HAVE YOU CONSIDERED PSYCHIATRY

Thomas Cannon, Lee Rohy and Bharathi Balasundaram

INTRODUCTION

Psychiatry is a broad-ranging speciality that deals with the mental illness experienced by people of all ages and from all walks of life. Psychiatry is important due to the high prevalence of mental illnesses. Reports from the Office of National Statistics have estimated that approximately 1 in 6 adults between the ages of 16-74 have a neurotic disorder and that the prevalence of probable psychotic disorders was 5 per 1000 (1). Studies have shown a prevalence of 6.4% for dementia of all types in those over the age of 65 (2).

In order to meet the demands for psychiatry services, there are many different sub-specialities. These include: liaison psychiatry, old-age psychiatry, learning disability, substance misuse, forensic psychiatry, general adult, child and adolescent psychiatry, psychotherapy and rehabilitation psychiatry.

This article is primarily aimed at foundation year trainees considering a placement or a career in Psychiatry but will also be useful for medical students. Helpful tips are included at the end, to help you maximise your chances of getting a training post in psychiatry.

Our experiences in psychiatry outlined below relate to foundation year 2 (FY2) and applications for core training (CT) in psychiatry.
Experiences of a placement in psychiatry at FY2 level

My first placement at FY2 level is in Old Age Psychiatry, based in a mental health hospital in South Yorkshire. Prior to undertaking my placement in Old Age Psychiatry I was unsure as to how a psychiatry placement would enhance my own desire to pursue a career in Surgery. However, I approached the job with optimism, intending to get out of the job as much as I could.

I am attached to one Consultant, a staff grade and a team of community based psychiatric nurses, social workers and occupational therapists. Most days begin with a team meeting where problems from the community are discussed. This also allows me an opportunity to highlight to the consultant any problems from the ward and enables me to understand more fully the applications of new ways of working in psychiatry (3).

Following the meeting, my mornings are spent on the wards seeing the patients both for their physical health problems and to monitor their mental state.

The afternoons are filled with ward rounds, discharge summaries and further reviews of patients. There are opportunities to undertake joint domiciliary visits with all members of the team. My main role is to manage the physical co-morbidities that the patients have; investigating and referring as appropriate. Once a fortnight, there is a journal club and case conference academic meeting where interesting cases and papers are presented, stimulating discussion and providing education.

All doctors, regardless of their specialist area will at some stage be exposed to mental health, be it substance misuse in the emergency department or acute delirium in the post-operative patient. A placement in psychiatry will allow me to obtain a basic knowledge of psychiatric illnesses and also improve my understanding of core topics such as the Mental Health Act and the Mental Capacity Act. Knowledge of both of these acts is an essential component of the foundation curriculum (4).

There has also been ample opportunity to become involved in audit work, another requirement of the FY2 curriculum (4). Excellent support is available from the consultant, other team members, and the audit department.

Despite not wishing to pursue a career in psychiatry, there are skills to be gained that are transferrable between many different medical specialities. Placements at foundation level are all about making the most of the time spent in each department and taking the knowledge obtained on to the next placement. The consultants are very supportive and realise that not every doctor that passes through a speciality wishes to pursue a career in it. With this in mind, consultants are very amenable to adapting the placement to meet the needs of the trainee. For instance, study leave has been granted to attend surgical based courses and audit ideas have been suggested to me that have a surgical theme to them.

Thomas Cannon, FY2 in Psychiatry, St Catherine’s Hospital, Doncaster
An FY2 trainer’s experiences

As a Consultant Psychiatrist in Old age Psychiatry I have been a clinical and educational supervisor for FY2 trainees for the past one year. It is invigorating and refreshing to have a FY2 trainee. When I look back and reflect upon the past one year of my experience as a Consultant Psychiatrist I consider my role as a FY2 trainer to be the most rewarding aspects of my career. It has enabled me to mould trainees to pursue their desired career goals. The four-month placement in Psychiatry allows the trainee to gain an overview of the common clinical problems encountered in psychiatry.

The learning portfolio and personal development plans are discussed within the first week of placement and during the induction meetings. This sets out clear and defined goals to be achieved during the placement. The goals are constantly revisited and the trainee is nurtured to identify their strengths and limitations. My trainees have pursued careers in Psychiatry and in other specialities including General Practice.

I endeavour to train my FY2 trainee to gain a good understanding of the common disorders in Old age Psychiatry such as dementia, delirium, depression, psychosis in late age, and the interactions between physical and mental health. I also emphasise from the very outset the principles of the Mental Capacity Act. Understanding the applications of the Mental Capacity Act in day-to-day clinical practice is clearly one of the highlights of training (5). The placement in Old Age Psychiatry also enables the trainee to continue to enhance their physical examination skills.

I encourage my trainee to undertake a clinical audit during their attachment, something that I am very keen on. This is also a requirement of the curriculum for FY2 trainees (4).

The placement in Old Age Psychiatry enables the FY2 trainee to develop a holistic approach to patient care. In particular the psychiatric and social aspects of care, psychiatric manifestations of physical illness, effective multidisciplinary team working and community psychiatric assessments are some of the core skills gained during the placement.

On-call work allows the trainee to gain experience in the wider aspects of psychiatry. Trainees are encouraged to identify topics for discussion during supervision sessions, which are held on a weekly basis. Although the placement is in Old age Psychiatry, clinical problems encountered during on-call sessions are discussed during supervision sessions to ensure that the trainee reflects on the scenarios encountered whilst on-call.

Lastly I am keen to enhance the trainee’s experience of the taster sessions in Psychiatry under my supervision. The feedback from my trainees has been most encouraging and personally rewarding.

Bharathi Balasundaram, Consultant in Old Age Psychiatry and FY2 trainer, St Catherine’s Hospital, Doncaster
Experiences applying for CT1 in Psychiatry

Applications for specialist training start midway during the FY2 year. It is not absolutely essential to have done a foundation job in psychiatry to apply. However, it is important to show commitment to the specialty during the selection process.

Applications are made via a single web-based application form and applicants are asked to prioritise their desired place of work. This is followed by a round of interviews at your first choice deanery. You may be asked at interview why psychiatry is your chosen career.

If you have not done a psychiatry job but still wish to apply, tips to enhance your experience include arranging taster days. These are great to increase exposure and confirm that it is the right career choice.

You may also experience psychiatry in other specialties such as A&E or General Practice. You might want to consider auditing psychiatric practice here.

The key to maximise your success during applications is to be well prepared and start early.

Lee Roby, CT1 in Psychiatry, St Catherine’s Hospital, Doncaster

SHOULD YOU WISH TO PURSUE A CAREER IN PSYCHIATRY

Try to do a foundation rotation in psychiatry
Use taster days for psychiatry
Do an audit in psychiatry
See psychiatric patients in different clinical areas
Check out www.rcpsych.ac.uk and www.foundationprogramme.nhs.uk

IF PSYCHIATRY ISN’T FOR YOU BUT YOU HAVE A PLACEMENT

Make the most of your placement – learn the basics
Use taster days for alternative specialities
Adapt your placement if possible towards your preferred career
Do an audit that is tailored towards your chosen speciality

SUMMARY

The skills learnt in psychiatry can be applied to many other medical specialities. You do not need to have done a job in psychiatry in order to apply for specialist training, and a job in psychiatry at foundation level will
not hold you back from applying for any other speciality at ST1 level and indeed could potentially enhance it.

REFERENCES