Virtually Normal: on Becoming a Psychiatrist in the Era of COVID-19

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So many articles written in recent years start the same: “I was doing this or that, thinking everything was normal, and then the pandemic hit, and everything changed.” My version of this: I was seeing one of my first psychotherapy patients for only his second appointment the day before our statewide lockdown went into effect. I struggled to explain, through my own anxiety, a process I didn’t fully understand either: we would no longer be meeting in my office and would transition to a virtual platform for future sessions.

I’m now in my last year of residency, and since March 2020 I’ve done hundreds of virtual therapy sessions. My third year, all outpatient psychiatry, passed by without me ever physically meeting most of my patients. Many patients I’ve only ever spoken to by phone. I learned to do intakes for children with ADHD via phone calls with distracted family members. Our weekly residency didactics became a strange mixture of isolating together as we all logged on from home.

The pandemic upended everyone’s life, and I’m fortunate: most of the challenges I’ve faced are not health-related. But the particular effects of the pandemic on trainees like myself cannot be overlooked, and the ripple effects on medical education will probably be felt throughout our careers.

There are notable positives: COVID-19 emerged at a time when academic and technological advancements allowed transitions to happen with relative ease. Flipped classrooms, asynchronous modules, and self-guided learning were already becoming the norm in medical education; many curricula were designed in a way that enabled a smooth switch to virtual education. For patient care, telehealth was increasing before the pandemic, and some virtual infrastructures were already in place. Telepsychiatry was previously an area of specialist interest; it quickly became the default, even in situations where it would have previously been discouraged. We also live in a time when high percentages of the population have internet

and phone access, causing less disruption than might have been otherwise. The pandemic has required more staying away from others, but technology allows some continued connection.

The distressing part about being a trainee during this period, though, may be how much things *weren’t* upended. So many of our educational and patient care processes were transitioned to virtual and then carried on, business as usual. In many ways I’m glad for this — for one thing, patients needing mental healthcare have largely been able to access that care. Students and residents have continued progressing through our education and training. Conferences have been held virtually. But it hasn’t been the same.

By the time I finish residency, more than half my training will have been under the pandemic’s shadow. Students matriculating now will not know anything of a career in medicine before it. We’ve spent vital years of our educational lives in systems that simply happened to us, not in the way they were designed. Residency training is not simply about gathering knowledge but about becoming a part of a community, and the partial loss of that cannot be understated. Despite knowing intellectually that everyone is going through this, it’s often felt incredibly lonely. I’ve worried especially this year about our new residents and whether they will have enough peer support. The disruption in normalcy has come at a particular point in our professional development; I suspect it has affected trainees disproportionately, as it is already a time of so much growth and change.

I’ve certainly felt this contemplating my own career decisions. The unknown next steps after graduation always feel unsettling, but these days it feels particularly so. It’s harder than ever to visualize what life will be like after residency, in part because it’s been hard to visualize what life is like *during* it, given the frequent changes. I found my third year challenging, and it’s hard to even pinpoint why — did I not like full-time outpatient, or did I not like telepsychiatry, or was it the weight of the pandemic, or was it simply a normal time in training to feel burnout? Am I drawn to inpatient settings because I enjoy them most when all else is equal, or because it recalls a time in training when the pandemic had not yet

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changed everything? More significantly, does it even matter why, when we know that all else is *not* equal, given the unpredictable future created by the pandemic?

I'm not suggesting we won't get out of this; I hold out hope we will find our way back to something like we had before. But many of the changes wrought in this time will continue. What will the lasting effects be? Perhaps it will affect rates of specialty choice among students, depending on their perception of psychiatry. Increased options to work remotely may be a valuable recruitment tool; trainees now must seriously consider the merits and drawbacks of telepsychiatry, which will likely continue in outpatient practice. Will there be a bump in pursuing inpatient positions, which have more in-person care? Will more residents desire fellowship to feel confident in their training? Will learning suffer with less in-person classes, or will it improve because of the flexibility?

Despite all these challenges, I've never been happier to be in psychiatry, providing care and support to the patients who often need it most. We must extend this same support to each other, with particular attention to our matriculating trainees.

More than ever, they will need mentorship and encouragement. With guidance, trainees in the coming years may develop into a new kind of psychiatrist: comfortable with technology, able to anticipate and solve complex problems, and emotionally resilient. We will be ready to face the unknowns of tomorrow. We will develop yet unforeseen educational innovations. We will reimagine methods of mental healthcare delivery to create better systems for all. And someday we will say, I hope, "I was doing this or that, thinking everything was normal, and then the pandemic hit, and everything changed — ultimately, for the better."

Declarations

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