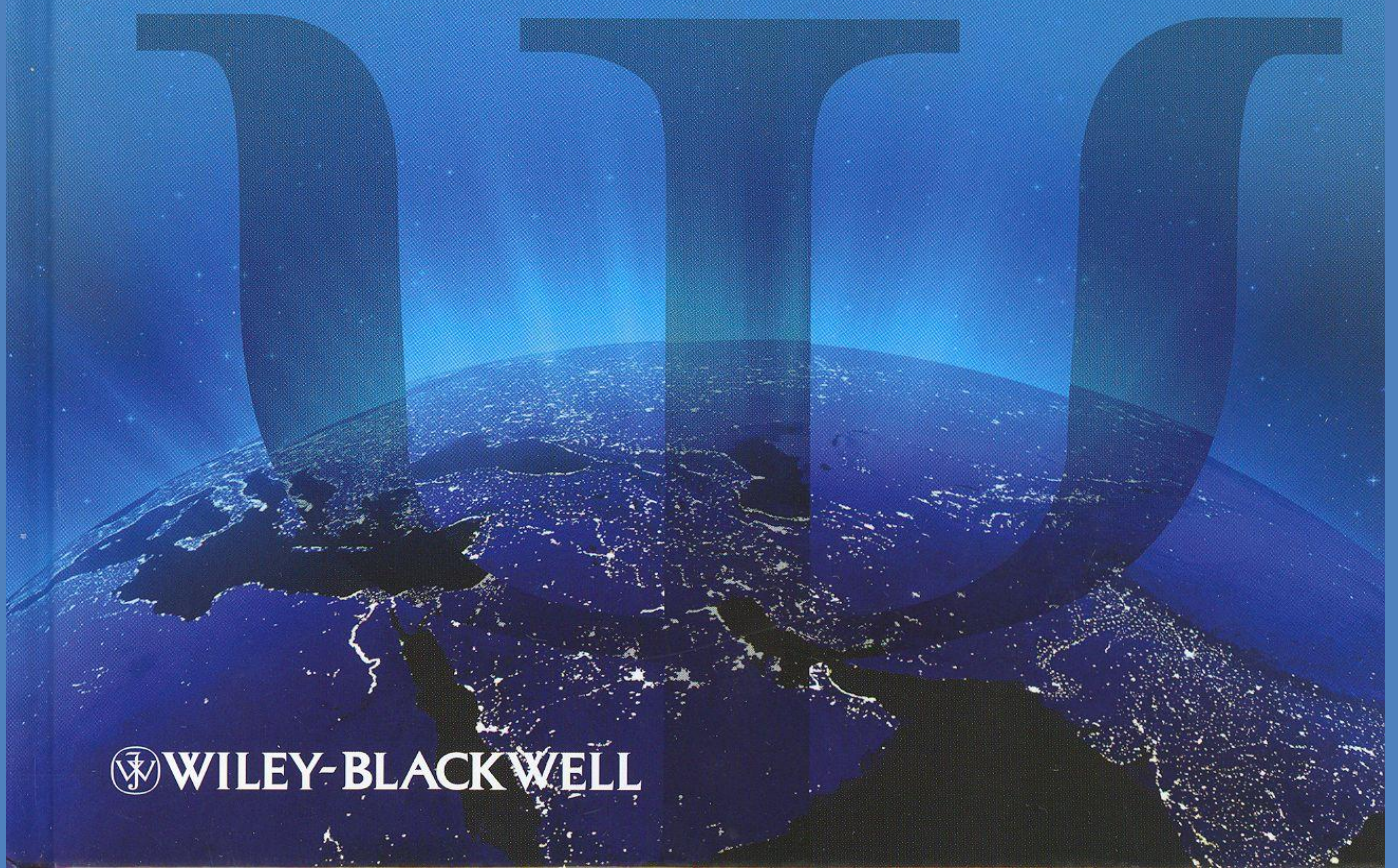
Teaching Psychiatry

Putting theory into practice

Edited by
Linda Gask, Bulent Coskun
and David Baron



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Recruitment of Psychiatrists: the Key Role of Education

Cyril Höschl[1] and Jon van Niekerk[2]

[1]Prague Psychiatric Centre affiliated with Charles University, Prague, Czech Republic
[2]Rivington Unit, Royal Bolton Hospital, Greater Manchester West Mental Health Foundation Trust, Bolton, UK

