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Promoting Self-Reflection and Dialogical Skills in Psychiatry Residents as Components of Professional Resilience: Feedback from Ongoing Systemic Learning–Based Workshops

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Executive Summary

Psychiatry residency training increasingly requires the integration of clinical knowledge with relational, communicative, and reflective competencies. Evidence shows that communication skills, empathy, and self-reflection are essential not only for patient outcomes but also for physician well-being and resilience. However, these competencies are often insufficiently addressed in a structured and experiential manner during training.

This article presents a longitudinal educational initiative—Meta-knowledge in Psychotherapeutic Interventions in Psychiatry—developed at the University Psychiatric Clinic Ljubljana (UPCL). The workshops aim to strengthen self-reflection, dialogical skills, and professional resilience among psychiatry residents. They are based on systemic learning principles and integrate meta-level knowledge from different psychotherapeutic approaches.

The program introduces small but continuous changes in thinking and communication, emphasizing experiential learning, feedback, and dialogue within a psychologically safe environment. Residents reported improved tolerance of uncertainty, greater awareness of relational processes, and enhanced communication skills across clinical and institutional contexts.

We argue that psychiatry residency programs should be understood as enriched learning environments in which relational and reflective competencies are intentionally cultivated. Such approaches are particularly relevant in smaller European healthcare systems and are essential for maintaining the humanistic core of psychiatry in an era of increasing technological and systemic pressures.

Keywords: psychiatry residency; self-reflection; dialogical skills; professional resilience; experiential learning; communication; systemic approach.

Introduction

Psychiatry is a medical discipline in which communication is not only a tool but also a central component of diagnosis and treatment. The ability to understand patients' subjective experiences, to establish a therapeutic alliance, and to navigate complex relational dynamics is essential for effective psychiatric practice. Numerous studies have consistently demonstrated that patient-centred communication and empathy improve patient satisfaction, adherence to treatment, and clinical outcomes, while also supporting physicians' well-being [1,2].

Despite this evidence, there is growing concern that these competencies are not sufficiently supported during medical training. Some studies suggest that empathic communication may decline over the course of medical education, particularly under conditions of stress, time pressure, and hierarchical learning environments [1].

At the same time, psychiatry residents are exposed to specific stressors, including emotionally demanding clinical situations, responsibility for vulnerable patients, and complex relationships with families, multidisciplinary teams, and institutional structures. These challenges contribute to burnout and reduced well-being. The concept of resilience has therefore become increasingly important. However, resilience should not be understood solely as an individual trait or capacity; rather, it emerges within relational contexts, learning environments, and professional culture [3]. A systematic review examining personal resilience among psychiatrists demonstrates that workplace factors and personality traits are particularly influential, suggesting that effective resilience interventions must include organizational and workplace-level strategies [3].

In many training programs, communication skills are expected to develop implicitly through clinical work, observation of senior colleagues, and formal psychotherapy education. While these elements are valuable, they do not always adequately address the flexible and context-dependent application of communication skills in everyday psychiatric practice. So-called "soft skills"—such as navigating power dynamics, managing uncertainty, and communicating effectively within teams—require explicit and experiential forms of learning [4].

This need is also reflected in broader discussions about the future of psychiatry training. There is increasing recognition that training should integrate not only biomedical, psychopathological, and psychotherapeutic knowledge but also relational, cultural, and systemic perspectives [5]. At the same time, essential soft skills risk being undervalued in increasingly technologically driven healthcare systems [6]. Artificial intelligence (AI) has the potential to transform psychiatry by enhancing diagnostic accuracy and treatment effectiveness, contributing to the development of precision psychiatry. However, it is widely acknowledged that AI cannot replace the human elements of empathy, relational understanding, and patient-centred care [7]. The Union Européenne des Médecins Spécialistes (UEMS) Section of Psychiatry similarly emphasizes that AI should be understood as a tool that supports, rather than replaces, clinical decision-making and therapeutic relationships [8].

Within the European context, the UEMS framework highlights the role of the communicator as a core component of psychiatric professionalism [9]. Slovenia represents an especially relevant context for such developments: a country with a well-developed healthcare system but limited human and financial resources, where innovative and sustainable educational approaches are particularly valuable.

