

What affects completion of the scholarly project? A survey of RANZCP trainees

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Abstract

Objective: To explore trainee perception of what facilitates or delays completion of the RANZCP Scholarly Project (SP).

Method: Of 182 currently registered New Zealand trainees, 33 (18%) completed an online questionnaire and three open-ended questions.

Results: Most trainees agreed or strongly agreed that having protected time for research (87.5%) and access to an appropriate supervisor (87.9%) would facilitate the completion of their SP. Other college requirements were identified by most trainees (87.9%) as a factor delaying completion.

Conclusions: Identifying and protecting research time and ensuring adequate supervision appear essential to improve the uptake and completion of this training requirement.

Keywords: research, post-graduate training, supervision, scholarly project

Research is an essential part of postgraduate psychiatric training. The Scholarly Project (SP), one of the summative assessments in the 2012 Royal Australia and New Zealand College of Psychiatrists (RANZCP) Fellowship Program, involves a trainee undertaking an original research in an area relevant to psychiatry. It should be completed successfully by 60 months of full-time-equivalent (FTE) training and is assessed at the standard expected at the end of fellowship training. There are recent publications on guiding trainees and supervisors with completing the SP.^{1–3} However, there is a general perception that trainees are delaying completion of this requirement. For example, in 2016 there were 1497 trainees in Australia and New Zealand (NZ); the college had received only 102 SP proposals from October 2013 to March 2017, while 48 exemptions were granted.⁴ Trainees may be exempted from submitting an SP if they have: (a) successfully completed a doctoral or masters thesis, or honours in a field relevant to psychiatry or mental health in the past 10 years; or (b) had an article related to psychiatry published in a peer-reviewed journal in the last 10 years in which they were a major author. The aim of this survey is to explore trainee perception of what facilitates or delays completion of the SP and inform training programmes to develop and implement effective strategies to support the process.

Method

Following ethics approval by the University of Auckland Human Participants Ethics Committee (Reference: 019092), the RANZCP National Office invited all NZ trainees ($n=182$) via email to participate an online questionnaire prepared using a widely available software (www.surveymonkey.com). The survey took place in June 2017 with a reminder sent after 2 weeks. The questionnaire collected demographic information, trainee's reported research experience and current status with respect to the SP requirement. A 5-point Likert scale (strongly agree/agree/neutral/disagree/strongly disagree) was used to gauge attitudes toward a series of factors considered relevant to SP completion. We also asked trainees three free text questions.

1. Please comment on other barriers for undertaking or completing your SP.

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Table 1. Demographic information of trainee respondents (n=33)

	n = 33 n (%)
Gender	
Female	21 (63.6)
Male	12 (36.4)
Age	
20 – 29	7 (21.2)
30 – 34	11 (33.3)
35 – 39	10 (30.3)
40 – 44	3 (9.1)
45 +	2 (6.1)
Medical graduation^a	
New Zealand	21(63.6)
UK	5 (15.2)
Australia	1 (3.0)
Others	6 (18.2)
Stage of training	
One	5 (15.2)
Two	14 (42.4)
Three	14 (42.4)
Has a spouse or partner	
Yes	28 (84.8)
No	5 (15.2)
Has responsibility for caring for children	
Yes	16 (48.5)
No	17 (51.5)

^aGraduation year: median = 2009; interquartile range = 2008 – 2011.

- Please list other factors or training activities you think could facilitate completion of your SP.
- We are planning a SP workshop at the next RANZCP NZ Branch Conference in September 2017. What topics would be particularly important to include?

Responses to the first two questions were analysed using the thematic qualitative methodology described by Braun and Clarke whereby qualitative data is analysed using a six-phase process.⁵ The first author familiarised himself with the data, catalogued recurring semantic concepts, searched for themes and reviewed the relevance of the themes compared to the full data set.

