

Postcards from the edge: Chapter I - Beginning clinical internship

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As a member of the Student Section Executive of CPA, I am keenly interested in issues of importance to students across Canada. Having just moved my life from Vancouver (BC) to London (ON) for internship, it occurred to me that a series about life on internship would be of interest to both students planning to go on internship and to those who are currently on internship.

I selected the title "Postcards from the Edge" because internship tends to be on the "edge" of one's graduate career. Many interns plan to go into full-time positions right after their internship year. I have to admit that the title can also refer to moments of being on the "edge" of sanity as one juggles major changes in both their personal and professional lives. From coast-to-coast, herein follows the anecdotal experiences of a handful of current interns as they began their internship year.

ADJUSTMENT

The main theme that came up was that of adjustment. Adjustment was discussed on multiple levels. Adjusting to a new geographical location created issues ranging from not knowing the brands of grocery products in a new province or country to desperately missing loved ones who live far away. The Canucks who went down south realized that not having citizenship made simple things such as opening up a bank account much more difficult. The excitement of moving to a new city was also moderated by the frustration of navigating

around this new city (or hospital for that matter - it's hard to feel competent when you are not sure where your office is!). The group of interns was mixed in reporting about the transition from the relatively flexible schedule of graduate school to the set schedule of a full-time hospital-based position. Some appreciated the schedule and felt they were able to use their time more wisely. Others were having difficulty adjusting to the enforced early start to their day. Another change that arose was that we were seeing clients/patients five days a week. As a whole the interns were excited at the increased contact, but it was frequently reported that the personal energy drain was unexpected during these first months of internship. It is not surprising that when beginning a new position adjustment would come up repeatedly as a general theme. Interns were also asked to more specifically provide opinions on the best and worst aspects of internship thus far.

CHALLENGES OF BEING ON INTERNSHIP

On the personal side, everyone reported missing friends and/or family. Even interns that stayed in the same city had good friends who had left them to intern in a different city. The time it takes to build new relationships or friendships was not even considered by some interns as a possible usurper of one's free time. On the subject of time shortages, we also quickly realized that face-to-face patient time can be significantly reduced by meetings (e.g. rounds,

professional area meetings, etc.). It appears that institution- based psychologists need to meet a lot! Another time issue that consistently came up was finding time for research. Some interns noted with disappointment that they were beginning to rethink their plan of finishing their dissertation while on internship. We had all been warned that having time and energy to complete your dissertation on internship would be difficult but few realized how truly difficult it would be. One intern commented, "By the end of the day I am so exhausted that I have no energy left for my dissertation". She explained that when she did have an evening energy burst, she wanted to put the time into background preparation for patients she was seeing. This point leads into another challenge of internship - the breadth requirements (seeing clients from populations one has not worked with before). While acknowledging the value of expanding your clinical horizons, it was brought up that the huge investment of preparation time required to see a completely different client population (for example having a strong competency in child mental health and then working with a geriatric behavioural medicine population) did not seem worth it because one would likely never see that population again. Another challenge that was surprisingly similar across sites was the spectre of hour-tracking. It was a sad thing for many of us to realize that the detailed tracking required to fill out our APPIC forms was not over and that we needed to learn yet another method for tracking patient hours. With such attention to amount of time worked, it's also hard not to think about how much you are paid. One could not write a section on internship challenges without mentioning how low our stipends are. As a group, we all felt the frustration of being significantly underpaid considering our educational level and many years of pre-internship clinical

experience. Despite the inevitable challenges surrounding the acute transition period into an internship there is a brighter side. As one intern put it, internship represents the "light at the end of the graduate student tunnel"!

THE JOYS OF STARTING INTERNSHIP

Every intern who offered their opinion mentioned that they were wonderfully surprised at the level of support and mentoring offered by their supervisors on internship. One advantage of an "enforced" regular schedule is that you and your supervisor are there at the same time. A few interns mentioned the in-depth client-related discussions they were having with their supervisors. It was recognized that this type of collegial exchange will occur rarely in the 'real world' of clinical practice. Aside from regularly scheduled supervision sessions, many interns also talked about feeling completely comfortable dropping by their supervisor's office for informal supervision. Some interns also mentioned the valuable modeling experience provided by watching true scientist-practitioners - that breed of psychologist who sees patients and incorporates research and teaching into their weekly activities. It was also reported that their supervisors seemed to respect the skills and abilities they brought into the internship, while understanding their needs for some support and guidance. One last "supervisor" related comment was that they were very cognizant that internship is a transition year. Despite having just started, most interns had already begun receiving support for their impending job searches. In terms of professional development, some interns reported that they were working with more complicated cases. While they were struggling with formulations, it was also felt that work with these challenging clients was promoting a greater level of clinical competency. As an aside, a few in our

sample reported that it was nice to get to dress more professionally for your day and leave the “sweats” for weekend and evenings. A final consistent point brought up was the value of other interns. The shock of being in a new environment, often without your regular support network, seemed to be buffered by their cohort. Interns noted that they were really enjoying getting to know their fellow interns. Having colleagues who are experiencing the same ups and downs as you, has proven to many of us the crucial role of peer support! Overall, it appears our little non-random sample of interns are definitely stressed but definitely optimistic about the rest of the year. Expectations are being reworked, some standards lowered and others raised. People are adjusting overall and settling into their new lives and routines. Stay tuned for the next article in Psynopsis that will be close to

the halfway point. If you are an intern applicant who wants specific issues commented on or you are a current intern who would like to contribute, feel free to contact me at beccap@interchange.ubc.ca. I was very fortunate to get input from a geographically diverse crew so that this series of articles could be more representative than just a lone intern’s rambling discourse. I would like to thank Tina Wang (BC Children’s Hospital; Vancouver), Melanie Badali (University of Washington School of Medicine; Seattle, WA), Jennifer Naschen (London Health Sciences Centre; London), Trish Doris (London Health Sciences Centre; London), Vaishali Raval (The Children’s Hospital; Denver, CO) and Joanne Gillespie (IWK Health Centre; Halifax) for sharing their personal experiences with me to compile this article.