

# Can curriculum design influence medical students' attitudes to psychiatry?

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## Supplementary Material

Key for SM tables 1 to 3

\*= significant (0.05)

**SM Table 1: Demographics**

		Number of students in 2012 cohort	Number of students in 2013 cohort
<i>Whole cohort</i>		50	55
<i>Age at survey:</i>	<i>30+</i>	4	5
	<i>Under 30s</i>	45	45
<i>Undergraduate degree:</i>	<i>Basic science</i>	22	11*
	<i>Maths and engineering</i>	6	3
	<i>Medical sciences</i>	19	35*
	<i>Psychology</i>	3	2
<i>Gender:</i>	<i>Males</i>	21	22
	<i>Females</i>	28	32

**SM Table 2: Whole ATP scale**

2012 v 2013	Mean score for 2012 (out of 5) (2dp)	Mean score for 2013 (out of 5) (2dp)	P value (sig level 0.05) (3dp)	Effect size (Cohen's d) (3dp)
<i>Whole cohort</i>	2.91	2.92	0.986	0.005
<i>30+</i>	2.80	2.99	0.382	0.228
<i>Under 30s</i>	2.92	2.91	0.952	0.016
<i>Basic science</i>	2.94	2.94	1.000	0.001
<i>Maths and</i>	2.82	2.94	0.490	0.179

<i>engineering</i>				
<i>Medical sciences</i>	2.90	2.99	0.968	0.010
<i>Psychology</i>	3.00	2.91	0.788	0.070
<i>Males</i>	2.94	2.93	0.909	0.030
<i>Females</i>	2.89	2.92	0.904	0.031

**SM Table 3: Whole PEAK scale**

2012 v 2013	Mean score for 2012 (out of 5) (2dp)	Mean score for 2013 (out of 5) (2dp)	P value (sig level 0.05) (3dp)	Effect size (Cohen's d (3dp))
<i>Whole cohort</i>	3.63	3.68	0.741	0.196
<i>30+</i>	3.75	3.83	0.712	0.220
<i>Under 30s</i>	3.67	3.76	0.698	0.231
<i>Basic science</i>	3.58	3.67	0.617	0.299
<i>Maths and engineering</i>	3.50	3.83	0.352	0.564
<i>Medical sciences</i>	3.74	3.88	0.245	0.715
<i>Psychology</i>	4.28	3.17	0.001*	3.065
<i>Males</i>	4.08	3.67	0.318	0.576
<i>Females</i>	3.81	3.87	0.723	0.211

**SM Table 4: Detailed qualitative data**

Category	Theme (number of comments from: 2012 cohort, 2013 cohort)	Source data
<b>Comments about the survey itself</b>	Problems or concerns with survey itself (n=2, n=2)	<p>2012 Some of the questions are difficult to answer, as I do not have sufficient evidence from my experience to either agree or disagree with the statements. I disagreed with question 23, not because I do not think that psychiatry is the most important discipline, but because I don't think we can describe any one discipline as more important than others. With regard to question 29, I do not think that psychiatric patients are uninteresting, but rather I have encountered interesting patients in all specialities.</p> <p>2012 Q32 is ambiguous.</p>