Results

The survey was completed by 33 (18.1%) trainees. Demographic and background information are summarised in Table 1; reported research experience and

Table 2. Research experience and scholarly project status

	n = 33 n (%)
Research Degree	
MSc/MA	5 (15.2)
MD	1 (3.0)
PhD	1 (3.0)
None	26 (78.8)
Other research experience	
Yes	17 (51.5)
No	16 (48.5)
Publications	
No	21 (63.6)
Yes	12 (36.4)
Status of Scholarly Project	
Not yet started	12 (36.4)
Proposal in preparation	10 (30.3)
Proposal submitted, awaiting decision	1 (3.0)
Proposal approved	3 (9.1)
Project submitted, awaiting decision	1 (3.0)
Already passed	1 (3.0)
Exempted	5 (15.2)

SP status are shown in Table 2. Tables 3 and 4 present a quantitative summary of perceived facilitators and barriers to the completion of SP.

Fourteen trainees suggested topics to be included in an SP workshop, summarised in Box 1. A total of 27 responses to the open-ended questions on perceived facilitators and barriers were received and analysed thematically; these fall into four broad categories.

Box 1. Suggested topics for a Scholarly Project (SP) workshop

- How and when to start a SP; planning with subspecialty training
- Choosing a supervisor
- Formulating a research question
- Study design and methodology
- Project management
- Ethics application
- Academic writing for research proposal, SP write up, and publication
- Examples of successful SPs, SPs in progress, and marking criteria

Table 3. What trainees (n=33) think would facilitate scholarly project completion

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
	n (%)				
Having protected time for research ^a	1 (3.1)	2 (6.3)	1 (3.1)	4 (12.5)	24 (75.0)^b
An organised research curriculum in the training programme	0 (0)	3 (9.1)	4 (12.1)	14 (42.4)	12 (36.4)
Attending a research methodology course	0 (0)	1 (3.0)	8 (24.2)	16 (48.5)	8 (24.2)
Having a forum to present research	0 (0)	7 (21.2)	12 (36.4)	8 (24.2)	6 (18.2)
Discussing potential research proposal with a dedicated SP advisor/coordinator	0 (0)	1 (3.0)	4 (12.1)	9 (27.3)	19 (57.6)
Having access to an appropriate SP supervisor	0 (0)	1 (3.0)	3 (9.1)	7 (21.2)	22 (66.7)
Having access to statistician	0 (0)	0 (0)	8 (24.3)	12 (36.4)	13 (39.4)
An online forum on the RANZCP website where trainees can interact with psychiatrists researchers/supervisors	0 (0)	9 (27.3)	9 (27.3)	6 (18.2)	9 (27.3)
Having access to statistical software such as SPSS, Stata, R, or EpiInfo	1 (3.0)	2 (6.1)	10 (30.3)	12 (36.4)	8 (24.2)
Having access to qualitative analysis software such as NVivo or NUDIST	1 (3.0)	2 (6.1)	12 (36.4)	11 (33.3)	7 (21.2)
Having access to reference management software such as RefWorks or EndNote	0 (0)	2 (6.1)	7 (21.2)	16 (48.5)	8 (24.2)
Financial support such as research grant	1 (3.0)	0 (0)	11 (33.3)	8 (24.2)	13 (39.4)
A research assistant who can support ethics application	0 (0)	3 (9.1)	4 (12.1)	11 (33.3)	15 (45.5)
A research assistant who can support data collection	0 (0)	4 (12.1)	4 (12.1)	9 (27.3)	16 (48.5)

SP: Scholarly Project.

^aMissing data n=1.

^bModes are in bold.

