

Dr. Carla Edwards

Community Adolescent & Child Sports Psychiatry

Overview

1. **Profile:**
 - a. Positions: Adolescent and Child Sport Psychiatrist (tailored community practice); Clinical Education Coordinator (McMaster University); Associate Professor of Psychiatry (McMaster University)
 - b. Training: Psychiatry Residency (McMaster University); MD (Memorial University); Master's Degree in Chemistry (Mt. Allison University); Bachelor of Science (Mt. Allison University)
2. **Pitch:** Limitless opportunity to shape your practice based on your interests
3. **Path:** Avid sports player throughout undergrad and med school; Psychiatry became focus early in clerkship, with child-adolescent and sports psychiatry shift in residency. Career had its own path, starting off in adult psychiatry before taking the leap and opening a tailored community practice that has an incredibly diverse patient base.
5. **Personal:** This is a specialty that revolves around stories. Stories help you understand your patient and are a great privilege to hear.
6. **Philosophy:** Be open-minded to new opportunities and create opportunities where there aren't any!

Elevator Pitch

(2:00)

- Psychiatry is incredibly **open-ended** in terms of opportunity
- You have the ability to be creative in the **type of practice** you choose
 - Other specialties may be more restricted but psychiatry is essentially limitless
 - Dr. Edwards sees non-existent fields as opportunities to ask **"Why Not?"**

Personality

(3:04)

- **Creative** to the point where she essentially created a new type of practice.

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- Risk-taker in terms of carving out her own place in the field, leaving behind more traditional practice.

Stereotypes

(4:02)

- US medical student survey showed negative perceptions of childhood & adolescent psychiatry, specifically focused on the belief that it is an emotionally stressful field with a lack of governmental and fiscal support.
- Response: Most negative stigmas against psychiatry originate from physicians outside of the field.
 - Dr. Edwards noted this throughout her clerkship and residency training, especially vis-a-vis monetary reimbursement.
- Another stereotype is that psychiatrists just prescribe with no focus on therapy.
 - Dr. Edwards notes that this stigma exists with both physicians and patients, who are often timid in seeing her because they don't want to be on medications.
 - Some of this feeling in Canada may also be attributed to proposed legislation a few years ago that would have cut psychotherapy from psychiatrists' responsibilities.
- Dr. Edwards assures her patients (and our co-hosts) that she really doesn't prescribe anything unless she is really confident they need it. In fact, she prescribes exercise more often than medications.
- The stigma against psychiatry has definitely shifted, especially from the idea that "psychiatrists all need psychiatrists."
- In psychiatry, the relationship is more important than the prescription.

Referenced Material: *Martin et al. Medical Students' Perceptions of Child Psychiatry: Pre- and Post-psychiatry clerkship. Academic Psychiatry; 2005, 29(4): 362-367.*

Path

(7:52)

Medical School

- Medicine was the chosen career path from high school (her yearbook indicated a future in Sports Medicine - mostly right!)
- Recruited to play varsity volleyball at Mount Allison University in New Brunswick, where she completed a 4-year undergraduate degree in chemistry.

- Varsity rules required athletes to complete their fifth year of eligibility at the same school as the previous four, so she deferred her acceptance to medical school to play another year of volleyball while completing a Master's degree in chemistry!
- Extracurricular athletic involvement ramped up even more in Medical School (see a trend?), playing 5 sports while also coaching 2 high school teams.
- As a clerk, Dr. Edwards encountered athletes in her clinical experiences, with injuries relating to their athletics. Doctors who didn't understand these sports often provided inaccurate diagnosis, inappropriate management, or couldn't successfully engage the patient in their own treatment.
 - Example 1: A young woman was diagnosed with an eating disorder for rapidly losing weight. She was a wrestler, and had purposefully been "cutting weight" before a tournament to enter a certain weight class.
 - Example 2: A 12-year old girl was referred for a gender identity query, because of her stating that she "wanted to be a boy." The soccer teams at her school had split teams by sex, with the boys' team belonging to a much more competitive league. The girl's "gender identity issue" was limited entirely to wanting to play at a higher level.
- Before clerkship, a preceptor told her, "You will know what you want to do when you find the rotation that you look forward to when you wake up. You don't dread it; you feel good about it; and you have energy for it." Psychiatry was her first rotation, and ended as the only rotation in which she felt that way.
 - Getting to know people and their families. Understanding their life stories. Getting to meet them the first time when they're ill, helping them through that and seeing how they do beyond that. It had all the pieces. Had no expectation that was going to happen.
 - (14:18) Other specialties considered:
 - Oncology was an initial interest because a number of relatives died from cancer and undergraduate research in the topic. Preceptors seemed jaded and disconnected from patients, lack of empathy, disillusioned.
 - Radiology seemed interesting because of methodical analysis, but found it was too hard not to talk to anyone all day.
 - Emergency - loved the TV show *ER*, and found on her electives that it was exciting, fast and interesting, but the lacking follow-up left it unrewarding.