Category	Theme (number of comments from: 2012 cohort, 2013 cohort)	Source data
		<p>2013 Are these questions written with tongue in cheek?! - Asking if we see psych patients as humans?! Give us a break. It might be reasonable to ask if we see psych illnesses as 'real' vs medical illness, but to ask if we see psych patients as 'human' seems rather lazy (or patronising?).</p> <p>2013 I think a number of the statements above sound like greatly overly stated negative biases against psychiatry, and I would be surprised if there are a large number of medical students who agree with them.</p>
<b>Attitudes towards psychiatry as a career and discipline</b>	Psychiatry as a discipline is interesting and important (n=9, n=12)	<p>2012 I believe that psychiatry should be an amazing field which is truly fascinating.</p> <p>2012 My thoughts about Psychiatry changed once I undertook a placement. Having an academic background, I was interested in learning more about the evidence and efficacy regarding treatment in addition to symptom classification. My initial opinion was that there this was a research driven specialty and whilst to a degree this may be the case, there is so much conflict and disparity among the experts that I found it frustrating.</p> <p>2012 Psychiatric illness itself ironically I find fascinating. I could never ever work in though. I think I would rather leave medicine. The thought of having to work with and pretend to respect some of the consultants I have met is something I could not face.</p> <p>2012 I think that psychiatry is a really important area of medicine and I do find it interesting (although I am not considering it as a career).</p> <p>2012 I found psychiatry interesting but wouldn't consider it alone as I would miss physical medicine too much.</p> <p>2012 I understand the importance of psychiatric disorders and value psychiatrists as practitioners. I think it is an important speciality.</p> <p>2012 Psychiatry rotation and GP rotation where I encountered lots of people with depression in the community. They made me realise the extent of mental health issues across all ages, which I was previously relatively unaware of so it was a good experience and a lot of knowledge was gained within a short period of time.</p> <p>2012 Psychiatry can be an eye opening block if you have not been exposed to people who suffer with mental health problems before.</p> <p>2012 I respect psychiatry.</p> <p>2013 Having the opportunity to see different psychiatrists at work was very interesting and it did give me a much greater appreciation of what the specialty involves</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		<p>2013 I find the field of psychiatry interesting but from my experience, I did not find the job of a psychiatrist that appealing; I found the work that the other health professionals within the field did e.g. mental health nurses, psychologists more interesting, with more ability to delve deeper and make a difference.</p> <p>2013 Having spent the vast majority of time on the female psychiatric ward, I was able to witness the effects of treatments and the fluctuations in patients' conditions. This gave me an appreciation of psychiatry and the effect of psychiatric care/medication that could not be gained from a lecture or textbook.</p> <p>2013 My reasons for not wishing to pursue psychiatry as a career have nothing to do with believing it to be of no or little value - in fact I believe that those who pursue it may have a very rewarding career and make a great difference to patients' lives, however it may simply not be the right career choice for some.</p> <p>2013 I think more credit towards Psychiatrists is due. They are working very hard with very limited resources - and facing further cuts within mental health services from the government than in any other sector. Before my psychiatry block, I was never encouraged to take up any vocation by any of the consultants I had met in previous specialties. I was bowled over by the enthusiasm of psychiatrists to instil and pass down their experiences and try and convince me to take up psychiatry. I thought it was amazing that so much emphasis was put on helping students experience sub specialties of Psychiatry, and I am very grateful for this. I was able to spend some time in an eating disorder clinic, and on another occasion attend a perinatal clinic, both I found absolutely fascinating. My thoughts about psychiatry changed drastically during my block, and I am hopeful to pursue an F1/F2 rotation in the specialty before definitely making my mind up about which career path I'd like to go down.</p> <p>2013 I would really like a job in psychiatry as I care a lot about mental illness and have experience of dealing with those who are mentally ill. They have so much to offer society that is often unappreciated. However, I am concerned that psychiatry is a bit slow as a specialty and that you do not get as much time to talk to the patient and explore their concerns as you should, and rather just make changes to medication.</p> <p>2013 I went into my psychiatry block with very little interest but my work with Dr X [Consultant] and Dr Y [Consultant] was fascinating. I came out with a much better understanding and appreciation of psychiatry. This, alongside its relevance to my preferred speciality in oncology, led me to actively look for an f1 rotation in general psychiatry which I have just received confirmation of. Furthermore throughout my degree my empathy and attitude towards mental health has greatly been shaped by the teaching I have received.</p> <p>2013 I learnt a lot from having an active part in my placement and my views on psychiatry and exam marks reflected that compared to my friends.</p> <p>2013 I was very interested in psychiatry at the start of medical school but I feel that my psychiatry placement made me doubt this a little as the progress did seem very slow and it seemed hard to help patients significantly. That doesn't mean I</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		<p>don't believe psychiatry can be a useful and admirable specialty but in my short experience, I didn't see as much evidence of this as I had hoped for.</p> <p>2013 Unfortunately I felt the services offered in Psychiatry during my placement with them were too limited or poor in quality that I could consider a career in psychiatry as I would feel as though I was failing patients on a regular basis as I would be unable to offer a level of care I felt appropriate. However, I recognise it is a specialty with a large workload and has aspects which are important across most areas of Medicine</p> <p>2013 Speciality clinical placement in Psychiatry and emphasis on importance of mental health when learning medicine</p> <p>2013 Before medical school, I was strongly considering psychiatry as a career. My interest in it started to wane when I began to receive didactic psychiatry lectures (before my psychiatry block): at times, I found the way it was taught at medical school slightly uninspiring. I think this is a shame as it can be a fascinating subject.</p>
	<p>Participants discussed personal interest in a career in psychiatry <i>(n=0, n=4)</i></p>	<p>2013 Unfortunately my clinical experiences were really disappointing, mostly due to lack of enthusiasm and rude attitude from the consultant which was disappointing considering I am so interested in a career in psychiatry</p> <p>2013 I think more credit towards Psychiatrists is due. They are working very hard with very limited resources - and facing further cuts within mental health services from the government than in any other sector. Before my psychiatry block, I was never encouraged to take up any vocation by any of the consultants I had met in previous specialties. I was bowled over by the enthusiasm of psychiatrists to instil and pass down their experiences and try and convince me to take up psychiatry. I thought it was amazing that so much emphasis was put on helping students experience sub specialties of Psychiatry, and I am very grateful for this. I was able to spend some time in an eating disorder clinic, and on another occasion attend a perinatal clinic, both I found absolutely fascinating. My thoughts about psychiatry changed drastically during my block, and I am hopeful to pursue an F1/F2 rotation in the specialty before definitely making my mind up about which career path I'd like to go down.</p> <p>2013 I would really like a job in psychiatry as I care a lot about mental illness and have experience of dealing with those who are mentally ill. They have so much to offer society that is often unappreciated. However, I am concerned that psychiatry is a bit slow as a specialty and that you do not get as much time to talk to the patient and explore their concerns as you should, and rather just make changes to medication.</p> <p>2013 Definitely enjoyed my placement and I would like to do a psychiatry job in fy1 or fy2 to see how much I like it</p>
	<p>Psychiatry is under-appreciated by other medics <i>(n=0, n=1)</i></p>	<p>2013 I think that psychiatry is a very important medical specialty and does not get the appreciation by the remainder of the medical profession. My first senior rotation was psychiatry and I had a really poor experience - but I think this was based upon being unlucky with ward allocations and a lack of junior doctors attached to the consultants I was allocated.</p>
	<p>Psychiatry is useful for other specialities</p>	<p>2012 I do recognise and appreciate its presence within other specialties and it is important we have knowledge and experience of psychiatry. We will all come across psychiatric illnesses whatever specialty we undertake and I do feel they</p>

