

ORIGINAL ARTICLE

Psychiatric Training in Pakistan; The Trainees Perspective: A Mixed Method StudyRIDA YAQOOB¹, MAAHIN RIZWAN², MUHAMMAD MUJTABA³, FUR HAIDER⁴, FARASAT ALI⁵, BUSHRA RASHID⁶¹Post Graduate Resident Khalida Rashid Institute of Mental Health, Lahore²Senior Registrar Khalida Rashid Institute of Mental Health, Lahore³Professor Khalida Rashid Institute of Mental Health, Lahore⁴Senior Registrar Khalida Rashid Institute of Mental Health, Lahore⁵Assistant Professor Fatima Jinnah Medical University, Lahore⁶Post Graduate Resident Khalida Rashid Institute of Mental Health, LahoreCorresponding author: Maahin Rizwan, Email: Maahinrizwan278@gmail.com, Cell: 0336412197**ABSTRACT****Introduction:** Training in Psychiatry, although just like any other specialty training is for 4 years (in case of FCPS) or 5 years (in case of MD). However, it's very different to other fields of medicine where there is a greater emphasis on physical findings and routine tests.**Objective:** The aim of this study was to collect the feedback regarding the training program from residents who have just completed training.**Material and Method:** 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.**Results:** Among the 70 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. An overwhelming majority did not suffer from harassment of physical, emotional or sexual nature during their training, nor were they subjected to any bias with respect to, religion or ethnic background, and also felt that the training was not too burdensome on their personal life.**Conclusion:** 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.**INTRODUCTION**

Stress, depression, and burnout are common experiences during residency training. As an example, the beginning of residency training might lead to an increase in depression symptoms. The next few years will see major changes in the field of psychiatry. Even though the future generation of psychiatrists must be prepared to meet and deal with these changes from an intellectual, scientific, and social position, they must do so in the most appropriate manner feasible [1]. The College of Doctors and Surgeons of Pakistan (CPSP) began pushing the formation of professional organised training programmes for Pakistani physicians and surgeons for the first time in the late 1990s. Many fields benefit from CPSP workshops on structured training programmes (STPs) for trainers, which are conducted by the Department of Medical Education of the CPSP. The College of Physicians and Surgeons of Canada (CPSP) has announced a residency programme to better regulate and arrange training for fellowships in numerous disciplines [2].

An STP was initially developed in 2007 by Pakistan's College of Physicians and Surgeons (CPSP) in collaboration with Pakistan's Department of Medical Education (DME). The FCPS Intermediate Module STP booklet has been published by the CPSP and is now available in print. CPSP's document on this topic, which is

comparable to the Intermediate Module's material, is offered in this article for further discussion, critique and reflection on this critical problem. We'd love to hear your thoughts on this vital topic, so please share them with us [3].

As part of a normal organised training programme, there is an initial time of preparation, specified objectives based on an authoritative curriculum, with evaluations and feedback to the student; a certificate of training completion is awarded at the end of this period [4]. It doesn't matter which STP you use; the foundation for all of them is either the classical model or an approach based on the cognitive model, which may be either behavioural or modern [5].

Studies have shown that male physicians were prioritized in the hierarchy and were more successful in their residency program because they had more mentorship and opportunity than female residents who were unsatisfied with their education. Even in countries like the United States and Pakistan where gender discrimination in medicine is the leading cause of decreased work efficiency, it has been found [6]. As a result of the lower levels of professional confidence and stress and intimidation experienced by female healthcare professionals, their clinical performance is impacted. Depression, insomnia, and anorexia have also been reported by female trainees who are experiencing mental

health issues. According to research, new, urgent, dynamic, and interdisciplinary policies should be developed by healthcare authorities and policymakers to eradicate these barriers and establish a better and safer employment environment for female surgeons in general [7]. Male and female physicians should have equal access to top jobs and maternity leave, according to a cross-sectional study, to guarantee that female residents avoid or overcome mental strain while in training. Due to the emphasis placed on the patient's behaviour, mental state, feelings, and thought processes, psychiatry demands specialized training [8]. The quality of the program has greatly improved as a consequence of a recent concentration on feedback-based curricular changes.

Objective: The aim of this study was to collect the feedback regarding the training program from residents who have just completed training. The reasons of getting responses from this specific subset were:

1. Since they had completed training so they have gone through all the rigors of training
2. They don't need to worry about their supervisor finding out about their responses
3. Since they have recently done it, so the more recent and pertinent issues of training

The purpose was to highlight the issues which residents have faced recently so that some new guidelines may be developed to make the training process smoother.

MATERIAL AND METHODS

This mix method study was conducted in Khalida Rashid Institute of Mental Health, Lahore during June 2021 to November 2021. The data was collected from 70 participants through Snowball technique.

Inclusion Criteria:

- Trainees from around the country who have completed their residency program or have cleared their exam in last 3 years.

