Psychiatry’s Impact on Medical Students’ Specialty Selection

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The influence of a psychiatry department on medical students’ specialty choices was examined, even when that choice was not psychiatry. Data were collected from two classes (n=95 and n=103). A theoretical continuum of specialties ranging from the most patient-oriented to the most technically oriented was developed. The results indicate that contact with psychiatry faculty and patients not only affects those who choose psychiatry but also influences those who choose the entire range of medical specialties.

Practitioner shortages in psychiatry (1–3) have sparked studies regarding student perceptions and attitudes (4–6) toward this field and the external forces (7) and departmental factors influencing medical student choice of psychiatry. This prompted us to ask to what degree medical school departments of psychiatry influence all specialty choices, not just psychiatry.

Medical school training is a dynamic process (8,9) featuring ongoing socialization into traditional perspectives as students advance (10). Our hypothesis is that attitudes about and experiences with psychiatry, one of the most psychosocially oriented specialties, will be related to the general orientation and characteristics of a student’s specialty selection, even when that choice is not psychiatry. That is, those who have the most respect and/or positive experiences with psychiatry in medical school can be expected to favor specialties sympathetic to a psychosocial orientation. Students who have more negative attitudes about psychiatry will tend to select more technically oriented specialties.

We looked at other variables that seemed reasonable predictors of specialty choice as well: the type of patient the student most desires to treat and the student’s perception of the incorporation of psychosocial variables into diagnosis and treatment as a norm of good medical procedure. We also expected that different variables and experiences would be more salient at some points in medical school and less so at others, such as the behavioral science course for the beginning student and the clerkship for third- and fourth-year students, so we surveyed students on two occasions. We expected that the choices the students indicated the second time would correlate well with the first statements of choice (11) but would also be influenced by changing views of medicine in general and psychiatry in particular.

METHODS

Two classes (entering in 1980 and 1982 and graduating in 1984 and 1986, respectively) from a southwestern medical college were surveyed twice. The class of 1984 was stud-
ied after the first clinical year and again after the second clinical year. The class of 1986 was studied on entry into medical school and after finishing the basic science course work but before beginning the clerkship experience.

All students were given identical self-administered questionnaires, with sections added appropriate to the students’ level of training (questions about the clerkship for the class of 1984 only). Students were asked their first choice of specialty each time in an open-ended way, yielding 34 different responses, ranging from family practice to emergency medicine and pathology.

Traditionally, there have been many different ways of characterizing specialties (12–15). For this study, we modified Funkenstein’s categories (7). Choices were grouped into five categories ordered on a theoretical continuum from the most patient-oriented (high score) to the most technically oriented (low score). Orientation was conceptualized as the totality of contact made by the physician with the patient, both physiologically and psychologically. Examples of the patient-oriented end of the continuum included family practice and pediatrics. Examples of the most technically oriented were pathology and research.

We looked at the following independent variables:

1. Four single questions directed at the effect on interest in, and respect for, psychiatry as a discipline, generally as the result of 1) the preclinical behavior course; 2) the clerkship; 3) contact with faculty psychiatrists; 4) choice of one of the following as the most interesting aspect of medicine: interpersonal aspects of patient care, diagnosis and treatment, or research.

2. Attitudes toward psychiatry using Nielsen and Eaton’s items (16) averaged into an index score (a higher score indicates “more positive”).

3. Respect (as rated on a five-point scale from increased to decreased) gained for psychiatry as a result of human behavior courses, contact with psychiatric faculty, contact with psychiatric patients, and the experience in the psychiatric clerkship.

4. Preferred patient characteristics, a variable composed of three items that were determined to be unidimensional by factor analysis. The high scorer on this variable preferred patients who might have negative physical findings but who could be helped, whose problems gradually unfolded, and/or whose illnesses might be of emotional origins. The low scorer preferred the patient who had positive physical findings, who posed a diagnostic challenge, and whose illness was initially physical.

5. Procedural norms, a variable reflecting the students’ perceptions of their teachers’ expectations of proper procedural behaviors. This independent variable was composed of four items that also factor analyzed as unidimensional. High scorers perceived the norms as favoring patient-oriented procedures such as the exploration of social and emotional factors while taking a history, acknowledgment of diagnostic uncertainty, and admitting to being emotionally moved by particular patients.

RESULTS

Sample

Ninety-five (74%) students from the class of 1984 responded on both occasions. A majority of the respondents (83%) were male; 90% were white Anglo, and the others were Hispanic and Asian. While there were no ethnic differences in specialty choice, women tended to choose more patient-oriented specialties while men chose the more technically oriented fields ($\chi^2=10.238; df=4$;