Category	Theme (number of comments from: 2012 cohort, 2013 cohort)	Source data
	(n=1, n=3)	<p>should be taken just as seriously as physical illnesses. My feelings definitely changed after my psychiatry block and I became more empathetic and tolerant of people with psychiatric illnesses.</p> <p>2013 I went into my psychiatry block with very little interest but my work with Dr X [Consultant] and Dr Y [Consultant] was fascinating. I came out with a much better understanding and appreciation of psychiatry. This, alongside its relevance to my preferred speciality in oncology, led me to actively look for an f1 rotation in general psychiatry which I have just received confirmation of. Furthermore throughout my degree my empathy and attitude towards mental health has greatly been shaped by the teaching I have received.</p> <p>2013 I am personally considering a career in General Practice. I believe that Psychiatry training is extremely valuable towards my future career goal, which is why I have chosen to do a 4 month Psychiatry placement during my Foundation training.</p> <p>2013 Unfortunately I felt the services offered in Psychiatry during my placement with them were too limited or poor in quality that I could consider a career in psychiatry as I would feel as though I was failing patients on a regular basis as I would be unable to offer a level of care I felt appropriate. However, I recognise it is a speciality with a large workload and has aspects which are important across most areas of Medicine</p>
	Psychiatry has good working hours (n=1, n=0)	<p>2012 The doctors seemed incompetent at normal medicine and only chose psychiatry because of nice working hours, it seems cut off from the rest of the profession.</p>
	Psychiatry is very different to other specialties (n=0, n=1)	<p>2013 I feel that Psychiatry as a speciality is so different from other medical or surgical specialties, it is hard to consider them in a similar way - that is not to say that Psychiatry is any more or less valuable just incredibly different. My reasons for not wishing to pursue psychiatry as a career have nothing to do with believing it to be of no or little value - in fact I believe that those who pursue it may have a very rewarding career and make a great difference to patients' lives, however it may simply not be the right career choice for some. I found during my placement that I was continuously asked by staff and doctors as to whether I was interested in it as a future career and that when I answered that I did not think it was for me, this was taken poorly, as if that meant I did not find it a valid speciality in some way. So I think it is important to acknowledge that it is very different - and therefore not going to be for everybody. And if you do not feel it is for you, this does mean it is being dismissed or that I am not interested to learn and experience things during my placement.</p>
	Psychiatry is "not medical enough" (n=4, n=0)	<p>2012 I found psychiatry interesting but wouldn't consider it alone as I would miss physical medicine too much. For example, not being able to manage the acutely unwell patient in a psych hospital, but instead having to refer them to a&amp;e as was my experience.</p> <p>2012 I also think that I would hate to waste the medical knowledge I have gained.</p> <p>2012 I am mostly put off psychiatry because I feel like I would not be using nearly all of my medical training, and this would be a waste.</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
	Psychiatry is imprecise in diagnoses <i>(n=4, n=0)</i>	<p>2012 It is sometimes very difficult to see why you spend 5 years at medical school to become a psychiatrist</p> <p>2012 There appears to be a necessity to teach psychiatry as a tick-box exercise based upon diagnostic criteria rather than teaching how to understand underlying psychopathology and treat accordingly. It also appears to be far too important that we label patients in order to facilitate access to specific services (e.g. Personality Disorders Service, Depression, Anxiety) which are all disjoint and take separate approaches whilst pulling in distinct directions, rather than actually seeking to understand the processes which have caused the issue and taking a single approach which tackles all issues simultaneously.</p> <p>2012 Certain mental health disorders have become "fashionable", you can't fake diabetes or other medical conditions, it decreases the credibility of a profession when diagnoses are handed out to anyone that asks for one, especially when they are seeking money (DLA) [Disability Living Allowance] not treatment. It is the lack of objectivity and the attempt to label any small difference as a diagnosis that damages the reputation of psychiatry.</p> <p>2012 I found it very frustrating that diagnostic criteria were not used and even if there were used it is often hard due to the subjective nature of symptoms.</p> <p>2012 As someone who likes to have strong physical evidence to aid the diagnostic process, psychiatry can feel a bit amorphous/imprecise, with many of the patients I saw having had a string of different diagnoses over a number of years.</p>
	There is a lack of evidence-base or academic rigour in Psychiatry <i>(n=5, n=0)</i>	<p>2012 As such, there are areas with - for example, operator dependent talking therapies (e.g. Psychotherapy, Intensive Short Term Dynamic Psychotherapy) - which it would be difficult to gather 'empirical evidence' as to their efficacy. Particularly versus other techniques. As such it appears that services offered vary according to zeitgeist rather than anything more meaningful.</p> <p>2012 I found that the psychiatrists themselves fairly disappointing and often didn't have basic medical knowledge. They were far from role models and if anything continued the stereotype of a failing profession. They would give wildly different answers to the same questions and they seemed to lack academic rigour. I found the standard of care very poor and my heart really went out the patients who I felt were really be let down.</p> <p>2012 My thoughts about Psychiatry changed once I undertook a placement. Having an academic background, I was interested in learning more about the evidence and efficacy regarding treatment in addition to symptom classification. My initial opinion was that there this was a research driven specialty and whilst to a degree this may be the case, there is so much conflict and disparity among the experts that I found it frustrating.</p> <p>2012 Personally I don't understand a lot of what goes on in psychiatry, again from my experience it seems different people have their own different ways of doing things and it seems to be a lot of trial and error, which doesn't sit well with me coming from a hard science background. I like cause and effect and there doesn't seem to be that relationship in psychiatry.</p>

Category	Theme (number of comments from: 2012 cohort, 2013 cohort)	Source data
	Psychiatry is not respected, or failing as a profession (n=4, n=0)	<p>2012 I found the teaching to be immensely variable. Some consultants used evidence based medicine while others seemed to still be hung up on quaint Freudian hypotheses.</p> <p>2012 I feel that psychiatry is not taken seriously, but likewise that psychiatry does not take itself seriously and instead tries to curtail to the demands of medicine and try to fit into that framework.</p> <p>2012 I found that the psychiatrists themselves fairly disappointing and often didn't have basic medical knowledge. They were far from role models and if anything continued the stereotype of a failing profession.</p> <p>2012 Never have I met such a collection of individuals with such a collective weight of chips upon their shoulders. Their determination to make psychiatry a respected profession comes at the detriment of their ability to provide a valuable learning opportunity.</p> <p>2012 2 months in Z [City] with a psychiatrist who had little/no interest in teaching wasn't really a valuable experience. He was also the most eccentric man I've ever met, which has perhaps given me a false impression of the stability of the profession.</p>
	There were poor levels of patient care, difficulties providing services needed (e.g. psychological therapy) or difficulties helping patients (n=5, n=5)	<p>2012 I feel we do not really do the profession justice, and the outsourcing of talking therapies away from psychiatrists is a cost-saving exercise which adversely affects patient care.</p> <p>2012 I found the standard of care very poor and my heart really went out the patients who I felt were really be let down.</p> <p>2012 We've been told the majority of psychiatric management occurs in general practice, so I expected the interventions/management seen in psychiatric settings to be more advanced but with the exception of ECT [electroconvulsive therapy], all we experienced was minor drug dosage changes, which most of the time seemed to be based on the expectation of something being done by the doctor, rather than being based on any evidence of benefit to the patient.</p> <p>2012 Psychiatric hospital was the best experience for medical students but has to be the worst experience for someone with a mental health disorder.</p> <p>2012 Most of the treatment I saw was pharmacological and I rarely saw patients be offered psychotherapy even when it seemed like they might benefit from it. Even though I still believe that psychiatric patients can be effectively treated, this is not what I saw in practice and overall I found the clinical placement quite depressing, especially the psychiatric hospital!</p> <p>2013 I am concerned that psychiatry is a bit slow as a specialty and that you do not get as much time to talk to the patient and explore their concerns as you should, and rather just make changes to medication.</p> <p>2013 I was very interested in psychiatry at the start of medical school but I feel that my psychiatry placement made me doubt this a little as the progress did seem very slow and it seemed hard to help patients significantly. That doesn't mean I</p>

