

ORIGINAL ARTICLE

Challenges Faced by Psychiatry Trainees During Residency in PakistanMUHAMMAD ASIF KAMAL¹, SHAFQAT HUMA², MUHAMMAD FAHIM QASIM³, FATIMA AAMIR KHAN⁴, NADIA NAVEEN⁵, ZULFIQAR ALI SOOMRO⁶¹Associate Professor and HOD Department of psychiatry and behavioral sciences. Gajju Khan Medical college Swabi²Associate Professor & HOD Psychiatry and Behavioral Sciences, University College of Medicine and Dentistry, the University of Lahore³Associate Professor, Head of department of psychiatry, Wah medical college / POF hospital Wah Cantt.⁴Assistant professor, Department of psychiatry. Wah medical college / POF hospital Wah Cantt .⁵Scientific officer, Allergy center NIH. National institute of health Islamabad.⁶Allergy center NIH. National institute of health Islamabad.Corresponding author: Muhammad Fahim Qasim, Email: drmuhammadfahim@yahoo.com, Cell: 0092-333-7886061**ABSTRACT****Introduction:** Medical students and trainees have higher levels of stress and burnout compared with the general population.**Objective:** The main objective of this study is to find the challenges faced by psychiatry trainees during residency in Pakistan.**Material and methods:** This cross sectional study was conducted in Wah medical college / POF hospital Wah Cantt during 2021 to 2022. The data was collected from 100 participants through Snowball technique. Trainees from Pakistan who have completed their residency program or have cleared their exam in last 3 years were included in the study.**Results:** The data was collected from 100 participants. Among those 100 participants 48 (47.1%) females and 52 (52.9%) males. They rate their trainings in terms of learning as 14.3% participants were considered excellent. Among the 100 trainees who filled the questionnaire, the results showed that majority of the trainees were satisfied with their supervisor in terms of knowledge, competency and willingness to teach.**Practical implications:** After reading this article we can easily find the problems faced by trainees during the training process.**Conclusion:** It is concluded that the trainees were satisfied on the whole with the supervisors knowledge, competency and the layout of the training program.**Keywords:** Satisfaction, Trainees, Programmed, Residency, Psychiatric**INTRODUCTION**

Medical students and trainees have higher levels of stress and burnout compared with the general population. Burnout and stress may lead to various mental health problems and hence need to be addressed. Symptoms of stress may vary within the medical professions and psychiatry residents have been found to have higher job burden and stress than other healthcare worker. In a study conducted among 276 psychiatry residents, 69% (190) met the criteria for burnout and 17% screened positive for depression. Lack of work-life balance and feeling unappreciated were major contributors of burnout¹. When it comes to academic progress, studies have shown that male physicians were prioritized in hierarchy and were higher achieving in their residency programs given more mentorship and opportunities in comparison to aggrieved female residents. Furthermore, in many parts of the world including the US and Pakistan gender discrimination in medicine was found to be the main cause of declines in work efficiency². It has also been confirmed that women in healthcare are impacted in terms of their professional confidence, and experience more stress and intimidation than males, something that is reflected in their clinical performance. Emotional or mental health problems have also been reported with female trainees suffering from depression, anxiety, insomnia and appetite loss³.

The College of Physicians and Surgeons Pakistan (CPSP) for the first time started propagating the process of setting up of formal structured training programmes in the late 1990's. This was supported by workshops on Structured Training Programmes (STP) for the trainers organized by the Department of Medical education of CPSP in various disciplines. The most recent step in this regard was the CPSP's announcement of a residency programme to further formalize and structure the training for Fellowship in various disciplines⁴.

The Faculty of Psychiatry of CPSP produced the first document in this regard in 2007, which was accepted by the Department of Medical Education of CPSP as a model STP. The detailed booklet presenting the STP for FCPS Intermediate Module, published by CPSP, is now available in print². The broad parameters that inspired the document published by CPSP, similar to that for Intermediate Module, are presented in this paper for reflection, critique and raising debate on this important issue and welcome any suggestions and comments⁵.

Psychiatry residents likely experience somewhat different stressful adversities than internal medicine residents, although

they have some key experiences in common, including verbal abuse from families and patients, medical error, academic performance, and verbal abuse by members of the health care team. One goal for this editorial is to provide some context to the above findings by Kannan et al.⁶ by discussing the prevalence of some of the stressful adversities of psychiatry training and their associated psychological consequences. For this purpose, we selected five key stressors: (1) aggression by patients, (2) death of a patient by suicide, (3) mistreatment by colleagues, (4) attendance at disasters, and (5) working with victims of violence.

A cross-sectional study has proposed equal accessibility in high positions for male and female physicians, as well as maternity leave when needed, in order to ensure that female residents can avoid or overcome mental pressure. Psychiatry in particular, requires a special emphasis on patient's behavior, attitude, feelings and thought processes, and thus, needs its own special skills⁷. Recently, in medical education there is a lot of emphasis on feedback based curriculum changes which helps in betterment of program⁸.

Psychologically distressing symptoms can arise from verbal threats and other forms of aggression as well as physical assaults. In one study, for example, the most distressing incident experienced was commonly a verbal threat, and in another, a greater percentage of respondents reported that verbal abuse impacted their ability to perform duties compared to those who experienced physical abuse. Aggressive acts serve to diminish morale and to increase depressive feelings, difficulty at work, and thoughts of dropping out of residency training⁹. Residents in psychiatry may also report increased vigilance, take greater safety precautions, and avoid certain patient types.

