Life in child and adolescent psychiatry: Shadowing Dr. Ambrose

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Staff News Writer

As a medical student, do you ever wonder what it’s like to specialize in child and adolescent psychiatry? Meet AMA member Adrian Jacques Ambrose, MD, MPH, a child and adolescent psychiatrist and a featured physician in the AMA’s “Shadow Me” Specialty Series, which offers advice directly from physicians about life in their specialties. Check out his insights to help determine whether a career in child and adolescent psychiatry might be a good fit for you.

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®.

Learn more with the AMA about the medical specialty of child and adolescent psychiatry.

Adrian Jacques Ambrose, MD, MPH
“Shadowing” Dr. Ambrose

Specialty: Child and adolescent psychiatry; administrative psychiatry.


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Practice setting: Academic medicine, outpatient.

Employment type: Hospital.

Years in practice: Four.

A typical day and week in my practice: As a night owl, I often marvel at my colleagues’ ability to spring into action at dawn’s first light. After languidly crawling out of bed, I would make my tea and mentally will the caffeine directly into the nearest adenosine receptors. Slightly more human now, I arrive in the office to begin planning for my administrative meetings of the day.

As the medical director, I spend roughly half of my time in managing the clinical practices, reevaluating best practices, ensuring appropriate clinical growth, addressing clinical concerns from faculty members and patients, and examining the fiscal footprint of our clinical services. The work is a beautiful patchwork of multiple moving variables—both explicit and implicit—and I often lose myself in the flow state.

On clinical days, I often practice a combination of outpatient adult and pediatric psychiatry and interventional psychiatry for severe and refractory mood disorders. The day starts roughly the same with my trusty teacup but often ends with a variety of Lego blocks and toy cars strewn about in my office. For the interventional psychiatry work, I provide and supervise staff in intranasal ketamine delivery. A favorite “dad-joke” of mine to say to first-time patients is, “We often stick our noses where they do belong”—to the chagrin of my team.

The most challenging and rewarding aspects of child and adolescent psychiatry: The most challenging part of my work in psychiatry is often the invisible barriers of receiving mental health care for both patients and providers. For some patients, mental health care is often a carve-out for their insurance plans. As a result, many medications or even treatments are not covered, which underscores one of the fundamental health inequity issues in our health care structures.

In addition, for some of my patients who are health care providers themselves, it’s heartbreaking to hear their stories about how they must maintain a facade of “everything is fine” at work for fear of being remediated or disciplined. In many states, the licensing applications often inquire about any prior history of mental health treatments, which not only stigmatizes the aspect of psychiatric care, but also isolates providers who struggle with mental health conditions.

On the other hand, the surreal experience of sharing some of the most intimate and personal aspects of our patients’ lives is sublime. It is absolutely a privilege to be let into the patients’ innermost thoughts and walk with them through many laughs and heartaches, disappointments and triumphs, and births and deaths. Those stories and experiences...
made me realize how incredibly similar we are as fellow humans and how unfathomably resilient and creative we can be.

Those moments are the most rewarding and unforgettable parts of the field. I wonder how different the world would be if we can hear each other’s stories and see the commonalities in each other, in lieu of only our differences.

**How life in child and adolescent psychiatry has been affected by the global pandemic:**
Thankfully, with the advent of technology, most of the work has moved to the telehealth platform. The convenience actually works quite well for many patients.

**The long-term impact the pandemic will have on child and adolescent psychiatry:** The pandemic has increased the awareness of how prevalent mental health challenges can be. Mental health challenges are not a moral failing or a personal weakness, but rather, they are medical conditions that can be treated.

**Three adjectives to describe the typical child and adolescent psychiatrist:** Kind, compassionate, dedicated.

**How my lifestyle matches, or differs from, what I had envisioned:** One of the aspects I didn’t realize about psychiatry in medical school was how versatile and adaptable the trainings can be. As a result, the lifestyle psychiatrists lead can be as varied and tailored as they want. If you don’t want to take calls, you can have that. If you want to continue working more than 90 hours a week, you can have that. If you want to have a family and a career, you can definitely have that.

**Skills every physician in training should have for child and adolescent psychiatry but won’t be tested for on the board exam:** In psychiatry, it’s extremely important to have compassion. There certainly have been situations where I don’t agree with the patient’s choices or feel immensely frustrated with their behaviors. However, at the end of the day, having compassion helps me understand that those patients are suffering and hurting, and their frustrating behavior can be a form of communication.

**One question physicians in training should ask themselves before pursuing child and adolescent psychiatry:** “How deeply do you want to understand yourself?” It sounds a little facetious, but the training and clinical encounters really force us to better understand ourselves. As one of my cherished mentors used to say, “You are one of the diagnostic instruments; do you know how to use that instrument effectively?” It’s about learning who we are as individuals and what we bring with us in the psychiatric framework of clinical care. I never expected to “turn the mirror inward,” but I’m very grateful to have the opportunity to continue learning about myself and life.

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Books every medical student interested in child and adolescent psychiatry should be reading: In lieu of books, I would say that keeping up with different political perspectives on contemporary events in the world are crucial in this field. Most of the time, our patients are reading these same articles, and it’s helpful to navigate the clinical frame if we can contextualize the news to the specific clinical situation. I make a habit to routinely examine different websites—across the political aisle—to ascertain their perspectives.

The online resource students interested in child and adolescent psychiatry should follow: I would like to shamelessly promote the American Psychiatric Association’s official blog. They do a phenomenal job curating relevant news about psychiatry for any interested psychiatrists.

Quick insights I would give students who are considering child and adolescent psychiatry: To borrow the eloquence of Mr. Fred Rogers: “As human beings, our job in life is to help people realize how rare and valuable each one of us really is, that each of us has something that no one else has—or ever will have—something inside that is unique to all time.”

This is the cornerstone of psychiatry, in my mind. Plus, you get paid to do this! If you would like to never ever be bored in medicine, I would strongly consider psychiatry.

Song to describe life in child and adolescent psychiatry: I have a soft spot for the classics: “Here Comes the Sun,” by The Beatles.