Are dedicated research posts of value to psychiatry trainees?

AIMS
To explore psychiatric trainees’ (senior house officers’) experience of a dedicated 6-month research post.

METHOD
A questionnaire survey was conducted by post or e-mail of all previous post-holders of two research posts in a large London training rotation.

RESULTS AND CLINICAL IMPLICATIONS
Twenty of the 28 post-holders completed the questionnaire. Overall, their experiences were positive in terms of research experience, exposure to academic environment and in facilitating future career opportunities. A minority of respondents found supervision to be unsatisfactory. Dedicated research posts are a valuable training opportunity that can complement clinical experience for trainees and foster an interest in research.

Surveys of specialist registrars in psychiatry have demonstrated that involvement in research is considered an important and enjoyable part of higher training (Allsop et al, 2002). However, clinical pressures are often an obstacle to such involvement (Hull & Guthrie, 2000). Increasingly, junior psychiatry trainees (senior house officers, SHOs) are also becoming involved in research. It has been suggested that making a contribution to scientific research during training may benefit trainees by improving their ability to evaluate evidence, thereby improving future career prospects (Cullen, 2002). Knowledge of basic research methodology and critical appraisal skills are now essential components of postgraduate psychiatric training. Involvement in a research project may help to meet some of the training objectives set by the Royal College of Psychiatrists, which include developing an understanding of the principles of research and audit alongside organisational, time management, and leadership skills.

In reality, many trainees do not have the opportunity to do a research project during the basic specialist training period. However, a small number of dedicated research placements are available on training rotations to encourage participation in research. One such scheme is the North London Rotational Scheme in Psychiatry, which has supported two 6-month SHO research posts since August 1996. The trainees are based at the Department of Psychiatry and Behavioural Sciences at University College London (UCL) during these placements. The posts are open to trainees who have completed the first part of the MRCPsych examinations. Interested trainees submit a research protocol under supervision from a senior colleague and attend a competitive interview. The interview panel includes clinical tutors, medical staff and department representatives. Successful candidates gain access to University facilities, including a PC and desk space, and are supported by their supervisors during the placement. To meet the requirements for a training placement, the posts include on-call commitments and up to two clinical sessions per week. The trainees continue to take part in the general SHO training programme. In addition, they can be involved in undergraduate teaching activities. They had at least six sessions per week dedicated to research.

Although research experience at an SHO level seems to be a valuable addition to training, there is little evidence to support this assumption. We aimed to explore trainees’ experience of dedicated research posts on the North London Rotational Scheme in terms of the training value, the outcome of their projects and their views on the impact it had on their careers.

Method
We identified all 28 previous research post-holders on the North London rotation over a 7-year period from August 1996 to August 2003 from departmental records. Appointment details or e-mail addresses were obtained by searching the Internet, the Medical Directory and the membership list of the Royal College of Psychiatrists. We sent them a 33-item questionnaire by e-mail or post. This covered:

(a) demographic details of respondents
(b) details of their projects
(c) their views on the support and supervision during the placement
(d) formal training opportunities and training value of the post
(e) its influence on their subsequent careers and their current research involvement.

A combination of specific questions and open sections for comments was used. We analysed descriptive statistics with SPSS version 11.5. Both authors independently reviewed respondents’ comments to identify any common themes and subsequently reached a consensus.

Results

Respondents
Twenty of the 28 post-holders (71%) completed the questionnaires. All respondents were still working in psychiatry in the UK and the majority were still in training, with current posts as follows: 10 specialist registrars, three SHOs, three consultants, two clinical lecturers, one research fellow and one in a temporary position. Four of the eight non-respondents had left the UK.

Projects and its outcomes
Of the 20 respondents, the majority undertook research proposed by their supervisor but nine had pursued their own project idea. Most projects involved direct contact with patients, carers, the general population or other health professionals. Only two projects did not require approval by an ethics committee because they did not involve humans or human material. The projects covered a broad range of project design and speciality area (Table 1).

