



Psychiatry Residency



Christopher Sola, D.O.
Program Director

Page 1 An Introduction

Looking forward to an intriguing future in the practice of psychiatry, Mayo stands firmly established on a bedrock of commitment to putting the needs of the patient first. The past shines a light on our future.

Page 2 Program Structure

Take a closer look at our clinical rotations, didactics and training goals.

Page 8 Meet Your Colleagues

Residents and faculty come from far and near to create our community.

Page 9 FAQs

We've collected the most common questions we receive and put the answers in writing for your future convenience.

Page 12 Summary

The science of psychiatry is changing rapidly even as the art remains firmly rooted in the physician-patient relationship. At Mayo Clinic we strive to train psychiatrists for the future who are well equipped clear across the spectrum of skills that we offer our patients. The breadth of that commitment is evident in the diversity of clinical experience and didactic training described below.

All our training goals are built upon the conviction that a psychiatrist is first, and foremost, a physician. We practice our craft in collaboration with our medical colleagues, sharing our science and art with them in ways that benefit the patients for whom we care.

Our goal is simple

Down the road, we want to see our graduates practicing effectively in multiple settings by integrating a broad set of skills: as consultation psychiatrists working in concert with other physicians; as dynamic psychotherapists who “listen with the third ear”; as psychopharmacotherapists who bring the strength of neurochemistry to bear on acute and chronic illness; as community psychiatrists who capitalize on cooperation with allied health professionals; as teaching psychiatrists who share the gift of experience with both our patients and colleagues; and, as researchers who find human suffering to be the catalyst for asking new questions and pursuing better answers.

The Mayo Clinic Psychiatry Residency Program is fully accredited by the Accreditation Council on Graduate Medical Education (ACGME). The program was created in June 1955 and has been accredited providing successive generations of psychiatrists with the foundation for their careers.

Successful completion of this program signifies that a graduate has the requisite skills to care effectively for patients, assume a position of responsibility in the psychiatric community at-large, and sit for the examinations of the American Board of Psychiatry and Neurology (ABPN).

The ACGME has approved the Mayo program for 35 residents. The PGY 4 class is typically smaller as several residents transition to pursue Child & Adolescent training.

Fellowship opportunities

In addition to the four-year residency program in Psychiatry, the department offers fellowships in:

- Addiction Psychiatry
- Child & Adolescent Psychiatry
- Geriatric Psychiatry
- Psychosomatic Medicine



Timothy Lineberry, M.D., Chair of Education and
Mark Frye, M.D., Department Chair

Who were the Mayo brothers?

“Surgeons – scientists – lovers of their fellowmen.”

G. P. Sheridan, Rochester, Minnesota - 1929

Introduction

The Mayo Foundation originated from the medical practice of a pioneer physician, Dr. William W. Mayo, and his two sons, Dr. William J. Mayo and Dr. Charles H. Mayo. Dr. William W. Mayo established a practice in Rochester, Minnesota in the mid-19th century, and his sons, after completion of their medical education, joined him in this practice in the 1880s.

In 1883, a tornado demolished the town and Dr. Mayo considered moving on. However, a group of Catholic Sisters responded to the devastation by building Saint Marys Hospital in a cornfield and asked the Doctors Mayo to staff it. A handshake sealed the agreement. From these small beginnings developed an expanding practice of surgery that became widely known. Physicians from throughout the nation began to refer to the medical practice in Rochester as, “the Mayo Clinic.”



You may learn more interesting history of Mayo Clinic at the following link: <http://www.mayo.edu/msgme/about/history>.

Program Structure

Program Administration

Within the department, the residency program is supervised by [Dr. Christopher L. Sola](#) (Program Director) and [Dr. Cosima Swintak](#) (Associate Program Director for Education), [Dr. Brian Palmer](#) (Associate Program Director for Clinical Experience), [Dr. Christine Galardy](#) (Associate Program Director for Research) and [Dr. J. Michael Bostwick](#), Associate Program Director for Recruitment and Mentorship. The Chief Residents and the Psychiatry Education Committee (composed of both consultants and residents) give active assistance and counsel. Oversight is provided by the Chair for Education, [Dr. Timothy W. Lineberry](#) who, in turn, reports to the Executive Committee and the Chair, [Dr. Mark Frye](#). At the institutional level, the residency program is part of the Mayo School of Graduate Medical Education (one of the schools within the Mayo Clinic College of Medicine).

At the national level, the residency program is scrutinized on a periodic basis by the Accreditation Committee for Graduate Medical Education (ACGME) and must conform to the extensive guidelines formulated by the Review Committee (RC) which functions in concert with the ACGME. Our program was awarded full accreditation for the maximum interval of five years by the ACGME in 2011. By maintaining conformity to the guidelines spelled out by the ACGME and preserving regular communication with the American Board of Psychiatry and Neurology (ABPN), we ensure that graduating residents will meet all necessary requirements for admission to the board certification examinations.