Based on these considerations, we developed a series of workshops aimed at strengthening self-reflection and dialogical skills among psychiatry residents. The underlying assumption was that

learning to understand relational processes more deeply not only improves clinical practice but also supports the well-being and resilience of the residents themselves.

Educational initiative and workshop development

The workshop series was developed and implemented at the UPCL by six psychiatry specialists from different subspecialties, all of whom had additional training in various psychotherapeutic approaches.

The initiative was motivated by the observation that psychotherapy training within residency—although formally included in the curriculum—does not fully address the application of communication skills in everyday clinical situations. Rotations in psychotherapy departments and postgraduate modules provide essential theoretical and technical knowledge; however, they do not necessarily support the flexible use of communication across diverse contexts such as teamwork, institutional communication, or interactions with patients' relatives.

We therefore focused on meta-knowledge derived from psychotherapeutic approaches—namely, shared underlying principles such as empathy, alliance-building, understanding of unconscious processes, and awareness of relational dynamics. In addition, topics addressing different levels of systemic context, within which psychiatrists operate through professional communication, were incorporated. These elements were translated into a format suitable for experiential learning within residency training.

The workshops are grounded in experiential and systemic learning principles, with a strong emphasis on reflexivity and feedback. Such approaches have been shown to enhance communication learning and facilitate its transfer into clinical practice [4]. The workshops are designed as psychologically safe spaces for reflection and discussion, which are not always available within traditional hierarchical medical training structures.

At the same time, clear professional boundaries are maintained: the workshops are not intended as personal therapy but as a structured environment for developing professional communication skills. Residents are encouraged to reflect on themselves and their beliefs in what is described as an "impersonal–personal" manner, enabling open discussion while preserving collegial relationships—so that participants can, as expressed informally, "still feel comfortable having coffee together afterwards."

This approach is consistent with contemporary educational models that emphasize reflective practice, professionalism, and psychological safety [10].

Structure and content of workshops

The workshop series has been conducted annually since 2019, with several iterations completed to date. It addresses relational topics relevant throughout the entire specialization while also incorporating broader social and institutional perspectives. Over time, the model has evolved into its current structured format: pre-reading of selected literature related to the workshop topic; experiential exercises exploring personal beliefs in small groups; team-context discussions; role-playing based on clinical vignettes; brief theoretical input combined with systemic feedback (approximately 30 minutes); reflective group dialogue; and final participant feedback.

Residents may attend the series of workshops, which are not mandatory, at any time during their five-year residency. No prior knowledge is required; participants join from different stages of their

training. We recommend that residents attend at least eight workshops to establish a consistent pattern of learning.

As residents rotate through different departments and institutions, the number of participants varies; typically, between 8 and 15 residents attend each workshop. Several cohorts have participated since 2019. Participants receive recommended reading before each workshop and consistently report that their curiosity about the theoretical material increases afterward.

The workshops are held every two months during working hours and last four hours, making them a regular part of education at UPCL. During the workshop, residents engage in small-group discussions (three to four participants) about their beliefs on a particular topic. It is not necessary for each resident to present individually in the final plenary session; instead, a group rapporteur can summarise the discussion. This approach ensures that everyone has a voice while allowing participants to control how much they share with the larger group.

The workshop series covers fourteen themes that are present across different stages of specialization but are addressed here in a more explicit, experiential, and reflective manner: self-reflection and learning the profession; first encounters with patients and the development of a working alliance; empathy as a multicomponent construct; professional boundaries; attachment; power (both therapeutic and institutional); unconscious aspects of communication in everyday clinical practice; processes of change, including resistance and hope; motivation and expectations; the therapist effect; separation; cultural competence; existential themes; and epistemic trust in conditions of global uncertainty.

These topics reflect everyday clinical situations encountered by residents. They enable participants to examine their own communication styles, professional roles, and positioning in a more conscious and structured way. At the same time, they connect individual experiences with broader team and institutional contexts.

Learning Experience and Feedback

An important focus of the workshops was fostering continuous feedback from trainees. We believe this is a particularly meaningful aspect of the training, given the considerable reluctance toward feedback in Slovenian discourse more generally. After each workshop, the mentor-educators also provided one another with feedback regarding the trainees' individualized learning processes.

