Guest Editorial—Transitions to Practice

Becoming Psychiatrists: Our Challenge and Our Opportunity

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In the early days of psychiatric residency, I quickly learned that, despite my longstanding interest in human nature and the workings of the brain, the daunting process of becoming a psychiatrist would always be before me. As a fifth-year resident, I would like to think that I have nearly completed the task, but I realize I have simply gotten my feet wet.

For several hundred psychiatrists and senior residents across Canada, the topic of making the transition to practice has personal and timely relevance. We are each at varying stages of the process: we are choosing or changing a place to practise, selecting an area of specialty, seeking mentorship and supervision and wondering whether it would be useful to attain or renege on our university affiliation. Hopefully, these experiences do not all happen at the same time, but for early career psychiatrists and residents, they may. It is certainly clear that this process is complicated and stressful; depending on circumstances and preparedness, it may have significant consequences for where and how they will work.

Further, depending on how transitions in practice occur, the process may mean the difference between an influx of new graduate students approaching an academic centre with limited career opportunities or it may mean that several provinces in Canada have no child psychiatry graduates. How well residents, early career psychiatrists and established practitioners are able to navigate transitions in practice may have implications for our national health-care system, given the limited supply of psychiatrists in many regions. With the curricular system that trains psychiatrists under review, it is also important to begin considering how to improve training for transitions.

The articles in this special issue dedicated to transitions in practice reflect the issues relevant to the process. They are contributed by physicians at varying early stages of transition in practice. Dr. Cathy Hickey, herself preparing for beginning practice, writes about making the transition from a psychodynamic perspective. She suggests that faculty and residents may not always apply therapeutic principles to resident mentorship. Reflecting upon her thought-provoking comments may suggest that psychiatrist-educators need to consider how to facilitate not only the transition from resident to staff but also the transition from trainee to therapist.

The other two articles discuss practical issues in beginning practice. Dr. Andrea Berntson is a second-year resident with an interest in rural psychiatric practice. She is lead author on a forthcoming CPA position paper on rural practice issues and has elective experience in rural practice. In this issue, she describes the opportunities and challenges inherent in nonurban practice and discusses how residents can prepare for a more effective transition postresidency and, more important, how to get exposure to diverse practice options during residency. The final article provides a comprehensive outline to alert residents in particular about necessary considerations for beginning a medical practice. Dr. Derek Puddester is an early career child psychiatrist with extensive experience as a leader in medical professional organizations. His guidance is direct and facilitatory. If adhered to by residents, residency programs and recruiters, it is likely to reduce the stress of the business of making the transition.

Transitions occur for psychiatrists at many stages of practice, and the absence of contributions from established psychiatrists limits our review of the topic. However, this issue’s articles do address many aspects discussed in the transition-to-practice literature, suggesting that what we need to know, we do know.

Sharing information and raising awareness is the first step to improving the process. To this end, as members of the CPA Standing Committee on Education, Dr. David Johnston and I have created a survey asking senior residents and early career psychiatrists across Canada about their preparedness for transition to practice. We hope to learn about when and how residents prepare for the transition, what resources are available in their residency programs, and what they feel could be improved. We will also survey program directors. The results will be available in the coming year, and we hope to be able to publish them in a future CPA publication.

It is the Association’s and my hope that readers at all stages of their careers will find this issue a thought-provoking and useful resource for supporting colleagues through transitions in practice.