



July 2016

About me

I am Anees Bahji, a PGY-2 psychiatry resident at Queen’s University in Kingston, Ontario. I was born in New Westminster, BC, and went to Simon Fraser University. I did my medical degree at the University of British Columbia.

Why I choose psychiatry

I just love it! Psychiatry is so much fun, and so interesting. I think every resident should spend some time doing a psychiatry rotation or experience. I’m the type of person who likes to do lots of different things, and psychiatry offered me variety. I also love the people that I work with, and even our informal conversations about mental health. This field is really evolving – we are learning more and more about the brain every day, and it’s really cool to be part of that movement, to know that what we are doing today is so much different than what might have been done even 5-10 years ago. Of course, my clinical experiences and rotations also had a huge impact on my decision; I had a really wonderful clerkship experience in psychiatry.

Clinical Life

What does a typical day of clinical duties involve?

It really depends on the area of psychiatry one is working in, the call schedule, the particular setting, and the workload. The following is based on the day and week schedule for an inpatient adult psychiatry rotation.

Psychiatry (inpatient adult rotation) – A Typical Day	
08:00-9:00	Pre-round, review charts and handover. Coffee (my favourite part of the morning!), review charts briefly but I prefer to verbally speak to staff about patients and if any overnight events occurred or new admissions came from the ER or the community.
09:00-12:00	Patient rounds. Usually I’ll round on my inpatients (some of them are in the quieter area, some are often in the intensive observation area) sometimes with the staff, or sometimes separately (I might see them on my own in the morning, and the staff and I might go by later in the day to see them together, or sometimes the staff sees some and I see some). Then I’ll write notes in the chart, and do anything really related to patient care (I’m a morning person and I find I’m most productive before 12!). I’ll try to take a break somewhere in the middle of this 3-hour slot so I can really process and think about what I’m doing. Sometimes, I’ll read around my cases on the unit or in our resident room which is adjacent to the unit (e.g., I might recheck guidelines about depression if I think that my patient’s care could be optimized).
12:00-1:00	Lunch (Some people chart over lunch, but I prefer to just enjoy it)
13:00-15:00	Inpatient duties. Check in with allied health (social work, occupational therapy, nursing, pharmacy, labs, family meetings) and make sure that our patients are well attended to. I’ll start working on documentation (like the discharge summary so that it’s constantly updated) and I might re-round on my more acute patients. Staff are in and out during the day, but I try to stay in contact with staff throughout the day and if any issues arise. Also, I have my pager (like everyone!) and will attend to that throughout the day.
15:00-16:00	Wrap up or begin call. Usually try to have everything done and head out for home. If I’m on call, I’ll either call in for handover around 4:30 pm, or go down to the ER to check if I can help ahead of time.
16:00-21:00	Independent time. Right now I’m studying for my LMCC Part II, but it’s good to review notes and other material so it stays in your head, even if it’s just 15 minutes a day.

Psychiatry Resident Profile — Anees Bahji

Psychiatry (inpatient adult rotation) - Weekly Schedule at a Glance							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
06:00							
07:00		Handover as needed (via phone) 7:45 am					
08:00	Call or Sunday Funday!	Pre-round	Interprofessional Rounds	Pre-round	Pre-round	Grand Rounds	Occasionally on call; otherwise, just a day off
09:00		Round on patients		Round on patients	Round on patients	Round on patients	
10:00			Round on patients				
11:00							
12:00		Lunch	Lunch	Journal Club	Lunch	Lunch	
13:00		Inpatient duties	Inpatient duties	Academic Half Day	Inpatient duties	Lunch Psychotherapy training	
14:00							
15:00		Wrap up	Wrap up		Wrap up		
16:00		Independent time	Independent time	Independent time	Independent time	Independent time	
17:00							
18:00							
19:00							
20:00							
21:00							
22:00							
23:00							
00:00							

What kinds of clinical rotations are required in your program?

There’s a lot of variety in what we do, so I’ll go year by year:

PGY-1: We start with 3 blocks of psychiatry (I did 2 blocks of adult inpatient, 1 block of consult liaison; but some of my colleagues did first episode psychosis, emergency psychiatry, or child and adolescent psychiatry), 2 blocks of family medicine, 2 electives (I did forensic psychiatry and it was fascinating; and a research block – more on this later), 1 block of internal medicine, 2 blocks of neurology, 1 block of emergency medicine, 1 block of pediatrics, and 1 block of geriatric medicine.