Residency

- Psychiatry residency at McMaster was very enjoyable, in particular learning seven types of psychotherapy

- Child psychiatry became a focus in 3rd year residency. Pivotal time in life to have an impact, vs. adult where things are more set in stone, patterns, illnesses in place.
- Sports found its way back in after attending a child/adolescent psychiatry conference, and joining a special working group run by the International Society for Sports Psychiatry, which showed an entirely new venue for practice, working with athletes.
- There was no specific sports psychiatry training in Canada, so plans were put on hold for a bit

Staff

- Worked at Homewood Health Centre, a large mental health and addictions facility in Guelph, ON, for 7 years following residency.
 - Inpatient unit had typical workflow with daily check-ins and discharges.
 - Rather intense and there were many times that Dr. Edwards felt overwhelmed by the work, becoming quite unenjoyable to be yelled and swore at every day.
 - This was accentuated when she became pregnant, and felt a certain amount of added danger.
 - However, Homewood was mostly privately funded and as a result has beautiful grounds, with a greenhouse, weight room, tennis courts and even a bowling alley.
 - Even then, Dr. Edwards displayed her creativity and initiative, creating an active recovery class for patients who were willing and able, to get them up and about twice a week.
- As Dr. Edwards's family grew, so did her need for a more flexible position. She began taking outpatient clinic hours and a larger role in medical education at McMaster's Waterloo Regional Campus. Her outpatient clinic yielded opportunities to flex her childhood & adolescent psychiatry chops, toward which she shifted her practice. At the same time, she started a part-time sports psychiatry practice at the McMaster Department of Athletics.
- Made the leap in 2016 to leave the mainstream, and set up her own practice based on the connections she had made through her McMaster practice, unsure of the market and sustainability of the venture.
 - Practices in a tailored community practice in Guelph three days per week.
 - The community practice was a centre of creative endeavour - after sitting around during residency, Dr. Edwards asked herself "Why do I have to sit at work?" Office is filled with treadmills, punching bags, weights, yoga balls, and many "fidget" toys for her patients to use. She'll even take patients out of the office for a walk around the neighbourhood!
 - "I love my job," she notes, adding a profound satisfaction has been found.

Day-to-Day Life

(23:10)

- Typical inpatient, salaried job at Homewood Health Centre.
 - Pros: Didn't worry about billing, scheduling, or overhead. Focus on working and practicing - good for learning.
 - Cons: 35 hours/week on a salary means all extra work is "free," important to learn to manage time or you will be stretched too thin.
- Current practice - Dr. Edwards largely has control over her entire practice, adding things along the way, making her week extremely diverse, usually changing day-to-day from Guelph to Burlington to McMaster.
- Typical outpatient in community practice.
 - Pros: She controls her schedule, and can see patients online or offline, deciding when to see each patient, how long each appointment is and how long to follow each patient. Allows her to keep active and maintain a healthy family life.
 - Cons: None that she mentioned!

Personal Takeaways

(30:24)

Stories: Patients' stories are like books. Some people are surprised by the details Dr. Edwards remembers. She sees it as a privilege to be invited into their life, seeing how they grow. Every patient has contributed to a foundation that allows her to solve almost any problem.

Personal Story 1:

(31:56)

*"I will never forget the first time a patient told me that **I saved their life**. Every time I think of it, it almost brings tears to my eyes because that is one of the most powerful things that you can hear as a physician. It brings to mind a few things for me. It kind of triggers a reflection on that ortho that said, '**you're not going to have any rewards** at the end of your day if you do psychiatry.' And I think, 'Ya? I just saved someone's life and they told me that.' And **sometimes you don't know** when they leave your office. You do the best you can and sometimes **hope for the best**, but you never really know the true extent of what you do for someone **until they say something** like that, and then you know, 'Wow, I had that impact on that person. Little old me did that.' It's profoundly powerful. I'm not a heart surgeon, or an intensivist who clearly saves lives on a daily basis... Whether it's*

something you say, or an intervention, or just being with them that extra 5 minutes, it can make their lives change like that, and some people have written it in cards, and some people have said after one encounter [...], 'you know if you hadn't said this in our last session, I was going to go kill myself.' I say 'Holy, **words are so amazingly powerful for good.**' If I have the privilege of being that person for some of these people, that makes it all worthwhile. I'll never forget that first time. **I feel like a superhero.**"

Personal Story 2:

(34:00)

*"[In one clinic], an athlete **overheard an administrator disparaging** mental health and saying it wasn't very important. I had treated this athlete for a number of years, and she had been highly suicidal. Every day that I saw her, I did a suicide meter with her and she was usually over the top. She needed bilateral hip surgery for torn labrums and such, and she said to me, '**my hips weren't going to kill me, my depression was.**' ...I wish more people would hear those stories, to really understand the powerful aspect of mental health. Under the surface you can't see it, but man it'll kill you if you don't pay attention to it."*

Note: While we tried to keep these transcriptions as true to the speaker as possible, some dialogue is paraphrased and/or edited for easier reading.

Final Comments

(37:15)

1. Be creative and follow the path less travelled!
2. Be yourself in whatever area you follow - patients need a human being as their doctor.
3. Be aware of opportunities as they arise and don't limit yourself by what other people do.