

## Teacher Tip Sheet: Supporting Professional Transitions in Residency Training General Psychiatry Residency Program

### Background

Professional transitions in residency training occur at various points and for a variety of reasons. For the purposes of this tip sheet, we are referring to times when residents are negotiating significant changes in their professional responsibilities towards independent practice, which is the overarching goal of residency training. Transitions involve both potential and uncertainty – as such, they are opportunities for growth and development that elicit a variety of responses such as excitement, discomfort, and anxiety.

Faculty teachers/staff supervisors have a key role in helping residents through professional transitions in training through clinical supervision, coaching, mentorship, alongside many other functions that foster safe and supportive learning and work environments to face the challenges of psychiatric practice.

Personal events can also affect how a resident negotiates professional transitions – there are a variety of wellness supports available for learners (please see [Resident Wellbeing resources](#)). While faculty teachers/staff supervisors are often in the privileged position of being trusted individuals with whom residents share personal aspects of their experiences, the main responsibility of a faculty teacher/staff supervisor is an educational one.

### Evidence-based teaching strategies that help transitions become effective learning for expertise development:

- **Make the implicit, explicit.** For example, practice management competencies (managing one's email inbox, scheduling outpatients as part of PGY2, alongside multiple accountabilities) represent new learning at key transition points. The beginning of residency is notable for the largest expertise/responsibility gap of our careers. By making this learning explicit and normalizing early struggles, learners are better able to invite uncertainty and productive failure.
- **Preparation for Future Learning:** A key part of residency training is developing good habits to support life-long learning, including the ability to use resources effectively and innovatively to solve problems. At transitions, residents are encountering new problems for the first time, and it is helpful for teachers to share their approach for navigating these.
  - Consider the role of A&P (Administrative & Psychotherapy) time, independent reading and studying
- **Self-regulation:** Self-regulation is how physicians engage meta-cognitive monitoring to determine what a given situation demands. For example, residents are mastering psychiatric content knowledge, and also developing skills to balance when an efficient solution is adequate or when innovation is needed. Another component of self-regulation is managing our emotional response (anxiety or over-confidence) to ensure that our clinical and professional judgement remains balanced. Teachers can share their own strategies for self-regulation at times of transition to support this developmental arc in residents.

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- Consider role of psychotherapy supervision, process groups, perspective exchange with colleagues in TTP

### Rotation/Stage Specific Guidance

*Below are a list of common transitions in residency training that may be helpful to integrate into clinical teaching and supervision:*

#### PGY1/ Transition to Discipline (TTD)

- Normalize Uncertainty & Establish Psychological Safety by:
  - Saying it out loud: Reassure learners that uncertainty and overwhelm are expected parts of early training.
  - Clarifying expectations: Clearly define what PGY1s should manage independently and what needs to be escalated.
  - Inviting questions: Actively encourage check-ins and signal that questions strengthen learning and safety.
  - Modeling reflection: Share brief examples of your own early-training uncertainties to normalize the learning curve.
  - Keeping the door open: Actively communicate your availability and make it easy for learners to check in when they need support.
- Staff are encouraged to model an assessment of a new consult at the start of rotation, including the use of the site's EMR to document an assessment note, send prescription if required and schedule follow up if appropriate.

#### PGY2 Psychiatry Rotations/ Foundations of Discipline (FOD)

##### Inpatient Psychiatry

- Ensure there is adequate communication with learners at the start of the rotation regarding expectations, supervision times, and how to emergently contact you as the supervisor.
- Be aware of common firsts on inpatient psychiatry: management of acute agitation, CCBs, initiation of depot medications and clozapine – provide scaffolding to support residents as they navigate these for the first time, with opportunities for graduated independence.
- if there is coverage for primary supervision, it is recommended to communicate this in advance to resident, and to provide the covering supervisor education-specific handover. It is important that residents are made aware of new supervision times, and that they know who/how to contact in case of emergencies.

##### Outpatient Psychiatry

- At the start of the outpatient rotation, review the handed-over patients from previous resident and ensure there is a clear plan for upcoming follow up appointments.
- Make explicit some of the firsts on outpatient psychiatry: practice management, managing risk in the outpatient context and when to call your supervisor for help, responding to patient requests in between appointments.

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- At mid-point of outpatient rotation, check residents progress and collaboratively identify points of strength and areas for improvement and explore common clinical presentations/mental disorders that the resident might not have had exposure to yet.

## PGY3 Psychiatry Rotations / FOD to early Core of Discipline (COD)

### Geriatric Psychiatry

- Patients with chronic illness including dementia or severe-persistent mental illness may invoke feelings of burnout or therapeutic nihilism.
  - Occasionally check-in and reflect with learner on patient care experiences, possible system limitations (e.g. ALC patients, potential gaps in community supports) and have learner reflect on patient goals of care and the recovery model of illness.
- Patients will present with increasing complexity due to comorbid neurodevelopmental conditions, neurodegenerative conditions, medical illness, and/or family dynamics. Support residents to conduct thorough assessments (collateral information, psychiatric interview, MSE and physical exam) to inform how they understand complexity.
  - Continue to normalize uncertainty and diagnostic complexity, and that diagnosis and treatment plans may evolve as more information is gathered.
  - Help the resident to prioritize treatment plans if there are multiple issues going on at once.

