



January 2016

About me

I'm Kimberly Williams, a PGY-2 in psychiatry currently working in Calgary, Alberta. I did a bachelor of science degree in pharmacology followed by a master of science degree in global health at the University of Alberta in Edmonton before I enrolled in medical school at the University of Calgary. I graduated with my MD in 2014.

Why I chose psychiatry

To be honest, I didn't expect to choose a career in psychiatry, but as I experienced different disciplines in medicine, it became clear that I wanted to pursue it. My background is in public health and global health. I have studied the external factors that impact an individual's health—the social determinants of health—both within Canada and abroad. In psychiatry I saw the opportunity to apply my interests in both clinical medicine and public health in one career. I am also fascinated by the mind and the brain, and the interplay between the two. I am very interested in pursuing neuropsychiatry and believe that during my career we will continue to see new advances in research that will increase our understanding of the brain and mental illness, as well as how to treat mental illness. What has really surprised me in my first few years of residency is the courage of the patients that I work with and their families to face the mental illnesses that impact people at every stage of life. Finally, I enjoy spending time with patients, which psychiatry allows.

Clinical Life

What does a typical day of clinical duties involve?

In psychiatry a resident works closely with one staff member for an extended period of time (one to three months). Residents often spend time with medical students who may also be rotating with the same staff. I have had rotations with residents from other specialties – including neurology, emergency medicine, public health, geriatrics and family medicine – who are doing rotations in psychiatry. In Calgary we do call approximately one time per week as junior residents, and we may or may not have a medical student with us. Each week we spend time with fellow residents at our half day of teaching. Since there often are other psychiatry residents at the same hospital, we share an office and run into each other throughout the day.



To be honest, I didn't expect to choose a career in psychiatry, but as I experienced different disciplines in medicine, it became clear that I wanted to pursue it. My background is in public health and global health. I have studied the external factors that impact an individual's health—the social determinants of health—both within Canada and abroad. In psychiatry I saw the opportunity to apply my interests in both clinical medicine and public health in one career."

Psychiatry Resident Profile – Kimberly Williams

Psychiatry – Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00	Call						
07:00		Meet preceptor to review consults	Meet preceptor to review consults	Meet preceptor to review consults	Meet preceptor to review consults	Meet preceptor to review consults	
08:00	Call handover (via phone)	See ward patients	See ward patients	See ward patients	See ward patients	See ward patients	Call handover
09:00	Post-Call Day		Interdisciplinary rounds for ward patients				Call
10:00		Consults	Consults	Consults	Consults	Consults	
11:00					Travel to other hospital		
12:00			Grand rounds		Journal Club		
13:00			Meet with CBT preceptor		Teaching on various psychiatric topics	Charting	
14:00			Prepare for CBT session				
15:00		Charting	CBT session with patient	Charting			
16:00			Charting				
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

In Calgary, we spend our first year of residency mostly rotating through other specialities, including internal medicine, neurology, emergency medicine, family medicine, and pediatrics. We have some really unique rotations; for example, our family medicine rotation includes a program that subsidizes housing for people who have been homeless and have a mental illness. We also do an emergency psychiatry rotation, two inpatient months, a month on medical psychiatry unit, and an elective.

After our first year of residency we rotate through various inpatient and outpatient rotations. We spend time in psychiatric subspecialties like addictions, child and adolescent, and geriatric psychiatry. We work closely with psychologists, nurses, occupational therapists, and social workers in order to ensure optimal care for our patients.

Psychiatry Resident Profile — Kimberly Williams

During residency we also rotate through different psychotherapy modalities such as cognitive behavioural therapy (CBT), group therapy, and psychodynamic therapy. We have teaching to prepare us for this and have designated supervisors, depending on the modality we are working in.

Call for residents is based on a points systems, but is generally two to four shifts per month. We do call for any consults coming from the emergency department, emergency consults within the hospital (e.g., ICU) and cover all the patients in psychiatric wards, which is usually three to four wards.

What kinds of clinical rotations are required in your program?

In PGY-1 residents complete two blocks of internal medicine, two blocks of neurology, two blocks of inpatient psychiatry, one of emergency psychiatry, one of medical psychiatry (patients co-managed by medicine and psychiatry), one of family medicine, one of emergency medicine, one of internal medicine selective, and an elective.

Although there are guidelines for what residents are to complete in each year of residency, there is flexibility depending on one's interests and personal life.

In PGY-2 and 3, all core clinical rotations are six months in duration: inpatients, outpatients, child and adolescent, and geriatrics (inpatient, consult liaison, and outpatient components).

PGY-4 includes six months of chronic care (severe mood disorders or schizophrenia are common rotations), three months of consult liaison (consulting to medical floors for psychiatric issues), and three months of collaborative care.

PGY-5 is mainly electives, so residents have a lot of freedom to pick their own areas of interest. For example, we have residents pursuing sports medicine, addictions medicine, neuropsychiatry, and chronic pain. For those who want to pursue a fellowship, this year can be double-counted towards that fellowship.

In addition to clinical rotations, we're required to complete modules of longitudinal psychotherapy with patients such as CBT, psychodynamic, group/family therapy and interpersonal therapy. Residents typically see these patients on days that we can fit them into our schedules.

