

Subspecialty Selection and Fellowship Training Satisfaction among American and Canadian Geriatric Psychiatry Fellows



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ABSTRACT

The Geriatric Psychiatry Fellowship Subspecialty survey aimed to identify key motivating factors associated with choosing geriatric psychiatry as a career, and to assess training satisfaction among geriatric psychiatry fellows/residents in Canada and the United States. American and Canadian geriatric psychiatry program directors were asked to distribute an online survey to their fellows. Descriptive statistics for quantitative items and Mann-Whitney U tests were performed to assess for differences by country of training. Thirty-one geriatric psychiatry fellows completed the survey. The most important motivating factors for pursuing a career in geriatric psychiatry were found to be “working with patients and families”, “working in an interdisciplinary environment”, and “intellectual stimulation”. Fellows’ overall training satisfaction was high, with American fellows more satisfied than Canadian residents ($p = .047$) on average, especially with regard to biomedical aspects of training ($p = .01$).

Key words: geriatric psychiatry, training satisfaction, motivations in geriatric fellowship, survey

INTRODUCTION

Between 2001 and 2010, the number of geriatric psychiatry fellows in the United States decreased by almost half.⁽¹⁾ Despite rapidly increasing need, efforts to increase recruitment have so far been in vain.⁽²⁾ It is imperative to identify the key factors which draw current residents to geriatric psychiatry

fellowships, and to assess training satisfaction within these programs in order to tailor recruitment efforts.

Several reports have examined factors associated with choosing a geriatric psychiatry fellowship.^(3–7) Identified predictors in geriatric psychiatry included: rotations early in medical training, positive clinical experiences, positive experiences caring for older adults before entering medicine, comfort working with seniors and their relatives, comfort with and interest in clinical issues commonly encountered, and positive mentorship experiences. One U.S. survey examining training satisfaction of 174 psychiatry residents (10 geriatric psychiatry fellows) found psychiatry residents were satisfied with their training, but dissatisfied with orientation programs, food during on call, call rooms, and support staff.⁽⁸⁾

A similar assessment of motivating factors and program satisfaction for current residents is essential to improve recruitment. We conducted a survey among geriatric psychiatry residents across Canada and the United States to identify motivating factors for selecting geriatric psychiatry fellowships, and to assess fellowship training satisfaction. Given that geriatric psychiatry training programs differ between Canada and the U.S. (two-years in Canada versus one-year in the U.S.), a secondary aim was to see any variances between the two countries.

METHODS

Study Design

This study involved distributing a self-administered online survey to geriatric psychiatry residents across Canada and

the United States. Program coordinators of all American and Canadian geriatric psychiatry programs were contacted by email in April 2019 and asked to distribute a link to our online survey to their residents. A reminder email was sent to program coordinators two to four weeks after the initial email.

Population

All participants were enrolled in an American or Canadian geriatric psychiatry fellowship/residency program. To be eligible, participants had to be able to read and write fluently in English or French and be 21 years of age or older.

Survey

The survey featured qualitative and quantitative items regarding motivations for choosing geriatric psychiatry and satisfaction with geriatric psychiatry training programs.

Demographics

Participants' demographic data were collected including age, sex, marital status, country where medical degree was conferred, and country of geriatric psychiatry subspecialty fellowship or residency.

Motivations for Choosing Geriatric Psychiatry

A questionnaire designed by Rej *et al.*⁽⁵⁾ was used to assess motivations for choosing a career in geriatric psychiatry. This questionnaire employs a 5-point Likert scale (1="Not Important at All", 5="Very Important") to assess the salience of 14 factors in residents' decision to select geriatric psychiatry fellowships. Participants were also asked to state their personal sources of motivation for selecting the geriatric psychiatry fellowship.

Training Satisfaction

The Resident Satisfaction Questionnaire,⁽⁹⁾ which employs a 5-point Likert scale (1="Dissatisfied", 5="Very Satisfied") was used to assess overall satisfaction with training as well as satisfaction with 10 sub-aspects of training (e.g., "Quality of Supervision", "Morale in Department").