The trainees had prepared well before taking up the posts. All respondents had done a literature review. Ten of those requiring ethical approval had applied for it and three of those with projects that required direct contact with participants had started the recruitment phase. However, by the end of the 6-month period, only eight had completed data collection and analysis and six commented that 6 months had been too short, especially given other training commitments such as exams, on-call duties and psychotherapy training.

Nevertheless, most trainees continued to work on their projects after departing from the post. At the time of the survey, 17 respondents had completed their projects and 14 had published at least one paper related to the project. Other means of dissemination included oral or poster presentations at local meetings or conferences.

Supervision
Most respondents (15) reported sufficient support during preparation for their projects. However, three had encountered difficulties finding an appropriate supervisor. Ten had one supervisor and the rest had two or more. The frequency of supervision varied considerably: eight had supervision once a week, five once every two weeks and seven less frequently. Despite this variation, the majority was satisfied with the frequency and quality of supervision. Several commented on the importance of the encouragement they received from their supervisor in addition to specific project-related advice:

“My supervisor was careful to make sure the project was feasible and I had the necessary skills, and kept me enthused.”

Those who had an unsatisfactory experience of supervision described difficulties in arranging fixed supervision sessions, focusing the sessions on the project and getting scientific guidance for the projects to continue.

“Clinical supervision was very good and enough quantity and dealt with the structure, timetable and clinical aspects of the project. However most of the project required (specialist) supervision from another supervisor. This was disastrous. Guidance on publishing the work was also poor.”

Training opportunities and training value
We asked respondents whether they had received specific research-related training. For twelve trainees, their projects were part of a postgraduate degree thesis. This usually took the form of a Research Methodology in Psychiatry MSc degree. The most common additional courses attended were computer software training, attended by eight trainees. Other formal training included statistics, research methodology and presentation skill courses. Of the eight trainees that were not attending a degree course, four attended research related courses. Overall, four did not receive any formal training. A few trainees commented on the need for formal training for project management, which does not appear to be offered at present.

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All respondents agreed that they had developed their research skills. One trainee stated that they had chosen the rotation specifically for the opportunity to do research. It was also viewed as a useful complement to their clinical experience. Several commented on what they learned:

“You learn to be organised. It gave me a lot of confidence about research and provided a very good learning experience.”

A few respondents noted a disadvantage to working in an academic department away from the general training programme:

“...I was more or less left to my own devices which could feel a little isolating at times.”

Career development and current research activity

Fourteen respondents (70%) agreed it had directly advanced their careers, either by helping them to secure research posts or a higher (Specialist Registrar) training post. Some commented that exposure to working within an academic environment had interested them in an academic career:

“It started what I hope will be a successful academic career in psychiatry. Without it, pursuing potential PhD supervisors of my interest/potential would have been more difficult.”

Conversely, some respondents found the experience was useful precisely because it made them realise that an academic career was not for them:

“I enjoyed the post but it made me realise I do not wish to pursue pure academia. And I cannot deny that the experience of a completed research project assisted hugely in my application for an SpR rotation.”

Most respondents (90%) described themselves as having active research involvement at the time of the survey. Comments indicated how the experience in a research post had led to further research and training opportunities:

“It stimulated my interest in research, gave me confidence to undertake further studies and (my) project formed basis for later MD thesis.”

Discussion

Training opportunities, its value and career development

Our findings suggest that dedicated 6-month research posts at SHO level can be a valuable training experience. They provide an opportunity to develop specific research skills and, in broader terms, to experience working within an academic environment. In the trainees’ opinion, doing a research project advanced their careers and helped them to obtain senior posts, both in clinical and academic fields. This is in keeping with previous reports that original research publications are a good predictor of being short-listed for a higher training position (Katona & Robertson, 1993). Most of our respondents have produced publications in peer-reviewed journals from projects undertaken during the time of their posts, which benefited their careers and the standing of the rotation. It often also created further opportunities to do research.