Time and opportunity

Lack of time and the need to meet other training and service requirements were the most reported barrier. Examples include:

Far too many College training requirements already on top of busy clinical work, on-call work and attempting to raise children in a supposed work-life balance. It is almost impossible to achieve any life balance with the amount of pressure to complete College requirements. (Trainee 33)

There are too many little assessments that we have to do for college requirements which makes it a

significant mental burden to try and even get started on the project. (Trainee 32)

Ideas of protected research time and developing a research elective/attachment were suggested;

Half a day per week for 3–6 months may facilitate more projects being completed. (Trainee 26)

College process and standard

One trainee thought the SP requirements (proposal, supervision and writing a report for marking) were cumbersome and suggested 'the exemption route may be more appealing' (Trainee 25). Trainees also reported that it might not

Table 4. What trainees (n=33) think may delay their scholarly project

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
	n (%)				
Learning clinical psychiatry takes up all my available time	0 (0)	3 (9.1)	5 (15.2)	14 (42.4)^a	11 (33.3)
Meeting other college training requirements takes up all my available time	0 (0)	1 (3.0)	3 (9.1)	12 (36.4)	17 (51.5)
Personal lack of interest in doing research	4 (12.1)	12 (36.4)	10 (30.3)	6 (18.2)	1 (3.0)
Too many personal commitments, family life, or need for a work-life balance	0 (0)	4 (12.1)	7 (21.2)	10 (30.3)	12 (36.4)
Having inadequate research training	0 (0)	6 (18.2)	7 (21.2)	11 (33.3)	9 (27.3)
Feeling inadequate as a junior researcher	1 (3.0)	4 (12.1)	10 (30.3)	10 (30.3)	8 (24.2)
Uncertainty about my subspecialty choice (e.g. Psychiatry of Old Age, Forensic, Consultation Liaison) for advanced training	3 (9.1)	10 (30.3)	9 (27.3)	5 (15.2)	6 (18.2)

^aModes are in bold.

be practical to start an SP if they were going to complete subspecialty training that also required a research project. One trainee thought more time was needed for the College to evaluate the 2012 Fellowship Program. Many trainees were uncertain about the passing standard and one person suggested: 'at some point it may be possible to look at other trainee projects which have passed'. (Trainee 7)

Support and guidance

A number of trainees mentioned the lack of support, interest and guidance from the College, local training programme and academic department; resulting in a lack of direction. One trainee wanted clearer instruction on the SP requirements; and one trainee commented,

Knowing where and how to start is hard, and there are so many additional assessment hurdles that I think most trainees feel overwhelmed and start with hurdles that are more familiar to them. (Trainee 25)

Research supervisor and topic

Trainees often lacked research experience, 'if you've never done research before, it's a bit overwhelming at first' (Trainee 30). A research supervisor/mentor can provide advice and 'someone to bounce off ideas' (Trainee 2). However, finding an SP supervisor was

raised as an issue, particularly in rural setting and settings where psychiatrist supervisors were not actively involved in research. One trainee very much agreed with the importance of research supervision and suggested, 'make this compulsory in first year to find supervisor' (Trainee 24). Trainees also struggled with finding a research topic and one person suggested 'a database of potential projects for trainees who struggle to formulate a topic' (Trainee 2).

Discussion

Scholarship is one of core competencies expected of all trainees on completion of the RANZCP Fellowship Program, defined across the major roles expected of a contemporary psychiatrist.⁶ As scholars, psychiatrists should, 'contribute to the development of knowledge in the area of mental health'.⁶ This NZ online survey was completed by mainly Stage 2 and 3 trainees in their first 36 months of FTE training (84.8%). Although over half (51.5%) of the respondents have research experience, two-thirds (66.7%) of them have not yet started their SP or are currently in the process of preparing a proposal. Our response rate (18%) was lower than a previous survey (32%) that used a similar methodology, while the percentage of females completed this survey (63.6%) was higher than the percentage of females in training in NZ (49%).^{7,8} These factors may limit the generalisability of our results.