2.1 Introduction

> The image of psychiatry as a modern medical specialty that deals with a vast range of mental disorders, some of which are very common in the general population, and that delivers a variety of therapeutic interventions, some of which are among the most effective that medicine has at its disposal, is currently unfamiliar to the general public in most countries of the world.
>
> —Mario Maj, President, World Psychiatric Association

The case to make for recruiting more psychiatrists is an easy one. The reports of a 'Recruitment crisis' in the developed world need to be put into context, however. The World Health Organization (WHO) recommends that there should be approximately one psychiatrist per 10 000 population, but most countries fall far below this level [1]. The WHO Mental Health Atlas 2005 showed that one fifth of the more than 100 countries supplying figures spent less than 1% of their health budget on mental health. This despite estimates that one third of global disease burden is caused by brain diseases and that more than three quarters of the costs of brain diseases are attributed to mental disorders [2]. The survey of 192 countries did show a slight increase in the total number of psychiatrists, from 3.96 to 4.15 per 100 000 people worldwide, since 2001; however, distribution across regions ranged from 9.8 in Europe to just 0.04 in Africa. In 47.6% of countries covering 46.5% of the world's population, there is less than one psychiatrist per 100 000 population. The trend is set for this disparity to increase. Recruitment in developing nations is also undermined by medical immigration of potential psychiatrists to developed nations.

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In 1994, only 3.2% of US medical school graduates chose psychiatry, the lowest proportion since 1929 [5]. This longstanding shortage of psychiatrists may be due to a number of factors, including a low rate of recruitment into psychiatry, a high rate of failure to complete training, failure to practise after completion of training and poor retention of psychiatrists [4]. It is recognized that much needed reform in mental health care will be seriously hampered if recruitment problems persist. On the other hand, careful thought needs to be given on how reforms impact on the way psychiatrists work, otherwise these radical reforms in mental health care may put off medically orientated potential adepts for a psychiatric career ('We did not study medicine to become social workers'). In response to the recruitment problems, the World Psychiatric Association (WPA) made a commitment to enhance the image of psychiatry as a dynamic speciality to the general public, mental health professionals and policy makers [3]. The WPA recognized that the negative image of psychiatry has an effect on those suffering from mental illness and their families being motivated to access services and on medical students not choosing psychiatry as a career option.

The authors reviewed all recruitment-related English language publications since 1959 and found that recruitment has been cyclical, with success from 1940 to 1969 and from 1985 to 1988, decline from 1970 to 1984 and from 1989 to 1994. The first success began with (i) public recognition of a dramatic shortage of psychiatrists to serve in the military and treat casualties and (ii) the fervour of the community mental health movement, which focused more on prevention of mental illness; massive resources were provided for psychiatry during this period. The declines were associated with (i) the failure of the community mental health movement to fulfil its promise, (ii) psychiatry becoming more biologically orientated and medically conventional and (iii) the effects of managed care and increased competition for patients. The psychiatry departments that have high recruitment rates are in public-supported schools or give considerable priority and resources for medical student psychiatric education.

In the United Kingdom it has been recognized for many years that there are insufficient local graduates interested in pursuing a career in psychiatry [6]. The annual figure in the United Kingdom has been consistent at around 4–5% of graduate doctors choosing psychiatry [7]. The recruitment shortfall has been hailed as catastrophic at times with overseas trainees filling the gap. There are ethical implications of recruiting foreign medical doctors from countries where psychiatrists are already scarce. Psychiatry is a culturally sensitive speciality and overseas trainees sometimes struggle with the cultural nuances and communication difficulties that exist. This has been shown by the difference between the success of United Kingdom graduate trainees and non-UK graduates at the final clinical exams.

Evidence of negative attitudes toward psychiatry by medical students is an international phenomenon and has been observed in other countries, including France [8], Australia [9], Saudi Arabia [10], Korea [11] and China [12], and by French and Norwegian medical students [13] and Dutch medical students [14].

In this chapter what has worked in the past and how to implement effective educational strategies to improve recruitment are explored and innovative developments are looked at.

2.2 Stigma

If we regard medicine as a microcosm of general society, then we would expect the impact of stigma to be highlighted in those specialities that deal with the disenfranchised. This seems

to be true for geriatric medicine [15], HIV medicine [16] and psychiatry [6]. Educating the general public with anti-stigma campaigns needs to continue to address this. The media should be made aware of the importance of how they portray the mentally unwell and psychiatrists should put themselves forward to correct misunderstandings. Indeed, some should be trained to deal with the media effectively. There is an onus on governments to promote education and dispel myths about mental illness on a public health level and this should start early [17]. Dealing with stigma in the general population falls outside the scope of this chapter, but it is important that psychiatrists are engaged and involved in these campaigns.