Program Structure *(continued)*

Clinical Curriculum

PGY 1

The first year is a medically-based internship with clinical experience in a variety of fields related to the medical practice of psychiatry. The resident's rotations will include:

- Internal Medicine 2 months
(1 mo. hospital medicine & 1 ER)
- Family Medicine 2 months *
(1 mo. each of outpatient and inpatient)
- Neurology 2 months*
(1 mo. each of outpatient and inpatient)
- Inpatient Psychiatry 6 months
(divided between Emergency Psychiatry, the Acute Adult unit, the Medical Psychiatry unit and the Child & Adolescent unit)

*A portion of this time may be spent in pediatrics or pediatric neurology if the resident is so inclined.



*Brian Palmer, M.D.,
Associate Program Director
for Clinical Experience*

PGY 2

The second year is comprised of rotations in Child and Adolescent Psychiatry, Addiction Psychiatry, Acute Adult Psychiatry, Consultation-Liaison Psychiatry and Medical Psychiatry. Emphasis is placed on strengthening interview techniques and the skills necessary to diagnose and treat patients with a variety of medical and psychiatric disorders. The resident's familiarity with individual and group therapy, the use of the milieu, our pharmacologic armamentarium,

electroconvulsive therapy, and family assessment is expanded. Residents also begin working with one or two individual long-term psychotherapy patients, providing a welcome shift in perspective from the inpatient services.

The trainee is responsible for the examination, diagnosis, and management of each new patient and for the preparation and maintenance of accurate medical records. Residents share the responsibility for patients on the inpatient unit with other members of the multi-disciplinary team under the leadership of the team consultant. Since the principle of milieu therapy constitutes an important ingredient of our treatment philosophy, each resident works closely with nursing staff, social workers, recreational therapists, occupational therapists, and other specialists involved in the care of our patients.

In addition, residents complete one month of inpatient geriatric psychiatry during their PGY 1 or PGY 2 year.

PGY 3

The PGY-3 year is dedicated to the development of outpatient skills. This includes learning to perform a comprehensive assessment of the outpatient presenting for the first time as well as complex patients who have come to Mayo seeking a second

opinion. Patients from southeastern Minnesota form the core experience in community psychiatry but residents also evaluate patients who are referred from medical and surgical colleagues at Mayo and thereby provide one-time consultations to patients from around the world. The resident's supervised clinical work also includes individual and group psychotherapy. During your third year, you will gain experience with crisis intervention, triage and management of patients coming to the ER or calling in for emergent consultation via phone by working in the Psychiatric Emergency Room. On average, you will spend one week in seven rotating through the ER. The difference in the PGY 3 ER experience is that you are now "the doctor" for psychiatry and are given more responsibility and autonomy although a consultant remains available at all times for backup.

PGY 4

The structure of the fourth year provides a dynamic balance between elective flexibility and the vital opportunity to integrate all that a resident has learned in the preceding years. The latter goal is achieved by returning to the inpatient and consultation services but doing so with expanded responsibility for the leadership and teaching of the team members. The former goal is served by encouraging the use of six months of elective time for residents to refine skills in a selected area (e.g., psychotherapy, sleep medicine, neuroradiology, behavioral neurology), sample an alternate practice model (e.g., at Mayo Jacksonville or Scottsdale), or pursue a research project. Elective time at the Federal Medical Center (located in Rochester) provides the resident with the unique forensic experience and ongoing exposure to an underserved and often severely ill cadre of patients. Senior residents also complete rotations in ECT and the Intensive Outpatient Program.

Didactic Curriculum

Educational research suggests that learning is optimized when there is both context and active involvement. In 2012, we redesigned the didactic curriculum to reflect tenets of adult learning, and have incorporated increased involvement of senior residents taking a more active teaching role. The protected didactics take place Wednesday mornings, during which residents are excused from clinical duties, which are covered by consultants.

Program Structure *(continued)*



In addition to the formal didactics block, residents have protected time to attend departmental Grand Rounds and group discussions with the Grand Rounds speakers.

One of Mayo's strong points is the considerable daily contact with staff psychiatrists as well as multidisciplinary team members. This combination of didactic sessions and clinical conferences interwoven with clinical care of patients encourages thoughtful and relevant learning. The following is a brief outline of various supplemental conferences and seminars. (There are also multiple opportunities offered by related medical specialties and the Mayo Medical School which are not detailed here.)

PGY 1

PGY 1 Didactics (Introduction to Psychiatry)

PGY 1 residents spend much of their year rotating outside of the department. To promote their identification as psychiatrists and to provide them with the fundamentals of psychiatric assessment and treatment, their didactics sessions, independent from the PGY2-4 classes, is a year-long series focused on identifying and learning the essential skills for a psychiatrist assigned to hospital services and evaluating patients in the emergency room. In July and August, this seminar is expanded to provide detailed support and training for ER and on-call responsibilities.

