

# Psychiatry Residents' Perceptions and Reported Practices in Providing Primary Care

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## ABSTRACT

**Background** Patients with psychiatric disorders have higher rates of chronic medical conditions and decreased life expectancy. Integrating medical and psychiatric care is likely to improve health outcomes for these patients.

**Objective** This study examined what proportion of psychiatry residents viewed psychiatry as a primary care specialty, how important they felt it was to provide primary care to patients, and how this perception altered self-reported comfort and practice patterns in providing screening and treatment for select general medical conditions.

**Methods** An online survey was sent to current psychiatry residents of US residency programs.

**Results** A total of 268 residents from 40 programs completed the survey (25% response rate), with 55% (147 of 265) of respondents considering psychiatry to be a primary care specialty. Residents who held this opinion gave higher ratings for the importance of providing preventive counseling and reported counseling a higher percentage of patients on a variety of topics. They also reported screening more patients for several medical conditions. Residents who considered psychiatry to be primary care did not report greater comfort with treating these conditions, with the exception of dyslipidemia. The most commonly cited barrier to integrating primary care services was lack of time.

**Conclusions** Residents' perceptions of psychiatry as a primary care field appears to be associated with a higher reported likelihood of counseling about, and screening for, medical conditions in their patients.

## Introduction

Patients with psychiatric disorders have a greater burden of chronic medical conditions,<sup>1,2</sup> multiple comorbidities,<sup>3</sup> and poorer health outcomes than the general population. Approximately 14% of individuals with psychiatric disorders lack a consistent source of care,<sup>4,5</sup> and even those with a primary care provider often receive substandard care.<sup>5</sup> Patients with psychiatric disorders have a higher prevalence of health risk behaviors,<sup>6</sup> yet they are less likely to receive targeted preventive interventions.<sup>6,7</sup>

Many studies have found that primary care providers can treat depression with good outcomes, and in doing so increase the number of patients with access to mental health care.<sup>8</sup> Psychiatrists also could take a more active role in the medical screening and management of uncomplicated common medical conditions.<sup>9</sup> It is unknown, though, to what extent psychiatrists assume this role and how comfortable they feel doing so.

This national survey assessed how current psychiatry trainees view their potential role in addressing

broader health needs, describe their current practice, and feel prepared for such integrated practice.

## Methods

A survey (provided as online supplemental material) was modeled after similar surveys in obstetrics-gynecology,<sup>10,11</sup> in which current practices were assessed by asking respondents to estimate the percentage of patients they provided preventive counseling to, and asking whether they screened/diagnosed/treated for 7 common medical comorbidities. Respondents were asked to rate the importance of preventive counseling and their comfort screening, diagnosing, and treating the selected medical conditions. Residents reported level of training, type of program, future training and/or practice plans, and any primary care in their residency. A question allowed respondents to rank 7 possible barriers to primary care practice, with the option of identifying other barriers. Primary care was not specifically defined for the purposes of the survey.

Program directors and coordinators were contacted by e-mail and/or telephone and asked to send the participation link to current residents, to confirm forwarding the e-mail, and to report the number of residents in the program. A follow-up e-mail was sent 1 to 2 weeks later. There were no exclusion criteria.

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*Editor's Note: The online version of this article contains the survey used in the study.*

**TABLE**  
Sample Characteristics

Characteristic	N	%
<i>PGY</i>		
1	71	26.5
2	62	23.1
3	74	27.6
4	49	18.3
5	12	4.5
<i>Sex</i>		
Male	109	41.0
Female	157	59.0
<i>Residency type</i>		
University-based	204	76.1
Community-based	63	23.5
Combined residency	21	7.8
Internal medicine	6	2.2
Family practice	3	1.1
Triple board	11	4.1
Neurology	1	0.4
Plans to enter subspecialty	160	59.7
Previous GME in primary care	24	9.0

Abbreviations: PGY, postgraduate year; GME, graduate medical education.

As an incentive, respondents could enter a drawing for 5 educational books. Two programs served as a purposive sample with added incentives to improve the participation rate to estimate bias due to incomplete participation.

Our primary outcome of interest was to determine what percentage of respondents considered psychiatry a primary care specialty. We explored reported importance and provision of primary care as well as in what way respondents view how psychiatry as primary care might differ in these responses.

Institutional Review Board approval was obtained to conduct the survey using REDCap.<sup>12</sup>

Statistical analyses were performed using SAS version 9.4 (SAS Institute Inc, Cary, NC). The relationship between residents' view of psychiatry as primary care and responses to other items was analyzed using the Wilcoxon rank sum test.

## Results

Of 197 programs contacted, 38 (19%) forwarded the e-mail to 1007 residents, and 239 residents (23%) completed surveys that were received. The 2 purposive sampling sites yielded an additional 29 surveys (54% participation). The full sample included 268 residents from 40 residency programs in 28 states with an overall participation rate of 25%. By postgraduate year (PGY), 27% of the sample were

PGY-1, 23% PGY-2, 28% PGY-3, 18% PGY-4, and 5% PGY-5. Sample characteristics are provided in the TABLE.