In a qualitative research paper Dogra asserts that medical schools in general still stigmatize psychiatrists and psychiatry as a subject [18]. A pragmatic way for this to be addressed may be through the involvement of psychiatrists in all aspects of medical school life. In a scoping group commissioned by the Royal College of Psychiatrists, the authors proposed that psychiatrists need to be all over the curriculum 'like a rash'. An example is the integrated curriculum of the Third Faculty of Medicine of Charles University at Prague, where, besides neurobehavioural sciences, psychiatrists can participate in subjects as diverse as 'Needs of the patient', 'Structure and function of human body', 'Theoretical foundations of clinical medicine', 'Introduction to Clinical Practise', 'Pain', 'Clinical and pathological foundations of medicine', 'Dyspnoea and Chest Pain', and so on. (www.lf3.cuni.cz).

The evidence that students and non-mental health staff hold negative views is strong [19, 20]. An extensive survey [21, 22] has revealed similar findings. Nearly half the patients felt that they were discriminated against by their general practitioners. They viewed the physicians as insensitive, dismissive and overly reliant on drugs for treatment. Psychiatrists and other health care professionals were also reported as sometimes discriminating negatively towards people with mental health problems. There is evidence that some health professionals also keep quiet about a family member or a colleague with a mental disorder, just like the rest of the public [23]. Psychiatrists feel undervalued in their speciality and this can have an added

Box 2.1 How Education can Play a Role in Reducing Stigmatization of Mental Illness

1. Communication skills should be taught effectively (culturally informed).
2. Competence in examining mental state should be seen as of equal importance to that given to physical examination.
3. Respect for the uniqueness of the individual is sustained (not diagnostic label).
4. The knowledge that the doctor–patient encounter can be a powerful instrument for favourable or unfavourable change in the patient's condition.
5. Develop insight into their temperaments such that they can guard against any tendency to reinforce patients' fears.
6. Programmes should consider using input from people with mental illnesses.

negative impact on how medical students perceive the speciality. According to a survey of more than 5000 members of the American Psychiatric Association, most psychiatrists (80%) felt that their profession was very important, but 45% 'felt that other medical specialists perceived psychiatry as a less-than-moderately important speciality' [24].

The Royal College of Psychiatrists published a report dealing with stigmatization and made several recommendations on how education can play a role in reducing stigmatization of mental illness [25]. The recommendations attempt to ensure that those competencies that are essential to recognize and manage mental health problems become generic to all doctors (Box 2.1).

2.3 The Selection Process: Getting to Know the Target Audience

> For every man there exists a bait which he cannot resist swallowing.
>
> —Friedrich Nietzsche

The way medical students are selected has a profound effect on the recruitment of psychiatrists. This group of students for whom scientific achievement is favoured over the humanity studies creates a position where most medical students find psychiatry as interesting but uncharted territory. Psychiatrists should influence selection of more psychologically minded medical students, so that tomorrow's doctors have the necessary skills to treat patients in a holistic way, whether they choose psychiatry as a career or not. The psychologically minded medical student will be more open to choosing psychiatry as a career option. An interesting finding of several studies, however, is the precocity of the commitment to the discipline shown by those who do choose psychiatry as a career before entering medical school [26]. The trend for medical students to change their career choice during their training does not seem to affect psychiatry as much as other subspecialities. This has clear implications for early recruitment to the speciality of those who are interested in psychiatry even before they enter psychiatry clerkships or even enter medical school. Weintraub argues starting recruitment of those interested in psychiatry before their psychiatric placements [27].

Eagle and Marcos found that psychiatry attracted students from a lower social class, from cities, more often single and politically liberal [28]. Walton [29–32] found that medical students that choose psychiatry consisted of a group who were more reflective and responsive to abstract ideas. They found complexity intriguing and could tolerate ambiguity. Pasnay found non-authoritarian attitudes, open-mindedness, greater interest in theoretical issues and social welfare amongst these students [33].