Journal Club

Every Monday, all residents and faculty are invited to discuss a journal article and learn essential skills in evidence-based medicine. Articles from major psychiatry journals are selected to include a broad range of topics and studies with different research designs. Articles related to psychotherapy and addictions are included on a regularly scheduled, rotating basis.

Morning Report

The PGY 1 - 4 residents gather every Tuesday and Thursday morning and, under the Chief's leadership, the different clinical services take turns presenting and discussing a particularly interesting patient or vexing clinical dilemma. These conferences give residents experience in formal presentations, teaching and facilitating clinical discussions. Hospital faculty also attend and participate in these conferences.

When rotating on the Child & Adolescent service, residents also have the option of attending the following conferences with the Child & Adolescent Fellows: *Wednesday Neurology Conference*, *Child and Adolescent Psychiatry Grand Rounds*, *Child Psychiatry Psychopharmacology Seminar*, and *the Child Psychiatry Continuing Case Conference*

When rotating on other services, residents participate in their didactic programs:

Wednesday Neurology Conference

Case presentations and general reviews based on clinical material from the neurology hospital service, the neurosurgery service, and the pediatric neurology service.

General Internal Medicine Conferences

Case presentations and general subject reviews based on clinical material from the general internal medicine inpatient services. These conferences consist of the weekly case conference, core curriculum lectures, the weekly morbidity and mortality conference, medical grand rounds, and the daily morning report.

Family Medicine Conference

Twice weekly case presentations and general subject reviews are presented.

PGY 2-4 Didactics

All classes except for the interns attend didactics as described above on Wednesday mornings. These are divided into four "pods" (Psychopathology, Psychopharmacology, Psychotherapy, and Formulation)

PGY 3 Lecture Series

PGY 3 Psychopharmacology lecture series

Starting in 2012, the PGY 3 class will meet weekly for a one hour lecture series focusing specifically on challenges of outpatient management of the often complicated patients for whom we provide care here.

Psychotherapy Seminar

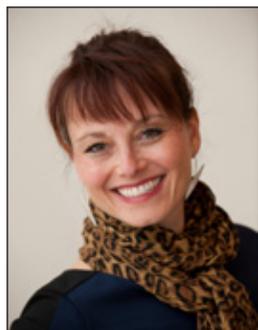
The PGY 3 residents congregate each Thursday afternoon with a psychiatry consultant to present selected cases from their own patient load or review new candidate patients to discuss and debate what form of psychotherapy might offer the patient the best hope of improvement.

Neuroscience Course

PGY 3s also have the option of joining the neurology residents in a superb neuroscience course consisting of a review of neurobiology, neurochemistry, neuropharmacology, and neurophysiology taught by E. E. Bennaroch, MD.

Program Structure *(continued)*

Educational Activities



*Cosima Swintak, M.D.,
Associate Program
Director for Education*

Psychiatry Grand Rounds

In-depth subject reviews, current research, and case reviews are all examples of material regularly presented at this conference. This series provides access to notable psychiatrists and psychologists with national and international reputations for excellence. Many of these guests have generously remained with us for the day and give special subsequent seminars for the residents.

Psychosomatic Medicine, Geriatric Psychiatry and Addiction

Psychiatry Journal Clubs & Case Conferences

Each of the subspecialty fellowships sponsor monthly journal clubs to which all residents are invited. The Geriatric and Psychosomatic Medicine fellowships also host case conferences that are attended by residents and faculty alike. The fellows typically organizes these.

PsychCinema (optional)

Residents get together monthly in an informal environment for dinner and a movie. The movies are selected for their relevant psychiatric themes, and residents come away with an appreciation of the themes and the mythical vs. realistic portrayal of psychopathology. A different consultant is invited each month to lead a discussion after the movie.

The Psychiatry Resident In Training Examination (PRITE) is a national, standardized, multiple choice examination given annually to nearly all US psychiatry residents to help them gauge their knowledge base and useful to the program to screen for areas of relative strength and weakness.

Clinical Skills Verification (CSV) is conducted annually in the spring utilizing live patients to prepare our residents for the ABPN certification examination. All PGY-2, 3 and 4 residents interview a live patient in a Boards-style setting, followed by an oral examination. We use the Mayo Simulation Center for these exams which enables residents to receive a video clip of their exam for later review with their supervisors.

The Resident Retreat is an annual opportunity for the house staff to be released from their clinical duties and congregate for discussion and review of the teaching faculty and the residency program. Feedback regarding faculty is passed on to the Program Director who uses this information to strengthen the skills of the teaching staff. Program issues are reviewed by study groups who then make recommendations to the Program Director and the Adult Psychiatry Education Committee (APEC).

In addition to the annual retreat, a summer retreat was started in 2007 where residents gather in a relaxed setting to welcome the PGY1 residents while also doing team building activities.

Research Opportunities

Mayo Clinic actively supports the research mission of our training program. Not only does the Foundation provide faculty support for poster and manuscript preparation, but, once a poster or paper is accepted, the Clinic funds the resident's trip to the meeting for the presentation. Mayo residents have received a variety of internal and external awards.

