What it’s like to specialize in psychiatry: Shadowing Dr. Hart

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Staff News Writer

As a medical student, do you ever wonder what it’s like to specialize in preventive medicine? Meet Dionne Hart, MD, a psychiatrist and a featured physician in AMA’s “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out her insights to help determine whether a career in psychiatry and addiction medicine might be a good fit for you.

“Shadowing” Dr. Hart

Specialty: Psychiatry and addiction medicine.

Practice setting: Hospital.
Employment type: Employed by hospital.

Years in practice: 15.

A typical day and week in my practice: As a practicing physician specializing in psychiatry, I cannot define normal and cannot describe what happens on a “typical day” in my life. I am fortunate to work in a field where each day brings new challenges. I am employed in four different clinical settings. Every day, I balance my clinical responsibilities with my roles as a leader in multiple organized medicine groups, mentor to trainees, and a parent to three adult children and a 9-year-old granddaughter.

Each day includes acceptance. I accept my bedroom will always have a lived-in look. I accept the dust bunnies are ahead in our ongoing battle. I accept the crew working on any given day at Five Guys will recognize me, yet I’m a stranger to the staff at my gym. I accept I need to sleep more and to develop more hobbies. I accept on an average day that I will more closely resemble the “before image” of a makeover show. I accept my perfect Sunday is watching a marathon of the original “Law and Order” series even though I know every ending. Most importantly, I accept my personal sacrifice far outweighs the benefits to my patients and my profession, and I will awake each day eager to do it all again.

The clinical position where I have an opportunity to regularly use my skills both as a psychiatrist and former social worker is my position as a provider in an emergency department within an urban safety net hospital. There, I work 12-hour shifts, mostly overnight. After my shifts, I respond to emails and texts, browse social media for health care news, read a medical journal or at least one article, prepare for future meetings, and try to catch up on programs recorded on my DVRs.

I chose to work overnight shifts, so I also supervise on-call residents, address urgent issues on the inpatient psychiatry units, and provide emergency consultations to physicians caring for patients in medical units.

The most challenging and rewarding aspects of psychiatry: The most challenging aspect of my position is managing patients who present to the ED with intent to immediately begin treatment for a substance use disorder. In my practice area—similar to other major cities—there is a very limited number of detoxification beds and no options for admission to an inpatient substance use disorder treatment program after hours or on weekends. It’s a challenge to develop a safe, effective treatment plan during off hours for patients with substance use disorders when there are limited resources.

Living with a mental health disorder can be isolating for many individuals. My position provides me the privilege to be available to provide support, crisis management, and treatment for these patients in a timely manner without judgment.

URL: https://www.ama-assn.org/medical-students/specialty-profiles/what-it-s-specialize-psychiatry-shadowing-dr-hart
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Three adjectives to describe the typical psychiatrist: To be a successful psychiatrist, it is critical for physicians in this specialty to be active listeners, empathetic, and able to collaborate care with colleagues in various professions and settings.

How my lifestyle matches, or differs from, what I had envisioned: As a medical student, I envisioned myself providing psychiatric care in a private outpatient clinic where I’d offer long-term therapy. During my residency training, I learned I enjoyed acute care settings and had a greater aptitude for brief supportive and motivational therapy than long-term psychotherapy.

As a divorced mother, parenting three children during my medical training, I worked to achieve “work-life balance” but never met that goal. My perceived failure led to periods of despair as I sought to be a perfect mother, perfect psychiatry resident, and an effective patient advocate. It was difficult for me to accept that I could not be present for my children in all aspects of their lives and take full advantage of the training opportunities available during my residency.

I’ve since learned work-life integration is a more appropriate goal. Realizing I should not expect to achieve a perfect harmony with all my roles has decreased my psychological stress and the significant guilt I felt trying to achieve it all.

Skills every physician in training should have for psychiatry but won’t be tested for on the board exam: There’s an ongoing debate regarding the effectiveness of board examinations to differentiate between competent providers and those who have deficiencies in vital areas. One could easily make a case the skills that truly differentiate between these two groups of physicians cannot be tested by a high-stakes examination. Compassion, social perceptiveness, organizational and coordination abilities are the most critical skills for psychiatrists practicing in the current environment. These skills cannot be appropriately measured by current board standards.

The most effective providers are constantly learning to incorporate advancements in biological treatment, increased scientific knowledge, and changing social services into their practice. The providers who master integration, time management, coordination, and problem solving are the providers who trainees should model.

One question physicians in training should ask themselves before pursuing psychiatry: Any physician in training should ask themselves, “Are you prepared to enter a profession where you will also face stigma?” For example, can you name any medical specialty where non-medical providers profess that they can complete a brief course to achieve the same expertise you obtained only after years of study and thousands of hours of clinical training?

Books every medical student interested in psychiatry should be reading: As a patient advocate with an interest in social justice, I would recommend trainees and current practitioners read “Medical Apartheid” by Harriet A. Washington and “The New Jim Crow” by Michelle Alexander, in addition to the
classic, “The House of God” by Samuel Shem, MD. Health disparities present in our nation did not develop overnight and are actively reinforced by our current health care system and the direct and indirect efforts of some health care providers and policy makers. In my opinion, practicing providers in the U.S. must be informed not only that health disparities exist, but also how they originated and why they persist.

**The online resource students interested in psychiatry should follow:** In my practice, I do not follow specific medical websites, but I routinely use Micromedex and prescription drug monitoring databases to ensure I am safely prescribing biological treatments.

**Quick insights I would give students who are considering psychiatry:** If I had an opportunity to change one aspect of my medical training, I would increase my expertise in financial management. My training prepared me to be a good physician, but not to manage my personal finances as my income increased, tax pitfalls, and how to invest in my future. I’ve learned a lack of business savvy is not uncommon in medicine and unfortunately there are financial planners who prey on physicians. I would strongly recommend that all medical trainees increase their knowledge in this area.

**Mantra or song to describe life in psychiatry:** Personally, my mantra is let your haters, be your motivators. Depending upon where I am in the process of coping with a personal crisis, my brain is playing “Jesus Take the Wheel” by Carrie Underwood or “Survivor” by Destiny’s Child. But if my children selected a song that describes my life, it would be “Miss Independent” by Ne-Yo.

In my practice, I meet patients with complicated mood and thought disorders as well as substance use disorders. Two songs that perfectly describe their struggles to live with these disorders are “You Are Not Alone” by Michael Jackson and “Sober” by Demi Lovato.

**More about your specialty options**

The AMA’s Specialty Guide simplifies medical students’ specialty selection process, highlight major specialties, detail training information, and provide access to related association information. It is produced by FREIDA™, the AMA Residency & Fellowship Database®.