



December 2015

### About me

I'm Bruce Fage, a PGY-2 in psychiatry at the University of Toronto. I'm from Amherst, NS, and I studied chemistry at Acadia University in Wolfville, NS, before heading to Queen's University School of Medicine in Kingston, Ont.

### Why I chose psychiatry

I enjoy dealing with complex problems that necessitate the use of a truly biopsychosocial-cultural framework. I enjoy the psychopharmacology, but also the use of psychotherapy in treating a variety of mental illnesses. Our patient population tends to be very marginalized and vulnerable, and it can be very rewarding to see a patient succeed – both clinically and in life.

## Clinical Life

### What does a typical day of clinical duties involve?

Here is a breakdown of a typical day:

Psychiatry – A Typical Day	
8:00 am	<b>ECT</b> (electroconvulsive therapy)
9:00 am	<b>Rounds.</b> Morning rounds with the multidisciplinary team, followed by rounding on inpatients, family meetings, documentation, setting up for possible discharges
12:00 pm	<b>Lunch seminar with other residents</b>
1:00 pm	<b>Seeing outpatients or psychotherapy patients</b>
3:00 pm	<b>Finishing up ward issues, potential new admissions</b>
4:00 pm	<b>Psychotherapy supervision</b>
5:00 pm	<b>Handover,</b> potentially heading to the emergency department for call

### What kinds of clinical rotations are required in your program?

In PGY-1 there are a broad range of one-month clinical blocks. The work becomes more focused in subsequent years:

- PGY-2: Six months of inpatient, six months of outpatient
- PGY-3: Six months of child and adolescent psychiatry, six months of geriatric psychiatry
- PGY-4: Six months of consultation liaison psychiatry, six months of chronic care and addictions
- PGY-5: Electives and shared care

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

**Patience!** Psychiatry can be a long game, and it is easy to get frustrated if you fail to keep the big picture in mind. Also – an ability to accept alternative understandings and formulations of a patient, and an awareness that the field is developing and the future will be brighter.



*I enjoy dealing with complex problems that necessitate the use of a truly biopsychosocial-cultural framework. I enjoy the psychopharmacology, but also the use of psychotherapy in treating a variety of mental illnesses. Our patient population tends to be very marginalized and vulnerable, and it can be very rewarding to see a patient succeed – both clinically and in life.*

## **What are the best aspects of your residency?**

Longitudinal rotations are good. Spending six months in a setting allows one to connect with the multidisciplinary team and develop managerial skills.

Psychotherapy training has introduced me to many world-renowned supervisors working in a wide variety of modalities. And overall, I work with unbelievably supportive supervisors in a very education- and resident-focused program.

## **What are the most challenging aspects of your residency?**

A lack of mental health resources, particularly when dealing with patients in crisis in the emergency room, is challenging.

In addition, the stigma against mental illness can sometimes mean that physicians and their patients aren't prioritized or taken seriously.

In other aspects of medicine, it is the physician and the patient teaming up against an "illness." Sometimes in psychiatry it can feel like you are working against the patient, who may not always want help or agree that there is a problem. Ideally, psychiatrists work with patients to build an alliance to co-construct goals and a potential treatment plan.

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

"How do you deal with the sad situations?" Medicine is full of sad stories, but in psychiatry we are there to help deal with the distress. We can take the time to sit with our patients and help them deal with their struggles, and I find this process more rewarding and easier than not having the ability or time to explore. It is also helpful to work in a team setting and get support from colleagues.

## **Can you describe the transition from clerkship into residency?**

PGY-1 functions as a general internship year, and much of the big-issue stuff involves learning how to make a decision! As a resident you learn that you may not have the answers, but you gain the confidence to handle whatever the hospital has to throw at you.

## **What are your future practice plans?**

To be determined, but I enjoy hospital-based psychiatry and working with patients who have severe and persistent mental illness.

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

Amazing. We have a big program (approximately 175 residents and growing) with a lot of social activities and room to find people with similar interests. Lots of nights out, cottage weekends, and getting together for board games and coffee. Last year psychiatry took on Tough Mudder (an obstacle course adventure) and I'm happy to say that most of us survived.

## Non-Clinical Life

### What are your academic interests?

As a member of the Professional Association of Residents of Ontario (PARO) board of directors and leader of the PARO contract team, I enjoy advocating for residents and working with programs across the province to find solutions and support resident success. I also am a member of the Clinician Scientist Program, studying the transition to competency-based medical education within psychiatry. This is supported by a half-day of academic protected time per week through my program.

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

I like to curl, run, ski, play trombone, and spend time with my friends. It's very important to have time away from medicine to relax, and residency affords a reasonable amount of vacation and potential travel time.

Taking time for self-care and exercise is important, as is having the ability to sit there and do absolutely nothing if that is what you need!



### 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.*