

Early Exposure to Child and Adolescent Psychiatry Through a Preclinical Elective: Unexpected Lessons From the Medical Student Perspective

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Medical school can feel like a race to the finish given the whirlwind of endless information, systems to learn, and pressure to quickly find one's life calling. There tends to be urgency to become an expert for United States Medical Licensing Examination exams, shelf exams, and clinical rounds. Students don't want to lose any time in finding their path so they can focus on optimizing their residency applications. Child and adolescent psychiatry is a specialty that is often overlooked given the minimal time allocated to it.^{1,2} Not all medical schools have capacity or faculty to encourage and promote its concepts or clinical experiences.

Due to the global shortage of child and adolescent psychiatrists, there is a need to creatively increase awareness of and interest in the field. Recruitment into psychiatry can be enhanced by dispelling myths, connecting to positive role models, and offering earlier exposure in medical school.³ All physicians should learn about the relevance that youth mental health has on our patients, families, communities, and society. When given the opportunity, medical students enjoy educational experiences in child and adolescent psychiatry.⁴ Creating spaces to introduce students and integrate public health, advocacy, equity, justice, connectedness, and well-being may inspire interest and stimulate new directions in which future trainees may take our field.

In 2020, a new preclinical elective in child and adolescent psychiatry was created for UC San Diego medical students to serve as an introductory course in pediatric mental health. The elective aims to provide an exploration of youth mental health topics with frequent discussion questions and cultivation of a cohesive learning community. There is a focus on medical student well-being and reflection on one's own mental health, noting

the impact this has on learning and practice. Sessions are delivered through a lens of equity, public health, cultural sensitivity, youth experience, and holistic health. Each class begins with an optional 5 minutes of group mindfulness; concepts of self-compassion are emphasized throughout the course. Students complete pre-assignments designed to be fun, relevant, and engaging. Sample sessions are included in Table 1.

Table 1. Topics Covered

- Introduction to child and adolescent psychiatry
- Well-being
- Cultural sensitivity
- Youth voice and perspective: a young adult with lived experience speaks on her journey and consideration for future physicians
- Trauma
- Development
- Suicide and hope
- Empathy and compassion
- Final session on student reflections

Student Voices

Two second year medical students, Neha V. Kidambi and Alec Terrana, who took this preclinical elective on child and adolescent psychiatry share some unexpected lessons and reflections.

Coming in, I didn't really have expectations about what this class would be able to teach me. However, I feel like I left with a better idea of what wellness means to me and also the importance of recognizing how to preserve and promote wellness in others, which I can't say that I have ever learned in another class. At the start of the course, I was surprised to get an assignment to engage in a wellness activity for myself. I was even more surprised that I instantly felt a shift in the way that I thought. How could something as simple as gratitude make me feel

so much better about my day? As a second-year medical student, I have found it quite difficult at times to sit and reflect on the positives of my day amongst the seemingly endless exams, deadlines, and obligations. Taking the time to reflect on what gave me happiness made me feel not only more grateful and thankful for what I had, but also promoted a more positive mindset for me moving forward.

Another salient and unexpected lesson was that of inter-generational trauma. We discussed the article “From Generation to Generation: Rethinking ‘Soul Wounds’ and Historical Trauma.” The idea that “soul wounds” could persist in the epigenome of descendants of those who suffered devastating historical trauma and cause physiological reactions was a concept I had never fully grasped before. I had not thought about what other things I may not necessarily see on the surface that would perhaps shape how people react and adjust. However, it was this article and our group discussion that solidified the concept that health and wellness could also be shaped by the history and trauma of an individual and their families. It was further reinforced by our talks on adverse childhood experiences and learning about how Dr. Nadine Burke Harris is championing against cycles of familial trauma and stress on pediatric health and their downstream outcomes. I could see the importance of recognizing the effects in children early on and working to develop a framework to overcome the barriers that may ensue in the years to come. I saw clearly how important mental health was throughout any individual’s lifetime and that there was really no start or stop to mental health.

Finally, I did not expect to learn as much about connection for others and ourselves as students. In our core coursework, we learn about the diagnoses and reinforce the importance of evidence-based treatments, but not about the value of belonging and purpose. Despite knowing friends and family with depression, I had not previously been able to see that purpose may have positive effects on the trajectory of their health.

I know that these lessons will stay with me no matter what field of medicine I decide to pursue, and I am grateful for the opportunity to have had the space and

support to learn these concepts with my colleagues before third year.

Neha V. Kidambi

The assertion that medical school is hard seems to be universally agreed upon. However, the different ways in which it might be hard are less commonly discussed. More than the deluge of information or the time commitment required to integrate it all, my difficulties have primarily been emotional and spiritual, rooted in an apparent difference in underlying ideology. As a humanities nerd at heart and a practicing massage therapist for a number of years, I gravitate towards the gestalt.

While there is undoubtedly a place for views of both the macro and the micro, embedding that tension within a system that actively incentivizes students to overwork themselves and rewards competition seems to undermine that exploration. It has challenged my ability to nourish my own curiosity and enjoy the process of integrating seemingly conflicting viewpoints. It’s exhausting and alienating and honestly just weird, given that the underlying intent is to produce compassionate healers adept in critical thinking.

In the midst of all of this, there has been the child and adolescent psychiatry elective, an apparent safe haven for those of us who care more about the forest than the trees. This elective is the most at home I’ve felt in the content and community of any formal part of my preclinical curriculum. Nearly all of my favorite topics in the world of healing have been touched upon in this course, from considerations of cross-cultural approaches to mental health and self-compassion as an instrumental practice in the physician’s toolkit, to the idea that taking adverse childhood experiences (ACEs) more seriously is a paradigm shift that is nearly decades overdue.

Discovering that there are communities in which these ideas and approaches embodied by child and adolescent psychiatry truly matter within the world of medicine has been an enormous relief and a much-needed reminder of what really matters after 18 months of biomedical boot camp. Moreover, it has affirmed that other medical students are passionate about these topics as well and

that we crave a space for understanding our patients as more than just dysfunctional bodies with clogged arteries and insulin resistance.

I can also say that I'm intrigued by child and adolescent psychiatry as a professional path more than I ever would have imagined when I started school. My primary motivations for pursuing an MD seem to be at the heart of the field: seeking to understand people in their fullness and complexity; remaining mindful of how personal, familial, and social histories inform our brief clinical encounters; and having a platform to advocate for people who are often denied meaningful pathways to advocate for themselves. This elective has been one of my most meaningful experiences at UCSD thus far and am thankful for the ways in which it has reinvigorated me as I move into my clinical years.

Alec Terrana

These reflections remind us of the developmental journey that is medical education. As they expand their knowledge base, medical students enhance self-awareness and connection to their peers. A powerful lesson learned by all was the importance of creating safe, affirming, and nonjudgmental spaces in which to be authentic together. Given the high rates of medical student burnout,^{5,6} we must implement effective ways to embed well-being into courses and create supportive learning environments. Bringing medical students, our future leaders, into discussions about holistic health and celebrating their voices and perspectives will help advance us all as lifelong learners and healers.

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Take Home Summary

Early introduction of child and adolescent psychiatry to medical students may grow our workforce but also provide valuable learning opportunities for students pursuing other specialties. Intentional integration of learner well-being into courses may increase satisfaction and build resilience.

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