There are indications that female students have more positive attitudes towards psychiatry [34] and are more likely to opt for psychiatry as a career choice [35]. Neglecting male students may have significant implications for the numbers of doctors likely to be active in the psychiatric workforce over the longer term. Identifying students that are interested in psychiatry early and fostering and supporting this interest should be developed by medical departments. Nielsen and Eaton found that the group of students whose interest in psychiatry was stronger than average was more impressed by psychiatry's comprehensiveness, the recent biological advances in psychiatry and the efficacy of treatments [36].

Box 2.2 Characteristics of Medical Students Interested in Psychiatry (or our Target Audience)

More reflective

Liberal views

Responsive to abstract ideas

More open minded

Less authoritarian.

In a comprehensive study Scher found that those intending to undertake a residency in psychiatry were more likely than their peers to rate more positively the efficacy of psychiatric treatments, the gratification from psychiatric work, the adequacy of psychiatric conceptual models and the quality of the psychiatric teaching [37]. They also appreciated the holistic approach psychiatry takes to patients, the opportunity to get to know patients in depth, the breadth of the field and its interactions with other disciplines and its recent neuroscientific advances.

Lee found that the factors that made the speciality more attractive to those who were interested in psychiatry were the perceived amount of intellectual challenge of the discipline, the number of novel and unique problems, emphasis on treating the whole person, the range of practice options in psychiatry, the psychiatric clerkship, biological advances in psychiatry,

Box 2.3 Positive Views about Psychiatry Expressed by Students Showing more Interest in Psychiatry

1. Psychiatry's comprehensiveness as a speciality
2. Recent biological (neuroscientific) advances
3. The efficacy of psychiatric treatment
4. Gratification from psychiatric work
5. Adequacy of psychiatric conceptual models
6. The quality of the psychiatric teaching and placements
7. The holistic approach of psychiatry
8. The opportunity to get to know patients well.

the possibility of a return to a humanities or social science background, the experience with the psychiatric faculty, the opportunity for long-term relationships with patients and the emotional experience of working with psychiatric patients [38]. Characteristics of students showing an interest in psychiatry are shown in Boxes 2.2 and 2.3.

2.4 Undergraduate Teaching Programmes

It will come as a ray of hope to educators that there is evidence that recruitment into psychiatry is correlated with the quality of undergraduate medical school teaching programmes [5,39]. However, there needs to be a commitment to major resources to teaching as well for this to be most effective. In the United States of America (USA) medical schools with the strongest academic departments have shown the best recruitment [40, 41]. Sierles showed that two of the three most important factors were the academic rank of the psychiatry teaching director and whether they had won an award for their teaching abilities. This shows the importance of clear leadership within departments and the importance of charisma. The relative academic prestige of the psychiatric department within the medical school was the second most important factor. This clearly shows that if educators enhance their programmes, they will see an increase in recruitment.

A limiting factor exists where universities have to put pressure on academics to produce research to promote the department's national standing. Educational research is not normally valued as highly as this. This results in education and training being less of a priority for academic departments. The importance of providing high quality psychiatric teaching programmes needs to be made and recruiting highly motivated educational directors is crucial. Sierles and Taylor found that psychiatric departments that have high medical student recruitment rates prioritize and resource medical education sufficiently for quality teaching to be delivered [5]. Langsley concluded that high quality programmes for teaching medical students psychiatry are characterized by a well rounded faculty who are psychologically informed, a greater commitment to medical student education than to resident training, varied teaching methods, enthusiastic student response and systematic evaluation that produces change in subsequent years [42]. The latter indicates that students feel heard and valued.

A lack of consistency in the curriculum of medical schools has been reported in both Japan [43] and Australia [44], with significant variations in the content and the amount of time devoted to the subject. Both of these studies emphasized the need to make the teaching relevant for future clinical practice. Oakley makes the case to focus on scenarios which students will commonly encounter in their initial years of employment and that psychiatry should be better integrated into the overall curriculum, with the opportunity for teaching in different settings [45]. The World Psychiatric Association (2001) published a core curriculum in psychiatry (Chapter 4), and also provided a justification for the need for all future doctors to know about psychiatric problems.

There should be a healthy balance between having a student responsive curriculum and the necessity of teaching the fundamentals and principles of a speciality [45]. Previous studies looking at priorities of medical students and psychiatrists have shown that there was agreement between the groups that basic psychiatric skills needed by most doctors were more important than specialized psychiatric knowledge [46]. If core psychiatric skills were

viewed as being as indispensable as physical examination skills, the incentive to learn these well would be inculcated.

