



February 2021

About me

My name is Sarah Smith, I'm a PGY-5 Psychiatry resident at the University of Toronto. I'm originally from Fredericton, New Brunswick, but finished medical school at the Memorial University of Newfoundland in St. John's.

Prior to medicine, I did an undergraduate in Psychology, Biology, and Women's Studies at Mount Allison University in Sackville, NB.

Why I chose Child and Adolescent Psychiatry

As a senior resident, I have chosen to pursue a sub-specialty in Child and Adolescent Psychiatry that I will complete in my final year of my general psychiatry residency and an additional sixth year. I applied for this program in my fourth year. I chose this path because there is a need for child psychiatrists across the country and eating disorders are a particularly underserved field.

My experience as a senior resident has differed from my earlier training in that I am granted more autonomy in the work I do and when on some services (i.e. consult liaison psychiatry) I am able to act as a team leader. I have also been able to have more protected time for research and have become more independent in this work.

Clinical Life

What does a typical day of clinical duties involve?

Clinical work on psychiatry services typically happens between 09:00 and 17:00; though there may be meetings, administrative work, or special clinical obligations outside of these hours (i.e. an evening therapy group). During this time depending on the type of rotation we are on we may see inpatients or outpatients, attend team rounds, attend educational events (i.e. journal clubs), attend supervision sessions or provide individual, group or family therapy.

Days can be quite variable. We work with other health care providers (i.e. nurses, social workers) on most hospital-based services and they provide important care to our patients. Teaching happens in individual supervision, rounds or in protected half day teaching sessions typically consisting of lectures and discussions. Call frequency in my program is typically one overnight shift every seven to ten days. Residents in our clinical scientist program also have a protected half-day each week for research.

I sometimes work with junior residents or medical students on inpatient units and in clinics. I often work with junior residents and medical students on-call. In these settings, I may see patients with them, review cases or help them problem solve patient or other problems. I also formally teach medical student seminars and more recently am providing lectures or workshops with faculty on physician health and challenging situations in medicine to junior residents as part of their curriculum.



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What kinds of rotations are required in your program?

In General Psychiatry residency programs, residents complete six months of adult inpatient and adult outpatient psychiatry. These are our “bread and butter” rotations. As we progress, we complete more specialized rotations (i.e. Consult Liaison, Geriatric Psychiatry) culminating in elective time in our PGY-5 year. We do general psychiatry call throughout. Those of us who do subspecialties often start in PGY-5 with program specific six-month rotations (i.e. child and adolescent inpatient psychiatry).

What are the best aspects of your residency?

I was a Chief Resident at The Centre for Addiction and Mental Health (CAMH) last year and am now the Child Psychiatry Chief Resident at Sick Kids. The rewarding parts of these roles are being able to help solve problems and advocate for other residents.

Find people who are doing what you want to do and ask them how they got to where they are. Also, build as many relationships as you can with more senior residents and faculty early in your career. Of this group of people, seek mentoring from a handful that you trust and build formal mentoring relationships. Having people to ask questions to about practice and specialty or hospital specific concerns is invaluable – especially if you discuss difficult situations or personal challenges with them in ways that are safe and supportive.

What are the most challenging aspects of your specialty?

The challenging parts for me have been the burden of emails and meetings – it can be difficult to see patients, run a clinic or lead an inpatient team when you are expected to attend several hours of meetings a week and answering dozens and dozens of emails. I have dealt with this by prioritizing meetings and concerns (i.e. safety first) and by seeking support from my mentors.

Can you describe the transition from junior to senior resident?

In psychiatry, the types of patients we see does not always change that much save on subspecialty rotations (i.e. Child and Adolescent Psychiatry, Geriatric Psychiatry). As we progress, we are granted more autonomy (i.e. reviewing inpatients once a week). I am also expected to be able to manage patients on my own in acute situations and review with staff after the fact although they remain available throughout should I need them. I have also chosen to become involved in research and to carry increasing administrative responsibility having acted in multiple roles in our departmental resident association and being a chief resident.

If applicable, can you describe your experience with the subspecialty matching process? What resources did you find helpful for this (e.g. choosing electives)?

Will you be pursuing further training or looking for employment? What resources are available to you for future planning?

We write our General Psychiatry Royal College Exam in PGY-5. I will do that next spring and will study all year with a study group to prepare. This will involve reviewing diagnostic criteria, treatment guidelines, mechanisms of disease, psychopharmacology and psychotherapy content. I will then write a subspecialty exam in the fall after completing my PGY-6 year and do not yet know how I will prepare for this.

I hope to work as a Child Psychiatrist doing a combination of clinical and research work. I am specifically interested in child and adolescent eating disorder work. I also had the privilege of doing eating disorder research since PGY-2 and found it interesting and rewarding.



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Non-Clinical Life

What are your academic interests?

Administratively, I became involved in my program’s resident association early and have served in multiple roles including as president. These roles were educational and allowed me to build important relationships locally. I have done physician health work within my program, RDoC, the Canadian Medical Association (CMA) and the Royal College. This has followed an arch of more opportunities presenting and building relationships outside of my institution. I also became involved in accreditation with RDoC and the Royal College which has provided additional opportunities to learn about academic and administrative systems and principles.

Academically, I have become more involved in research as my residency has progressed and am now exploring competing a graduate degree – details to be decided. These roles have allowed me to develop my leadership skills and determine which types of work I am truly interested in.

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

Someone once told me that psychiatry has excellent potential for work-life balance. As someone who has been very involved in many administrative, educational and research activities (locally and nationally) throughout my residency, I do not always feel that I have work-life balance or integration.

However, I do care deeply about my relationships with friends and family and deliberately work to stay connected. I remain religious about eating regularly and sleeping whenever possible. I also continue to try to treat myself with compassion and have gotten better at asking for receiving help from others. This has involved seeking additional supervision and mentoring and stepping back from administrative or research opportunities that are a good fit with my career goals.

My career will be a marathon and boundaries and self-care will be essential to provide the type of care I feel patients deserve in a way that is sustainable for me.

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.