Exclusion Criteria:

- Those who left training or did part of training abroad (Ireland etc)

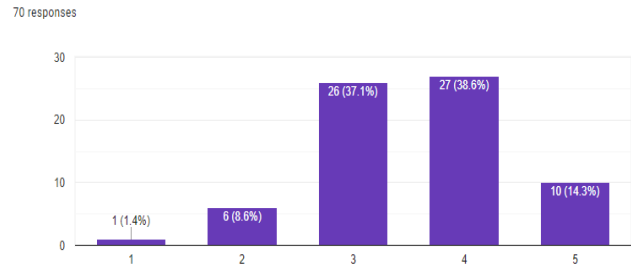
Data collection: Two focused group discussions were conducted with residents and young consultants from different cities and in each group at least 6 trainees or young consultants were present. The participants were encouraged to discuss openly about their experiences regarding training. The sessions 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

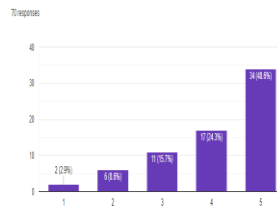
The data was collected from 70 participants. Among those 70 participants 33 (47.1%) females and 37 (52.9%) males. They rate their trainings in terms of learning as 14.3% participants were considered excellent.

On a scale of 1 to 5, how would you rate your training in terms of Learning:

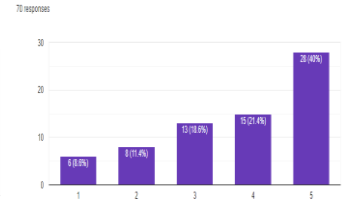


Among the 70 trainees who filled the questionnaire, the results showed that majority of the trainees were satisfied with their supervisor in terms of knowledge, competency and willingness to teach. Furthermore, they also felt adequately supported by their supervisor when conducting research projects.

On a scale of 1 to 5, how would you rate your training in terms of supervisor's knowledge and his/her grip on recent advancements in the field?

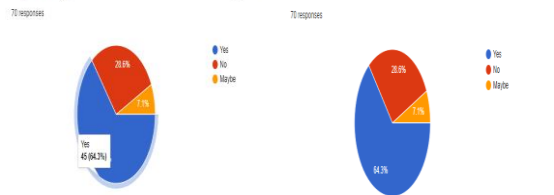


On a scale of 1 to 5, how would you rate your training in terms of supervisor's willingness to teach:



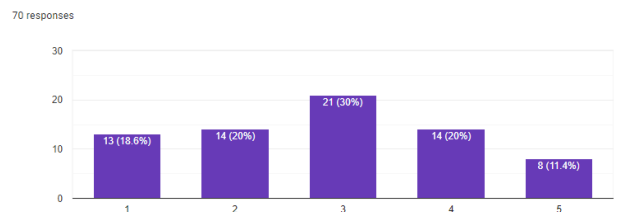
An overwhelming majority did not suffer from harassment of physical, emotional or sexual nature during their training, nor were they subjected to any bias with respect to, religion or ethnic background, and also felt that the training was not too burdensome on their personal life. However, a third of participants felt a clear bias with respect to gender.

Did you feel a stigma associated with doctors who choose to become psychiatrists?



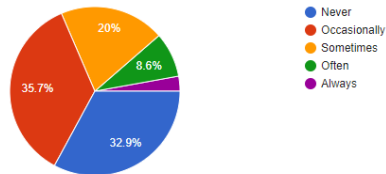
Trainees across the board felt a lack of training with respect to the management of patients psychologically.

Did you ever feel your training requirements were, more often than not, a hindrance in your personal life?



How frequently did you conduct CBT sessions and applied other psychological therapies during the training?

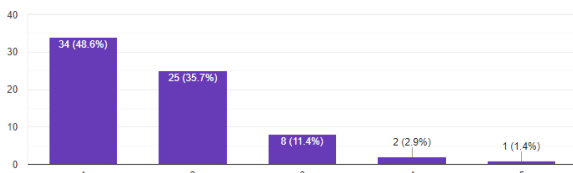
70 responses



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.

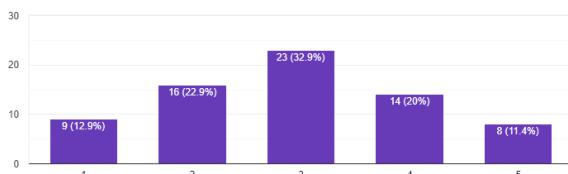
Do you feel healthcare professionals (who are not psychiatrists), are well-informed in mental health disorders?

70 responses



Do you feel you were trained adequately in psychology? Do you feel confident in your ability to manage a patient psychologically?

70 responses



DISCUSSION

Few students in Pakistan have completed their undergraduate and postgraduate psychiatric degrees in the country's infancy. The healthcare system is still in its infancy and is severely underfunded. A major shift in psychiatric training in Pakistan is needed, to guarantee that the training is broad-based and that the psychiatrist can cooperate productively with other disciplines, particularly primary care. An additional medical curriculum course on mental health might help future doctors better diagnose and manage mental health illnesses, which could be advantageous in some circumstances. Mental disease detection training for general practitioners is also critical [10]. Many countries require students to learn about psychiatric services during their third, fourth, and final years of medical school [11]. Additionally, participants must take part in a clinical assessment in addition to writing an essay. This "curriculum" puts pupils in contact with mentally ill people earlier than ever before, according to Davies and his colleagues. As a student, you have the opportunity to impart psychiatric information and skills that will help define

your future career [12].

CONCLUSION

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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