2.5 Clinical Undergraduate Placements: 'What Made You Choose Psychiatry?'

The answer to this question is different for everyone, but most cite a charismatic teacher or an interesting patient drawing them in. It has been shown that clinical placements can have a positive impact on recruitment into psychiatry. The subjective experience of the speciality by the medical student is highly correlated with their future choice of a career in psychiatry [7]. This may explain the extensive literature that exists on attitudes towards psychiatry, psychiatry as a career choice and promoting psychiatry [47–51]. Encouragement from more senior doctors during a psychiatric attachment increases the number of students wanting to pursue psychiatry [52].

The setting of teaching and how interactive and purposeful it is can make all the difference. El-Sayeh argues that modern teaching in ward rounds and clinics needs to be active and goal-directed [53]. Here students play a useful role in the clinical team and are given specific tasks. Murdoch Eaton and Cottrell [54] also advise several tips for teaching on psychiatric ward rounds, including: regular ward rounds dedicated to teaching, students having a specific role within the ward round, students following a specific patient from admission to discharge, allocating specific tasks during the ward round and allowing time for feedback and adequate supervision.

The need for clinical psychiatrists to be actively involved in psychiatric education (especially clinical teaching) has been highlighted [18]. Student non-attendance and professional attitudes need to be addressed to give the message that psychiatrists value the subject as important [53].

General practice is a useful setting for learning psychiatry, but requires collaboration between psychiatry and primary care departments. It has been found in the United Kingdom that integrating general practice sessions into a hospital psychiatric attachment demonstrated benefits of increasing breadth of experience, understanding the patients' experience, learning about mental illness from a primary care physicians' perspective, 'normalization' of mental illness and increased empathy [55]. A total of 90% of patients with mental health problems and up to 50% of those with serious mental illness use primary care services exclusively [56, 57].

Mowbray found that 65% of junior doctors chose psychiatry after graduation [58]. The limited 4–11 week placements do not adequately prepare the young doctor to recognize mental health problems or equip them in managing complex cases within secondary and primary care [59]. In the United Kingdom only 5% of the total Foundation Posts are allocated to psychiatry, despite the speciality being the third biggest hospital-based speciality. The fact that so few junior doctors rub shoulders with psychiatrists during these formative years will continue to hamper recruitment factors. Kelly *et al.* noted that much needed to be done to improve the status of the psychosocial aspects of medical care for students and their clinical teachers [60]. A survey of newly qualified doctors showed that they rarely asked questions on psychological state when admitting patients to hospital and often believed they

lacked the skills to assess and treat common psychiatric problems, such as depression, anxiety and alcohol misuse [61]. There has been a view of moving more towards an integrative curriculum for those newly qualified doctors to enhance their knowledge of psychiatry and develop more psychologically minded doctors.

2.6 Innovative Ways of Recruiting into Psychiatry

2.6.1 Psychiatry Interest Group University Societies

The establishment of student-led psychiatric societies affiliated with medical schools has been discussed for some time in the United States. As part of the a new recruitment drive, the Royal College of Psychiatrists' Psychiatric Trainees' Committee (PTC) took a lead on establishing psychiatry interest group societies. The aims of these societies are to promote psychiatry as a career option for medical students and raise the profile of mental health amongst all would-be clinicians. The students are usually supported by their local psychiatry schools and academic departments but an important feature of the more successful ones are that they are student-led. This is a key requirement for the creative ideas of the students to come to the fore. One of the authors (van Niekerk) has been involved in setting up such a society at the University of Manchester in the United Kingdom and the surprising result was a society that was popular with students and created stimulating debate.

A description of how to set up such a society is given on the Royal College of Psychiatrists' Web site. The successes of these societies are being replicated across the United Kingdom and this has dispelled a number of myths about the lack of interest in psychiatry as a subject. The Royal College of Psychiatrists has also established a Student Associate membership with certain benefits to students and foundation doctors. As associates they receive a free online subscription to the College's Journal, a free annual conference and e-newsletter. The Royal College of Psychiatrists also sponsors free attendance at its annual international congress and has created specific days designed to cater for them. Student Associate membership is also open to Foundation Doctors free of charge.

2.6.2 Clinical Case Discussion (Balint) Group Development for Foundation Doctors

Medical training has drastically changed over the last decade. A high turnover of patients in hospital settings and the reduction in junior doctor training hours has important psychological consequences and impact on the doctor–patient relationship. To develop psychologically minded junior doctors in the twenty-first century the case is being made that we need to intervene early in their careers. One way of addressing this is to create Clinical Case Discussion (Balint style) groups. There is good evidence that these groups lead to increased job satisfaction and 'increase doctors' competence in patient encounters and enables them to endure in their job and find joy and challenge in their relationships with patients' [62].