Travel Opportunities

Mayo School of Graduate Medical Education (MSGME) recognizes the importance of trainee participation in professional activities away from Mayo. Such participation is to develop the individual's professional competence, broaden knowledge, enhance the individual's and Mayo's reputation, strengthen recruitment, and introduce the trainees to professional groups.

Attendance Travel: Trainees are eligible for one trip during the course of their training program for attendance at a recognized society meeting, elective course, or workshop with Category I CME credit. Attendance trips are intended to introduce trainees to national experts and evolving concepts and technology at national society meetings, and provide an opportunity to network and make contacts outside the institution. Residents have attended annual meetings of the American Psychiatric Association, the Academy of Psychosomatic Medicine, the American Society for Addiction Medicine, the American Academy of Child and Adolescent Psychiatry, and other national meetings.

Presentation Travel: Trips for presentation of work/research done at Mayo are in addition to an attendance trip. Trips for participation on the executive boards of medical organizations fall within the guidelines for presentation.

Travel Awards: Residents have the opportunity to apply for national awards and honorary fellowships. Mayo residents have won the AADPRT International Medical Graduate Award, the AAP Bristol Myers Squibb Fellowship, the Thompson Mayo Fellowship, the MIRECC Research Fellowship, the Laughlin Fellowship, the AAGP Stepping Stones Fellowship, and several APA travel fellowships.

Chief Resident Course: This is a national, annual meeting for new psychiatry chief residents organized to help psychiatry chief residents prepare for the common challenges they face.

Program Structure *(continued)*

Supervision

Clinical supervision is the single most critical element of training in psychiatry. The ACGME requires each PGY 2 - 4 to receive a minimum of two hours of individual supervision each week (in addition to the bedside teaching or informal didactics that occur on hospital services).

Although the ACGME does not require formal supervision for the PGY 1 resident, we assign a mentor with whom each PGY 1 resident meets regularly to maintain a sense of connection with the department and foster growth as a budding psychiatrist despite the fact that much of the year is spent in other areas of the medical center.



Training Goals

The ACGME requires that a written statement outlining the educational goals of the program be distributed to every applicant. Accordingly, what follows is a link to a summary of

our goals for your training. This summary provides an overview of our objectives for you (<http://www.acgme.org/acgmeweb/>). We strive to ensure that our residents have completed all ACGME requirements for a psychiatric residency that will qualify them for ABPN certification upon graduation.

The Mayo residency program offers two optional tracks that allow general residents to invest additional time in Child & Adolescent Psychiatry or Research. Similarly, although formal tracks do not exist, if a resident has a particular interest in another specialty area (e.g., C/L Psychiatry, Community Psychiatry etc.), we will do our best to help the resident gain additional experience in that area.

The Integrated Child & Adolescent Psychiatry Program

For incoming psychiatry residents who have a strong interest in working with children and adolescents, the training program at Mayo Clinic offers the Integrated Child and Adolescent Psychiatry program. Those who are accepted into this program at the beginning of their residency will have comprehensive, combined training in both general and child and adolescent psychiatry without losing the flexibility to pursue other interests should they emerge. Furthermore, efficiency in sequencing rotations will allow ample time to pursue research and other scholarly projects in child and adolescent psychiatry while still completing the program in 5 years.

Distinguishing features of the Integrated CAP Program include:

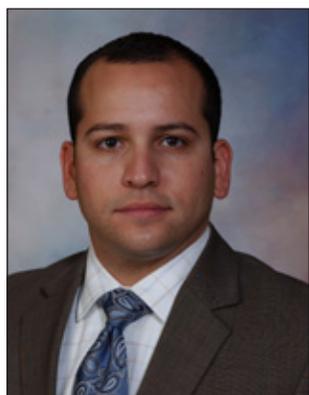
- Experience in pediatrics and pediatric neurology in the internship year
- Mentoring in the field of child and adolescent psychiatry from the beginning of training
- Access to all CAP seminars and didactics for trainees in the



integrated program

- Supervised outpatient experience with a small number of carefully selected children and adolescents from the first year of training
- Seamless transition into the CAP program at any point after the PGY2 year while meeting all general psychiatry training requirements
- Compatibility with the Research Track. Research in child and adolescent psychiatry is strongly encouraged and supported with mentoring and adequate elective time.
- One attendance trip to the annual meeting of the American Academy of Child and Adolescent Psychiatry (AACAP).

If you have an interest in the Integrated Child and Adolescent Psychiatry program, feel free to mention this when you come for your interviews. Your interest does not obligate you in any way but if you match at Mayo, you will have an opportunity to confirm your interest so that your internship rotation schedule can be designed with your long term goal in mind. If you later choose to apply and are accepted to the integrated program, you will have the option of transitioning to the CAP residency any time after your second year.



