Research Education in Psychiatry: Luxury or Necessity?

Dear Editor,

Over the past 2 decades, the worldwide shortage of physician-scientists and possible ways to address such a shortage have been of great interest by psychiatry educators. Available evidence points to recent increases in research engagement among medical students, with up to 75% of students performing research-related activities during their medical training.1,2 Nevertheless, the role of research education for psychiatry trainees and early career psychiatrists aiming at a primarily clinical career has been relegated to a second plane. Certain regulatory bodies, such as the American Commission for Graduate Medical Education, do include didactic requirements regarding how research is performed and applied to patient care.3 Nevertheless, training programs remain highly heterogeneous with regards to the priority given to research education and training. Concerns and drawbacks commonly associated with the formal implementation of research education in psychiatric training include issues related to the availability of funds, competing demands between research activities and clinical duties, and, sometimes, increases in the length of training.3

Is it feasible to practice psychiatry without a research background? Psychiatry has progressively become more scientific and, despite the existing gap between clinical practice and neuroscience, it is expected that the clinical impact of research findings will continue to grow.4 On the other hand, in the Internet area, physicians and patients have easy, prompt access to a large amount of research data, and the delicate process of separating the wheat from the chaff may be challenging without proper knowledge on research methodology. For instance, clinicians, more and more frequently, have to face the challenge of explaining to patients how to properly interpret the results of phase IV trials and their clinical relevance.

Programs often rely on formal seminars and lectures on scientific methodology to fulfill the requirements related to research education during residency. However, the benefit from such sessions for trainees seems limited. Regular journal clubs, where trainees have the opportunity to critically analyze and discuss research papers under the guidance of a faculty facilitator, are good alternatives.5 There are different possibilities in terms of journal club formats, and the most appropriate one might depend on the characteristics of the residency program and/or their residents’ background. Lastly, research electives for psychiatry residents can provide trainees with “hands-on” research experience. Given the logistical and funding potential issues surrounding elective rotations, these experiences must be short and focused on a realistic project that can be completed within a short period of time. Examples include the analysis of previously collected data or the implementation of a small, IRB-exempt project.

In summary, proficiency in research seems essential for the 21st-century psychiatrist. Regardless of the adopted strategy, encouraging research education for trainees is a necessity, not a luxury. There is an urgent need for academic departments to incorporate formal research education into their curriculums, with the integration of their research and teaching missions through the joint effort of research faculty and clinician-educators.

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