Regular Articles

Professional Interests Among Residency Applicants in Psychiatry:
A Pilot Study of Autobiographical Statements

Joel Yager, M.D.
Alison R. Yager
Daniel J. Siegel, M.D.
Gordon D. Strauss, M.D.

Spontaneous declarations of field of interest by 150 applicants to the UCLA Neuropsychiatric Institute-West Los Angeles V.A. Medical Center psychiatric residency program in 1986 were examined. In essays written as part of the National Resident Matching Program, many applicants expressed several areas of interest. About one-third of applicants expressed an interest in research, and about one-quarter expressed interests in teaching, psychotherapy, biological psychiatry, or child psychiatry. Between 5% and 9% expressed interest in community psychiatry, adolescent psychiatry, psychoanalysis, geriatric psychiatry, and chemical dependency, and <5% expressed interest in cross-cultural, emergency, legal, or administrative psychiatry.

Psychiatry has always been a multifaceted field that has attracted medical students with diverse career aspirations. Over the past decades psychiatrists have specialized in various areas of practice in adult, adolescent, and child psychiatry; in inpatient and outpatient settings; in private and public sectors, in somatic and various psychological therapies; in specific disorders; and in a variety of other arenas such as social and community work, forensics, administration, basic research, and academic teaching and practice, to name only the most prominent. The recent emerging interest in subspecialization in psychiatry reflects the evolution of some of these specialized areas as they are shaped by expanding knowledge in their fields and by social and economic forces in the practice of medicine (1).

Many medical students entering psychiatry are well aware of at least some of the career pathways open to them, and many have well-formed preconceptions of the specific types of psychiatric careers they desire. Although the initial aspirations of applicants for psychiatric training do not predict subsequent career pathways with certainty, and many trainees find new interests and career directions during training, the stated aspirations of applicants do bear, in our experience, more than a chance relationship to
subsequent careers. More often than not, graduates from our program who have had a reasonably clear idea about career direction during their initial interviews for the residency program attempt and often succeed in pursuing those career pathways following training. This notion has to some degree been validated by Bashook and Weissman, who followed a cohort of 196 psychiatric residents from their 1982 entry into training to their graduation in 1986. At entry about 80% of their group intended to take a fellowship or psychoanalytic training, and at graduation about 63% still intended to do so (2).

Therefore, the initial aspirations of residency applicants are of interest to educators and administrators who wish to predict future availability of professional personnel. Educators must ensure that the specific needs of trainees are being met, both during the residency and through post-residency fellowships and related opportunities. Administrators and planners need to know how consonant the aspirations of those entering the field are with the community's needs for psychiatric services. If those entering psychiatry are not interested sufficiently in areas of greatest need, additional areas of emphasis during training or other incentives may have to be extended in order to attract residents into careers in these areas, and additional efforts may be required to attract future applicants to the field who would find careers in these need areas to be worthwhile.

Therefore, with these issues in mind, we studied the initial aspirations of a cohort of medical students applying for psychiatric residency positions.

METHODS

The folders of 150 alphabetically consecutive American medical school seniors who were applicants to the UCLA Neuropsychiatric Institute–West Los Angeles V.A. Medical Center psychiatric residency in 1986 were selected for review of applicant interest areas. (The program received about 350 completed applications for the residency that year.) The folders contained autobiographical statement essays, included as part of the standard National Resident Matching Plan (NRMP) application forms, which were the major focus of our analysis. For those persons who were invited for personal interviews, approximately 40% of this group, the information contained in the autobiographical essays was supplemented with comments on our standard interview forms noted by either J.Y. or G.D.S. at the time of the interview.

Two of us (J.Y. and D.S.) created an a priori list of 10 special interest areas we thought would be heavily represented in the folders, and we separately reviewed 10 randomly selected essays for these topics. A high degree of inter-rater reliability was found on these areas. At that point two of us (A.R.Y. and J.Y.) each reviewed 20 additional folders. Since a high degree of inter-rater reliability was again found, one of us (A.R.Y.) reviewed all of the remaining essays independently. In the course of the review of the remaining essays, several additional interest area categories were created.

RESULTS

Only 20% of the essays did not state a specific area of interest, and many mentioned more than one area. Table 1 lists the 12 areas of special interest cited by at least 5% of the applicants. Fewer than 5% of the applicants mentioned specific interests in legal psychiatry (2%), administrative psychiatry, group psychotherapy, cross-cultural psychiatry, or emergency psychiatry (1% each).

A much smaller percentage than those listed as mentioning areas of interest specifically stated that they wanted a fellowship in a given area. For example, only 50% of those applicants interested in child psychiatry, 33% of those interested in adolescent psychiatry, and 11% (one applicant) of those interested in geriatric psychiatry used the word