However, a minority of respondents drew attention to potential difficulties associated with such posts, in particular the short time available for completing the project and the frustrations of trying to do so without sufficient project-relevant supervision. Although a large proportion had started work on their projects in good time, most have not been able to complete it during the 6-month period. ‘Having difficulty getting started’ is a common complaint by junior researchers (Allsop et al, 2002), but it is also possible that these SHOs chose – or were guided into – unsuitable projects for their level of experience or the 6 months available for completion.

Longer periods of up to a year in a research post may reduce time pressure and increase project completion rates. Such a longer time commitment might, however, deter many SHOs from sampling full-time research work because it would delay progression to a higher training rotation. Another option is to undertake smaller, less ambitious projects to ensure successful completion.

Researchers require very specialised abilities including computer, statistics, and writing skills. Formal training is important to develop these abilities and to foster good research. Although many of our respondents attended courses or a postgraduate degree, one in four did not get formal training in any aspect of research methodology, in our opinion, this has been an important missed opportunity.

Supervision

Supervision is an important training issue for junior doctors. It is often difficult to provide appropriate weekly time-tabled supervision during busy clinical placements (Sembhi & Livingston, 2000). Good supervision is likely to be associated with successful completion of a research project. Lambert & Garver (1998) have emphasised the importance of support by a mentor in each step of the process. A recent survey of specialist registrars and trainers by Vassilas et al (2002) identified lack of supervision as an important barrier to doing research. Frequency of supervision varied greatly in our survey, and was on the whole satisfactory, but a few unhappy experiences demonstrated the importance of appropriate support.

Limitations of the survey

The main limitation of this survey is that it focused on the views of trainees on one rotation, which may differ from others in the country. There were a small number of respondents. However, these posts are uncommon and this rotation is unusual in that it has two dedicated research SHO posts. We had a good response rate for post-holders covering a considerable period. It has enabled us to explore the views of trainees on doing research at the start of their careers in psychiatry.
Implications for psychiatry training

In response to the findings of this survey, we have identified ways to improve the posts. We believe that these will enhance the experience of trainees doing research and be of use to trainees and their supervisors everywhere.

1. Support prior to starting the project

Support needed includes information about writing a protocol, ethics committee applications and identifying suitable supervisors. Resources such as libraries, literature search engines and computing facilities should be accessible. A contact person within academic departments can be available to support trainees from the start of their research ideas and to introduce them to specialists in the field.

2. Project review

A review by a panel or an experienced researcher can help to ensure that the chosen project is achievable and that it meets the trainee’s training needs. Advice can be given about practical and ethical issues, as well as suggestions to improve the feasibility of the projects at an early stage. Supervisors should also keep feasibility in mind when helping trainees to design projects.

3. Supervision

Trainees doing research are motivated and have taken it up by choice, but still require good supervision. We would suggest a structured agreement drawn up between trainee and supervisor before starting their projects or posts to clarify what supervision will entail, and how often it can be expected to take place. The supervision sessions can be adjusted to meet specific needs. A clinical tutor or senior academic could oversee this process given the trainee themselves may be unsure as to how much supervision they would need, or could reasonably ask for.

4. Formal training

Trainees need to be made aware of all training opportunities relevant to research methodology and their projects. Universities and other institutions often offer a range of courses covering many aspects of research skills such as statistics and methodology to research staff. Such training should be agreed in the initial stages of supervision, tailored to individual needs. This is particularly important if the trainee is not enrolled for a postgraduate degree.

Implications for psychiatric research

Most respondents continued to be involved in research projects after departing from the posts and many were motivated by the experience to pursue an academic career. Apart from the obvious benefit of producing a large number of published papers, these posts are an effective way to generate an interest in research and academic pursuits in young psychiatrists. The experience of research early in psychiatry training may eventually have a positive impact on research capacity in psychiatry. This is important given the decline of academic medicine and health care disciplines in the UK (Stewart, 2002). We have demonstrated the value of doing research in a structured environment with good supervision to foster junior researchers and ensure the future of academic psychiatry. Such initiatives need to be nurtured and protected as much as the budding academics themselves.

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Declaration of interest

The authors had both held research positions in the Department of Psychiatry and Behavioural Sciences, UCL in the past.

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