The Effects of Sequence of Clinical Experience During Psychiatry Residency

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This article provides a preliminary report on the educational impact of scheduling inpatient rotations either before or after an outpatient year. The inpatient psychiatry evaluations of a group of PGY-3 residents who had their inpatient training rotation after a psychodynamically focused outpatient PGY-2 were compared with those of a group of PGY-2 residents who had their initial psychiatry training at the same inpatient service with the same supervisors during the same academic year. The PGY-3 residents had more difficulty in acquiring inpatient diagnostic skills, in understanding the range of inpatient psychopathology, in understanding the range of therapeutic interactions, and in development of professional psychiatric identity than PGY-2 residents on the same rotation. The implications of these preliminary findings for educational planning and future research are discussed.

It has been standard practice in residency programs of all specialties that early clinical placements most often involve inpatient rotations. A 1986 survey of psychiatry residency programs (1) indicates that most of the responding programs follow this pattern of training, with only about 10% of responding programs having a PGY-2 outpatient rotation as the first clinical psychiatry training experience before an initial inpatient psychiatry rotation in PGY-3. Although this survey showed that this pattern is the accepted standard of practice, there is little literature to support whether it is the optimal sequence of training. In fact, there is little in the recent literature to support any particular sequence of training. A MEDLINE search from 1987 to the present revealed no articles on this topic in the psychiatric literature.

There were some articles in the 1960s and early 1970s on the experience and stress of the first year of psychiatry residency (2-8), but none of these articles includes assessment of differences in learning in an inpatient vs. outpatient first clinical experience. Although this subject is not reported in the literature, psychiatry educators continue to discuss the optimal sequence of training. One side argues that the apprenticeship model used in inpatient work has been an effective way to rapidly immerse residents in a situation that helps them to develop a broad range of diagnostic skills and an armamentarium of therapeutic interventions. Furthermore, because of the significant amount of supervision and contact with other mental health professionals that is often available in inpatient units, an inpatient rotation at the beginning of training has
been argued to be more protective of the resident.

Those who argue that an outpatient experience should come first often cite the literature regarding the stresses of the first year of training and its relationship to the inpatient psychiatry rotation. This position holds that the sense of mastery that is gained in working in a less supervised setting with psychiatric patients whose illnesses are less severe and, therefore, theoretically easier to treat enhances the residents' sense of competency and professional self-esteem. In addition, some argue that the "outpatient first" approach strengthens the ability to teach psychopathology from a developmental approach.

In the absence of data, this argument seems to have no solution. Those supporting each side often base their position on impressions gained from academic experience in training programs that have used one or the other of these models to teach residents. Obviously, the apparent strengths of either approach are clearer to faculty who have a particular investment in a certain model of training.

This article reports preliminary findings of the educational impact of sequence of training based on the experience at the University of Connecticut (UConn) Psychiatric Residency Program. The training program was originally developed with the aim of training residents from a developmental perspective. For over 10 years, the curriculum provided PGY-2 residents with outpatient experience in both adult psychiatry and child and adolescent psychiatry that was primarily based on a psychodynamic approach; PGY-3 was devoted to inpatient work. In the 1980s, because of a variety of factors, the sequence was changed so that the inpatient year preceded the outpatient year. This change presented an opportunity to assess different aspects of resident performance in those who had either an outpatient or inpatient experience immediately following internship in the same program.

METHODS

In the year in which UConn's sequence of training was changed, 12 residents (6 PGY-3 residents who had devoted PGY-2 to outpatient work, and 6 PGY-2 residents in their first clinical rotation following medical internship) spent the year on the inpatient service. Evaluations of the inpatient experiences of PGY-3 and PGY-2 resident groups were performed by the same group of supervisors using the same evaluation criteria during the same academic year. This provided an equivalence of clinical experience and supervision for both PGY resident groups. Residents received written evaluations every 3 months during their inpatient year, which provided an opportunity to assess changes in clinical skills (e.g., ability to perform a diagnostic evaluation, ability to develop a treatment plan), knowledge (e.g., appropriate therapeutic interventions matched to psychopathology), and attitudes (e.g., ability to work with staff, sense of professional identity). In addition, each evaluation form provided an opportunity for supervisors to provide narrative comments.

RESULTS

Both scaled ratings and narrative comments were reviewed. Because of the extremely small sample size, no statistical analysis could be done and therefore conclusions cannot be drawn about specific factors involving the educational impact of the sequence for any single resident. The scaled ratings revealed no statistically significant differences between the PGY-3 and PGY-2 groups, but a review of the narrative comments of the supervisors suggests that when the two groups were compared, the sequence of training had an impact on resident performance in the areas of diagnostic skills, comprehension of the range of inpatient psychopathology, comprehension of the range of therapeutic interventions, and development of professional psychiatry identity. Al-