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Psychiatrists and physical health competencies: a cross-sectional survey

Introduction

The bi-directional relationship between mental and physical illness is well established. People with severe mental illness have significantly lower life expectancies and this relates more often to poor physical health than specific psychiatric issues (Hjorthøj *et al.* 2017; Ilyas *et al.* 2017; Yao *et al.* 2020). Physical examination skills form a core competency set in practising psychiatrists (Kick *et al.* 1997). However, many doctors believe their physical examination skills to have deteriorated since specialising in psychiatry (Greenstone & Burlingham, 2020). This study set out to assess the confidence levels of practising psychiatrists in physical healthcare competencies through a cross-sectional survey in one Irish region, and to explore availability of learning opportunities.

Methods

Learning outcomes pertaining to physical healthcare were extracted from the training curriculum of the College of Psychiatrists of Ireland (College of Psychiatrists of Ireland, 2019). Thirty outcomes were identified (supplementary Table S1). Following the ethical approval, an electronic questionnaire was sent to Consultant and Trainee Psychiatrists ($n = 50$) in one Irish healthcare region serving three Counties. Participants were asked to rate confidence levels on a five-point Likert scale rating their confidence on each learning outcome. Participants were additionally asked on a binary variable (yes/no) whether learning opportunities were available for attaining each competency.

Results

Thirty-three of 50 participants invited ($n = 14$ Consultants; $n = 19$ Trainees) responded to the survey achieving an overall response rate of 66%. Table S1 reports the spread of Likert responses for each learning objective. Participants reporting moderate or extreme levels of confidence are grouped for discussion as being confident in a particular competency. supplementary

Fig. S1 illustrates participants responses to the availability of learning opportunities.

Confidence in interpreting diagnostic findings

A minority of survey respondents were moderately or extremely confident around the interpretation of X-Rays ($n = 5$, 36% Consultants; $n = 8$, 44% Trainees) and ECGs ($n = 5$, 36% Consultants; $n = 4$, 22% Trainees) and this was reflected by the lack of perceived learning opportunities available around the learning outcomes ($n = 4$, 31% Consultants; $n = 8$, 42% Trainees). A majority ($n = 17$, 89% of Trainees and $n = 8$, 57% of Consultants) were moderately or extremely confident when it came to interpretation of bloods results; both groups reported adequate learning opportunities available to aid achievement of this learning outcome ($n = 8$, 62% Consultants; $n = 13$, 68% Trainees). Over half ($n = 10$, 52%) of consultants were moderately or extremely confident around the interpretation of neuroimaging while only 21% of trainees reported confidence in this area.

Performing and documenting an examination of specific organ systems

Both groups reported moderate or extreme confidence with the cardiovascular system ($n = 8$, 57% Consultants, $n = 11$, 58% Trainees) and 56% of respondents reported adequate learning opportunities; trainees were more confident in respiratory, musculoskeletal and gastrointestinal examination (Consultants $n = 6$, 43%, $n = 6$, 43% and $n = 6$, 43%, respectively; Trainees $n = 13$, 68%, $n = 10$, 53% and $n = 13$, 68%, respectively). Trainees reported a lower level of confidence around meeting central nervous system learning outcomes ($n = 9$, 64% Consultants; $n = 9$, 47% Trainees reporting moderately or extreme confidence); 47% of respondents reported that were adequate learning opportunities available.

Recognising and assessing medical comorbidities

A majority of respondents reported moderate or extreme confidence around recognising and assessing medical comorbidities ($n = 8$, 57% Consultants; $n = 14$, 74% Trainees). This was reflected in the availability of learning opportunities.

Collaborate with patients in promoting a healthy lifestyle

A high level of confidence was reported with collaborating with patients in promoting a healthy lifestyle

($n = 13$, 100% Consultants; $n = 19$, 100% Trainees). A majority reported adequate learning opportunities (74%).

Identify and appropriately refer those children/adolescents or adults who require further specialist medical treatment

Trainees reported a higher level of confidence than consultants in this area regarding children ($n = 5$, 36% Consultants; $n = 11$, 58% Trainees). Both groups reported a high level of confidence in respect of adult patients ($n = 10$, 71% Consultants; $n = 16$, 84% Trainees). This was mirrored by the availability of adequate learning opportunities ($n = 74\%$).

Performing immediate resuscitation and stabilisation of patients in medical emergencies

A minority reported confidence around performing immediate resuscitation and stabilisation of patients in medical emergencies ($n = 5$, 36% Consultants; $n = 9$, 47% Trainees); this was reflected in the predominantly negative trainee response to the availability of learning opportunities (37%).

Discussion

This study reports confidence levels amongst psychiatrists around physical-health-related competencies in one Irish healthcare region. The strengths of the study include the response rate (66%) and breadth of variables explored. The relatively small sample size limits the generalisability, as does the source of the data from one region in one country; training programmes vary across countries as well as within each country.

This study adds to the limited data available about perceived confidence levels amongst psychiatrists regarding their physical health competencies and may be useful in identifying regional and national priorities for training and continuing medical education (CME) programmes. Only a minority of participating psychiatrists in this survey were confident in interpreting diagnostic imaging, electrocardiograms, recognising medical emergencies and facilitating urgent referral for these. This was reflected in a perceived lack of availability of learning opportunities. This is not an isolated phenomenon, nor limited to Irish settings. Our findings reflect those from a US study of physical examination skills amongst chief residents in psychiatry which identified low levels of self-perceived competence, particularly in neurology-related exams (Medina *et al.* 2020). Similar findings have been reported from the UK and Canada (Madan *et al.* 2012; Murray & Baillon, 2013; Murray *et al.* 2015; Baillon & Murray, 2020).

We recommend that training bodies prioritise introduce a 6-month placement in a medical specialty for

each psychiatric trainee as part of their 4-year training programme. This would need to be complemented by a robust CME programme in physical health for practising psychiatrists. 'Grand rounds' and hospital-based CME programmes that separate psychiatry and medicine should be redesigned to include all specialties and primary care. These measures will aim to maintain a parity of esteem for psychiatry as a core medical specialty.

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Conflict of interest

The authors have no conflicts of interest to declare.

Ethical standards

The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008. Ethical Approval was obtained from the Regional Ethics Committee at University Hospital Limerick, Ireland.

Supplementary material

To view supplementary material for this article, please visit <https://doi.org/10.1017/ipm.2021.35>

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