### Child Psychiatry

- At this COD training level, your residents are expected to practice more independently, assume greater clinical responsibility, communicating with interprofessional disciplines, and manage patients and families with greater complexity. Furthermore, the specific clinical assignments are not prescribed weekly, and their achievements are evaluated under your supervision and in accordance with the CBD's entrustments. Therefore, it is recommended that the teachers ensure:
  - The learning environment (site, space, administration) is safe and attuned with the residents' needs.
  - Your learner attended an adequate introductory orientation to the specific site.
  - Frequent supervision sessions are set with your learner (at least once a week), including mid-rotation feedback. Consider a prescriptive approach to clinical tasks to support your trainee's progress, especially at the beginning of the rotation.
  - Ensure timely completion of EPAs
  - You are routinely updated by your local site /educational coordinator.

### Severe Mental Illness

- Managing patients living with Severe Mental Illness (SMI) can be challenging - the clinical presentation may include significant residual symptoms with long-term poor overall functioning and quality of life which can lead to feelings of futility, helplessness, and loss of hope. Cases are often complex with multiple co-morbidities and residents must grapple with uncertainty and ambiguity. Patients may lack insight and may be

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mandated to engage in treatment which can lead to conflict with the care team and be unfulfilling as a health care provider.

- It is important to provide learners with opportunities for graduated independence in a supportive way, including managing risks and making treatment decisions. Please ensure that you have regular supervision weekly, not just to review patients, but also discuss clinical and practice-based topics. It is also important to observe residents in their clinical interactions with patients regularly throughout their rotation, either consultations or follow-up visits if there are limited new intakes.
- Please consider explicitly discussing managing your clinical practice, including emails, scheduling, etc. Discuss and model taking breaks and self-care. Share how you manage feelings of futility, helplessness, and loss of hope. Discuss how to develop rapport and alliance with patients and families with poor insight who are mandated to work with you. Check-in regularly with your learners with regards to their experience, learning objectives, physical and psychological safety, and integration with the multi-disciplinary team.

#### PGY4 Core Rotations and Balancing Royal College Exam Preparation/ COD to early Transition to Practice (TTP)

- Remind residents that these are their final years to absorb experience and clinical wisdom before independent practice — encourage curiosity and growth, not just exam survival.
- Normalize exam anxiety while reinforcing that they have been training for years for exactly what will be tested and are well prepared to pass.
- Emphasize that the exam standard is high, but so is the level of preparation required to reach this stage.
- Keep the focus on helping residents prioritize readiness for real-world, independent practice.
- Encourage residents to use exam studying not only to pass, but to strengthen clinical reasoning and apply learning in day-to-day patient care. Frame real-life clinical application as a powerful way to consolidate knowledge and build confidence for both the exam and independent practice
- Provide reassurance that medicine is lifelong learning — no one is expected to learn everything in training.
- Reinforce that mentors, colleagues, and professional supports remain available after training ends; encourage residents to maintain these relationships.
- Highlight the importance of building and sustaining professional connections as part of long-term success and wellbeing.

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### Consultation-Liaison (C-L) Psychiatry

- Clarify and negotiate expectations regarding management of CL team as a PGY4 resident, including expectations for task-sharing, teaching, and care – and supporting residents to explore different styles of leadership in the process
- Encourage reflection and discussion of reactions to providing care in the interdisciplinary milieu of the general hospital, including possible conflicts between patient, caregivers, and teams, and possible countertransference.
- Provide opportunity in supervision for learners to reflect on challenges caring for acutely medically ill patients, including death and dying, complexity and diagnostic ambiguity, and considerations regarding consent and capacity
- Discuss resident's career interests, as PGY4s anticipate making their PGY5 year plan

### Addictions

- Encourage discussions in navigating learner's distress, expectations, and reflection on biases related to addictions
- Encourage discussions on non-typical presentations of psychiatric symptoms in the context of addictions
- Provide space for discussions around the safe use of off-label medications for the treatment of addictions and for withdrawal management
- Discuss the importance of creating connection and trust with patients as a major part of promoting engagement in treatment
- Discuss the importance of being part of the team and seeking help from colleagues and allied staff on the management of difficult cases

### PGY5 / Transition to Practice (TTP)

- Teach practice management by modeling work efficiencies – how to schedule in-patient vs out-patient obligations in a way that makes sense for different career paths and roles
- Discuss the importance of life-long learning and maintenance of credits system for independent practitioners
- Explicitly discuss billing
- Encourage resident leadership in triage, team rounds, case presentations

### Resources

- [Rotation Plans and Learning Objectives](#)
- [Office of Learner Affairs](#)
- [Residency Program Policies and Guidelines](#)
  - Process Groups
  - Protected Academic Time > see section on Administrative & Psychotherapy Time