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About me

My name is Sarah Smith and I am a PGY-2 psychiatry resident at the University of Toronto. I am originally from Fredericton, NB, but completed medical school at Memorial University of Newfoundland in St. John's. Before medicine I did an undergraduate degree in psychology, biology and women's studies at Mount Allison University in Sackville, NB.

Why I chose psychiatry

I chose psychiatry because I found it fascinating and I was angry. In medical school I enjoyed almost all of my clinical work but found psychiatry the most interesting to study. I also completed most of my clerkship at rural and distributed learning sites where there was often a dire need for psychiatrists. I was upset at the wait times people faced for psychiatric care and decided I wanted to be part of the solution, so I tripped over my indignation and applied to psychiatry residency programs. I think this was one of the best decisions I have ever made.

Clinical Life

What kinds of clinical rotations are required in your program?

In PGY-1 we do 13 four-week blocks. Four of these are psychiatry (emergency room psychiatry, addictions psychiatry, consult liaison psychiatry, and an academic month) and seven of these are off-service (two internal medicine, two neurology, one emergency medicine, one palliative care, and one of either pediatrics or family medicine). We then have two elective blocks where we can do whatever we want. I did one elective on a women's inpatient unit specializing in emotional dysregulation and trauma, and another doing research on eating disorders. Both were really interesting and relevant to my interest in women's mental health.

Our second, third and fourth years are more structured. In PGY-2 we do six months each of general inpatient and general outpatient psychiatry. In PGY-3 we do six months each of geriatric and child/adolescent psychiatry. In PGY-4 we do six months of consult liaison psychiatry and six months of chronic and addictions care. Throughout all of these rotations we continue to do psychotherapy training in several modalities (CBT, dialectical behavior therapy, interpersonal therapy, group therapy, family therapy, and psychodynamic therapy) and can opt to do half-day electives in other areas that interest us (clinical subspecialties or research). PGY-5 is then all elective or selective time, which lets us further explore our individual interests, network, and prepare for the Royal College exams.



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Psychiatry Resident Profile — Sarah Smith

What does a typical day of clinical duties involve?

Residents in my program spend most of PGY-1 on off-service rotations like internal medicine, emergency medicine, and neurology. Then in PGY-2 we switch to core psychiatry and do six months each of inpatient and outpatient work. As I write this I am doing inpatient psychiatry at a general hospital. I have provided a breakdown of an average day below.

Psychiatry (Inpatient Wards) – A Typical Day	
08:30–09:00	Arrive at the hospital. Check email, voicemail, my mailboxes, and review patient charts for lab results and notes from the night nurses.
09:00–09:30	Bullet rounds. My unit is divided into three teams and first thing in the morning each team (a resident, medical student, and attending physician) meets with allied health providers to review events from the day before and pertinent events for the coming day. Each team has longer weekly rounds for an hour once a week.
09:30–12:00	Ward rounds. Each team tries to see all of their inpatients in the morning, but if family meetings or other situations require urgent attention, this will spill into the early afternoon.
12:00–13:00	Resident lunch. Every teaching hospital provides a catered lunch to residents once a week. Where I work this is on Mondays. This gives residents from different years a chance to check in and network. This is a great opportunity for junior residents like me to hear about potential future opportunities, ask questions, and network. Being fed is also awesome.
13:00 –14:00	Medical student teaching. All psychiatry residents can participate in teaching medical students. One opportunity to do this is a resident-led seminar on personality disorders and dealing with difficult patients. In PGY-2 most of us teach a session every couple of weeks.
14:00–16:00	Ward duties. Return to the ward to see outstanding patients, finish clinical notes and review tests done in the morning. If I have a newly admitted patient I will do a history, physical, and admission orders. Otherwise my medical student and I would work on paperwork or do more informal teaching.
16:00–16:50	Outpatient follow-up. Throughout our program, regardless of rotation, residents follow several psychotherapy or longer-term outpatients. As a PGY-2 resident I have a CBT (cognitive behaviour therapy) patient, a psychodynamic patient, and a chronic care patient I see weekly.
17:00–18:00	Handover and paperwork. At 5 pm we hand over care to the physician on call overnight. I then usually spend at least an hour sending email and doing paperwork before heading home. On days I am on call I have to be in the psychiatric emergency room by 5 pm to receive handover on those patients.

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

Curiosity. I think it is very important to appreciate other people’s perceptions of situations and the meanings they bring to them. Psychiatry offers unique opportunities to better explore and understand these dynamics, and I continue to find this fascinating.

What are the best aspects of your residency?

First, I have a real sense of purpose in the work I do. I spend my time working with some of the most stigmatized and marginalized patients in our health care system, and I have come to see that they are also some of the most creative and resilient people imaginable. Second, many of my colleagues are some of the brightest and most caring people I know. And finally, I feel supported by my program and my supervisors. I feel that I can ask questions, express my learning needs, and ask for support when I need it.

What are the most challenging aspects of your residency?

It can be emotionally draining to spend hours each day with people who are psychiatrically very unwell or who have horrific personal stories to tell. The limitations of the mental health system and the stigma around mental health concerns also weighs heavily on both my patients and me.

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

"Why would you choose to work with those people?" Psychiatry and psychiatric patients continue to face real stigma from both the public and health care providers. I have found myself politely explaining this, and the meaning I find in my work, to many people at social events. Luckily I also meet many people who have the opposite reaction, and who talk to me about the importance of the work I do.

Can you describe the transition from clerkship into residency?

I did most of my clerkship at rural and distributed sites where I often was working alone or with a staff physician, so I was used to making management plans and writing orders. I didn't find the transition to be that dramatic (but that being said, my clerkship was a huge learning curve!) I actually felt very supported, especially as an off-service resident, as there was always a senior resident, staff physician, or specialist service to ask for help.

What are your future practice plans?

I feel quite torn about my future. One of the reasons I chose psychiatry was that I wanted to work in an underserved or rural area, but I also love academic psychiatry and research. I plan to spend the next three years figuring out what will be the best fit for me.

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

As I said, many of my colleagues are the brightest and most caring people I know. I feel really lucky to work with them every day and hear about their clinical and research interests. Our program offers regular lunches and social events, and outside our work environment we also choose to do things together.

Non-Clinical Life

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

I am interested in medical education and physician health. I do communications for my program's resident association, and am a member of RDoC's Wellness Committee. I am also the RDoC representative to the Canadian Physician Health Institute.



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

I am religious about sleep hygiene and eating regularly. It sounds simple but I struggle to concentrate and be really present with patients if I let these things slide. I also love to read, run outdoors, and listen to classical music. Living in downtown Toronto has made me a regular symphony-goer and budding culinary adventurer. But I still find that work sometimes gets in the way of feeling balanced. At these times I find it helpful to step back and try to extend to myself the same care and compassion that I would give a friend. It also really helps that my family, close friends, and boyfriend understand how demanding my work can be; they are very supportive and encourage my attempts at work-life balance. The culture of medicine teaches us to be great care providers, but I think many of us – myself included – need to also learn to be care receivers to do this work well and in a sustainable way.



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.