Brief Communication

A Resident Elective Abroad

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Elective study abroad during a residency is unusual, although this is not uncommon for medical students and fellows. There may be several reasons for this. Resident training programs are structured to last three or four years in North America and traditionally are under the auspices of specific university departments. This is a relatively short period of training compared to European countries, and consequently there tends to be less flexibility, and therefore less mobility, in training. Residencies also tend to be a combination of education, training and service requirements, and as programs have a specific allocation of positions for each year during the residency, absenteeism may well compromise delivery of health care. In addition, there are important considerations for the residents themselves, who tend to be older, perhaps married with a young family. Commitment to their staffing positions and workload, coupled with financial obligations, may make travel abroad difficult.

Funding itself is a specific issue. Unfortunately, despite several foundations that finance medical student electives and fellowships, residents are often specifically disqualified from applying to granting agencies. Furthermore, grants may exclude electives abroad (1) and individual sponsorship from institutions is unpredictable and difficult to obtain in times of financial restraint. Nevertheless, the training requirements of the Royal College of Psychiatrists of Canada (2) allow for study abroad for a period of up to one year.

My own experience as a resident with an elective abroad, illustrates many of the organizational difficulties involved. The opportunity to study abroad appealed to me at the beginning of my residency training, as I felt that this would be an opportunity to widen my horizons, supplement an area of specific interest and gain exposure to an alternative health care system and culture. My initial inquiries to my department were favorable and I was encouraged by faculty to "formulate an acceptable proposal." However, several difficulties immediately arose. Nobody from my program had undertaken such an endeavor before during residency, therefore a suitable model and precedent were lacking. Furthermore, I found it hard to justify a foreign elective solely on the basis that it would provide an interesting clinical experience. Therefore, despite no formal

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background in research, I ultimately had to develop a research proposal. Physicians with training experiences abroad, through fellowships or sabaticals, gave me advice during the initial stages of planning, suggesting whom I might contact abroad, and noting fields of interest and expertise.

In general, most researchers abroad responded favorably, giving descriptions of their areas of interest and current research projects. Most stated that the nature of my research would depend on the length of time I would be involved. I decided a six-month period was a reasonable time frame as it would be extremely difficult to complete a worthwhile project in a shorter time span and residency rotations in Canada are divided into six-month blocks.

My eligibility for funding was very much in question. Cut-backs in health care services and, as mentioned, most grant applications relating to fellowship positions had stipulations that the research be carried out locally with a time frame of one year or more (3). An alternative financial arrangement could possibly be worked out with the government, provided that I would work in an underserviced area for a given time after completion of my residency. A last resort was to finance myself, and although costly, this would preserve my independence.

The appropriate time to undertake my residency abroad now became an important consideration. I decided to go away for the last six months of my third year of residency following my written fellowship examination and after completing the core or mandatory rotations in the first two years of training. This allowed me one year to prepare, on return, for the final fellowship examination.

I was accepted to do my elective at a well-recognized teaching center—the National Hospital, Queen Square, London, England—to work with Dr. Michael Trimble. I was able, with his assistance, to devise a research protocol for a project on epileptic psychosis that I could complete in six months. The uncertainty with regard to funding continued and I had decided to go in an honorary capacity to London and pay for myself when, prior to departure, I received sponsorship from my own department through London Psychiatric Hospital, a local facility.

Throughout this time, practical considerations such as accommodation, travel and organization of personal matters were a major concern. I had recently married and bought a home, thus the upcoming move meant a significant disruption to my wife's career and lifestyle. We successfully sublet our house, however, obtaining married accommodation in London prior to leaving Canada was a major problem. Alternative arrangements such as an exchange with peers was not viable, primarily due to differences in training levels, difficulties in obtaining program approval, differences in licensing requirements and problems in finding suitable contacts.

My own position at the National Hospital was that of honorary clinical assistant. As I was primarily involved in research, licensing requirements were less rigid than if I was solely in a clinical position. My own situation was not

unique, thus registration and accreditation were surprisingly easy. I had qualified from a medical school in Ireland and was therefore registered with the General Medical Council (GMC) in the United Kingdom, however, my Canadian general license was equally acceptable for registration. A work visa was not necessary, as my funding came from abroad and I was considered to be on "medical study."

On a personal level, the period of adjustment was less than I anticipated. My wife became actively involved in general interest courses at a local educational institute, thus avoiding isolation and boredom. The transitory nature of the elective made full integration impossible, but we had a sense of belonging quite quickly.

Professionally, the experience itself was most rewarding. The unstructured nature of the rotation, in contrast to previous rotations, provided an opportunity to pursue a specific area of interest in depth, as well as attend varied academic teaching activities, meetings, ward rounds, and out-patient departments as time permitted. Furthermore, the exposure to a different system of psychiatric practice was enlightening. I found research and training in research methodology to be highly stressed, perhaps more so than in Canada, and in a six-month period I was able to complete the research project and draft a paper for publication. In general, my peers tended to be older, more experienced in their specialty, and trained in programs that were less structured, less secure and more service-oriented compared to similar programs in Canada.

Overall, in a resident elective abroad the potential benefits, particularly those academic, are many in a well designed, carefully considered, research project. Therefore, in the future, within university programs, specific support to enable residents to pursue this type of elective may be useful in stimulating an early interest in academic psychiatry. In addition, funding agencies might consider specific awards, applicable to third or fourth year residents, for a six or twelve month period, to encourage development of clinical investigators. The opportunity of exposure to a new environment of multifaceted dimensions with a diversity of teaching and training makes the journey very much worthwhile.

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REFERENCES

- 1. General Information and Rules for Individual Awards. Ontario Mental Health Foundation, 1986
- Specialty Training Requirements in Psychiatry. The Royal College of Physicians and Surgeons of Canada, 1985
- 3. Grants and Awards Guide. Medical Research Council of Canada, 1986/1987