2.6.3 Engaging Before Medical School Entry

Although it seems to be too early to recruit future psychiatrists, even from secondary schools, a lot can be done there to change public attitudes toward psychiatry, to diminish the stigma and to correct common prejudices about psychiatry. One way is to organize meetings, debates and encounters of secondary school students with psychiatrists. The personal problems of students and general questions about mental health can be one part of the content and indirect education about psychiatry, about major mental diseases, their management and prevention the other part.

One of authors (Hoschl) experienced a chain of student–guest meetings at secondary schools in the Czech Republic in which he repeatedly realized that this age group may be optimal to form a compact opinion and attitude towards a discipline. The motivation of students aged 16–19 to learn is high, as is their enthusiasm and authenticity. Their questions are usually sincere. At the same time, the secondary school students are flexible, open to change and sensitive to charismatic personalities.

2.7 Conclusion

The key learning points from this chapter are summarized in Box 2.4.

Box 2.4 Key Learning Points

- Recruitment shortfall of psychiatrists in the most developing nations is far more acute than in developed countries.
- Relying on doctors from developing countries to fill recruitment gaps in developed countries has ethical implications.
- Creating a self-sufficient workforce is crucial for both the developing and developed nations to serve their respective communities.
- Communication skills should be taught effectively (culturally informed).
- Competence in examining mental state should be seen as of equal importance to that given to physical examination.
- Stigma in the general population translates into the medical profession.
- Patients experience stigma within hospital and primary care settings.
- Psychiatry remains stigmatized within the medical profession.
- Emphasizing the importance of psychiatric assessment will raise the importance of mental health care.

- Psychiatrists need to be involved in the development of the undergraduate curriculum of medical students.
- Medical students are on the whole selected on their science grades.
- Psychiatrists should be involved in the selection of medical students and be visible and engaged throughout the curriculum.
- Once psychiatry is chosen as a career option, students tend to stick with that decision more than with other specialities.
- Early recruitment is justified – even before medical school.
- Psychiatrists should emphasise that psychiatry lends itself to more reflective practice and allows abstract thought.
- Designing of teaching programmes should be done with the target audience in mind.
- Quality of teaching programmes correlates with increased interest in psychiatry.
- Adequate resources need to be made available–time and funding.
- Psychiatric departments need enthusiastic leaders with exceptional teaching abilities.
- The curriculum needs to prepare the newly qualified doctor to recognize, diagnose and manage common psychiatric presentations.
- Well-rounded courses need to be psychologically informed.
- Systematic evaluation and feedback is crucial.
- Core psychiatric skills need to be viewed as essential for the newly qualified doctor.
- The undergraduate subjective experience of the speciality correlates highly with the final choice of career.
- Encouragement from senior doctors remains vital.
- Modern teaching demands participatory and goal-directed teaching in ward rounds and clinics.
- Sessions within primary care need to be incorporated.
- Innovative ways of making psychiatry more accessible should be explored – student societies.

Recruitment into psychiatry needs a whole systems approach and there are no easy answers. Despite the stigma that psychiatry carries within the medical profession there are examples of recruitment excellence from across the globe where the enthusiasm and charisma of psychiatric teachers are making a real difference in terms of recruitment. The impact of psychiatrists as engaging educators and role models remains crucial. We need to make sure that psychiatry remains a priority within medical schools and that these departments are well funded and produce good academic output. The speciality lends itself to creative teaching and should have good feedback mechanisms to remain relevant to teachers and students. How we present the speciality as a dynamic and fascination subject is important and we need to be visible and engaging with the undergraduate and postgraduate curricula. The speciality needs to be careful not to alienate those they seek to attract by attempting to dress the speciality up as something that it is not. The recent trend to focus more on the biological and neuroradiological advances needs to be balanced by psychological informed curricula. It is vital that we keep our target audience in mind. These liberal, open minded, abstract loving medical students are often put off by a limiting view of the speciality where complex problems are supposed to be fixed by medication. We need to be brave enough to try different approaches and nurture interest shown at undergraduate level. The recent emergence and interest shown in student societies shows how complex issues in mental health can be explored in a creative and inspiring fashion. Ultimately it will be our patients that benefit from a coordinated and well resourced recruitment plan.

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