Statistical Analysis

Statistical analyses were performed using SPSS Statistics, Version 23 (IBM SPSS Statistics, Armonk, NY). Descriptive statistics were conducted for closed-ended survey questions. Content analysis was conducted to identify themes of open-ended questions. The Mann-Whitney U tests were performed to investigate potential differences in motivations and training satisfaction between American fellows and Canadian residents. The Bonferroni correction was used to account for multiple testing. The Fisher-Freeman-Halton Exact Test of Independence was performed to explore associations between overall training satisfaction and past experiences in geriatric psychiatry, and to investigate associations between motivational factors and past experiences in geriatric psychiatry.

RESULTS

Of 85 geriatric psychiatry fellows/residents enrolled in an American or Canadian geriatric psychiatry program at the

time of our study, 31 participants completed the survey (n=17 females). Participants were on average 34.8 years old (SD 6.6). Eighteen participants were completing their geriatric psychiatry training in the U.S. and 13 in Canada.

Motivations for Choosing Geriatric Psychiatry

Figure 1A lists the importance of factors in residents' decision to work in geriatric psychiatry. "Working with Patients and Families" (93.5% "Important" or "Very Important"), "Working in an Interdisciplinary Environment", and "Intellectual Stimulation" (both 90.3% "Important" or "Very Important") were the most important factors associated with geriatric psychiatry career choice. The least important factors for fellows/residents were "Financial Compensation", "Prestige" and "Short Length of Training" (71.0%, 67.8%, and 54.8% "Less Important" or "Not Important at All", respectively). We identified the following additional themes in the open-ended questions: interest in neuropsychiatry (n=4), desire to serve a unique population (n=3), to do additional training (n=2), and to work in an academic setting (n=1), as well as prior positive experiences with geriatric patients (n=1).

Training Satisfaction

Figure 1B shows geriatric psychiatry residents' training satisfaction. Geriatric psychiatry residents reported high "Overall Satisfaction with Residency Training" (89.7% of survey participants reported being "Very Satisfied" or "Satisfied"). Trainees were most satisfied with the "Quality of Supervision" (56.7% "Very Satisfied"), the "Respect of Faculty for Residents", and the "Responsibility given to Residents for Patient Care" (both 53.3% "Very Satisfied"). Trainees were least satisfied with "Training in Biomedical Psychiatry" and the "Quality of Teaching Conferences" (36.7% and 30.0% of them were "Less Satisfied", respectively).

Associations Between Training Satisfaction: Motivations and Past Experiences

Table 1 reports the association between overall training satisfaction and past experiences with older adults and geriatrics. Out of the listed motivational factors, "Working with Patients and Families" was most significantly associated with past experiences with older adults, inside and outside of clinical settings. Ranking "Working with Patients and Families" as an "Important" or "Very Important" factor in residents' decision to choose geriatric psychiatry was significantly associated with the quality of residents' interactions with older adults prior to medical school ($p = .021$), enjoyment of geriatric psychiatry rotations prior to residency ($p = .003$), and completing their first geriatric psychiatry rotation later in clerkship ($p = .035$).

Assessment by Country

American residents (mean 4.53; SD 0.51) were on average significantly more satisfied with their training than Canadian residents (mean 3.92; SD 0.90) ($z = -1.98, p = .047$). When examining differences in satisfaction for sub-aspects of training,

Canadian residents were found to be significantly less satisfied than American residents with regard to one sub-aspect of training, “Training in Biomedical Psychiatry” ($z = -3.23$, $p = .01$). No significant differences were found in the importance of motivating factors in the American geriatric psychiatrists-in-training group, compared to the Canadian group.