The majority of respondents considered psychiatry to be a primary care specialty (55%, 95% confidence interval [CI] 49%–62%), and there was no significant association between this perception and sex, residency type, interest in subspecialization, or previous graduate medical education. The purposive sample sites had a similar estimate. Residents were less likely to consider psychiatry to be a primary care specialty as they progressed through training (Cochran-Armitage trend  $Z = 1.96$ ,  $P = .03$ ). When residents in combined programs (internal medicine–psychiatry, family medicine–psychiatry) and PGY-5 residents were removed, the overall percentage remained 55% (95% CI 49%–62%), but the declining trend through training was no longer significant ( $Z = 1.04$ ,  $P = .15$ ).

Residents who considered psychiatry to be a primary care specialty reported providing preventive counseling more often in several areas. They were also more likely to report screening patients for several conditions. However, no significant differences were found in the reported treatment provided for selected conditions (FIGURE).

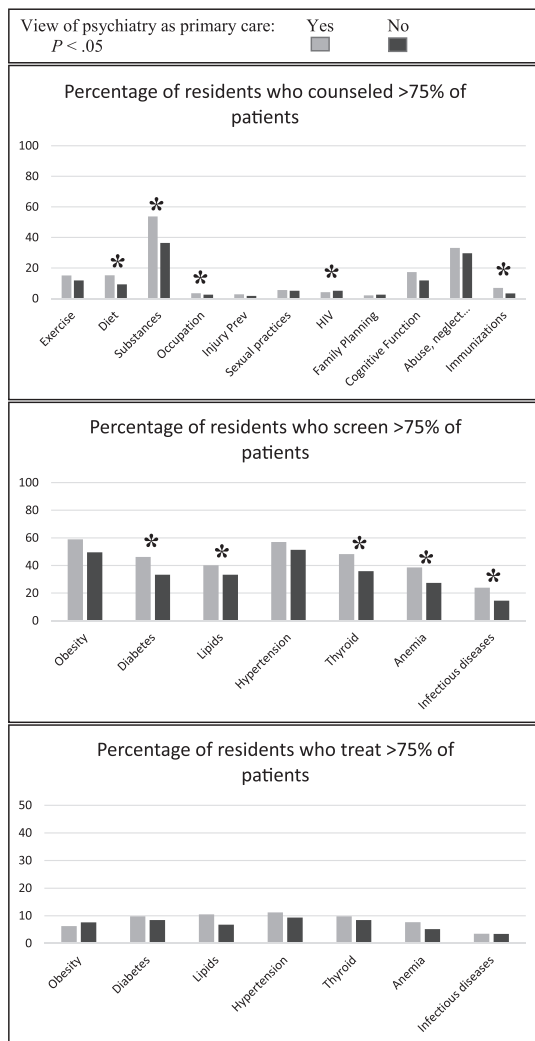
Residents who considered psychiatry to be a primary care specialty gave higher ratings of the importance of counseling in several areas (exercise, diet, occupation, injury prevention, sexual practices, human immunodeficiency virus, family planning, cognitive function, and immunizations), although they were not more comfortable in screening or treating conditions apart from dyslipidemia.

The most commonly selected barriers to providing primary care included lack of time to manage physical conditions, patient preference for primary care provider management, and discomfort of the supervising attending psychiatrist. Open responses identified a belief that managing medical conditions was outside the scope of practice for psychiatrists.

## Discussion

In this national survey, more than half of the responding psychiatry residents viewed psychiatry as a primary care specialty. This view is in line with recent recommendations regarding primary care services that psychiatrists can and should perform to monitor aspects of physical health that affect patients' mental health.<sup>9,13</sup>

To our knowledge, this represents the first study of psychiatry residents' views of psychiatry as a primary care specialty. Similar to obstetrics-gynecology residents studied 2 decades ago, some psychiatrists may not be interested in pursuing a broader scope of



**FIGURE**  
 Reported Resident Practices by View of Psychiatry as Primary Care

practice, beyond monitoring for adverse effects of the medications they prescribe. There also may be times when it is appropriate for a psychiatrist to move beyond that to activities such as providing care for chronic, uncomplicated medical conditions.<sup>13,14</sup> Residency curricula could be updated to support this interest. Finally, the perception of psychiatry as not fully utilizing broader medical training has been cited as a reason for medical students to not pursue a career in psychiatry.<sup>15,16</sup>

This study has several limitations. The predictive value of the survey instrument has not been studied. The percentage of patients counseled, screened, or treated were self-reported, and there was no way to determine a resident's actual practice. Our survey was not tested for predictive validity, and respondents may have interpreted questions differently from what we

intended. Our data may have been subject to response and selection bias from programs or individuals, although the purposive sample with more than double the participation rate yielded similar results, reducing the likelihood of bias. Our overall response rate was low, and direct communication with the residents might have yielded a higher response rate.<sup>17,18</sup> Finally, without correction for multiple comparisons, some associations may be spurious.

## Conclusion

Slightly more than half of psychiatry residents view their specialty as primary care; many are interested in primary care, and see themselves as first-line providers for some aspects of it. Further research should examine how actual health outcomes are affected when a psychiatrist takes a larger role in primary care counseling and managing general health conditions.

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