Category	Theme (number of comments from: 2012 cohort, 2013 cohort)	Source data
		<p>don't believe psychiatry can be a useful and admirable specialty but in my short experience, I didn't see as much evidence of this as I had hoped for.</p> <p>2013 I have an impression that psychiatry is less effective than clinical psychology for people with mild mental health issues. Psychiatry doesn't offer much rather than drugs.</p> <p>2013 Unfortunately I felt the services offered in Psychiatry during my placement with them were too limited or poor in quality that I could consider a career in psychiatry as I would feel as though I was failing patients on a regular basis as I would be unable to offer a level of care I felt appropriate. However, I recognise it is a specialty with a large workload and has aspects which are important across most areas of Medicine.</p> <p>2013 I also felt that a lot of the work of the psychiatrists involved adjusting the dose of their patients' medication: it seemed that they were trying to control rather than cure their symptoms, and that attempts to cure the patients would have been futile.</p>
	<p>Psychiatry is not right for the participant as a career (n=8, n=5)</p>	<p>2012 Psychiatric illness itself ironically I find fascinating. I could never ever work in though. I think I would rather leave medicine. The thought of having to work with and pretend to respect some of the consultants I have met is something I could not face.</p> <p>2012 I enjoyed psychiatry teaching and the clinical placement. It wasn't any less scientific than my other blocks but it isn't a personal interest of mine. However I do recognise and appreciate its presence within other specialties and it is important we have knowledge and experience of psychiatry. We will all come across psychiatric illnesses whatever specialty we undertake and I do feel they should be taken just as seriously as physical illnesses.</p> <p>2012 I don't have any particularly negative thoughts about psychiatry/psychiatrists in general, except for personally having a pretty awful time on my placement. 2 months in Z [City] with a psychiatrist who had little/no interest in teaching wasn't really a valuable experience. He was also the most eccentric man I've ever met, which has perhaps given me a false impression of the stability of the profession. Personally I don't understand a lot of what goes on in psychiatry, again from my experience it seems different people have their own different ways of doing things and it seems to be a lot of trial and error, which doesn't sit well with me coming from a hard science background. I like cause and effect and there doesn't seem to be that relationship in psychiatry. Whilst on placement we had a pretty terrifying experience where we were in a room with a patient that shouldn't have been in there who got quite aggressive, and despite us pulling our alarms it took a long time for anyone to come and help, which is another reason I am very, very firmly against doing it as a career. I had a psych case in IPEs [Intermediate Professional Examination] and personally would love one in FPE [Final Professional Examination], I am quite confident in actually taking a history and doing an MSE [Mental State Examination], I just don't want to ever do a psych job after that.</p> <p>2012 I think that psychiatry is a really important area of medicine and I do find it interesting (although I am not</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		<p>considering it as a career).</p> <p>2012 I found psychiatry interesting but wouldn't consider it alone as I would miss physical medicine too much.</p> <p>2012 Psychiatry rotation and GP rotation where I encountered lots of people with depression in the community. They made me realise the extent of mental health issues across all ages, which I was previously relatively unaware of so it was a good experience and a lot of knowledge was gained within a short period of time. My experience of Psychiatry was relatively limited compared to other students however due to having been taught by a consultant who had limited clinical opportunities and spent more time doing administrative work. This may have contributed to me being put off Psychiatry as a specialty as I like to be constantly busy and his days appeared relatively relaxed and slow-paced.</p> <p>2012 As someone who likes to have strong physical evidence to aid the diagnostic process, psychiatry can feel a bit amorphous/imprecise, with many of the patients I saw having had a string of different diagnoses over a number of years. It feels like a completely new world, with so much new terminology and treatments such as psychotherapy that I had had no experience of before. It felt like the block only scratched the surface of field. The block didn't change my views on psychiatry, but it did reinforce that it is not an area that I want to go into.</p> <p>2012 It is not a career I am considering because I do not find it interesting personally.</p> <p>2013 Having the opportunity to see different psychiatrists at work was very interesting and it did give me a much greater appreciation of what the specialty involves, however I am still of the opinion that it is not the right fit for me as a career.</p> <p>2013 I find the field of psychiatry interesting but from my experience, I did not find the job of a psychiatrist that appealing; I found the work that the other health professionals within the field did e.g. mental health nurses, psychologists more interesting, with more ability to delve deeper and make a difference.</p> <p>2013 My reasons for not wishing to pursue psychiatry as a career have nothing to do with believing it to be of no or little value - in fact I believe that those who pursue it may have a very rewarding career and make a great difference to patients' lives, however it may simply not be the right career choice for some.</p> <p>2013 Unfortunately I felt the services offered in Psychiatry during my placement with them were too limited or poor in quality that I could consider a career in psychiatry as I would feel as though I was failing patients on a regular basis as I would be unable to offer a level of care I felt appropriate. However, I recognise it is a specialty with a large workload and has aspects which are important across most areas of Medicine.</p> <p>2013 Before medical school, I was strongly considering psychiatry as a career. My interest in it started to wane when I began to receive didactic psychiatry lectures (before my psychiatry block): at times, I found the way it was taught at medical</p>