Training programs face the dilemma of attempting to provide new knowledge, skills, and models for practice while tied to an apprenticeship model of training and often-inefficient models of health care delivery¹⁰. This dilemma can be overcome if programs develop more carefully thought-out, conscious training models that focus principally on the attainment of core competencies. To achieve these core competencies, they must be clearly articulated. Longitudinal programs to teach them and tools to measure their attainment must be developed¹¹.

Objective: The main objective of this study is to find the challenges faced by psychiatry trainees during residency in Pakistan.

MATERIAL AND METHODS

This cross sectional study was conducted in Wah medical college / POF hospital Wah Cantt during 2021 to 2022. The data was collected from 100 participants through Snowball technique. Trainees from Pakistan who have completed their residency program or have cleared their exam in last 3 years were included in the study. But those who left training or did part of training abroad were excluded from the study. Two focused group discussions were conducted with residents and young consultants from different cities and in each group at least 6 trainees or young consultants were present. The participants were encouraged to discuss openly about their experiences regarding training. The sessions were held twice each and only finished after data saturation was achieved. As a result of these discussions a detailed questionnaire was developed which was then given to various residents and young consultants all across Pakistan.

The data was collected and analysed using Microsoft Excel 2019. All the data were analysed and mean and median were written in results.

RESULTS

The data was collected from 100 participants. Among those 100 participants 48 (47.1%) females and 52 (52.9%) males. They rate their trainings in terms of learning as 14.3% participants were considered excellent.



Figure 1:

Among the 100 trainees who filled the questionnaire, the results showed that majority of the trainees were satisfied with their supervisor in terms of knowledge, competency and willingness to teach. Furthermore, they also felt adequately supported by their supervisor when conducting research projects.

Table 1: Level of stress among trainees

Not stressed	41%
Mild	22%
Moderate	17%
Severe	20%

Table 2: Trainees and their correlation with research and supervisor

Academic year	Stress rate	
	No	Yes
1 st year	28 (21.7%)	72 (78.29%)
2 nd year	38 (33.33)	76 (66.66%)
3 rd year	75 (48.07%)	25 (51.92%)
Research knowledge		
Outstanding	95 (42.03%)	131 (57.96%)
Good	56 (48.69%)	59 (51.30%)
Satisfactory	33 (41.77%)	46 (58.22%)
Unsatisfactory	12 (38.70%)	19 (61.29%)
Supervisor satisfaction		
Yes	201 (44.56%)	250 (55.43%)
No	18 (40%)	27 (60%)
Physical stress		
Severe	12 (41.37%)	17 (58.64%)
Mild to moderate	70 (42.68%)	94 (57.31%)
No	106 (38.26%)	277 (61.73%)

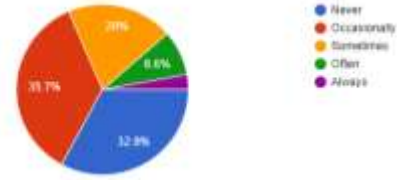


Figure 2: Application of CBT sessions and other psychological therapies during training

Furthermore, they felt there was a strong stigma associated with the field and both its patients and its physicians and a clear lack of understanding with respect to mental health and its disorders.

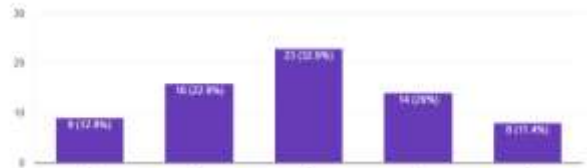


Figure 3: Confidence in ability and training

DISCUSSION

Psychiatric training in Pakistan is at the very early stages, at both undergraduate and the post-graduate level. The health system is not well established with significant resources. Farooq6 has rightly pointed out a major change in psychiatric training in Pakistan is needed; so that the training is broad-based and equips the psychiatrist to work effectively with other disciplines, particularly primary care¹². The College of Physicians and Surgeons Pakistan (CPSP) for the first time started propagating the process of setting up of formal structured training programmes in the late 1990's. This was supported by workshops on Structured Training Programmes (STP) for the trainers organized by the Department of Medical education of CPSP in various disciplines¹³. The most recent step in this regard was the CPSP's announcement of a residency programme to further formalize and structure the training for Fellowship in various disciplines¹⁴.

The scope of psychiatry is diverse, and the field continues to grow as scientific discoveries emerge. A huge challenge to practitioners involves integrating newer (eg. neuro-scientific) discoveries with existing conceptual models¹⁵. Psychiatrists endorse different theoretical orientations, and this can be overwhelming for the new resident. Residents will also tend to adopt particular psychiatric orientations. Examples include the potential neuroscientists, psychopharmacologist, or more psychodynamically oriented individuals¹⁶. Clearly the fit between orientation of supervisor and setting, and the resident who is beginning training will be important factors.

Book describes a number of stresses which can lead to anxiety during the process of becoming a psychotherapist. These include loss of the "medical model," development of the psychodynamic model and of psychotherapeutic skills, as well as difficulties associated with the treatment process¹⁷. Although Book associated these stresses with becoming a psychotherapist, many of the issues bear relevance to beginning general psychiatry training and not just psychotherapy. This paper will consider these stresses, and will broaden them to include the context of a general psychiatry inpatient setting as this is where the majority of residents begin their training¹⁸.

CONCLUSION

It is concluded that the trainees were satisfied on the whole with the supervisors knowledge, competency and the layout of the

training program. However, the lagging aspects included applications of psychological interventions. Also the environment of training was found out to be supportive in the study but there was a significant stigma associated with this field.

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