Which of your personality characteristics have been particularly helpful in your field?

My curiosity for what patients are experiencing, communication skills, and leadership skills have been the most helpful in working with psychiatric patients. It is important to be able to work collaboratively with other specialties, families and patients in psychiatry. I also believe my energetic personality is of benefit, especially on call.



I find psychiatric patients to be very courageous. I really enjoy getting to know them and help support them through their management and treatment. Every patient is unique, even if they have the same illness, and I find this both challenging and rewarding. We have to consider not only the underlying medical illness that could be impacting their mental health, but also the psychological and social characteristics of their illness. I enjoy having to investigate all these aspects of an illness.”

What are the best aspects of your residency?

I find psychiatric patients to be very courageous. I really enjoy getting to know them and help support them through their management and treatment. Every patient is unique, even if they have the same illness, and I find this both challenging and rewarding. We have to consider not only the underlying medical illness that could be impacting their mental health, but also the psychological and social characteristics of their illness. I enjoy having to investigate all these aspects of an illness. I enjoy being a member of the team and being in a speciality that is still learning new treatments and ways of understanding mental illness.

What are the most challenging aspects of your residency?

I never find patients difficult. I often find the system hard. Often there is no access to the resources I would like to provide a patient in the community. The patients that we work with are often impacted by the social determinants of health, including a lack of housing, which is not something I can fix. It can be a challenge to navigate new work teams and triage the needs of staff and patients while on call, as we often can receive pages from the ward, units, and other services at the same time.

What is one question you're often asked about your residency?

"Psychiatry? Why would you ever want to do that?" I think many people misunderstand psychiatry, and often the public does not know the difference between a psychiatrist and a psychologist. Many mental illnesses can be quite biological, just like other areas of medicine. We work within the bio-psych-social model so we consider the social determinants of health when we work with our patients. Psychiatry also treats many young people and really impacts their ability to function in society. For example, depression is one of the leading causes of disability in the world. We hear about surgery, but mental illness also has a huge impact on the population. I have met many patients my own age.

Can you describe the transition from clerkship into residency?

I thought it was great! In Calgary we do a lot of rotations in our first year with seven other specialities at the same hospital. It becomes a little resident family. It is nice to have the same residents around and learn from those in other specialities. I enjoyed having a bit more responsibility, yet still with lots of support.

What are your future practice plans?

I plan to pursue a fellowship in neuropsychiatry so I can eventually work in that field and with inpatients. I hope to teach at an academic centre as well as continue to pursue research in the area of global mental health.

What are your fellow residents like and how do you interact with each other?

My fellow residents are amazing! We all have quite different interests, but enjoy spending time together. We support each other when needed. We do two retreats in the mountains each year and always have a fun activity, like white water rafting. Our department holds a fun social each fall and we have lots of other social events. We attend the Alberta Psychiatry Association conference together, which has a residency night. Many of us also attend the American Psychiatric Association conference each year.

Non-Clinical Life

What are your academic interests (e.g. leadership activities, research)?

Currently I am involved in a bunch of leadership activities. I am the Professional Association of Resident Doctors of Alberta (PARA) executive member and their observer on the Alberta Medical Association board. I am a member of the RDoC board and co-chair of the RDoC practice committee, and am the social medical affairs officer of the World Medical Association Junior Doctors Network.

Psychiatry Resident Profile — Kimberly Williams

In academics I am working on a resident fatigue research project with an internal medicine resident and analyzing data for a deep brain stimulation for depression study in Calgary. Finally, I am part of a team that has started a collaborative project in Mwanza, Tanzania; it is helping to reorganize the undergraduate medical education psychiatry curriculum and the mental health curriculum in the masters of public health program. As part of this project we are raising funds to support a resident from Tanzania; he is currently training to be a psychiatrist in Kenya and will return home when he is finished his project.

What is your work-life balance like, and how do you achieve this?

My work-life balance in psychiatry is okay. I am involved in extra things, which means I tend to be quite busy. That being said, I think most residents become involved in extra things. I make sure that I take time to exercise as it reduces any stress from work. I also make sure that I am “present” during the time I choose to spend with friends and family. I always use lists and my calendar to ensure I make time for things outside medicine. I am an avid runner and complete a few half marathons per year. I have some lovely nieces and nephews and try my best to see them as often as possible. Photography is also something I love to do for fun.



For further information

The Canadian Medical Association website features physician specialty profiles for more than 35 specialties. Each contains information about training requirements, demographic trends within the specialty, information about specialists' practices, levels of satisfaction, and more. Available online at <https://www.cma.ca/En/Pages/specialty-profiles.aspx>

Another useful resource is the Canadian Medical Residency Guide, available online at <http://medicine.dal.ca/content/dam/dalhousie/pdf/faculty/medicine/departments/core-units/student-affairs/RBC-2011-Canadian-Medical-Residency-Guide.pdf>

Disclaimer: These specialty profiles illustrate some aspects of the lives of individual residents, and convey their personal perspectives on the challenges, opportunities, and rewards of their chosen fields. These views may not be shared by all residents, as there is tremendous diversity in lifestyle, experience, and interest among the residents in each specialty.