

Psychiatry Training Towards a Global Future: Trainees' Perspective in Portugal



Internato de Psiquiatria Rumo a Um Futuro Global: A Perspectiva dos Internos em Portugal

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ABSTRACT

Introduction: Psychiatry is influenced by society changes, so it should be permanently updating itself, foreseeing future behaviours and pathologies. This study aims to describe psychiatry trainee's opinion in Portugal concerning their training and the modifications they would want to witness in the near future.

Material and Methods: A structured questionnaire of 26 questions was developed by the Portuguese Association of Psychiatry Trainees and sent via email.

Results: The percentage of responses was 41.5%. The majority of the trainees were satisfied with their formation. However, some changes were pointed out concerning obligatory and optional placements. Most trainees claimed psychotherapy should be included in their training, along with an easier access to investigational procedures and clinical training opportunities abroad.

Discussion and Conclusion: This detailed perspective can facilitate the transformation of the curricula throughout Portugal and Europe, allowing the improvement of psychiatry training, as well as the enhancement of mental health care.

Keywords: Education Medical; Education, Medical, Graduate; Psychiatry/education; Portugal; Europe; Specialization; Mental Health Services.

RESUMO

Introdução: A psiquiatria é influenciada pelas mudanças que ocorrem na sociedade, devendo estar em constante renovação, antevendo futuros comportamentos e doenças. Este estudo pretende descrever a opinião dos internos de psiquiatria em Portugal relativamente ao seu internato e às modificações que nele gostariam de assistir no futuro próximo.

Material e Métodos: Um questionário estruturado de 26 perguntas foi desenvolvido pela Associação Portuguesa de Internos de Psiquiatria e enviado por *email*.

Resultados: A percentagem de respostas obtidas foi de 41,5%. A maioria dos internos estava satisfeita com a sua formação. Contudo, algumas mudanças foram sugeridas no que diz respeito aos estágios obrigatórios e opcionais. A maior parte dos internos requer que as psicoterapias sejam incluídas no âmbito do internato, solicitando também um acesso mais fácil à investigação e a oportunidades de estágio no estrangeiro.

Discussão e Conclusão: Esta perspectiva detalhada pode facilitar a transformação dos currículos do internato em Portugal e na Europa, permitindo a melhoria do internato de psiquiatria, bem como dos cuidados de saúde mental.

Palavras-chave: Ensino Médico Graduado; Psiquiatria/ensino; Especialização; Portugal; Europa; Serviços de Saúde Mental.

INTRODUCTION

Psychiatry practice is influenced by changes taking place in our society, such as globalization, mobility, population ageing, social crisis and widespread internet access. Therefore, psychiatry and psychiatry training need to be permanently in actualization, foreseeing the behaviours and pathologies of the future. Community psychiatry, psychotherapies, neurosciences, genetics and neuroradiology are some of the areas having an increasing importance. Since the psychiatry trainees of the present will become the psychiatry consultants of the future, trainees' opinion is crucial to enhance the quality of the training and improve the future of mental health care in our societies.

In Portugal, psychiatry as an independent branch of the medical careers appeared in 1982.¹ Since then, and in the past few years, the number of psychiatry trainees has increased² and although training guidelines have been

changing considerably, a lot can still be done.

Adult psychiatry training' current directives exist since January 2000, lasts five years and encompasses two main components: clinical rotations and didactic curriculum, which define obligatory placements recommended in specific stages with concrete objectives to be achieved, as well as a period of optional placements. The obligatory placements are: child and adolescent psychiatry (6 months), neurology (3 months), acute adult admissions (24 months), day hospital (6 months), addictive behaviours (3 months), community psychiatry (3 months), liaison psychiatry (3 months) and 12 months for optional placements. During these stages, trainees are expected to assist the emergency room for a twelve-hour period per week.² Psychiatry training in Portugal takes place exclusively in the National Health Service, currently in twenty-four public departments of psychiatry

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throughout the country. In June 2011, according to official data made available by the Portuguese Health Central System Administration (ACSS), there were 193 trainees of adult psychiatry in Portugal.

The aim of this study was to collect the opinion of psychiatry trainees in Portugal about their current postgraduate training and to inquire which changes they were keen to witness in the near future.

With this detailed vision of the training we aim to facilitate the comparison with other country's realities, working towards the improvement of the curricula throughout Europe, contributing to the development of psychiatry training in an enhanced mental health care perspective.

MATERIAL AND METHODS

A working group of the Portuguese Association of Psychiatry Trainees (APIP), part of the European Federation of Psychiatry Trainees (EFPT), carried out a questionnaire of 26 questions, based on literature review, to explore trainees' beliefs, opinions and attitudes towards their training. The structured questionnaire, sent by email, was self-administrated and anonymous. The questions were grouped in seven main domains: demography, training, psychotherapies, research, mobility, internet and other social changes. Up to 3 reminder emails were sent and responses were collected between 1st May and 1st June 2011. The response rate was 41.5%.

Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS, version 19). Chi-square test (χ^2) and Fisher's exact test (FT) were used to compare proportions between groups, considering a significant level $\alpha = 0.05$. Concerning training years, trainees were separated in two groups: *first* years (1st, 2nd and 3rd) v. *last* years (4th and 5th).

RESULTS

Questionnaires were completed by 80 of the 193 Psychiatry trainees.

In this sample, the percentage of respondents from the *first* and *last* years of the training, as well as from general and psychiatric hospitals is similar to the percentage in the population (Table 1).

The median age was 28 years (P_{25-75} : 26.5-30) and, as in the population, the majority of the trainees were in the first years (67.5% v. 32.5%).

Psychiatry was the first speciality choice of 86.3% (95%CI: 0.78-0.94) of the respondents (Table 1) and the reasons for their option were interest in: human sciences (53.8%), neurosciences (36.3%), financial reasons (1.3%) and quality of life (1.3%).

Trainee's responses to questions that were dichotomized as yes or no are presented in Table 2. Other data and further analysis are explained below.

Training

Only 11.1% of the trainees believed the training duration should be shorter.

For those who disagreed with the length of the obligatory placements, many believed that child and adolescent psychiatry should be shorter (53.0%) and that neurology should be longer (13.6%).

The placements chosen to be included as obligatory in a higher percentage were: forensic psychiatry (46.3%), gerontopsychiatry (36.3%) and sexology (23.8%).

Psychotherapy

Trainees who were doing or have done formation in psychotherapy chose: cognitive-behavioural (60.0%), psychodrama (28.0%), interpersonal (20.0%), family (16.0%) and psychodynamic (8.0%) therapies.

Trainees in the last years were attending psychotherapy in higher percentages (57.7% v. 18.9%) ($\chi^2 = 10.53$, $p = 0.01$). Besides, it is noteworthy that trainees from general hospitals were more likely to do formation in psychotherapy (40.7%) when compared to trainees from psychiatric hospitals (12.0%) ($\chi^2 = 5.27$, $p = 0.02$).

The psychotherapies elected to be included as obligatory were: cognitive-behavioural (62.5%), family (42.5%) and psychodynamic (26.3%) therapies.

Research

The main reasons pointed out for non-involvement in research were: lack of access or support from supervisors and other consultants or professionals (75.0%), lack of time (15.4%) and lack of interest (9.6%). The main research areas of interest were: biological psychiatry (46.3%), neurosciences (41.3%) and liaison psychiatry (31.3%).

Mobility

The trainees that would like to do parts of their training abroad, considered more often to work in a foreign country (66.7%), than those who would not (16.7%) (FT, $p = 0.026$).

Social Changes

The tendency to attend outpatient psychiatry services,

Table 1 - Demographic characteristics of Psychiatry Trainees ^a

		n (%)
Gender	Female	49 (61.3)
	Male	31 (38.8)
Training Year	First	23 (28.8)
	Second	22 (27.5)
	Third	9 (11.3)
	Fourth	12 (15.0)
	Fifth	14 (17.5)
Type of Hospital	General	55 (68.8)
	Psychiatric	25 (31.3)

^a n = 80

according to trainees, has increased in the recent years (90.0%). Nevertheless, most believed that the present social crisis is affecting the adherence to treatment, decreasing it. Although a remarkable proportion considered that clinical practice should be public, still many (44.3 %) predicted it would tend to be private (Table 2).

DISCUSSION

Due to current mobility between countries, information regarding psychiatry training inside each country and within the European Union is of increasing importance.³

According to the results presented, psychiatry trainees in Portugal were satisfied with their formation and obligatory placements. The main suggestions concerning placements were: child and adolescent psychiatry should be shorter (3 months instead of 6), which may be justified by the fact that in Portugal, adult psychiatry and child and adolescent psychiatry training programs are different and therefore adult psychiatry trainees may be less willing to this placement; neurology should be longer (6 months instead of 3), which can translate the current biologic interest of trainees, also noticed in the preferred research areas. Furthermore, it was defended the need for the inclusion of other obligatory placements such as forensic psychiatry, gerontopsychiatry and sexology, anticipating the difficulties and needs of the

trainees regarding their future clinical practice.

Although the majority of trainees did not attend any formation in psychotherapy, most defend its inclusion in the obligatory placements. Cognitive-behavioural is the most selected psychotherapy for formation and also inclusion in the obligatory training. This preference may be related to its shorter duration and easier application in the current clinical practice. Concerning psychodynamic therapies, a small percentage of trainees is attending or defends its inclusion in the obligatory training. This may be due to the high cost of the formation, longer duration, and the difficulty to operate it in the context of clinical practice in the National Health System.

The increasing proportion of trainees attending psychotherapy as the training progresses may reflect the need for a more holistic clinical approach. Nevertheless, nowadays in a few hospitals, psychotherapy formation is included in the training in a voluntary and sometimes non-structured way, for instance as supervision of clinical cases.