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		<p>school slightly uninspiring. I think this is a shame as it can be a fascinating subject. Rightly or wrongly, I think this was the most important influence on my opinion of psychiatry, even if it does not count as clinical experience. My thoughts about psychiatry did change after the clinical experience I received during my psychiatry block: in fact, it put me off the speciality even more. I felt that the Foundation doctors, and even the psychiatry trainees, working in the speciality had less responsibility than junior doctors than in other specialities, and that only consultants can make important decisions. I also felt that a lot of the work of the psychiatrists involved adjusting the dose of their patients' medication: it seemed that they were trying to control rather than cure their symptoms, and that attempts to cure the patients would have been futile. As a student, I found that I was almost completely unable to participate in patient care, and my experience was largely limited to observation: I did not get much opportunity to take histories or examine patients in clinic, and I did not find taking histories on the ward to be particularly useful for my learning as few inpatients were able to give good histories. All of these factors further contributed to my decision to exclude psychiatry as a possible career option.</p>
<b>Role models in psychiatry</b>	Psychiatric doctors are good clinicians <i>(n=1, n=0)</i>	2012 He had excellent patient relationships and worked well with even the most challenging to tackle their condition be it depression or addiction.
	Psychiatric doctors are poor clinicians <i>(n=3, n=0)</i>	<p>2012 I believe that psychiatry should be an amazing field which is truly fascinating. I was largely put off the field by my 8 week placement there. I found that the psychiatrists themselves fairly disappointing and often didn't have basic medical knowledge. They were far from role models and if anything continued the stereotype of a failing profession. They would give wildly different answers to the same questions and they seemed to lack academic rigour. I found the standard of care very poor and my heart really went out the patients who I felt were really be let down.</p> <p>2012 Psychiatrist house officers complained they were being de-skilled with medical training.</p> <p>2012 The doctors seemed incompetent at normal medicine and only chose psychiatry because of nice working hours, it seems cut off from the rest of the profession.</p>
	Psychiatric doctors are poor role models <i>(n=3, n=1)</i>	<p>2012 My experience of doing it was very poor indeed. Never have I met such a collection of individuals with such a collective weight of chips upon their shoulders. Their determination to make psychiatry a respected profession comes at the detriment of their ability to provide a valuable learning opportunity. While I appreciate that these issues stem more from the complete shambles that is the psych block which is propped up by the inability to take and act upon feedback as oppose to the profession itself I feel like my impression of psych is so overwhelmingly negative it must be said.</p> <p>2012 I don't have any particularly negative thoughts about psychiatry/psychiatrists in general, except for personally having a pretty awful time on my placement. 2 months in Z [City] with a psychiatrist who had little/no interest in teaching wasn't really a valuable experience. He was also the most eccentric man I've ever met, which has perhaps given me a false impression of the stability of the profession.</p> <p>2012 The majority of the consultant psychiatrists I came across seemed fairly incompetent and completely uninterested in their own specialty.</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		2013 Unfortunately my clinical experiences were really disappointing, mostly due to lack of enthusiasm and rude attitude from the consultant which was disappointing considering I am so interested in a career in psychiatry
	Psychiatric doctors are positive role models <i>(n=1, n=2)</i>	2012 My psychiatrist enjoyed his job and was very enthusiastic and engaging in my learning and participation. He was open to my interests even though they were not shared (forensic psyche) and went out of his way to arrange (ale it [albeit] unsuccessfully) a relevant placement to tune into my interests. He had excellent patient relationships and worked well with even the most challenging to tackle their condition be it depression or addiction.  2013 Spending my 6-week psychiatry block at the B [Hospital] with Dr Y [Consultant] and Dr X [Consultant]. Having spent the vast majority of time on the female psychiatric ward, I was able to witness the effects of treatments and the fluctuations in patients' conditions. This gave me an appreciation of psychiatry and the effect of psychiatric care/medication that could not be gained from a lecture or textbook.  2013 My psychiatry placement played a huge role in my opinion of psychiatry, I had really good and motivated supervisors that really encouraged interest in the field. I felt welcomed and relaxed in the team and felt the doctors in psych were generally happier and less stressed over their jobs than on the wards which made a big impression on me
	Psychiatric doctors seem less stressed or happier than seen in other specialties <i>(n=0, n=1)</i>	2013 My psychiatry placement played a huge role in my opinion of psychiatry, I had really good and motivated supervisors that really encouraged interest in the field. I felt welcomed and relaxed in the team and felt the doctors in psych were generally happier and less stressed over their jobs than on the wards which made a big impression on me
	Psychiatric doctors are enthusiastic about their profession <i>(n=2, n=2)</i>	2012 I had a very good clinical placement. Thought it was well organised and the staff were keen to teach.  2012 My psychiatrist enjoyed his job and was very enthusiastic and engaging in my learning and participation. He was open to my interests even though they were not shared (forensic psyche) and went out of his way to arrange (ale it [albeit] unsuccessfully) a relevant placement to tune into my interests. He had excellent patient relationships and worked well with even the most challenging to tackle their condition be it depression or addiction.  2013 Before my psychiatry block, I was never encouraged to take up any vocation by any of the consultants I had met in previous specialties. I was bowled over by the enthusiasm of psychiatrists to instil and pass down their experiences and try and convince me to take up psychiatry. I thought it was amazing that so much emphasis was put on helping students experience sub specialties of Psychiatry, and I am very grateful for this.  2013 My psychiatry placement played a huge role in my opinion of psychiatry, I had really good and motivated supervisors that really encouraged interest in the field. I felt welcomed and relaxed in the team and felt the doctors in psych were generally happier and less stressed over their jobs than on the wards which made a big impression on me
	Psychiatric doctors are unenthusiastic about their	2012 I feel I was put off by my experience in psychiatry as the psychiatrist I was attached to seemed to dislike the profession and was actively encouraging me not to choose it as a career.

Category	Theme (number of comments from: 2012 cohort, 2013 cohort)	Source data
	profession (n=4, n=2)	<p>2012 I don't have any particularly negative thoughts about psychiatry/psychiatrists in general, except for personally having a pretty awful time on my placement. 2 months in Z [City] with a psychiatrist who had little/no interest in teaching wasn't really a valuable experience. He was also the most eccentric man I've ever met, which has perhaps given me a false impression of the stability of the profession.</p> <p>2012 The better psychiatrists were the ones that always wanted to be psychiatrists, while those that trained abroad and had no other choice often seemed strongly disillusioned with their careers.</p> <p>2012 The majority of the consultant psychiatrists I came across seemed fairly incompetent and completely uninterested in their own specialty.</p> <p>2013 Unfortunately my clinical experiences were really disappointing, mostly due to lack of enthusiasm and rude attitude from the consultant which was disappointing considering I am so interested in a career in psychiatry.</p> <p>2013 Doctors on my placement seemed dissatisfied with their career - putting me off the specialty.</p>
	Junior doctors in psychiatry do all of work OOH (n=1, n=0)	2012 Psychiatrists seem to work during the office hours with the juniors working out of hours.
	Junior doctors in psychiatry don't have much responsibility (n=0, n=1)	2013 I felt that the Foundation doctors, and even the psychiatry trainees, working in the speciality had less responsibility than junior doctors than in other specialities, and that only consultants can make important decisions.
	Other mental health jobs are more interesting (n=0, n=1)	2013 I find the field of psychiatry interesting but from my experience, I did not find the job of a psychiatrist that appealing; I found the work that the other health professionals within the field did e.g. mental health nurses, psychologists more interesting, with more ability to delve deeper and make a difference.
<b>Students' experience of classroom-based teaching</b>	There was good classroom-based psychiatry teaching	<p>2012 I enjoyed psychiatry teaching and the clinical placement. It wasn't any less scientific than my other blocks but it isn't a personal interest of mine. However I do recognise and appreciate its presence within other specialties and it is important we have knowledge and experience of psychiatry. We will all come across psychiatric illnesses whatever specialty we undertake and I do feel they should be taken just as seriously as physical illnesses. My feelings definitely changed after my psychiatry block and I became more empathetic and tolerant of people with psychiatric illnesses.</p> <p>2012 The teaching we had in our psychiatry block was good.</p>
	There was poor classroom-based psychiatry teaching	2013 I don't think that our teaching on psychiatry was particularly effective, which doesn't help with the stigma associated with psychiatry. I think it should start from the basics (too much assumed knowledge) and focus on the key facts of the key conditions.