*Carlos A. Salgado, M.D.,
Child and Adolescent
Psychiatry Program*

Other Interest Areas

The Mayo residency program is large enough to ensure animated discussion and reasonable distribution of work but small enough to accommodate many individual interests. Residents with a keen interest in a particular subspecialty are often able to spend additional time on this service. Occasionally, we are able to arrange additional clinical time on other non-psychiatry services as well.

<http://newsblog.mayoclinic.org/2012/10/27/boosting-the-shortage-of-psychiatrists-targeting-medical-students-early/>

Research Track

We instituted a Research Track in 2006 which provides the structure necessary for residents interested in clinical research to receive mentorship and early exposure. The goal is for residents to systematically develop a knowledge base and research skills while also meeting the educational goals of general psychiatry training.

Program structure:

PGY 1:

- Become familiar with the research protocols of the department
- Identify a research mentor in your area of interest
- Clinical schedule is the same as the residents in the general track

PGY 2:

- Design a research proposal with the assistance of your mentor
- Apply to the research track by submitting research proposal
- ~ 10% time dedicated to research (1 - 2 months) (one afternoon/ week)

PGY 3:

- ~ 20% time dedicated to research (two afternoons/ week)
- Participate in didactic graduate courses, which will include Epidemiology I
- Meet with mentor weekly

PGY 4:

- ~ 50 - 60% time dedicated to research
- (6 - 8 months)
- Meet with mentor weekly
- Present the results of your research at a national meeting

<http://newsblog.mayoclinic.org/2012/10/26/epigenetics-how-do-they-impact-mood-disorders/>



*Christine Galardy, M.D., Ph.D.,
Associate Program Director for
Research*



Marin Veldic, M.D., Mayo Scholar

Meet Your Colleagues

Residents

PGY 1

Caren (Jacquetta) Blacker, M.B., Ch.B
University of Oxford Oxford England

Folabo Y Dare, DO
Des Moines University - Osteopathic Medical Center

Lee S Milgram Flowers, MD
UMDNJ - New Jersey Medical School

Mark Kelliny MD
Universite de Lausanne Switzerland

Sharon L Martinez MD
University of Wisconsin Madison

Laruen L Murphy DO
A T Still University of Health Sciences

Debashis K Nandy MBBS
Chittagong Medical College, Bangladesh

Matthew E Stohs MD
Tulane University

Eliza M Sukiennik, MD
Poznan University of Medical Sciences Center for M, Poland

PGY 2

Sogand Ghassemi, MD
University of Illinois College of Medicine Berwyn, Illinois

Jonathan Hendricks, MD
University of Texas Medical School at Houston

Jung In (Kristin) Lee, MD
Hanyang University Seoul, South Korea

Robert Morgan, MD, PhD
University of California, Irvine School of Medicine

Chad Puffer, DO
Kansas City University of Medicine and Biosciences

Maria Reyes, MD
University of Utah School of Medicine

Paul Schutt, MD
Michigan State University College of Human Medicine

Melissa Silverman, MD
Michigan State University College of Human Medicine

Christopher Takala, DO
Chicago College of Osteopathic Medicine of Midwestern University

PGY 3

Kyle Cedermark, MD
UMDNJ New Jersey Medical School

Hope Cohen-Webb, DO
New York College of Osteopathic Medicine

Charles Lewis, MD
University of Texas Medical School

Asfia Qaadir, DO
Chicago College of Osteopathic Medicine

Scott Schmidt, DO
UMDNJ School of Osteopathic Medicine

Nuria Thusius, MD
Kyrgyz State Medical Academy, Kyrgyzstan

Mark Warren, MD
Loma Linda University School of Medicine



Tyler Oesterle, M.D., Chief Resident of Education

Tamara Zec, MD
University of Wisconsin School of Medicine and Public Health

PGY 4

Gamze Balci Camsari, MD
Georgetown Univeristy Hospital (residency)
Akdeniz University Antalya, Turkey

Hong Cao, MD
Shanghai Jiao Tong University School of Medicine, China

Kenneth James, MD
University of Washington School of Medicine

Preetha Kuppuswamy, MBBS
Kilpauk Medical College, India

Xiaofan (Amy) Li, MD
Huaxi Medical University, China

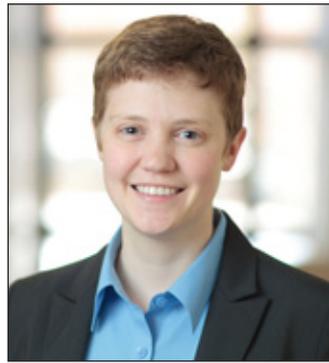
Alastair McKean, MD
Loma Linda University School of Medicine



Meet Your Colleagues *(continued)*



*Alastair McKean, M.D.,
Administrative Chief Resident*



*Jennifer Vande Voort, M.D.,
Administrative Chief Resident*

Child and Adolescent Fellows

Ahmed Elmaadawi, MD
University of Mansoura

Kristin Cynthia Francis, MD
Mayo Medical School

Carolyn Gonter, MD
University of Minnesota
Medical School

Carlos Salgado, MD
University of Illinois
College of Medicine

Rosei Skipper, MD
University of Alabama
School of Medicine

Marin Veldic, MD
University of Zagreb

Psychiatry Faculty

The Department of Psychiatry and Psychology at Mayo Clinic in Rochester, Minn., comprises one of the largest psychiatric treatment groups in the United States. The department includes more than 65 psychiatrists and psychologists. More information can be found at <http://www.mayoclinic.org/psychiatry-rst/doctors.html>.