The quantitative survey found access to an appropriate SP supervisor (87.9% agree or strongly agree), protected time for research (87.5% agree or strongly agree) and the opportunity to discuss potential proposals with a dedicated SP advisor (84.9% agree or strongly agree) are the three factors perceived as most critical for facilitating the completion of SP. Meeting other college training requirements (87.9% agree or strongly agree), learning clinical psychiatry (75.7% agree or strongly agree), and personal commitments/family life/work-life balance (66.7% agree or strongly agree) were the three factors perceived as most critical for delaying the completion of SP. It is encouraging that delays in SP uptake and completion do not apparently result from a lack of interest in research. These findings are echoed by the results of the open-ended questions where time, guidance and the role of an SP supervisor, and trainees' lack of research experience are highlighted.

The pivotal role of an SP supervisor has recently been described.³ SP supervisors provide advice and support for literature analysis skills, refining research questions, study design, ethics application, data analysis and academic writing. The guidance from an SP supervisor is particularly important for trainees who are novice researchers.

We provide two examples of how to approach this: one from a large training programme (Auckland, 72 trainees) and another from a smaller programme (Dunedin, 15 trainees). These experiences represent a practical approach to supporting trainees.

The Auckland experience

The formal education course in Auckland is freely available to all trainees. There are four teaching streams (Stage1, Stage2 second year, Stage2 third year and Stage3). The spiral curriculum approach, where a course of study in which trainees will see the same topics throughout their training, with each encounter increasing in complexity and reinforcing previous learning, was adopted for the SP, with SP-related sessions introduced to all teaching streams in 2017.⁹ In Stage1 teaching, trainees are involved in a case-based learning exercise in teams. As part of this exercise, trainees are expected to analyse a clinical case and formulate a researchable question arise from the case based on the PICO (Population of interest; Intervention; Control; Outcome) and FINER (Feasibility; Interesting; Novel; Ethical; Relevant) frameworks.^{10,11}

A workshop titled 'transforming a good idea into a tangible scholarly project' is included in Stage2 second year teaching.¹² This workshop utilises small group learning techniques to explore specific area(s) in psychiatry they are interested in by reflecting on their personal values and experience. The process of formulating a research question based on their interest is then discussed. Trainees are encouraged to refine their question by

consulting a psychiatrist with research experience and/or expertise in the research topic before presenting it at a teaching session scheduled in 3 months where various research methodologies used to answer the refined question are explored and discussed.

Two full-day workshops are included in Stage2 third year teaching. Trainees continue to work up their research proposal by utilising the skills of the workshop facilitators who are academic psychiatrists. Trainees in Stage 3 training traditionally have half a day of self-directed learning for 24 days per year. This is an ideal time for them to execute their research, including data collection, data analysis and writing up their project for submission. An annual session is scheduled in Stage3 teaching where trainees report their research progress and seek feedback from the facilitators and other trainees. These sessions also encourage active learning in their peers.

SP supervisor peer review are scheduled three times a year for psychiatrists who are currently supervising an SP or who are interested to supervise. The peer review group has a member who is familiar with the SP assessment standards and experienced in supervising SP and research projects. The group serves to support psychiatrist supervisors and develop a workforce that can provide SP supervision in the local training programme.

The Dunedin experience

Dunedin has a combined formal educational programme, running on a 3-year cycle; 2 of the 3 years have formal education in critical appraisal and research methodology, respectively. There is a tradition of involving registrars in research, particularly clinical audits and surveys. The coordinator of the programme is increasing the involvement of academic staff from the university, and plans to split research methodology into two modules, on qualitative and quantitative methodologies, respectively.

Conclusion

This survey had a low response rate and an over-representation of female trainees; therefore, we should be cautious when drawing the conclusion. The quantitative and qualitative results both highlighted time and the role of an SP supervisor as important factors involved in project completion. Strategies to improve the uptake of SP in the Auckland and Dunedin training programme are described, but the effectiveness of these approaches has not been evaluated. This survey serves as a first step to promote discussion between the RANZCP and local training programmes to develop a process for systematically reviewing strategies to improve SP completion. A further binational survey may be needed if the SP completion rate remains low.

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