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		<p>2013 Before medical school, I was strongly considering psychiatry as a career. My interest in it started to wane when I began to receive didactic psychiatry lectures (before my psychiatry block): at times, I found the way it was taught at medical school slightly uninspiring. I think this is a shame as it can be a fascinating subject. Rightly or wrongly, I think this was the most important influence on my opinion of psychiatry, even if it does not count as clinical experience.</p>
<b>Personal and clinical experience of psychiatry</b>	<p>Participants have little role and/or found it practically difficult to talk to patients <i>(n=2, n=2)</i></p>	<p>2012 Outpatient clinics were often cancelled last minute and patient DNA's [Do Not Attends] were high. This is understandable in psychiatry, but nonetheless frustrating to then have nothing to do for the 45 min to 1 hour that the consultation was booked for.</p> <p>2012 Community psychiatry: many patients didn't attend their appointments, mental health is underfunded yet run so inefficiently.</p> <p>2013 Ward based part of my psychiatry block was the most useful as it gave the opportunity to see patients throughout their stay. The outpatients part could be improved but it would be useful if there was a system to help for when patients don't turn up as this could mean a lot of waiting around. Overall I enjoyed my psychiatry block.</p> <p>2013 As a student, I found that I was almost completely unable to participate in patient care, and my experience was largely limited to observation: I did not get much opportunity to take histories or examine patients in clinic, and I did not find taking histories on the ward to be particularly useful for my learning as few inpatients were able to give good histories.</p>
	<p>Participants were scared for their safety during experiences <i>(n=2, n=0)</i></p>	<p>2012 Whilst on placement we had a pretty terrifying experience where we were in a room with a patient that shouldn't have been in there who got quite aggressive, and despite us pulling our alarms it took a long time for anyone to come and help, which is another reason I am very, very firmly against doing it as a career. I had a psych case in IPEs [Intermediate Professional Examinations] and personally would love one in FPE [Final Professional Examinations], I am quite confident in actually taking a history and doing an MSE [Mental State Examination], I just don't want to ever do a psych job after that.</p> <p>2012 However I found it intimidating as a student and was quite scared for my safety many times.</p>
	<p>Psychiatry experience increased students' empathy <i>(n=4, n=1)</i></p>	<p>2012 My clinical psychiatry experience gave me a better understanding of the impact and extent of severe mental illness as I feel the casual use of psychiatry terms in society means the true extent of the severity of mental illness is not appreciated by the general public e.g. saying one feels depressed, when the reality is sad not depressed, or saying a person who is very particular is "a bit OCD" [Obsessive Compulsive Disorder].</p> <p>2012 I have to say that I thoroughly enjoyed my placement and was very appreciative as it offered insight into patient care from another angle and actually helped me understand patients better than if I were to simply restrict my thinking to medical/surgical aspects.</p> <p>2012 We will all come across psychiatric illnesses whatever specialty we undertake and I do feel they should be taken just as seriously as physical illnesses. My feelings definitely changed after my psychiatry block and I became more empathetic and tolerant of people with psychiatric illnesses.</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		<p>2012 Clinical experience working with the crisis team was extremely valuable, gave great insight into psych emergencies and opportunity to go into patient's homes and see how they live which helped understanding and management planning.</p> <p>2013 Furthermore throughout my degree my empathy and attitude towards mental health has greatly been shaped by the teaching I have received.</p>
	<p>Participants had an overall poor experience of psychiatry placement <i>(n=6, n=3)</i></p>	<p>2012 I believe that psychiatry should be an amazing field which is truly fascinating. I was largely put off the field by my 8 week placement there. I found that the psychiatrists themselves fairly disappointing and often didn't have basic medical knowledge. They were far from role models and if anything continued the stereotype of a failing profession. They would give wildly different answers to the same questions and they seemed to lack academic rigour. I found the standard of care very poor and my heart really went out the patients who I felt were really be let down.</p> <p>2012 Outpatient clinics were often cancelled last minute and patient DNA's [Did Not Attends] were high. This is understandable in psychiatry, but nonetheless frustrating to then have nothing to do for the 45 min to 1 hour that the consultation was booked for. When OP [outpatient] clinics were running, the day often started around 10 am and finished at 2-3pm, compounding the impression that psychiatrists are lazy and sit around not doing much. In other medical blocks a morning/afternoon clinic would last longer than the whole day in psychiatry. We've been told the majority of psychiatric management occurs in general practice, so I expected the interventions/management seen in psychiatric settings to be more advanced but with the exception of ECT [Electroconvulsive Therapy], all we experienced was minor drug dosage changes, which most of the time seemed to be based on the expectation of something being done by the doctor, rather than being based on any evidence of benefit to the patient. Before the psychiatry block at medical school I was looking forward to learning about psychiatric conditions and experiencing management of them, however I now feel dissuaded from working in psychiatry at any stage during my future training.</p> <p>2012 My experience of doing it was very poor indeed. Never have I met such a collection of individuals with such a collective weight of chips upon their shoulders. Their determination to make psychiatry a respected profession comes at the detriment of their ability to provide a valuable learning opportunity. While I appreciate that these issues stem more from the complete shambles that is the psych block which is propped up by the inability to take and act upon feedback as oppose to the profession itself I feel like my impression of psych is so overwhelmingly negative it must be said. I would also like to point out while I did meet some very nice Drs and Consultants the majority I found to fit with my initial statement. Psychiatric illness itself ironically I find fascinating. I could never ever work in though. I think I would rather leave medicine. The thought of having to work with and pretend to respect some of the consultants I have met is something I could not face.</p> <p>2012 I don't have any particularly negative thoughts about psychiatry/psychiatrists in general, except for personally having a pretty awful time on my placement. 2 months in Z [City] with a psychiatrist who had little/no interest in teaching wasn't really a valuable experience. He was also the most eccentric man I've ever met, which has perhaps given me a false impression of the stability of the profession. Personally I don't understand a lot of what goes on in psychiatry, again from my experience</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		<p>it seems different people have their own different ways of doing things and it seems to be a lot of trial and error, which doesn't sit well with me coming from a hard science background. I like cause and effect and there doesn't seem to be that relationship in psychiatry. Whilst on placement we had a pretty terrifying experience where we were in a room with a patient that shouldn't have been in there who got quite aggressive, and despite us pulling our alarms it took a long time for anyone to come and help, which is another reason I am very, very firmly against doing it as a career. I had a psych case in IPEs [Intermediare Professional Examinations] and personally would love one in FPE [Final Professional Examinations], I am quite confident in actually taking a history and doing an MSE [Mental State Examinations], I just don't want to ever do a psych job after that.</p> <p>2012 I found the teaching to be immensely variable. Some consultants used evidence based medicine while others seemed to still be hung up on quaint Freudian hypotheses. The better psychiatrists were the ones that always wanted to be psychiatrists, while those that trained abroad and had no other choice often seemed strongly disillusioned with their careers. I found it very frustrating that diagnostic criteria were not used and even if there were used it is often hard due to the subjective nature of symptoms.</p> <p>2012 Unfortunately I did not enjoy my clinical placement. The majority of the consultant psychiatrists I came across seemed fairly incompetent and completely uninterested in their own specialty. Most of the treatment I saw was pharmacological and I rarely saw patients be offered psychotherapy even when it seemed like they might benefit from it. Even though I still believe that psychiatric patients can be effectively treated, this is not what I saw in practice and overall I found the clinical placement quite depressing, especially the psychiatric hospital!</p> <p>2013 I don't think that our teaching on psychiatry was particularly effective, which doesn't help with the stigma associated with psychiatry. I think it should start from the basics (too much assumed knowledge) and focus on the key facts of the key conditions. Unfortunately my clinical experiences were really disappointing, mostly due to lack of enthusiasm and rude attitude from the consultant which was disappointing considering I am so interested in a career in psychiatry.</p> <p>2013 I think that psychiatry is a very important medical specialty and does not get the appreciation by the remainder of the medical profession. My first senior rotation was psychiatry and I had a really poor experience - but I think this was based upon being unlucky with ward allocations and a lack of junior doctors attached to the consultants I was allocated.</p> <p>2013 My thoughts about psychiatry did change after the clinical experience I received during my psychiatry block: in fact, it put me off the speciality even more. I felt that the Foundation doctors, and even the psychiatry trainees, working in the speciality had less responsibility than junior doctors than in other specialities, and that only consultants can make important decisions. I also felt that a lot of the work of the psychiatrists involved adjusting the dose of their patients' medication: it seemed that they were trying to control rather than cure their symptoms, and that attempts to cure the patients would have been futile. As a student, I found that I was almost completely unable to participate in patient care, and my experience was largely limited to observation: I did not get much opportunity to take histories or examine patients in clinic, and I did not find</p>