CONCLUSION

While the need for geriatric psychiatrists is increasing, the number of trainees pursuing subspecialty training in geriatric psychiatry is declining.⁽¹⁾ In this study, we aimed to explore the factors that impact geriatric psychiatry trainees’ motivations for their career choice and their training satisfaction. We

found that trainees chose their field of study because they enjoy working in a collaborative manner, both with other health-care professionals and with patients’ families. The importance of working with patients and their families as a vocational factor in residents’ choice to pursue a geriatric psychiatry fellowship was significantly associated with the quality of their interactions with older adults prior to medical school, and with their enjoyment of clinical rotations in geriatric psychiatry. Fostering positive interactions with older adults inside and outside of clinical settings and cultivating an enriching environment during clinical rounds in geriatric psychiatry may be key factors in increasing recruitment.

Additionally, our results indicated that training satisfaction among both American and Canadian geriatric

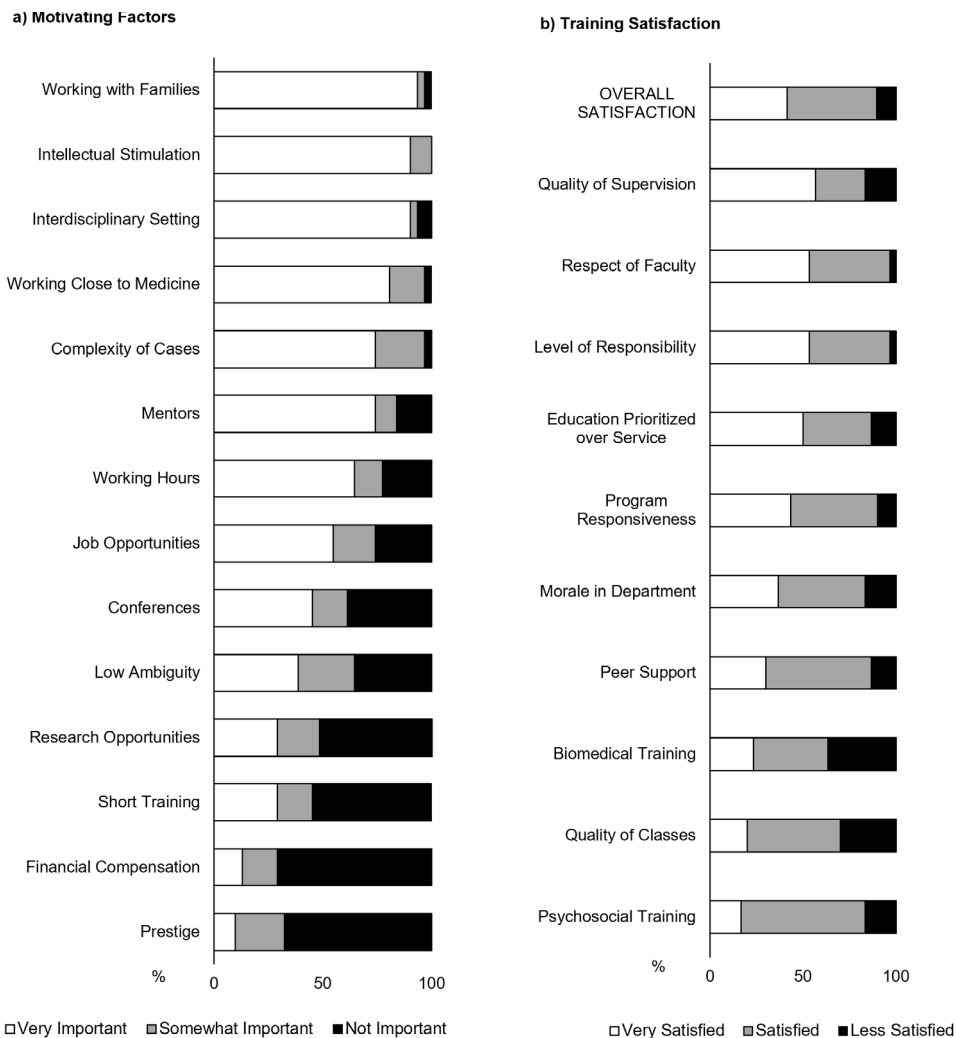


FIGURE 1A. The importance of factors in choosing a career in geriatric psychiatry (displayed as frequencies); for simplicity of presentation, “Very Important” and “Important” answers were clustered into a “Very Important” category in the graph, while “Less Important” and “Not Important at All” answers were clustered in a “Not Important” category.