PGY-2: This is all adult psychiatry, but no electives this year. I’m doing 6 blocks of adult inpatient psychiatry, 2 blocks of emergency psychiatry, and 5 blocks of adult outpatient psychiatry.

PGY-3: This is the “extremes of age” psychiatry year, and again, no electives. I’ll be doing 6-7 blocks of child and adolescent psychiatry, and 6-7 blocks of geriatric psychiatry. They are roughly 50% inpatient and 50% outpatient and some of us will travel outside Kingston for the geriatric work.

PGY-4: This is an interesting year. There are a few blocks of rehabilitation for chronic care patients. This is done at our chronic care hospital, Providence Care, where we will work with patients who have more serious and persistent mental

illnesses. There are also a few blocks of “Shared Care”, where a resident works as a consultant within a family health team – I think this will be a fun rotation. And there are a few other blocks, such as addictions, and community psychiatry.

PGY-5: Well, as some people say, the end is near (I think they are referring to the Royal College Exam!) During PGY-5 residents hone their skills, pick electives, and prepare for a career – a lot of PGY-5s are called “junior attendings” as their responsibilities increase. There are lots of different electives – addictions, child/adolescent, geriatric, forensic, reproductive psychiatry, emergency psychiatry, and of course, one can travel! We can spend up to 6 months away from Queen’s University, so I will definitely be checking out some programs elsewhere (Dubai, anyone?)

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

That’s a difficult question. I would say I’m a very resilient person, and I’ve built this resilience throughout my life. I’ve faced many obstacles and I think each one has helped me become stronger. I would say I have a very healthy sense of humour as well, which has helped me see the light at the end of the tunnel. If you can laugh about something, it really can’t be that terrible!

What are the best aspects of your residency?

I absolutely love the people I work with. They’re all so beautiful in their own way. I can’t even begin to tell you what a joy it is to work with my fellow residents, and our staff. Our program is so diverse – we have people from all over the world. Some of them have even done psychiatry training before, so they’ve been wonderful mentors to me, and great friends, and we share a lot of laughs. I recently went to the PGY-5 graduation and I can tell they really enjoyed their residency experience. I’m sure I will as well.

What are the most challenging aspects of your residency?

Sometimes it’s hard to be a psychiatrist. You have to balance being an empathic person with holding some level of professional distance. In fact, it’s really hard being professional 100% of the time. The things we hear from patients can be shocking, heartbreaking, or even make us angry, yet we have to be there for that patient. We are all human and we all experience challenges throughout our lives. I think remembering that one is human can really go a long way to preserving one’s integrity. A psychiatrist I worked with once told me that psychiatric illness strips the humanity away from people, and that when we work with patients, we can help restore some of their humanity. That really hit me deep, and it’s something I try to remember when working with more challenging patients. I was reading a Humans of New York posting one day that also really spoke to me. A man was talking about his mother, who had struggled with alcoholism throughout her life. But what really spoke to me was that he said “My mother hated the alcoholic inside of her, and the alcoholic hated my mother”. It really made me change my perspective. People do not wake up one day and decide to become alcoholic, or depressed, or schizophrenic. In some ways, the personal accounts of people struggling with mental illness are challenging this great stigma that shrouds mental health.



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

I'll avoid saying "Why did you become a psychiatrist?" because I think that's what most psychiatrists say, and I'm sure they'll tell you all the reasons why they chose this truly wonderful career path. One question that really struck me came from someone close to me who questioned why I didn't go into a "real" branch of medicine. It hurt at first, because I think psychiatry is incredibly real, sometimes too real. His words still grip me from time to time because I wonder if other psychiatry residents, or medical students considering psychiatry, struggle with the perception that others have of psychiatry. I think that there's some wisdom in saying that even though you may be the juiciest peach on the tree, there's always going to be someone who doesn't like peaches. You cannot make everyone happy, but that shouldn't stop you from doing what you want to do, and being who you want to be. There are more than 4 million Canadians with mental illness, and someone needs to be there for them. I feel that I am making a difference even with the small number of people I see and treat and work with – and to me, that's worth more than getting into one person's good books.

