Transition to DSM-5: The Resident Perspective

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As psychiatric residency programs integrate the new Diagnostic and Statistical Manual of Mental Disorders (DSM) into training, it is useful to consider how residents are experiencing the transition. This article offers the resident perspective on how institutions, program directors, faculty, and residents may make the most of our transition to DSM-5. As a fourth-year resident, I have thought about the effect the DSM-5 rollout will have on the various stages of training and development during residency. Commentary and concerns informally gathered from psychiatry residents from across the country deepened my reflection. This article describes some of the ideas about how the new manual will impact residency training and makes suggestions about how to improve the educational experience for residents in this transition.

Telling the Story

Residents may express concern over why the DSM-IV-TR, a manual they have grown accustomed to using since medical school and a knowledge base on which they are formally assessed, is being replaced by DSM-5. The change may be perceived as arbitrary or as a nuisance. But, residents' perceptions will be more positive if they better understand the context in which the DSM-5 has arisen. As psychiatrists, we draw understanding and become more invested in our work when we focus on patients' stories. Similarly, being privy to the history of the DSM may ignite more interest in and acceptance of the new manual. Program directors should invite engaging faculty to sit down with residents to tell the story of the DSM's evolution and how they were impacted by

past revisions. Residents should be made aware of articles which delightfully and succinctly summarize the history behind the DSM and could be easily discussed even on busy rotations [1, 2].

Transitioning to Lifelong Learning

Residents may ask, "How and when will I learn the changes in the DSM?" One of the greatest tasks of residency is to learn how to learn independently. The release of the DSM-5 offers residents an opportunity to reflect on their journey as lifelong learners. Do they feel comfortable and capable to learn on their own? If not, where will they seek the tools and resources needed to stay up-to-date and competent during this transition, and in the future, as the manual inevitably evolves? Program directors can guide residents in this process by formally addressing the concept of lifelong learning while also directing learners to available resources (psychiatryonline.org, training courses, conferences, articles, etc.). Faculty should be encouraged to integrate DSM-5 changes into staffing and supervision sessions as well as didactics, journal clubs, and grand rounds. Residents should be encouraged to incorporate DSM-5 changes into their case presentations and teaching so that they begin to become familiar with the specific changes in the manual, as well as the process of navigating through the DSM-5 on their own, seeking help when needed.

Saving the Date

Residents may become stressed when tasked with mastering the DSM-IV content for testing purposes while simultaneously incorporating the DSM-5 into their clinical practice and academic discussions. Program directors should clearly inform residents about known transitions in testing content. In

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2014, the PRITE will begin testing on the DSM-5 criteria. The ABPN plans to integrate the DSM-5 into board exams in 2017. By being aware of these dates, residents may wisely invest in the appropriate resources needed to do well both on exams and within various clinical environments. For some residents, becoming familiar with two manuals may be viewed as a unique opportunity to reflect upon the differences between the two, stimulating thoughts on how the field of psychiatry is evolving.

Learning Together

Because the DSM-5 is new to both faculty and residents, there are no clear “experts” on the manual. Residents are just as likely to understand the DSM-5 changes as faculty, possibly more so should they have greater access to training on DSM-5. This presents a distinct opportunity for residents and faculty to learn cooperatively and collegially. Institutions can support this process by dedicating grand rounds and departmental meetings to reviewing DSM-5 changes. Faculty and residents should be encouraged to incorporate side-by-side comparisons of DSM-IV and DSM-5 criteria within supervision/staffing sessions, case conferences, journal clubs, didactics, and during other “teachable moments.” Supervisors may formally integrate learning the DSM-5 into expectations for clinical rotations or simply initiate an exchange about the new manual when discussing assessment/diagnosis with residents. Residents can ask supervisors about their approach to learning the DSM-5, reminding supervisors that they are essential models of lifelong learners.

Teaching Residents to Teach

The implementation of DSM-5 presents a tremendous opportunity for psychiatry programs to revisit the resident’s role as teacher. The ACGME milestones expect residents to develop into competent teachers and supervisors. Program directors should revisit how their residents learn to teach and consider revising or introducing targeted curricula and feedback on residents-as-teachers. The APA has released an excellent manual geared towards residents, titled “Psychiatric Residents as Teachers: A Practical Guide” [3]. This resource, along with others, may help residents shape their own goals for teaching while also highlighting the ways in which residents can teach medical students about concepts and experiences that are unique to our field.

Now is the time for residency rotation directors, medical student course directors, and residents to discuss the needs and expectations of residents as they interact with medical

students. These needs and expectations should be clearly defined for residents throughout their training. Additionally, should residents be expected to teach medical students the clinical application of DSM-5, they should be offered an opportunity for direct observation and feedback on their attempts to do so. Residents might find that they have had less exposure to formal training on the DSM-5 than the students they teach. But, this will offer a great opportunity for residents to demonstrate that an excellent teacher is not afraid to learn new things, and they can demonstrate humility and openness, which may not be modeled in the same way on other medical clerkships.

Learning the System

Upper-level residents, who spend more time in outpatient rotations, may wonder how the DSM-5 changes will effect reimbursement and patient access to services. This concern offers residents a chance to better understand the complexities of the systems in which they work. Clinical directors, administrators, or chiefs should clearly communicate to residents the appropriate ways of documenting and coding patient encounters, offering residents accessible literature on the insurance implications of the DSM-5 [4]. This will deepen residents’ understanding and appreciation of the complexity of billing. Similarly, residents should recognize and reflect upon the potential impact the changes in DSM-5 criteria will have on diagnoses and ultimately on the affordability and access to mental health care.

Broadening Perspectives

A patient may no longer meet criteria for a specific diagnosis, or now meet those criteria when they did not previously. What does this mean to the patient? Should such a change be brought up if the treatment and billing are unchanged? If so, when should it be brought up? Residents should be offered a venue to discuss these and other issues which are unique to the therapeutic alliance, particularly within psychotherapy relationships. Residents may also wonder about the potential effect the DSM-5 may have on mental health consumers and the public perception of psychiatrists and psychiatry. Institutions could host guest speakers from consumer-centered organizations to expose faculty and residents to different perspectives on these issues. Program directors can host more intimate discussions involving residents and consumers. Residents can keep up with the media’s portrayal of psychiatrists and significant changes to our field are portrayed within the public realm.

In conclusion, the transition from the familiar DSM-IV arouses concern from residents and faculty alike. A time of change also makes room for opportunity. The resident’s

perspective on the DSM-5 roll-out is essential for program directors and faculty to consider as they steer the evolution of psychiatry training programs.

Implications for Educators

- Program directors may use the history of the DSM to ignite interest in the new manual
 - Senior faculty members can model lifelong learning to trainees as they familiarize themselves with the DSM-5
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References

1. American Psychiatric Association: DSM: History of the Manual. Available at www.psychiatry.org/practice/dsm/dsm-history-of-the-manual
2. Fischer BA. A review of American psychiatry through its diagnoses: the history and development of the Diagnostic and Statistical Manual of Mental disorders. *J Nerv Ment Dis.* 2012;200(12):1022–30.
3. American Psychiatric Association Committee on Graduate Medical Education: Psychiatric Residents as Teachers: A Practical Guide. April 2002.
4. “Insurance Implications of DSM-5.” *Psychiatric News.* May 2013;48(9):1–1. doi: [10.1176/appi.pn.2013.5a27](https://doi.org/10.1176/appi.pn.2013.5a27)