The higher proportion of trainees from general hospitals attending psychotherapy may rely on specific local factors from those general hospitals, related to the availability of psychotherapy and the proximity to psychotherapy training institutions.

The academic background and the interest for investi-

Table 2 - Trainees' responses to questionnaire

	n (%) ^a	
	Yes	No
Training		
Do you consider that the formation received has been adequated?	43 (57.3)	34 (42.7)
Do you agree with the length of the training in Psychiatry?	70 (88.6)	9 (11.4)
Do you agree with the current obligatory placements?	60 (77.9)	17 (12.1)
Do you agree with the length of the obligatory placements?	17 (23.7)	58 (76.3)
Would you include other placements in the obligatory formation?	70 (90.9)	7 (9.1)
Do you consider that Neurology and Psychiatry will be unified in the future?	12 (15.8)	64 (84.2)
Psychotherapy		
Are you doing or have you already concluded any formation in Psychotherapy?	25 (31.6)	54 (68.4)
Do you consider Psychotherapy should be included in the obligatory training?	68 (87.2)	10 (12.8)
Research		
Do you consider having an adequate access to research projects?	17 (23.0)	57 (77.0)
Are you involved in any research project?	25 (31.6)	54 (68.4)
Mobility		
Would you like to do periods of the training abroad?	73 (92.4)	6 (7.6)
Do you consider having an adequate access to these placements?	31 (44.9)	38 (55.1)
Do you agree with the European standardization of Psychiatry?	57 (75.1)	10 (24.9)
Do you consider working abroad?	41 (62.1)	25 (37.9)
Social Changes		
In your opinion is current crisis affecting therapeutic adhesion?	72 (93.5)	5 (6.5)
Do you consider that in the future, clinical practice will tend to be public?	34 (55.7)	27 (44.3)
Internet		
Do you consider useful a larger number of courses online?	44 (62.9)	26 (37.1)
Do you consider that clinical practice should include consultations online?	6 (8.0)	69 (92.0)

^a % were calculated excluding the missing values

gational activities are essential in any medical practice, as psychiatry, since it promotes the accuracy of the diagnosis and the efficacy of treatments. However, in Portugal, trainees are insignificantly involved in research, possibly due to lack of funding, lack of assistance and encouragement during the formation from supervisors and other consultants or professionals related with trainee's formation. It is interesting to remark that, in spite of the importance given to psychotherapies in the clinical practice, the research interest focused mainly on biological fields.

Mobility is an increasing reality nowadays and it is important to highlight the benefits of this intercultural sharing experience that allows the engagement in clinical, research and academic activities abroad. Commonly, differences found in the variety of the training programmes are related with diverse cultural, social and political contexts of mental health care systems.^{4,5}

According to trainees, social changes have increased the number of patients requiring psychiatry services though have decreased adherence to treatment. Apparently a contradiction, this low adherence may be related to economic factors (the high cost of the medications or the low personal or familiar budget) and also to the reactive character of the symptoms that may not respond to the therapeutic approaches. Concerning the up-to-date discussion between public or private medical services, the majority of the trainees considered that clinical practice should be public, which can reflect the concern with social factors.

Regarding internet, even though online formation activities, such as courses and congresses were very well accepted, the hypothesis of online consultations was clearly rejected. Yet, a possible bias to this question is the fact that this questionnaire was sent by email and the respondents might have been those more prone to internet and new technologies. About trainees' concerns for not engaging with the technological possibility of online consultations, these may be linked to privacy, liability and reimbursement. Moreover, it does not encourage face-to-face contact, interfering with the communication process, such as the non-verbal, and introduces the possibility of new errors and miss diagnosis, shifting the doctor-patient relationship.

The small size of the sample is a limitation of our study, and the findings of this questionnaire must be interpreted with caution. However, the overall 41.5% response rate is comparable with response rates in other physician similar

studies.⁶

Another limitation of our study concerns the training year representativeness of the sample, since there are more responses from trainees specifically from the 1st and 2nd years, whereas in the population there are more trainees from the 1st and 5th years. Nevertheless, in total, the percentage of trainees from the *first* and *last* years is similar to the population. Moreover, in what concerns the type of hospital, the sample distribution is comparable to the population.

A future study should include trainees, training supervisors and directors in European countries, aiming to have an extensive description reflecting practice, based on all inter-venients of the psychiatry programs through Europe.

CONCLUSION

The majority of the trainees were satisfied with their formation. However, some changes were pointed concerning placements' length and inclusion of obligatory placements.

With this study we reinforce the necessity of: standardization of European training, more support concerning research, inclusion of psychotherapy in the obligatory formation and easier access to training placements abroad.

Research should be a priority, being crucial to redefine the access and support to investigation considering strategies for enhancing research training opportunities.⁷

Psychiatry is not a static entity and should be continually adapting to new realities, such as social changes and new technologies.

It is important to be acquainted with and analyse each country's regulations and realities concerning psychiatry training, from a professional and public interest standpoint in order to improve the aspects of mental health care and education.

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CONFLICT OF INTERESTS

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