Can you describe the transition from clerkship into residency?

It was an interesting transition. Friends and colleagues have said that the transition involved increased responsibility and signing prescriptions, but I had a lot of responsibility as a clerk and already did a lot of co-signing, so for me that wasn't the hard part. But it was so weird getting used to saying "Hi, I'm Dr. Bahji." It's still weird! I'm just thinking, "Who are you right now?" That's been the hardest thing, just getting into the mindset of being a DOCTOR, because the name is so powerful. It has gotten a bit better with time. Even though studies have shown that the general public puts less faith in physicians now than they did 10 or even 20 years ago, people still share their most intimate moments with physicians, especially psychiatrists, and trust them with difficult things. Acknowledging that is so important. Just knowing that people are coming to me for help really warms my heart. That's what I always wanted to do, to help people, and now, I'm finally doing it. It's just a joy.

What are your future practice plans?

I really have no idea. And I mean that in the best possible way, because I have so many options. If you're a psychiatrist, you can work anywhere, and do anything: fellowships, work abroad, work in a hospital, in a private setting, in a rural setting, in the prison system, tele-psychiatry, forensic psychiatry, child/adolescent psychiatry, geriatric psychiatry, neuropsychiatry... the list goes on and on. One can do research, or NOT do research. I'm doing some research right now, but my attitude about research is do it if it's something that really speaks to you.

Honestly, there are so many cool things going on in psychiatry – it's the place to be! For example, a psychiatrist I worked with in BC is doing this incredibly interesting study that is using ketamine to treat depression – how fascinating is that?

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

I love them all so much! They are wonderful people who really helped me get used to Kingston. When I first moved here, it was really hard and I missed Vancouver terribly. But if you have good friends, you can live just about anywhere. And I think Kingston is just the bomb dot com!. I have nothing but positives to say about my fellow residents and I can't wait for the summer so we can have more barbecues and outdoor events and enjoy Kingston's beautiful summer weather.

Non-Clinical Life

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

I haven't done a lot of other academic activities. My PGY-1 year was really hard, as I did lots of off-service rotations, but a lot of other residents do academic activities. There are numerous hospital committees, or residents can even run for

Senate or other university-affiliated programs. One thing I did was join the Canada-wide Choosing Wisely Campaign, which offers recommendations about safe prescribing, lab testing, blood work, and things like that. Much of this is common sense, but it's easy to forget when you're busy doing clinical work, so this initiative is very needed.

Research! Do it if you really are interested in it, otherwise you won't get a good product. I'm working with an amazing psychiatrist and we are looking at a substance use themed project. We are reviewing literature – we know there are some treatments for people with alcoholism, opioid dependency, and even smokers, but are there any effective medications for people with marijuana dependency? That's what my project is trying to determine; stay tuned for results!

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

I think the reason I am functioning well as a resident is that I leave work at work, which is something a lot of residents struggle with. The second I'm done work, I turn off my pager, and head out and I'm not thinking about work until I get back in tomorrow. It keeps me refreshed and it helps me be the best psychiatrist I can be.

I am extremely active. I cycle everywhere, play lots of sports, and right now I'm playing lots of tennis, going for hikes with my buds, nature walks, swimming, and I've even dabbled in karate. I also have a strict routine of going to the gym every day – there are no rest days! It's honestly been so much fun for me and I really enjoy it, and I feel very healthy and happy when I am active.

But taking care of one's physical body is not enough. I took a 6-week course in mindfulness-meditation and it really changed my life. Being mindful is very simple. Be aware of what you see, what you smell, what you hear, what you taste, and what you feel. Get in touch with your body. Get out of your head and into your body. I go to yoga every now and then and I try to do "body scans" a couple times a week (mindfully scanning your own body, paying attention to what everything is doing and feeling – it's especially great if you're feeling very wired or very tired, and I feel just great afterward).

I think if you take good care of yourself, you will live a long and prosperous life, and you have to start taking good care of yourself early. Sleep is important, but everyone is different. Some people need more, some people need less – figure out how much you need and budget enough time into your schedule to do that. It's a priority for me because I know if I don't sleep well, I don't perform well.



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.