

HOW RESIDENCY HAS PREPARED US

Blueprint for building a psychiatrist

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Becoming a psychiatrist entails a shift in how we see ourselves and those around us. We learn—sometimes the hard way—about cultural self-assessment and the relative nature of our perspective on social, cultural, and clinical matters. What do I mean?

As psychiatrists in the making, we are unaware that we've been given this persona-suit, so to speak, with its social expectations and misperceptions. We start noticing how telling people what we do shapes our interactions at cocktail parties, informal gatherings, and in day-to-day life. A new acquaintance might disclose more about herself than she otherwise would or, on the contrary, might become reserved, even guarded. Awkward jokes sometimes are thrown into the mix to lighten the mood. All this is part of the package we've been handed, because we chose to specialize in the diagnosis and treatment of mental illness and brain disorders.

So, as I enter my final year of training, I find myself reflecting on just how intense a journey residency has been.

We were physicians first...

We're psychiatrists now, but first we learned the germ theory of disease, the pathophysiology of every well-known illness, and the scientific basis of the practice of medicine. Many of us weren't fully aware of the challenges that come with psychiatric training when we signed up. But we powered through—trading set measures and laboratory values for subjective experiences and nonverbal cues. Along the way, we realized that we

had to master not only an array of neuropsychiatric facts but other implicit skills: "active listening," the capacity to make on-the-go complex ethical decisions, and the difficult task of being empathetically detached.

It might be only in retrospect that we can appreciate how residency has shaped us in a personal way—almost as much as it has professionally.

We think of physicians broadly as healers who save lives. Psychiatrists are no different; preventing the most hopeless from dying is something that we do the same way a cardiologist prevents a patient from dying of a massive heart attack. Winning the battle over mortality, by whatever imprecise measures of risk we use, ranks at the top of our therapeutic priorities. We find ourselves scrambling so that catastrophe never happens on our watch. Sometimes, we don't stop to realize how much of a lifesaver we are—especially because, as junior residents, we're too pressed for time to reflect and are focused on mastering clinical skills.

New tool to measure success in residency

The Accreditation Council for Graduate Medical Education (ACGME) recently



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Disclosure

Dr. Jovel reports no financial relationship with any company whose products are mentioned in this article or with manufacturers of competing products.



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Clinical Point

Preventing the most hopeless from dying is something that we do—as a cardiologist prevents a patient from dying of a heart attack

released the “Milestones Project,”¹ a thorough evaluation system for residency programs to apply to their trainees. This is a great effort to push for more field-specific evaluation measures among the specialties.

In psychiatry, subjects now considered when evaluating a resident’s progress and preparedness for promotion include competence in applied neuroscience; the practitioner’s emotional response to patients’ problems; and regulatory compliance. Ways doctors learn are changing: Emphasis is now on problem-based learning.² Patient safety is a priority; to respect that, we are betting strongly on the physician’s aptitude to provide good care by decreasing burn-out.³ I am pleased to learn that there are ongoing efforts to improve the way we prepare psychiatrists.

In line with ACGME practices, residency programs also need to continue revisiting their didactic curricula to include innovative, emerging topics. Social media, the antipsychiatry movement, Internet forums, opinionated bloggers, and public figures gone viral—these are some current issues that shouldn’t be ignored during training just because they aren’t discussed in texts or academic journals. Programs that teach and stimulate the inclusion of social sciences and critical thinking should yield better, more holistic psychiatrists.⁴

For me, these avenues of study have made a huge difference. I feel incredibly grateful for the opportunities that my residency program has provided to me as a psychiatrist-in-training, including a year-long course that touches on novel topics, a weekly process group for all residents,

and a broad support network to depend on when personal matters arise.

Mentoring: Invaluable part of the process

As part of the journey through residency, we have the opportunity to work alongside renowned academic psychiatrists, most of who also happen to be amazing people. Mentoring has incredible value at this stage of professional development; don’t shy from taking advantage of that opportunity!

Mentors help us make more informed decisions about our career path. I love hearing the personal stories that my attending physicians tell. On hectic days, when we are beleaguered by managed care and electronic health records, those stories touch us in ways that abstract learning cannot. Internalizing our role models is a conscious and an unconscious element of the process of becoming a psychiatrist.

About that process: It’s far from perfect, always changing, and only the start of our mastery over the tough but rewarding daily tasks of listening... reflecting... prescribing, and, well, saving lives.

References

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