

## EDITORIAL

# What are the missing competencies in psychiatry residency training?

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In this issue, I would like to highlight our Clinical Rounds column, in which O'Flanagan & Nicolson identify what appears to be substantial gaps in psychiatry residents' learning opportunities in the assessment and care of persons who have both developmental disabilities and mental health difficulties (1). This contribution is followed by two commentaries, one by Thakur & Lunksy which includes ideas on strengthening residents' training and physicians' skills in working with persons with developmental disabilities (2), and one by Fernandes reflecting on her rich training experience with this population (3). Having also worked with this population for several years, I am still taken aback by the separateness that seems to persist for this population within our mental health system. I have heard practitioners who do not work regularly with this population emphasize their lack of expertise in working with such a unique population while at the same time seeming comfortable with the great diversity in the child and adolescent psychiatry field from traumatized children to youth with escalating self-harm behaviour to emerging psychosis to warring families to delinquent behaviour to crippling anxiety...

It is possible that the provision of more training experiences with this population will increase the comfort and confidence of our residents and future attending physicians. Although I also hear this same call for more training exposures coming from all subspecialty quarters. Our residents need more training in sleep disorders, cultural competence, neurostimulation, early childhood, young adulthood, ... One wonders where all this extra time is going to come from, or rather, what training opportunities ought to be cut to make room for competing priorities. The Royal College of Physicians and Surgeons of Canada's training requirements may

provide some guidance, although O'Flanagan and Nicolson also note the specifics from such entities are not sufficiently developed to ensure robust training with regard to developmental disabilities (and presumably for other populations). Should the Royal College requirements become more operationalized and prescriptive?

The survey report by O'Flanagan & Nicolson presents what are generally easier to measure variables (e.g., number of hours of lectures). And while higher quantities of these specific deliverables might yet be valuable, the future of residency education is shifting to the notion of competency rather than delivered units of experiences, and as such, a more focussed deliberation on competencies may be needed. What competencies are thought to be inadequate and to what degree must these be obtained through subspecialty exposures. One might suppose that the breadth of child & adolescent psychiatry experiences which include a diversity of cognitive abilities across a broad range of behaviours embedded in multiple contexts with a developmental lens might foster both comfort and competency to work with a broad range of persons including those with developmental disabilities. What then are the additional competencies that are not otherwise obtained if it were not for explicit exposure to each specific subpopulation, such as through subspecialty clinics? More clearly defining these competencies might shift an approach from trying to pack residents' schedules with back-to-back rotations through subspecialty clinics to obtain "enough" exposure. I am all for subspecialty clinics within the public service sector when they can demonstrate better outcomes for given populations that would not otherwise be attained. However, while I have

wondered about how subspecialty clinics, in this case so called “dual diagnosis” clinics, might fractionate care delivery (4), I now wonder about whether they might also contribute to unintended training fractionation. What might be the trade-off of residents going from subspecialty clinic to subspecialty clinic demonstrating competency in speciality areas versus more emphasis of core competencies across populations? Perhaps some of our readers, especially those involved in education, might have compelling ideas and practices that they will share in our underused Letters to the Editor section in response to this topic.

This issue also has much more to consider. We have a diverse set of research articles including an examination of callous-unemotional traits in females (5), exploration of predictors of barriers to youth mental health and addiction services (6), and an assessment of the psychometrics properties of an important functional measure (7). We also have another great Recommended Academic Reading column, with our autism experts identify fascinating papers for you to consider for your reading list. Our interview column, *Apercevoir*, profiles an intriguing child psychiatrist, Pippa Moss based in Nova Scotia, interviewed by one of our editorial board members, Alice Charach. Also check out our Arts & Literature and Nature (ALAN) column which has several visual contributions in addition to a movie recommendation. We are hopeful that some of our readers will contribute to ALAN for subsequent issues, including more

nature photos. Finally, Raj Rasasingham brings you an update on happenings within the CACAP.

## References

1. O’Flanagan S, Nicolson R. Survey results on training in developmental disabilities in Canadian psychiatry residency programs. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*. 2023; 32(1): 4-9
2. Thakur A, Lunskey Y. Commentary 1: Intellectual and developmental disabilities training in psychiatry residency. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*. 2023; 32(1): 9-11
3. Fernandes N. Commentary 2: Importance of early training experience with persons with intellectual and developmental disabilities. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*. 2023; 32(1): 12-13
4. McLennan JD. Dual Diagnosis: A problematic construct when applied to persons with intellectual disabilities. *The Canadian Journal of Psychiatry*. 2018;63(9):597-601.
5. Fontaine NMG, Rozéfort A, Bégin V. Associations between callous-unemotional traits and psychopathology in a sample of adolescent females. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*. 2023; 32(1): 14-26
6. Chan S, Markoulakis R, Levitt A. Predictors of barriers to accessing youth mental health and/or addiction care. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*. 2023; 32(1): 27-37
7. McDonald EJ, Bedard C, Kirkpatrick SI, Perlman CM, Ferro MA. Psychometric properties and informant agreement of the WHODAS 2.0 in youth with mental disorder. *Journal of the Canadian Academy of Child & Adolescent Psychiatry*. 2023; 32(1): 38-49.