Frequently Asked Questions

What are your graduates best prepared for - academics, research, or clinical practice? Where have your recent graduates gone and how have they performed on "the boards?"

In the past five years, nearly 75% of our graduates went on to fellowships (addictions, child and adolescent psychiatry, psychosomatic medicine, sleep and geriatrics). The remainder entered clinical practices, including academic and private practice settings. Our goal is to give our residents a solid foundation from which they may choose to step into any of the three arenas represented by the Mayo Clinic logo: academics, research and clinical practice.

Do residents continue to cover their units and patients during didactics?

During the didactic sessions, the residents are excused from rounds or direct patient care; these duties are covered by the consultant assigned to the service that week. Residents return to their units after didactics to post-round with the rest of the team, complete unfinished work, and to follow up with their patients independently.



For third and fourth year residents who primarily work in the outpatient setting, there will be rare times when your patient calls in with an urgent matter which will require your immediate attention and you will be paged from didactics. For less urgent matters, staff will take a message for you to handle after didactics.

Frequently Asked Questions *(continued)*

What is the frequency of psychiatric call? How are residents supervised on call?

Our call schedule has undergone a major revision in 2011. There is no overnight call for junior residents. Instead, we have changed to an evening shift system. While on the Emergency Psychiatry rotation, there will be 3 residents who alternate on a weekly basis between daytime ER, evening ER, and evening floor coverage. The evening shifts run from 4pm to midnight, 6 days per week. While on the evening floor shift, the resident covers usual call responsibilities such as admissions, medical and psychiatric issues. You can expect to have 1 or 2 weeks of floor coverage each month that you are assigned to the psychiatric ER. This is generally 2 months in intern year and 3 months in 2nd year. While assigned to inpatient psychiatric units, weekend call will be one day per weekend with one or sometimes two call free weekends per month. Weekend call is short call for 3 of 4 calls and long call 1 of 4. Short call will be 8am to 2pm and long call is 8am to midnight.

Overnight call is provided by 3rd year residents from 8pm to 8am and is three or four nights in a row with no daytime responsibilities during that time. Depending on class size, this ranges from about 1 week in 7 to 1 week in 9.

While on call or evening floors, the junior resident is supervised by a 4th year resident by phone from 5-8pm and by the overnight 3rd year resident until midnight. During the first 3 months of the year, there will be a senior resident on site for supervision at all times. There is also a consultant on call each evening throughout the entire year.

“Is there really an APP for that?”

One of the examples of Mayo Clinic’s vision for creating the electronic medical record of the future is the creation of the Mayo Clinic’s Internal Application portal for iPhone, iPad, and iPod Touch devices. The electronic medical record is available for your review 24 hours a day whether on-campus or off, using our virtual private network to sign in and view Synthesis (the Mayo electronic medical record program). It is possible to view notes, vitals, labs, images, and even to sign dictated notes through remote access on any of these devices.

How is psychotherapy teaching conducted? What are the predominant models? Is it still possible to learn this skill in the age of managed care?

All residents are expected to follow long-term psychotherapy patients beginning at some point in their PGY 2 year. Each PGY 2-4 resident is assigned a psychotherapy supervisor (with whom the resident meets for one hour each week) at the beginning of the year.

Although occasionally PGY 1 residents have chosen to begin psychotherapy with a patient, this is not required. However, each PGY 2 resident is expected to begin psychotherapy with one or more patients early in the academic year. During the PGY 3 & 4 years, residents work with several patients using dynamic, interpersonal, cognitive-behavioral and supportive models.

There is also a weekly Psychotherapy Seminar that involves presentation (sometimes on video) of an established or candidate patient followed by active discussion with residents and consultants representing various psychotherapeutic schools of thought. The goal of these discussions is to clarify the patient’s presenting difficulties, personality style, defense mechanisms etc. and to determine what form of therapy would be best suited or how particular challenges in the ongoing therapy might be addressed. The Psychotherapy Seminar is held each Thursday afternoon; all PGY 3s are expected to attend (and take turns presenting patients) but all residents are invited, allowing PGY 1s, 2s, & 4s to attend. This experiential learning is also supported by continued individual weekly supervision throughout the PGY 2, 3 & 4 years.

We believe it is not only possible, but also essential to acquire the challenging but rewarding skill of practical, effective psychotherapy; it remains imperative that psychiatrists remain well-rounded physicians who are adept at all appropriate treatment modalities, including psychotherapy.