In the following discussion of feedback, an important limitation must be considered. Namely, this does not constitute a quantitative or qualitative research follow-up based on a clearly defined methodology. Rather, we summarise our reflections and observations of the experiential learning process among residents from a mentoring perspective, while taking meta-psychotherapeutic paradigms into account.

We conducted an anonymous survey only once, in 2022. The administrative staff of the office responsible for organizing training at UPCL distributed surveys to trainees regarding the usefulness of the workshops and the learning methods applied within individual topics. In that cohort, 8 of 16 residents responded, and their feedback was consistent with the comments provided during the workshops. When asked to what extent the workshops provided new ideas, novel experiences, or alternative perspectives, respondents particularly highlighted the themes of empathy, boundaries, the first patient encounter, and separation. These findings suggest that the emphasis on meta-level and experiential learning opens new perspectives on topics that are often considered basic or self-evident

in clinical practice, but upon which residents may not sufficiently reflect. Seven participants reported feeling comfortable and safe sharing their thoughts during the workshops, and all respondents indicated that they would recommend the workshops to future generations of residents.

In more recent cohorts, feedback has indicated that the workshops helped residents better understand differences in perspectives—both between themselves and their patients and within multidisciplinary teams. Participants also described an increased tolerance for uncertainty, a particularly important competency in psychiatry, where clear answers are often not available.

An important observation is that communication difficulties are not limited to patient interactions. Some residents reported that, although they felt relatively confident in communication with patients, they experienced greater challenges when interacting with colleagues, supervisors, or external stakeholders. This observation aligns with findings in the literature indicating that communication competence is highly context-dependent and requires explicit training [2].

Participants also became more aware of "communication noise," including assumptions, biases, and misunderstandings, and how these factors influence clinical work. Role-playing exercises and structured feedback were particularly helpful in identifying and addressing these patterns.

Discussion

Our experience suggests that the relational and reflective competencies of psychiatry residents can be strengthened through relatively small but continuous educational interventions. The workshops appear to complement standard training by addressing areas that are often implicit, underemphasized, or insufficiently explored from a meta-perspective.

The involvement of multiple mentors from different psychotherapeutic orientations further supports this approach. By engaging in dialogue among themselves in the presence of residents, mentors model a "reflecting team," demonstrating how multiple perspectives can coexist and be integrated. The reflecting team approach has gained increasing attention as a pedagogical method for fostering reflective practice, communication skills, and clinical reasoning among medical professionals. It promotes collective reflection rather than individual performance and enhances physicians' ability to tolerate uncertainty and consider multiple perspectives—competencies that are central to patient-centred care [11,12].

Another key element of the workshops is the establishment of psychological safety. Residents require environments in which they can express uncertainty, acknowledge mistakes, and receive constructive feedback without fear of negative consequences. Structured reflective settings have been shown to improve both learning outcomes and professional development [13]. The workshops described here can therefore be understood as part of a broader spectrum of supportive and collaborative educational environments.

For the future, we believe it would be meaningful to develop an appropriate research methodology for monitoring the personalized experiential learning of psychiatry residents within the presented workshops.

Conclusions

Psychiatry residents frequently experience stress during training, particularly when they are uncertain about which competencies they are expected to master. In this context, educational environments that actively support reflection, dialogue, and feedback are essential.

The workshop model presented in this article can be conceptualized as an enriched educational environment. By integrating experiential learning, theoretical knowledge, and social interaction, it supports both professional competence and personal development.

Importantly, resilience should not be viewed solely as an individual responsibility. It is closely linked to the quality of the learning environment, the availability of support systems, and opportunities for meaningful dialogue. Educational practices that strengthen relational understanding and self-reflection therefore contribute directly to the development of professional resilience [14].

In the European context, where healthcare systems face increasing pressures and resource constraints, such approaches are particularly relevant. Our experience illustrates a creative effort to complement and enrich residency training while simultaneously addressing the mental well-being of residents within the specific cultural context of a small European country.

Finally, in a time of rapid technological advancement, it is essential to preserve the humanistic aspects of psychiatry. We argue that residency programs should intentionally cultivate self-reflective and dialogical skills through sustained and innovative educational practices, which can serve as a humanistic counterpart and necessary complement to ongoing technological developments.

Declaration of conflicts of interest

The authors declare no conflict of interest regarding the publication of this paper and confirm that the manuscript is original and not under consideration elsewhere.

Short biographical notes

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