Category	Theme (number of comments from: 2012 cohort, 2013 cohort)	Source data
	<p>Participants had an overall positive experience of psychiatry placement (n=5, n=10)</p>	<p>taking histories on the ward to be particularly useful for my learning as few inpatients were able to give good histories.</p> <p>2012 I had a very good clinical placement. Thought it was well organised and the staff were keen to teach.</p> <p>2012 I was scared of psychiatry initially, but my experience of the discipline has removed that fear.</p> <p>2012 My thoughts about Psychiatry changed once I undertook a placement. Having an academic background, I was interested in learning more about the evidence and efficacy regarding treatment in addition to symptom classification. My initial opinion was that there this was a research driven specialty and whilst to a degree this may be the case, there is so much conflict and disparity among the experts that I found it frustrating. I have to say that I thoroughly enjoyed my placement and was very appreciative as it offered insight into patient care from another angle and actually helped me understand patients better than if I were to simply restrict my thinking to medical/surgical aspects.</p> <p>2012 I enjoyed psychiatry teaching and the clinical placement. It wasn't any less scientific than my other blocks but it isn't a personal interest of mine. However I do recognise and appreciate its presence within other specialties and it is important we have knowledge and experience of psychiatry. We will all come across psychiatric illnesses whatever specialty we undertake and I do feel they should be taken just as seriously as physical illnesses. My feelings definitely changed after my psychiatry block and I became more empathetic and tolerant of people with psychiatric illnesses.</p> <p>2012 Clinical experience working with the crisis team was extremely valuable, gave great insight into psych emergencies and opportunity to go into patient's homes and see how they live which helped understanding and management planning.</p> <p>2013 Having the opportunity to see different psychiatrists at work was very interesting and it did give me a much greater appreciation of what the specialty involves, however I am still of the opinion that it is not the right fit for me as a career.</p> <p>2013 Spending my 6-week psychiatry block at the B [Hospital] with Dr Y [Consultant] and Dr X [Consultant]. Having spent the vast majority of time on the female psychiatric ward, I was able to witness the effects of treatments and the fluctuations in patients' conditions. This gave me an appreciation of psychiatry and the effect of psychiatric care/medication that could not be gained from a lecture or textbook.</p> <p>2013 I think more credit towards Psychiatrists is due. They are working very hard with very limited resources - and facing further cuts within mental health services from the government than in any other sector. Before my psychiatry block, I was never encouraged to take up any vocation by any of the consultants I had met in previous specialties. I was bowled over by the enthusiasm of psychiatrists to instil and pass down their experiences and try and convince me to take up psychiatry. I thought it was amazing that so much emphasis was put on helping students experience sub specialties of Psychiatry, and I am very grateful for this. I was able to spend some time in an eating disorder clinic, and on another occasion attend a perinatal clinic, both I found absolutely fascinating. My thoughts about psychiatry changed drastically during my block, and I am hopeful to</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		<p>pursue an F1/F2 rotation in the specialty before definitely making my mind up about which career path I'd like to go down.</p> <p>2013 Ward based part of my psychiatry block was the most useful as it gave the opportunity to see patients throughout their stay. The outpatients part could be improved but it would be useful if there was a system to help for when patients don't turn up as this could mean a lot of waiting around Overall I enjoyed my psychiatry block.</p> <p>2013 Definitely enjoyed my placement and I would like to do a psychiatry job in fy1 or fy2 to see how much I like it.</p> <p>2013 I went into my psychiatry block with very little interest but my work with Dr X [Consultant] and Dr Y [Consultant] was fascinating. I came out with a much better understanding and appreciation of psychiatry. This, alongside its relevance to my preferred speciality in oncology, led me to actively look for an f1 rotation in general psychiatry which I have just received confirmation of. Furthermore throughout my degree my empathy and attitude towards mental health has greatly been shaped by the teaching I have received.</p> <p>2013 I was on PICU [Psychiatric Intensive Care] at the B [Consultant] for my placement and got so much out of it. Each day interviewing patients and doing MSEs [Mental State Examination]. Most of my friends however did not talk to a patient at all during their consultation so hated the psych OSLER [Objective Structured Long Examination Record] station where as I was really happy to get a psych case. I am not sure whether it's consultants personal views on how much to let students do during placement or the fact students don't feel able to ask but I think this should be addressed. I learnt a lot from having an active part in my placement and my views on psychiatry and exam marks reflected that compared to my friends. I think more emphasis on getting students to engage with patients would benefit the placement experience and how students approach psychiatry in exams.</p> <p>2013 Overall my experience of psychiatry at WMS [Warwick Medical School] has been excellent, working on the PICU [Psychiatric Intensive Care] with Dr A [Consultant] was fantastic. It was good to see patients showing signs before they were treated.</p> <p>2013 My psychiatry block in final year. Great first-hand experience of patients with psychiatric disorders and their management and interaction with psychiatrists.</p> <p>2013 My psychiatry placement played a huge role in my opinion of psychiatry, I had really good and motivated supervisors that really encouraged interest in the field. I felt welcomed and relaxed in the team and felt the doctors in psych were generally happier and less stressed over their jobs than on the wards which made a big impression on me.</p>
	Participants had a positive experience of psychiatry before attending medical	<p>2012 I studied psychology at undergraduate, my positive attitude and interest towards psychiatry stems from that.</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
	school <i>(n=1, n=0)</i>	
<b>Organisational context and resources</b>	Participants had a negative experience of mental health service organisation or management <i>(n=3, n=0)</i>	<p>2012 I felt my consultant psychiatrist had a mostly organisational role and felt she had not gone into psychiatry to do this.</p> <p>2012 I feel that the artificial divide between psychiatry and psychotherapy within the UK is stifling and unhelpful to teaching and to patients. There appears to be a necessity to teach psychiatry as a tick-box exercise based upon diagnostic criteria rather than teaching how to understand underlying psychopathology and treat accordingly. It also appears to be far too important that we label patients in order to facilitate access to specific services (e.g. Personality Disorders Service, Depression, Anxiety) which are all disjoint and take separate approaches whilst pulling in distinct directions, rather than actually seeking to understand the processes which have caused the issue and taking a single approach which tackles all issues simultaneously. I feel that psychiatry is not taken seriously, but likewise that psychiatry does not take itself seriously and instead tries to curtail to the demands of medicine and try to fit into that framework. Psychiatry is like surgery in that whilst medical, it is not 'medicine' and thus cannot be treated like such and be expected to fit within the same models and same frameworks. As such, there are areas with - for example, operator dependent talking therapies (e.g. Psychotherapy, Intensive Short Term Dynamic Psychotherapy) - which it would be difficult to gather 'empirical evidence' as to their efficacy. Particularly versus other techniques. As such it appears that services offered vary according to zeitgeist rather than anything more meaningful. My clinical experience was shaped by placements both locally and on elective abroad. Seeing the contrast between training pathways here, and the way services are delivered, versus those of another economically developed country was fascinating. I feel we do not really do the profession justice, and the outsourcing of talking therapies away from psychiatrists is a cost-saving exercise which adversely affects patient care.</p> <p>2012 Community psychiatry: many patients didn't attend their appointments, mental health is underfunded yet run so inefficiently.</p>
	Psychiatry is under-resourced <i>(n=2, n=1)</i>	<p>2012 My clinical experience was shaped by placements both locally and on elective abroad. Seeing the contrast between training pathways here, and the way services are delivered, versus those of another economically developed country was fascinating. I feel we do not really do the profession justice, and the outsourcing of talking therapies away from psychiatrists is a cost-saving exercise which adversely affects patient care.</p> <p>2012 Community psychiatry: many patients didn't attend their appointments, mental health is underfunded yet run so inefficiently.</p> <p>2013 I think more credit towards Psychiatrists is due. They are working very hard with very limited resources - and facing further cuts within mental health services from the government than in any other sector.</p>
	Psychiatry has a slow pace of work / lack of heavy workload <i>(n=2, n=2)</i>	<p>2012 When OP [outpatient] clinics were running, the day often started around 10 am and finished at 2-3pm, compounding the impression that psychiatrists are lazy and sit around not doing much. In other medical blocks a morning/afternoon clinic would last longer than the whole day in psychiatry.</p>