I’ve heard a lot about the ACGME guidelines for resident work hours. How has that affected this program?

We introduced practices several years ago which anticipated most of the ACGME guidelines, e.g., PGY 1s & 2s have at least one day completely off each week on average PGY 3s have a “recovery day” after overnight call, etc. The one additional adjustment we had to make to accommodate the ACGME guidelines was to ensure that the post-call junior residents leave the hospital by 1:00 PM on the afternoon following on-call duties. This is accomplished by the post-call resident signing out to the remaining team member to cover urgent needs between 1:00 – 5:00 PM. The post-call resident is not asked to take on any new admissions on post-call days.

How do residents contribute to the organization, evaluation & evolution of the training program?

Residents meet once a month to review updates and discuss current program issues with one another, the Chief Resident, and the Program Director. Residents also elect representatives for membership on the Psychiatry Education Committee. In the spring of each year, there is a resident retreat with the Chief Resident for reviewing and evaluating

Frequently Asked Questions *(continued)*

the training program. Discussions at the previous retreats led to several changes in various program details (e.g., the ER shift was shortened, the didactic schedule was revised, the on-call assignments were rearranged to decrease the frequency of call, etc.)

Residents also provide anonymous evaluations at the conclusion of each rotation. These web-based submissions are collated by the Education Coordinator and passed on to the Program Director who uses them to provide anonymous feedback to individual faculty.

How are resident requests for leave or vacation handled? How does the program respond when a resident is away from a given service? What happens if there is a need for an extended absence?

Each PGY 2 resident serves one or two rotations as the “float resident.” This resident covers where needed to fill in for vacations and other absences. Our goal is that everyone benefits from the consistency in the number of residents on each service (i.e., a vacationing resident is always replaced by the float resident) and residents are no longer placed in the awkward position of needing to ask colleagues to cover extra duties so they can get away for vacation.

Residents who miss up to six weeks in a given academic year (e.g., for maternity leave or extended illness) will not incur additional training time. Absences beyond six weeks require an extension of residency training by an equivalent length of time.

Is the notion of resident well-being – the balance of a resident’s professional and personal activities – respected in your program?

A number of residency policies speak to the ongoing attempt to help residents achieve this balance: humane call frequency; a ‘recovery day’ after overnight call; a generous leave policy; all expenses paid to attend a national scientific meeting during the residency; support to attend additional meetings if presenting a paper or a poster, etc.

The Mayo Fellows Association (MFA) and the Mayo Foundation also sponsor multiple activities to help physicians maintain a healthy balance in life.

Benefits of living in Rochester, MN

Mayo Clinic residents and staff who have lived in other parts of the country, particularly in large cities, comment positively about advantages of working and living in southern Minnesota.

- Commutes are measured in minutes instead of hours.
- It’s almost unheard of to sit at a traffic signal beyond one cycle
- Parking is plentiful and easy
- The cost of living is relatively low; the mortgage or rental price of a large house in the country is less than the cost of a studio apartment in any number of cities on the East or West Coast
- People are friendly
- People are tolerant
- Diversity is celebrated
- There are excellent restaurants
- For people with children, schools and community family-oriented activities are outstanding
- Health care is world-class

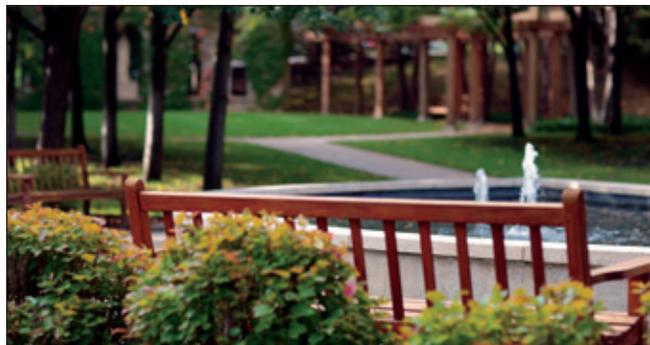
To what extent do residents interact with each other and with residents in other years of training? Do senior residents act as mentors for their junior residents? Is there a social component built into the residency?

One of the clear strengths of this program is the special sense of collegiality among the residents in our program that involves patient care and extends to social gatherings outside of work.

Residents have the opportunity to interact with each other on both an informal and formal basis. We have a “Big Brother/Big Sister” program in which each PGY 1 is offered a PGY 2 or PGY 3 who acts as a mentor. A monthly movie club offers residents a chance to relax away from work with others while having dinner and enjoying a current or classic movie. One staff physician is invited to attend and facilitate discussion.

Can I expect any help with research ideas, projects or presentations?

Mayo Clinic actively supports the research mission of our training program. Not only does the Foundation provide faculty support for poster and manuscript preparation, but, once a poster or paper is accepted, the Clinic funds the resident’s trip to the meeting for the presentation. Mayo residents have received a variety of internal and external awards.



