

## Tinker, Trainer, Savoir-Faire: The Trainee and Research

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I hope that this somewhat obscure title will assume some meaning over the next ten minutes or so. The aim of this talk is to examine the trainee's view of research. Trainees have a variety of reasons for not embarking on research at registrar or senior registrar level. The most commonly stated are the following:

1. Insufficient time, given extensive service commitments.
2. The need primarily to acquire clinical skills and an understanding of the field of psychiatry before being in a position to undertake research
3. The pressures of the Membership examination. The research option seems to have been a failure as the concessions are not adequate incentive. Bringing the examination forward in time would probably encourage more registrars to take on research commitments. Many view research as being essentially a post-Membership activity.
4. Changing posts and hospitals makes it difficult to pursue a project for an extended period of time.
5. Lack of facilities.
6. Lack of supervision or, even worse, lack of encouragement.

It is this final problem which seems to be the most crucial one. Where a good working relationship exists between a trainee and a supervisor, many of the other difficulties tend to recede in importance. A supervisor is anyone who is able to help the trainee with a research project in a practical way. He may be a member of an academic department, a consultant, a research worker, or even a senior registrar.

A common state of affairs at present seems to be the following: The registrar, being consistently told by his teachers that he must do some research to get on in the world of psychiatry, approaches a potential supervisor with the state-

ment that he would like to do some research though he is not quite sure as to what subject he would like to investigate (Fig. 1).

The supervisor, rather than being pleased, is more likely to show definite signs of impatience. The registrar is told he must go away and design a research protocol. He may duly return with a research design, but in all likelihood this will be badly flawed and will be metaphorically (and sometimes literally) torn to pieces by the supervisor (Fig. 2).



Fig 2



Only the very highly motivated registrar is likely to return a second time. The rest, believing that their prospects have now taken a major downward turn, immerse themselves in their clinical work, but even there, with their morale shattered, they are of little use to their patients.

What appears to be lacking here is an appreciation of the fact that one needs to *learn* to do research: there must be a period of apprenticeship and perhaps some latitude for constructive tinkering. It is absurd to expect from the trainee a perfect proposal at this stage—or even anything approaching it. The standard required is not a Nobel prize-winning one but one perhaps suitable for a good pilot study. In 1936 W. H. George, in a book describing the activities of scientists, said: 'Scientific research is not itself a science, it is still an art or craft'. A similar point was made by T. H. Huxley: 'science is nothing but trained and organized common sense, differing from the latter as a veteran differs from a raw recruit; and its methods differ from common sense only as far as the guardsman's cut and thrust differs from the manner in which a savage wields his club'.

Clearly then, the supervisor must be a teacher or at least a sensitive guide. He must address himself to a number of tasks:

1. He must be prepared to help the trainee to formulate an answerable question. Professor Ming T. Tsuang, in a helpful article in the June 1980 issue of the *Bulletin*, said that in his experience the day-to-day practice of treating patients provides the best source of new ideas for clinical research. 'The best incentive for the trainee is more likely to reside in clinical necessity than in mere academic interest'. It is therefore an advantage for the trainee and supervisor to be working together in a clinical setting.

Alternatively, the trainee may be able to find a place in an already on-going joint venture. Trainees do not usually mind being offered a question suitable for investigation; indeed, they often ask for one. They would also often welcome the opportunity to take part in a joint pre-planned venture. Taking this further, perhaps a contribution to an ongoing project could form part of a particular rotational post. For the unmotivated trainee this seems to me to be the only way of engaging him in research.

2. A host of practical difficulties need to be examined before any research design can be put into operation. The trainee certainly does not have the experience to recognize many of these, and even if he does he may simply lack the *power* to ensure the cooperation of others who may be vital to the free progress of the research, e.g. other consultants, hospital records departments, nurses, pathology departments, etc. Trainees are usually also quite unaware of the ethical problems involved in a research project and require guidance here as well.
3. The trainee also needs to be protected from other consultants and peers who may denigrate his attempts at research.
4. There are also many other problems that time does not permit me to discuss, such as assistance in presenting results, writing up papers, and so on, but one must conclude that a major commitment is required from the supervisor. A useful barometer, as it were, of this commitment is often the amount of study leave granted to a trainee to pursue his research.

There is also the possibility that, if research becomes prominent in an institution, an ethos will develop and a momentum for further research be generated. If people are

seen to be engaged in research, newcomers may come to believe they should behave in a similar way.

A point that follows from the idea that trainees' research is primarily a learning experience is the provision of a suitable forum in which research at this level may be presented and the results discussed. This may involve local or national meetings and perhaps sections in journals devoted to brief reports from small pilot studies. The trainee may then come to feel that his work has some value for the psychiatric community at large and it may open up avenues for further work by, and one may hope with, experienced researchers in the field.

What are some of the implications of this view of research training? It clearly requires hard work by the supervisor as well as the trainee. Because of this, the potential progress will, to a large degree, be a measure of how much we as a profession value research. If we truly value it, we shall make sure that each institution responsible for training psychiatrists will have a number of people who recognize it as part of their job to supervise research. If such people are missing in a department, perhaps appointments committees would bear the need for them in mind. Perhaps it could be formally included in a job description. Research training should find a place in the general teaching programme.

I would like to conclude with some comments about the value of trainees' research. There is some evidence bearing on this question. Russell, in 1967, reported on the replies of over 90 per cent of 120 candidates who had completed a dissertation as one of the requirements of the Academic DPM between 1952 and 1965 at the Institute of Psychiatry. He concluded that, on the whole, the candidates found the exercise valuable. For example, 75 per cent said that it had proved helpful for their ability to evaluate the literature in other areas. Fifty per cent of their own dissertations were communicated at large in one form or another. It is of interest to note that the candidate's ability to suggest his own subject for the dissertation was not an essential prerequisite to a later fruitful research output.

#### REFERENCES

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