Category	Theme <i>(number of comments from: 2012 cohort, 2013 cohort)</i>	Source data
		<p>2012 My experience of Psychiatry was relatively limited compared to other students however due to having been taught by a consultant who had limited clinical opportunities and spent more time doing administrative work. This may have contributed to me being put off Psychiatry as a specialty as I like to be constantly busy and his days appeared relatively relaxed and slow-paced.</p> <p>2013 I would really like a job in psychiatry as I care a lot about mental illness and have experience of dealing with those who are mentally ill. They have so much to offer society that is often unappreciated. However, I am concerned that psychiatry is a bit slow as a specialty and that you do not get as much time to talk to the patient and explore their concerns as you should, and rather just make changes to medication.</p> <p>2013 I was very interested in psychiatry at the start of medical school but I feel that my psychiatry placement made me doubt this a little as the progress did seem very slow and it seemed hard to help patients significantly. That doesn't mean I don't believe psychiatry can be a useful and admirable specialty but in my short experience, I didn't see as much evidence of this as I had hoped for.</p>

## **Appendix: Questionnaire given to students via online survey programme**

### **ATP-30**

*Each item is rated on a 5 point Likert scale: strongly agree, agree, neutral, disagree, strongly disagree*

Psychiatry is unappealing because it makes so little use of medical training

Psychiatrists talk a lot but do little

Psychiatric hospitals are little more than prisons

I would like to be a psychiatrist

It is quite easy for me to accept the efficacy of psychotherapy

On the whole, people taking up psychiatric training are running away from participation in real medicine

Psychiatrists seem to talk about nothing but sex

The practice of psychotherapy is basically fraudulent

Psychiatric teaching increases our understanding of medical and surgical patients

The majority of students report that their psychiatric undergraduate training has been valuable

Psychiatry is a respected branch of medicine

Psychiatric illness deserves at least as much attention as physical illness

Psychiatry has very little scientific information to go on

With the forms of therapy now at hand most psychiatric patients improve

Psychiatrists tend to be at least as stable as the average doctor

Psychiatric treatment causes patients to worry too much about their symptoms

Psychiatrists get less satisfaction from their work than other specialties

It is interesting to try and unravel the cause of a psychiatric illness

There is little that psychiatrists can do for their patients

Psychiatric hospitals have a specific contribution to make to the treatment of the mentally ill

If I were asked what I considered to be the three most exciting medical specialties, psychiatry would be excluded

At times, it is hard to think of psychiatrists as equal to other doctors

These days, psychiatry is the most important part of the curriculum in medical schools

Psychiatry is so unscientific that even psychiatrists can't agree what its basic applied sciences are

In recent years, psychiatric treatment has become quite effective

Most of the so-called facts in psychiatry are really just vague speculations

If we listen to them, psychiatric patients are just as human as other people

The practice of psychiatry allows the development of really rewarding relationships with people

Psychiatric patients are often more interesting to work with than other patients

Psychiatry is so amorphous that it cannot be taught effectively

#### **PEAK-6**

*Each item is rated on a 5 point Likert scale: excellent, good, neither good / bad, poor, very poor*

My knowledge of Psychiatry is:

My experience with Psychiatry is:

My knowledge of individuals with mental disorders is:

My experience of individuals with mental disorders is:

My attitude towards Psychiatry is:

My attitude towards individuals with mental disorders is:

**Psychiatry specialty choice**

*Each item is rated on a 5 point Likert scale: strongly agree, agree, neutral, disagree, strongly disagree*

At the moment, I am considering Psychiatry as a future career

**Free-text responses**

Please use this box to state any thoughts or comments raised by the questions above

Some questions that you may wish to consider:

Do you have any (positive or negative) thoughts or feelings about Psychiatry that are not covered by any of the statements above?

Do you feel that your thoughts about Psychiatry changed after undertaking clinical experience in Psychiatry?

Which part of your clinical experience was most important in forming your current opinion of Psychiatry, and why?