FIGURE 1B. Results pertaining to training satisfaction for geriatric psychiatry training in general, as well as for sub-aspects of training (displayed as frequencies); for simplicity of presentation, “Very Dissatisfied”, “Dissatisfied” and “Neither Satisfied nor Dissatisfied” answers were clustered into a “Less Satisfied” category.

TABLE 1.

The association between overall training satisfaction and past experiences with older adults and geriatrics; “Working with patients and families” is significantly associated with “Enjoyment of Geriatric Psychiatry Rotation Prior to Fellowship” and “Quality of Interactions with Older Adults Prior to Medical School”

<i>Associations Between Overall Training Satisfaction, Motivating Factors, and Past Experiences^a</i>					
	<i>Year of First Geriatric Psychiatry Rotation</i>	<i>Months spent in Geriatric Psychiatry Rotation Prior to Fellowship</i>	<i>Enjoyment of Geriatric Psychiatry Rotation Prior to Fellowship</i>	<i>Quality of Interactions with Older Adults Prior to Medical School</i>	<i>Positivity of Experiences Caring for Elderly Prior to Medical School</i>
Overall Training Satisfaction	11.82	39.12	2.06	14.55	8.44
Working with Patients and Families	18.95 ^b	51.30	17.46 ^c	17.04 ^b	9.93
<i>Significance of Associations Between Overall Training Satisfaction, Motivating Factors, and Past Experiences^a</i>					
	<i>Year of First Geriatric Psychiatry Rotation</i>	<i>Months spent in Geriatric Psychiatry Rotation Prior to Fellowship</i>	<i>Enjoyment of Geriatric Psychiatry Rotation Prior to Fellowship</i>	<i>Quality of Interactions with Older Adults Prior to Medical School</i>	<i>Positivity of Experiences Caring for Elderly Prior to Medical School</i>
Overall Training Satisfaction	.611	.616	.641	.058	.102
Working with Patients and Families	.035 ^b	.227	.003 ^c	.021 ^b	.136

^aThe Fisher-Freeman-Halton Exact Test value is reported.

^bp < .05

^cp < .005

psychiatry trainees was high. However, overall satisfaction and satisfaction with regard to the teaching of biomedical aspects of psychiatry were significantly higher among U.S. trainees. A possible explanation for the lower satisfaction reported by Canadian trainees might be related to the longer length of training in Canada. Canadian residents must commit to six years of residency to complete subspecialty training in geriatric psychiatry, and it is possible that burnout may be increased with longer training, decreasing overall satisfaction for later training years. Furthermore, the shorter length of the typical American program lends to a heavier emphasis on clinical experience, while programs that extend beyond one year typically have an additional emphasis on teaching, research, and administrative experience.⁽¹⁰⁾ This focus on clinical opportunities may also contribute to increased training satisfaction within U.S.-based fellowships.

Drawbacks of our study included a low response rate (36.47%), although much higher than the 10-20% response rate in online questionnaires of medical professionals,⁽¹¹⁾ as well as a sample too small to run inferential statistics while controlling for covariates. However, our survey stands out from prior surveys,⁽³⁻⁵⁾ as our sample included trainees who are currently pursuing geriatric psychiatry subspecialty training, whereas prior reports focused on junior trainees' potential interest in the pursuit of geriatric psychiatry.

Researchers, geriatric psychiatry residency/fellowship programs, and geriatric psychiatry associations can use the

information provided in this study to develop interventions which can maximize recruitment and retention in geriatric psychiatry subspecialty training.

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CONFLICT OF INTEREST DISCLOSURES

We have read and understood the *Canadian Geriatrics Journal's* policy on disclosing conflicts of interest and declare the following interests: Soham Rej has received an investigator-initiated research grant from Satellite Healthcare (Dialysis Company) for an unrelated project. SR also receives a salary award from the FRQS and owns shares of Aifred Health. The remaining authors report no conflicts with any product mentioned or concept discussed in this article.

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