September 14, 2020

On Becoming… What I Was Meant to Be.

~ Theodote K. Pontikes, MD, MBA, FAPA, DFAACAP

I'm often asked whether I like what I do. As a new academic year and a new ecclesiastical year have begun, I find myself being more reflective in the context of growing older (and hopefully wiser) during this surreal and challenging time of living and practicing medicine during the COVID-19 pandemic. Medicine has been a vocation for me, a calling I envisioned since the age of eight, inspired by my pediatrician, the medical newsletters in our home while growing up, and my curiosity and wonder about the intricacies of the human body, mind, and spirit.

As I matriculated into the College of Medicine at the University of Illinois at Chicago, after majoring in Biochemistry and minoring in French as an undergraduate there, I intended to become a pediatrician. As I progressed into the clinical years of training, I was consistently drawn towards the narratives of patients on every rotation, from Family Medicine to Surgery. I was especially struck by barriers to care, by the hidden curriculum, by implicit biases and by the stigma experienced by marginalized and vulnerable patient populations, particularly the mentally ill as they navigated the healthcare system for basic medical care.

The Psychiatry clerkship at a Veterans Affairs hospital in Chicago was my final clinical rotation prior to the application process for residency training, and I quickly determined that Psychiatry was likely the best "fit" for me for lifelong practice. At the end of the rotation, one of my attending supervisors told me that he could envision me as a psychiatrist. I still recall the presentations I gave on post-traumatic stress disorder and transcultural psychiatry, as well as being introduced to case formulations.

I recall also being told by an attending in another discipline that "You're too smart to become a psychiatrist." This reinforced for me that even within the culture of medicine, the field of Psychiatry has often been misunderstood. Thus, I decided that I somehow needed to justify my decision to pursue residency training in Psychiatry and chose to complete an away-rotation in Multidisciplinary Pain Medicine at Massachusetts General Hospital. My aspiration to become a physician was fueled by my desire to alleviate suffering and pain (be it physical, psychological, or spiritual) and to improve patients' quality of life. I thought to myself that with whichever physician I most identify on this rotation, I should probably pursue that field. Represented disciplines included Anesthesiology, Neurology, Physical Medicine and Rehabilitation, and Psychiatry. Not surprisingly, I was most fascinated by the thought process, teaching style, and bedside manner of a dually-trained psychiatrist and internist who specialized in psycho-oncology and consultation-liaison psychiatry. My decision to pursue Psychiatry residency training was hence solidified and immutable.

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As I progressed through my first year of residency training at the University of Chicago, during my clinical rotation on the inpatient unit, I often wondered about where the patients' family members were and of how important their involvement would be for each patient's recovery. I also wondered what patient trajectories and outcomes would've been like if patients whose histories demonstrated signs of psychiatric illness in childhood or adolescence had received intervention at that earlier time.

Thus, as a PGY-2 trainee, I applied for and was awarded a travel grant to the AACAP (American Academy of Child and Adolescent Psychiatry) conference. I vividly remember how mesmerized I was by all the presentations I attended and by how welcoming the child and adolescent psychiatrists there were. I also recalled how becoming a pediatrician was my childhood wish, how my Pediatrics rotation attending supervisor in medical school had encouraged me to apply to the Pediatrics residency program at her institution, and how my Child and Adolescent Psychiatry attending supervisor on a two-week specialty rotation had remarked that "[children are naturally drawn to me]" and that I should consider becoming a child and adolescent psychiatrist. (I completed this medical school elective in the afternoons while completing a mandatory Anesthesiology rotation in the mornings.)

Early into being a PGY-3 trainee, I was encouraged to apply for Child and Adolescent Psychiatry fellowship training. However, I also enjoyed and found it meaningful to work with adult patients and wanted to further develop my clinical and leadership skills. As a PGY-4, I served as one of the inpatient chief residents and fondly recall participating in the Intensive Psychotherapy elective taught and supervised by a seasoned octogenarian psychiatrist-psychoanalyst. I concurrently completed a Clinical Medical Ethics fellowship (MacLean Center for Clinical Medical Ethics, University of Chicago), where my research project involved creating awareness and providing education to primary care clinicians regarding systemic healthcare disparities and biases in the management of patients with chronic mental illness.

Thereafter, I completed my training in Child and Adolescent Psychiatry at the Massachusetts General Hospital/McLean Hospital program (Harvard Medical School), where our training director would often say "Never a dull moment!" when working with children, adolescents and their families. I find myself quoting this often. I subsequently completed additional fellowship training in Psychosomatic Medicine (Consultation-Liaison Psychiatry) at Cambridge Health Alliance (Harvard Medical School). I, then, worked as an attending psychiatrist on an inpatient eating disorders unit for adolescents and adults (Walden Behavioral Care), prior to returning home to Illinois, where I began working primarily as an outpatient child and adolescent psychiatrist at Loyola University Medical Center (LUMC) and became a faculty member of the Stritch School of Medicine.

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Nearly seven years ago, I chose to join LUMC because its mission to serve as “a compassionate and transforming healing presence;” its commitment to “excellence in patient care and the education of healthcare professionals;” as well as its appreciation of “thoughtful stewardship, learning and constant reflection” and of “[respect for life and human dignity]” aligns with my personal and professional mission. In my daily work, while being collaborative with various stakeholders within the healthcare delivery system, I strive to maintain my integrity and remain patient-centered, as a clinician-educator who makes a difference in the quality of life of patients and their families, while teaching and mentoring the next generation of psychiatrists, and working to decrease mental health disparities and stigma.

This past weekend, when I was asked whether I like what I do, I didn’t think about the additional hours outside of clinic I spend writing advocacy letters for children’s needed accommodations or appeal letters for my patients’ insurance plans (so they can receive the medication that is indicated as part of their treatment plan) or about productivity pressures or the moral distress I often experience. I spontaneously answered: “It’s challenging and rewarding, and I can’t imagine myself doing anything else.”

During this pandemic, many patient families have extended their gratitude to me for helping them over the past several years - for bearing witness to and alleviating their suffering and pain and improving their quality of life. Reflecting on my decision-making process in medical school to pursue residency training in Psychiatry, as I’ve embarked on post-graduate year sixteen (PGY-16), it’s clear that becoming a developmental psychiatrist is “what I was meant to be.”

I’m grateful for the opportunity to serve my patients and their families and to grow with them.

I’m grateful to my family, friends, and colleagues, and especially to my parents and mentors for guiding me and being present on this meaningful journey.