



# The Transformative Journey from Pediatrics to Psychiatry

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Time. I yearned for time. That desire was my primary incentive to enter the field of Psychiatry as an existing Pediatrician. I came into the field through the Post Pediatric Portal Program (PPPP) at the Medical College of Georgia at Augusta University. The PPPP is a 3-year training program designed after completion of a 3-year pediatrics residency to gain board eligibility in general and child and adolescent psychiatry.

My entry into the field occurred just after the onset of the COVID-19 Pandemic, a time when humanity faced challenges never before faced or even imagined. This pandemic and the lifestyle adjustments it forced have forever altered the state of mental health of populations worldwide. My experience in this field has been incredibly busy, absolutely essential, and nothing like I could have envisioned. Beyond the transitions that general medicine has faced during this shell-shocking era, I have encountered additional personal changes, though most have been in aspects I had valued in my initial pursuit of medicine.

Firstly, I have learned to slow down. I have worked to change my approach to a visit, from rushing to cover every detail of a patient's life in a ten-minute encounter, to sitting, getting comfortable, and mindfully listening to what the patient is telling me. I have learned to allow myself to spend the time; to allow myself to truly be present and to simply listen.

One of my supervisors in my child psychiatry training commented to me early on that I talked too much, which was much more brutal than any feedback one would ever receive in pediatrics training, though she

was unquestionably correct. As pediatricians, we are the pillars of knowledge and trust, doling out anticipatory guidance and counseling galore. Contrastingly, as psychiatrists, our role is to allow others to talk and use that information as our data to help uncover and properly treat their pathology. We do not have the tools of imaging and labs; we have the patients' stories as our evidence.

I required an adjustment period to channel to that role and mindset, to let others talk and guide me to what I needed to know, rather than the other way around. I had to practice the bi-directionality of that listening and teaching, which is not something I could glean from reading a psychiatry textbook. That practice, to me, is the beauty of the field, a constant learning, not just about the psychotropic diagnoses and medications, but about the people as well—how they behave and respond, and how I behave and respond in turn. The psychiatrist-physician relationship is unmatched, which is the relationship I yearned for in entering medicine from the start.

Entwined in the struggle of role, I also faced an identity crisis: was I a pediatrician or a psychiatrist? Initially, I found myself missing the classic definition of medicine entwined in pediatrics—counseling on constipation, examining a rash, prescribing antibiotics for an ear infection. Was all of that experience and knowledge useless now? During my time in psychiatry, I have more clearly realized the role of the psychiatrist in medicine. True, psychiatrists manage psychotropic medications, yet they also evaluate everything that the medications may affect beyond just the brain, and they bridge the extensive overlap between emotional and physical concerns. As a psychiatrist, I do not have to choose between asking about mood or constipation; I can ask about both, as they are all medical concerns that affect one another. In fact, I can ask about anything else that demonstrates compassion and ensures the patient is taken care of to the best of my ability. Nothing can replace being a pediatrician, a friendly figure of trust and guidance,

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so I am glad I do not have to replace that position. I can integrate the two identities into my outpatient child psychiatry practice, where I aim to address both mental health and basic general pediatric medical concerns. I am both a pediatrician AND a psychiatrist, minus the direct administration of vaccines and routine ear exams, of course.

## Declarations

**Conflict of Interest** The author states that there is no conflict of interest.

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