



special articles

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SANJU GEORGE, DITESH DHAYA AND FEMI OYEBODE

Five-year study (2000–2004) of trainees' publications in the *Psychiatric Bulletin*

AIMS AND METHOD

We explored the contribution of trainees to the *Psychiatric Bulletin* by estimating the nature and proportion of papers by trainees published during a 5-year period: 2000–2004.

RESULTS

Nearly a third (30.7%) of all papers published during the 5 years were

authored/co-authored by trainees.

The predominant contribution was to education and training papers (66% of all the papers in this section), original papers (46%) and drug information quarterly papers (30%).

The proportions of papers by trainees remained fairly consistent across the 5 years.

CLINICAL IMPLICATIONS

Overall, the *Psychiatric Bulletin* appears to be 'trainee-friendly' and this should encourage trainees to submit papers to the *Bulletin*.

Participation in research is crucial to meeting the higher specialist training requirements and furthering one's career prospects (progression from senior house officer (SHO) to specialist registrar (SpR) and from SpR to consultant). Reasons for doing research vary. Williams & Curran (1998), in a study that explored why SpRs do research, identified the following reasons: own interest (33.3%), curriculum vitae purposes (29.8%) and to advance career (22.8%). A direct and observable outcome measure or evidence of involvement in research is publication in a scientific journal. In our view, there is a perception, among trainees and trainers in the UK, that it is relatively easy for trainees to have their papers accepted for publication in the *Psychiatric Bulletin* compared with other journals. However, the contribution of trainees to the *Bulletin* has not been formally studied. The aim of this study was to estimate the proportion and nature of papers published by trainees in the *Psychiatric Bulletin* in the 5-year period: 2000–2004.

Method

We looked at all papers published in the *Psychiatric Bulletin* over a 5-year period (2000–2004). Publications were categorised into the following sections: editorials, opinion and debate, original papers, special articles, education and training, drug information quarterly, correspondence and book reviews. The total number of publications in each category and those that had a trainee/s as an author/s was noted separately and collectively for the 5 years. For the purposes of this

study, SpRs, SHOs and medical students were considered as trainees. Further information on trainee authors was collected regarding their grade of training (SHO/SpR), level of authorship (first, second or third author) and the geographical region of training within the UK. Any paper that had multiple trainee authors was 'counted' only once and those that did not specify the authors' affiliations or training grade were excluded from the study. Data were analysed with the Statistical Package for the Social Sciences version 11.0.

Results

Of the 691 papers (excluding correspondence and book reviews) included in the study, 212 were by trainees (30.7%). A detailed analysis of the proportion of papers by trainees according to category and year is given in Table 1. Considerably higher proportions of original papers (45.9%), education & training papers (66%) and drug information quarterly papers (30%) were by trainees compared with special articles (19.8%), opinion & debate papers (10.8%) and editorials (6.3%).

There did not appear to be considerable variation in the proportions of papers by trainees across the 5 years. This was true for original papers (range 42.3–53.2%), education & training papers (range 60–71.4%) and correspondence (range 21.1–40.3%), three of the categories with the most trainee authorship. In contrast, 31% of the special articles in 2000 were by trainees, whereas this dropped to 16% in 2004 (Fig. 1).

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articles

Table 1. Publications by trainees

Category of paper	2000	2001	2002	2003	2004	Total
	n, N (%)					
Editorials	0, 12	0, 14	3, 16 (18.8)	2, 20 (10)	0, 17	5, 79 (6.3)
Opinion & debate	3, 28 (10.7)	3, 25 (12)	2, 24 (8.3)	1, 16 (6.3)	3, 18 (16.7)	12, 111 (10.8)
Original papers	27, 59 (45.8)	28, 62 (45.2)	22, 50 (44)	22, 52 (42.3)	25, 47 (53.2)	124, 270 (45.9)
Special articles	9, 29 (31.0)	7, 37 (18.9)	9, 43 (20.9)	3, 27 (11.1)	4, 25 (16)	32, 161 (19.8)
Education & training	3, 5 (60)	5, 8 (62.5)	7, 11 (63.6)	8, 12 (66.7)	10, 14 (71.4)	33, 50 (66)
Drug information quarterly	1, 5 (20)	2, 5 (40)	1, 5 (20)	1, 2 (50)	1, 3 (33.3)	6, 20 (30)
Book reviews	0, 22	0, 24	0, 25	2, 17	0, 25	2, 113 (1.8)
Correspondence	34, 94 (36.2)	27, 67 (40.3)	18, 55 (32.7)	8, 38 (21.1)	17, 53 (32.1)	104, 307 (33.9)

