



Dual training as clinician-scientist in child and adolescent psychiatry: are we there yet?

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“Clinician-scientist” is a term used to designate specialists who engage in both clinical and research activities, including biomedical, epidemiological or clinical research [1]. In recent years, a general decline has been observed in the number of medical trainees who choose to combine patient care and a scientific career [2]. Many factors have been proposed to explain this decline: economic constraints, duration of training, complexity of techniques used in biomedical research (from neuroimaging and genetics to informatics), and rapid pace of advances [3], but also complexity of the care for patients, cost reductions, increasing workload, and social changes (personal interest, level of pay, quality of life, and work-life balance in particular). At a deeper level, some authors have even questioned the possibility to reconcile research and clinical activity [4].

Of course, research in Child and Adolescent Psychiatry (CAP) is important to deepen our understanding of mental disorders and to improve their diagnosis, treatment, and prevention. However, there is often a gap between researchers and clinicians, between animal models and patients, and between wet labs and hospitals, that impedes the correct and smooth translation between basic research and clinical practice [5]. In this context, there is still a strong need for physicians who can transform clinical questions into research hypotheses. On the other hand, we need physicians who understand cutting-edge research to integrate new findings into evidence-based clinical practice. Furthermore, for clinicians, research represents a unique way to step back from their daily clinical practice and to challenge it.

Given the difficulties mentioned above, the question that arises is how we could help young trainees to accept and maintain the dual role of a clinician-scientist (not to mention the teaching part and administrative duties)?

The 2017 ESCAP Research Academy Geneva Workshop, which took place from July 9 to 11, prior to the 17th ESCAP International Congress in Geneva, gathered 23 early career investigators (19 medical doctors and 4 psychologists) aged 28–42 years, who originated from 17 European countries and 2 non-European countries (Israel and Australia) [6]. It thus offered a good opportunity to interview a sample of young clinician-scientists. They filled out a semi-structured questionnaire focusing on the main issues related to clinician-scientist training: major topics and methodological approach of research, time devoted to research, specific national training program and available support, major funding sources, wishes, and desired help, and importance of European collaboration.

Among the main difficulties encountered by these young clinician-scientists, length of the advanced educational training (especially for those aiming at a full-length PhD training and/or even a postdoctoral experience), organization and time sharing between clinical work and research activities, and lack of funding for research were the most frequently reported. Only a third reported availability of a clinician-scientist program in their home country. All participants highlighted the importance of the European level in their career’s development, but for different reasons, ranging from getting a better chance to advance their careers when living in a country where research is poorly developed to the need to create larger cross-border cohorts through European grants, and the possibility of finding a position in another European country. The difficulty of balancing family life and academic career was also highlighted, especially by female

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