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THE LEARNER'S VOICE

Will I Know What to Say

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I distinctly remember the moment I wondered whether I had what it took to be a good psychiatrist. I was on my third-year medical school rotation in psychiatry, seeing a patient on the inpatient service. The woman sitting in front of me was clearly suffering; I was supposed to be interviewing her, yet I felt partly frozen. I was so worried about not producing the perfect response for her that I hardly said anything at all.

That day, I wondered whether the skills I valued in a psychiatrist—the abilities to provide comfort, reassurance, and hope to someone suffering—were teachable; I worried they were innate qualities, and ones I was not sure I had. Like many others drawn to psychiatry, I have always been quiet, observant, and comfortable in the listener role. I take time to gather and organize my thoughts before speaking. I watched in admiration as a fellow student breezily spilled comforting words to her patients. I wondered if her skills would be wasted in dermatology, where she hoped to land. I knew I had compassion and motivation to learn, but was this enough? One of my biggest fears entering psychiatry residency was that when facing a patient in crisis, I simply would not know what to say.

Fast forward several years and I was a third-year psychiatry resident. It was a typical winter day, bitterly cold and the city was painted in soot and snow. As I went to greet a patient in the resident clinic waiting room, I saw her slam the clinic tablet with its patient health questionnaire onto the counter in frustration.

"This (expletive) thing doesn't work!" she yelled.

As she stormed into my windowless clinic exam room, she began weeping, and through the tears told me she had recently been diagnosed with a serious medical illness. As I took in the weight and complexity of her situation, the first thought I had was, "Get this woman a therapist!" After a split second I realized, "Oh, that's me!" To my astonishment, I seemed to instinctually know what to do. I felt comfortable with the intensity of the emotions. I did not try to redirect the anger. I listened and provided space for her to express rage, disappointment, sadness, and frustration. I reflected her thoughts back to her and summarized, validated, and did not try to hurry or contain the feelings. Before long, she was calm and reflecting on how much better she felt. I had no doubt that I would not have had a clue what to do in that situation prior to residency.

During my first three years in residency, it was easy to notice the changes in my knowledge about antidepressant side effects, antipsychotic dosing, when to refer a patient to cognitive behavioral therapy or transcranial magnetic stimulation. The changes in communication skills were more subtle. The day in clinic with my anguished patient led to a pivotal change in how I viewed training in psychiatry. I realized I had learned how to respond to the most raw and overwhelming of human emotions—in this case, fury and despair—and help someone come out on the other side. After a few years of training, I had the skills to be present for intense emotions and did not hesitate to respond. Somehow, I knew what to say.

Residency is long, and the learning is incremental. If I had not had a clear image of my communication as a medical student, I may not have viewed the clinic interaction as evidence of growth. In psychiatry, we do not track the number of procedures we do or have many objective measures of clinical improvement. While poor communication is glaringly obvious, skillful communication seems effortless, and may even go unnoticed. Many people view, as I once did, good communication as an innate personality trait, not a hard-won skill. However, communication is a procedure—perhaps even the most challenging one [1]—and it can be learned. As I graduate residency, I am glad to have gained a repository of knowledge about therapy techniques, medications, and interventional psychiatry procedures. Yet the most valuable skill for me—and that of which I am most proud—is being able to comfortably sit with and talk with someone who is suffering.

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Declarations

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