

From sentto-12756973-2535-1171786749@returns.groups.yahoo.com Sun Feb 18 19:23:
From: "Alex A Sergejew" <aas@...>
To: anzapt-allreps@yahooogroups.com
Subject: [anzapt-allreps] Re: Newsflash: 75% of trainees "are not opposed" to co
Date: Sun, 18 Feb 2007 08:16:46 -0000

First of all, my apologies for the broken URL - the report can be found at:
<http://tinyurl.com/242uoa>

The report is up-beat about rural training, but while a "glass half-full" perspective can be expected, given the vested interests behind the survey and report, I believe that it takes this rather too far in places. Rather than compensate with a "glass half-empty" rejoinder, I'll try to be strictly neutral here.

Overall satisfaction

The discussion around Table 2 is couched in terms of a dichotomisation between "most dissatisfied" and "most satisfied." However, the overall mean levels of reported satisfaction tend around a value of "3," which is neutral. There are a few mean ratings in Table 2 around a value of "4," which is merely "satisfied," and this belies the ambiguity of the term "most satisfied." The dichotomisation might be more fairly phrased as "less satisfied" versus "satisfied."=20 Consistent with this, "supervision" was rated 3.5 overall in Table 2, yet was cited as a positive attribute of rural experience by 15% (Table 4) but negatively by 29% (Table 5). Split experience with supervision is noted at the bottom of page 4, but this is preceded by the statement that "... trainees were most satisfied with their ... supervision."

Similar reservations concerning nomenclature must be expressed in the discussion around Figure 1. The survey question itself (Q11) cued only for the extremes, "not at all" to "extremely" beneficial. The labels in Figure 1 describe the middle rating as "moderately beneficial" but I would argue that the mid-point between the extremes is better characterised as "neutral" benefit. The mean ratings (around 3.4) are therefore arguably closer to "neutral" benefit rather than "moderate to very" as implied in the figure.

Support for compulsion

Given these luke-warm endorsements of the rural experience, the discussion around Table 3 was surprising: "The results show that 75% of trainees believe in some form of rural experience and are not opposed to the experience being compulsory." Consideration of the survey question itself (Q18) helps resolve the apparent contradiction: why would so many respondents endorse forcing an experience onto other trainees when they rated it as having only equivocal or moderate benefit and satisfaction?

Q18. Do you think that rural mental health experience should be compulsory in psychiatry training?

- 1) Yes, definitely - all trainees should have residential rural experience
- 2) Yes, definitely =96 all trainees should have either residential or outreach rural experience
- 3) Yes, mostly (as long as special circumstances are taken into account, i.e. the 15 day outreach option is available)
- 4) Uncertain / I don't know

- 5) I believe in rural experience but not compulsory experience
- 6) No I do not believe rural experience is necessary
- 7) Other (specify)

The report cites eight response types in Table 3, but I assume that responses to option 7 were broken-down to two "yes but" and "other negative" categories in Table 3.

The statement in question has two parts: "75% believe in some form of rural experience" along with "(75% implied) are not opposed to the experience being compulsory." It is not clear what "believe in" means, and the phrase "are supportive" might be more informative. I would argue that it is almost disingenuous to imply that 75% are "not opposed" to compulsion. Only 16% endorse compulsion unreservedly, whereas another 59% add caveats. It should be noted that these caveats (availability of 15 day outreach, and consideration of special circumstances) are rarely (if ever) available to trainees irrespective of College regulations on the matter. Add another 11% who support rural experience but not compulsion, and it would arguably be fairest to conclude that the majority (59+11=70%) of trainees support the rural experience but only under conditions that are not generally available to us (at present).

General survey limitations

Sampling bias: only 76 trainees who had spent time in a rural setting in the previous 18 months were included in the study, and barely half actually participated. The survey is therefore constrained by small numbers of respondents and a somewhat low response rate.

Positive bias overall: Had the survey included trainees who were yet to undertake the rural experience, it is highly likely that they would focus on the compulsion and would probably overwhelmingly reject it. By selecting only trainees who have completed their rural experience recently, the study risked two halo-like effects: firstly "I enjoyed it (more or less), so others should as well, and who cares that it takes compulsion to get them to try it," and secondly the process that occurs all-too-often in medicine along the lines of "if I had to do this, then the young whipper-snappers who follow me should jolly well do it too." Trainees from regions like SA and NZ with no "real" rural placements would probably answer differently (I predict that they would be much less tolerant of compulsion). Similarly, trainees who were well past the rural experience (eg in advanced training) might also become less tolerant of the principle of undue coercion.

Distance versus satisfaction: The study data suggest that the further a trainee is forced away from home, study groups, support and the formal parts of the training program, the less the respondent rated their levels of enjoyment and benefit. Given that a quarter of respondents were placed less than 100 km from home, and another half less than 400 km, geographical sampling has arguably also added a bias towards positive ratings.

Conclusion

Given the above, the second paragraph of the "Conclusions" section of the report might be more fairly written as:

"Participants represented the majority of states and territories (with the exception of South Australia, Tasmania, and New Zealand). Half of

participants reported finding the rural experience of some benefit to their overall training experience. Most participants agreed with the rural experience being part of the training program, but the majority endorsed conditions which are not at present generally available to trainees. Despite this, close to a third reported being more interested in rural psychiatry as a result of their rural experience."

Generalisability

Would you use this survey report to direct or justify policy? Given the severely constrained sample, the findings could not generalise.=20 Some of the language and wording used in the report paints a more positive picture than the data would arguably justify (see above).=20 Specific biases were identified above, and these tend towards positive ratings. The report indicates some "directions" for improvements to rural placements, but it cannot be used to justify the status quo.

Caveats aside, my overall impression is of a trainee body that is suprisingly keen to learn about psychiatry in the broadest possible settings, and remarkably tolerant of very real and very significant sacrifices when it comes to rural experience. Given this, and given the suggestions of changes that would make rural placements more tolerable, I would argue that the College and services should seriously review the gross inequities in making the rural experience compulsory. Above all, the services should be brought to account for denying the conditions (ie special consideration for special circumstances, and a 15 day outreach option) which have been strongly endorsed by trainees and which are specified in the College regulations.

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