n, papers by trainees; N, total number of papers.

Training grade and authorship

Of the 212 papers by trainees (excluding correspondence and book reviews), 165 (77.8%) were by SpRs, 45 (21.2%) were by SHOs and 10 (4.7%) were by medical students.

Of these 212 papers, 149 (70.3%) had trainees as first authors; SpRs were first authors more often when involved in authorship (124/165, 75.2%) and less frequently as second authors (29/165, 17.5%) or third authors (12/165, 7.3%). In contrast, SHOs were almost as likely to be the first authors (21/45, 46.7%) as second authors (19/45, 42.2%). Four papers had medical students as first authors and six papers as second authors.

Types of original studies and region of training

Overall, trainees published 124 original papers in the 5-year period. Sixty-three (50.8%) of these were questionnaire surveys, 18 (14.5%) were case record-based studies, 17 (13.7%) were audits and 5 were other types of studies. Interestingly, only 21 of the 124 studies (16.9%) involved direct patient contact.

Papers that had trainees as first authors were further analysed to identify the trainees' geographical region of training. The majority of the trainees were training in London (42/149, 28.2%). The only other

regions of the UK from where there were 5 or more papers were Birmingham (12), Edinburgh (7), Manchester (5), Bristol (5) and Nottingham (5). Other parts of the UK were more or less equally represented.

Discussion

Overall, the results indicate that trainees contribute substantially to the *Psychiatric Bulletin*. Nearly one-third (30.7%) of all papers were by trainees, which included 66% of education & training papers, 45.9% of original papers and 19.8% of special articles. However, trainees contributed to only 6.3% (5 out of 79) of the editorials and 10.8% (12 out of 111) of the opinion & debate papers. This is understandable as trainees are unlikely to have well-formed opinion on policy and practice issues, given their limited experience in psychiatry. Nevertheless, it may be beneficial for trainees to be joint authors as this will add to their experience. Of all papers with trainee authors, 70.3% had trainees as first authors. Specialist registrars were the first authors in over three-quarters (75.2%) of papers by trainees, and SHOs accounted for the rest. It is also noteworthy that the proportion of papers by trainees remained fairly consistent across the 5-year study period.

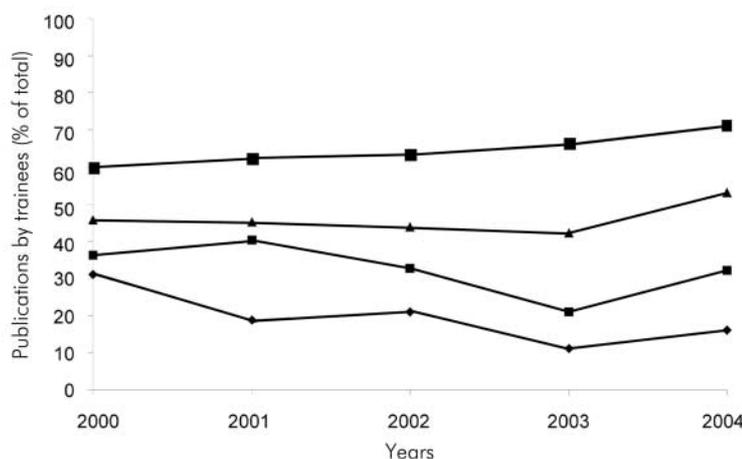


Fig. 1. Fluctuations in proportions of papers published by trainees over a 5-year period. —◆—, Special articles; —■—, correspondence; —▲—, original papers; —●—, education & training.