A Quick Wrap

Research

- An integrated research track is available for those with an interest in an academic career
- Consultants welcome a wide array of research and academic interests.
- PGY-4 elective time provides an ideal opportunity to put the “finishing touches” on projects.
- Tremendous institutional support for projects and presentations, e.g., visual graphics department.

Academic environment

- A truly integrated, multi-disciplinary practice where psychiatric medicine is valued.
- Bountiful succession of high quality conferences and courses at the institutional level.

Supervision & Mentoring

- Accessible and personable consultants who enjoy their work and teaching.
- Daily, extended contact with consultants on inpatient units makes for meaningful supervision.
- Assigned mentors and supervisors (in addition to rotation consultants) throughout four years.
- Department is large enough (40+ MDs, 20+ PhDs) to offer diversity in styles and strengths.
- Department is small enough to know and be known, i.e., collegial training still exists!



*J. Michael Bostwick, M.D.,
Associate Program
Director for Recruitment
and Mentorship*

Quality of Life

- Overnight call is followed by a “recovery day.”
- Mayo organizes & sponsors trips to the symphony, theatre, sports events – with discounts!
- Rochester offers a very reasonable standard of living, e.g., rents are not exorbitant.

Career Development

- Whatever the trajectory of your maturing interests during training, Mayo’s breadth is there:
- A singular opportunity to become the very best clinician that you can be;
- Recurring opportunities to pursue research projects with unusual access to resources; and,
- Down-to-earth mentoring to develop the teaching skills of an academic psychiatrist.
- Graduate from Mayo, and you have earned a name to carry with pride throughout your life.

Leadership

- Dr. Mark Frye, our Chair, is energized and committed to excellence in education.
- Dr. Timothy Lineberry, our Vice-Chair for Education, is strongly supportive of all residency and fellowship programs.
- Drs. Sola, Swintak, Palmer, Galardy, and Bostwick and the teaching faculty continuously review every aspect of our fully accredited residency program to make it the best training experience a resident could choose.

A Bonus Opportunity

Your interview experience is designed to be fully encompassed in a one-day interview. If you are interested in gaining additional exposure to the residency program and training opportunities at Mayo Clinic, you are welcome to join us on the Wednesday immediately before or after your interview day. This bonus opportunity is completely optional, but applicants who elect it often leave with a better understanding of the program and the Mayo Clinic culture.

Explore Mayo Training

Wednesday

Morning Didactics

8:00am-10:00am

PGY2-4 didactics session, location to be determined

Shadow residents on service

(arrange ahead of time)

Consult-Liaison Psychiatry

Acute Care Psychiatry

Geriatric Psychiatry

Medical Psychiatry

Child Psychiatry

Emergency Psychiatry

PGY 3 Psychopharmacology lecture:

12:00 PM, Generose (Main Floor, Desk MW)

Medical Grand Rounds

12:15-1:15, Geffen Auditorium (Gonda Building – downtown, Subway level)

Explore Mayo Clinic

<http://www.mayoclinic.org/becomingpat-rst/tours.html>

- **Guided art tour:**

Monday through Friday from 1:30pm to 2:30pm.

Judd Auditorium (Mayo Building - downtown, Subway level).

Call 507-266-2066 for more information.

- **Self-guided audio tour:**

Audio hand-held devices and maps can be obtained at the information desk in the Gonda Building, lobby level, between 9 a.m. and 4 p.m.

- **Self-guided tour of Mayo historical suite**

Plummer Building, 3rd floor. Monday through Friday from 8 a.m. to 5 p.m.

- **Self-guided tour of Heritage Hall**

Heritage Hall, in the Mathews Grand Lobby of the Mayo Building.

Heritage Hall is open from 8 a.m. to 5 p.m., Monday through Friday.

- **Self-guided tour of the Research Information Center**

View multimedia displays highlighting Mayo research at the Mayo Clinic Research Information Center, in the Lobby of the Gonda Building. The center is open from 8 a.m. to 5 p.m., Monday through Friday.

- **Self-guided tour of Saint Marys Hospital**

Brochures are available at the information desks at the hospital.

Self-guided tours can take place between 8 a.m. and 8:30 p.m.

- **Virtual Mayo Tour:**

<http://www.mayoclinic.org/virtual-tours/minnesota.html>

Explore Rochester

Within walking distance:

- Visit the Rochester Art Center

<http://www.rochesterartcenter.org/>

- Visit the Mayo Civic Center and check out the concert schedule

<http://www.mayociviccenter.com/>

- Shop in University Plaza

- Visit the Soldier's Field Veterans Memorial

Transportation required:

- Visit the Historical Center of Olmsted County

<http://www.olmstedhistory.com/sites/>

- Visit the Mayowood Mansion

- Visit Assisi Heights

- Shop at the Apache Mall

- Visit Quarry Hill for hiking, snowshoeing and nordic skiing

<http://qhnc.org/>

- Visit the Minnesota Children's Museum Rochester

<http://rochester.mcm.org/>



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