Part-time Residency Training in Psychiatry

Arnold Werner, M.D.
Camala A. Riessinger, Ph.D.
Grace Gibson, M.A.
Lynn Hughes, D.O.

Part-time training in psychiatry has largely remained informal and has been utilized only by about 1% of psychiatry residents. This is puzzling considering the large number of women who have children during residency. In addition to aiding residents with child care needs, part-time training is also of potential value to dual-career families, handicapped residents with mobility problems, physicians seeking mid-career changes, and as a solution to those with funding problems. In this article, we present the case for systematic planning for part-time training based on experience in our program and a survey of other programs. We address the practical issues of arranging inpatient and outpatient clinical experiences, on-call arrangements, didactic programs, funding dilemmas, supervision, and evaluation.

Part-time residency training reduces time demands in exchange for increased length of training. This path to the acquisition of specialty training has largely remained informal and possibly underutilized. Such training offers a valid alternative for residents with several categories of special need.

For more than a decade, there has been a steady increase in the number of women medical students (1). Because of the increased proportion of women medical students and residents, the issues of childbirth and child care by women residents are frequently encountered in training (2-4). Although the issues faced by women make them prime candidates for part-time training, there are also men involved in child care.

There are situations other than childbirth and child care that would make part-time training an attractive consideration for both male and female residents. First, there are residents with a vision that includes pursuing other important goals, such as advanced degrees or research training. Second, a small number of handicapped residents with mobility problems could benefit from added time to accomplish training goals. Third, established physicians seeking mid-career changes are at times desirous of pursuing training on a part-time basis while...
maintaining involvement in their established fields for reasons of interest or economics. Finally, as residency training becomes more difficult to fund and trainees remain mired in debt, there may be advantages to part-time work and part-time training over having either fewer trainees or an educational experience compromised by excessive moonlighting.

Although part-time training is desirable for some residents, it may create problems for the training program. Faced with the demands for service, the complexity of didactic programs, and the intricacies of funding, a program director would be hard-pressed not to be cautious about implementing a part-time training program.

The purpose of this article is to describe the need, potentials, and limitations of part-time training in psychiatry and to set out some practical guidelines for its implementation.

THE NEED FOR PART-TIME TRAINING IN PSYCHIATRY

There has been a dramatic change in the number and proportion of women in psychiatry during the last 18 years (see Figure 1). At the time of the 1989 American Psychiatric Association census, 43% of psychiatry residents were women (5). The increase in the proportion of women in psychiatry has exceeded that which has occurred in the rest of medicine thus far. During the academic year 1989-1990, the proportion of women entering medical school was 38% (6). In the past, women have tended to enter psychiatry in greater numbers than most other specialties. Although this may be changing as the number of women in medicine increases and barriers are lowered in other fields, we can anticipate a continued high proportion of women psychiatry residents.

Based on childbirth and child-rearing needs alone, one might expect that the proportion of part-time residents would have grown along with the increase in the number of women. This has not been the case (see Figure 2). The proportion of residents on leave of absence has likewise remained small and relatively unvarying (5). The failure to find more residents in part-time positions suggests that either 1) programs do not encourage part-time arrangements or 2) residents find part-time training disadvantageous, or both.

Data on the exact number of handicapped residents with disorders such as multiple sclerosis or spinal cord injury resulting in mobility problems are not available. Psychiatry remains one of the fields most commonly chosen by such trainees (7).

Based on the demographic evidence cited previously, there appears to be a substantial pool of potential current and future part-time psychiatry residents.