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Two other interesting results warrant special mention. First, the number of papers by trainees in London (42/149, 28.2%) when the trainee was first author was disproportionately large. This could either be because of the very large number of trainees in these training schemes or the greater emphasis and opportunities given to these trainees for involvement in research. Second, the type of original research conducted by trainees was noteworthy. The majority of the studies (83%) involved no direct patient contact: questionnaire surveys, audits and case note-based studies predominated. This probably is a reflection of the practical difficulties that trainees encounter in getting involved in more 'original' research, such as lack of protected time for research, changing jobs every 6–12 months, inadequate support from trainers and bureaucracy of ethics applications, to list just a few.

Out of the 124 original studies, 17 (13.7%) were audits. Audit is regarded as the cornerstone of clinical governance and, given its emphasis in the record of in-training assessment, it is surprising that relatively few audit papers were published by trainees. There could be two reasons: audits tend to be conducted 'centrally' within trusts (by the research and development department or the clinical governance team) and hence trainee input is limited; second, the *Psychiatric Bulletin* in recent years has increased its quality threshold for publication, and a full audit cycle is required before such papers can be accepted for publication. The length of training posts makes it unlikely that trainees will be involved in the full cycle.

Specialist registrars were first authors on only 124 papers over the 5-year study period (approximately 25 papers per annum). There are over 1500 SpRs in psychiatry in the UK, and even if only some contributed to the *Bulletin*, this number is still very small. This calls into question the issue of proper utilisation of the 'research day' by SpRs. Although most SpRs vehemently argue for its continuation (Vassilas et al, 2002), it is probably time to re-evaluate its usefulness and consider alternatives.

Limitations

This study had two important limitations. First, the study period of 5 years is relatively short. However, prior to 1999 the categories in the *Psychiatric Bulletin* under which papers were published were different from the current categories. Hence, inclusion of those papers would have rendered comparisons invalid. Second, although this study demonstrates that trainees contribute substantially to the *Bulletin*, it does not prove/disprove a possible bias against papers by trainees. There is no reason to suspect that this is the case and exploration of this methodologically complex issue was beyond the remit of this study.

Conclusion

In the light of the findings of this study, it seems reasonable to conclude that the *Bulletin* is indeed 'trainee-friendly'. The inclusion of a 'trainees section' in the *Psychiatric Bulletin* (as existed prior to 1999) might encourage trainees to publish more papers.

Declaration of interest

S.G. was the trainee editor of *Psychiatric Bulletin* and is now an editorial board member. F.O. is an editorial board member of *Psychiatric Bulletin*.

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- ***Sanju George** Specialist Registrar in General Adult Psychiatry, Queen Elizabeth Psychiatric Hospital, Edgbaston, Birmingham B15 2QZ, e-mail: sanju.george@talk21.com, **Ditesh Dhaya** Senior House Officer in Psychiatry, **Femi Oyebode** Professor of Psychiatry and Consultant Psychiatrist, Queen Elizabeth Psychiatric Hospital, Birmingham

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NICK ROSE

Diary from Sri Lanka's east coast: arrival

A 9-year-old girl with large moist eyes stares past the doctor. She had been admitted to a district hospital with fever the morning the tsunami struck. Many patients, nurses and doctors died there, and the girl still has night terrors. The doctor interviewing her lost a number of colleagues and was traumatised himself.

Eighteen months on, the tsunami is woven into many of the stories I hear as I supervise medical officers in their psychiatric assessment work. It's hard for me to imagine what these reminders, repeated in varying forms day in

day out, mean for the health staff involved, what buttons they press. We're interrupted by the bleep of the doctor's mobile. The text message reads 'Four shootings, please go to mortuary'. Another incident in what has become a relentless trickle. The BBC World Service talks of Sri Lanka being on the brink of civil war. Three communities brace themselves, Tamils, Moslems and Sinhalese, all fearful of a descent into past horrors.

Since late April when a female suicide bomber almost killed the head of the army at the Colombo headquarters,