

To the Editor: Perceived Importance of Transition-to-Practice Competencies by Psychiatry Residents in Canada

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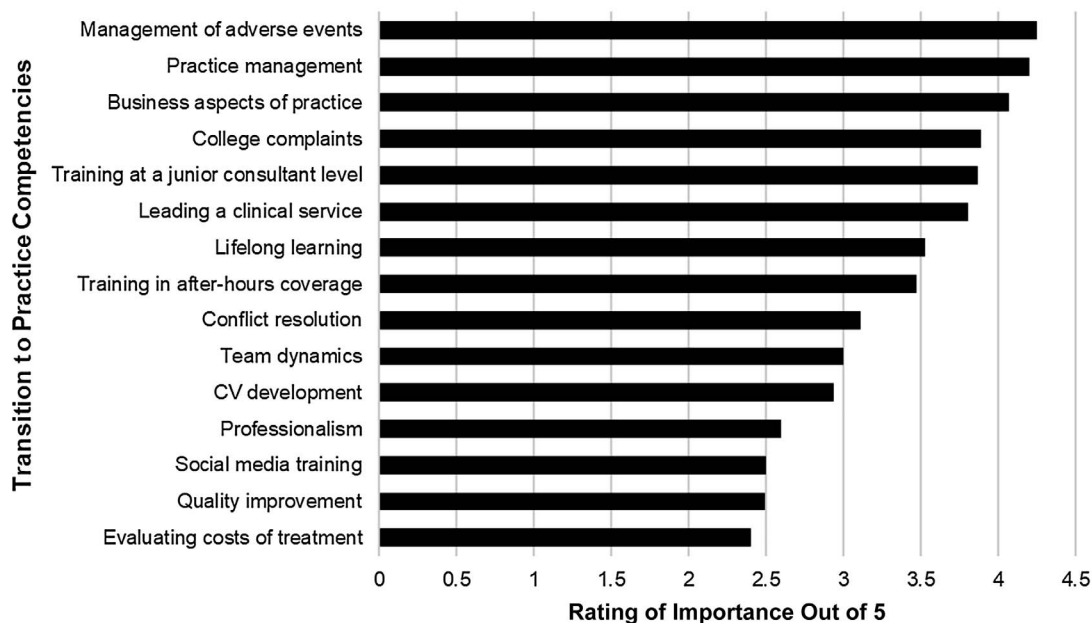
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We read the article written by Herchline et al entitled, “Into the Unknown: Characterizing Fellow Uncertainty During the Transition to Unsupervised Practice,” with great interest.¹ The authors explored the transition-to-practice (TTP) experiences of fellows from adult and pediatric subspecialties in the United States. They found that the primary sources of TTP-associated uncertainty were clinical competence, employment prospects, and career vision. They also shared strategies that fellows used to mitigate these uncertainties, such as clinical preparation, graduated autonomy, and peer mentoring. Similar findings regarding insufficient preparation for transition to independent practice have been reported in postgraduate medical

education (PGME) outside the United States.²⁻⁴ Recognizing the potential sources of and the corresponding resolutions to TTP-associated uncertainties are crucial for academic institutions that offer PGME training to health profession learners.

Transitions to practice represent a pivotal phase in a physician’s journey, where the ability to adapt can impact the well-being and continuing professional development of a health care professional. Nonetheless, several studies have shown that new practitioners frequently experience a sense of unpreparedness for real-world practice, leading to stress and burnout.^{2,5}

In Canada, psychiatry residency is a 5-year program. Canadian psychiatry residency programs have transitioned to competency-based medical education.



FIGURE

Senior Psychiatry Residents’ Rating of the Royal College of Physicians and Surgeons of Canada Transition-to-Practice Competencies

Note: 1=least important and 5=most important.

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As such, the Royal College of Physicians and Surgeons of Canada released a list of TTP competencies, which include the integration of skills directed toward lifelong learning and management of clinical, administrative, and financial aspects of practice. To determine which skills or proficiencies psychiatry residents perceived to be the most important during their transition to practice, we disseminated an online questionnaire to all senior psychiatry residents (postgraduate year [PGY] 4 and above) in Canada via the Coordinators of Psychiatric Education in January to March 2023. A total of 72 psychiatry residents (57% PGY-4 and 42% PGY-5) responded from 15 of the 17 medical schools in Canada. The TTP competencies that residents found to be the most important were management of adverse events, practice management, and business aspects of practice (FIGURE). The TTP competencies ranked as the least important were evaluating costs of patient treatment in different care settings, quality improvement initiative, and social media training (FIGURE). Areas not captured by the Royal College TTP competencies that residents perceived as important included managing practice-related finances and how or where to apply for jobs.

We acknowledge that there is room for the current PGME system to better prepare residents for their transition to practice, and increased support is required for this transition. Similar to the fellowship program in the United States, we identified opportunities to refine the current PGY-5 TTP curriculum in psychiatry residency training in Canada, where supplementary educational resources, experiential learning support, mentorship, or other mitigation strategies may be needed going forward.

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