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 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 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 Psychiatry 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
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. Cosima Swintak (Program Director), and Dr. Kristin J. Somers (Associate Program Director). The Chief Residents and the Psychiatry Education Committee (composed of both consultants and residents) give active assistance and counsel. Oversight is provided by Dr. Kristin Vickers Douglas Chair of Education and Dr. Brian A. Palmy Vice Chair of Education who, in turn, report 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 ten 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.
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 interested in working with children.

PGY 2
The second year is comprised of rotations in Child and Adolescent Psychiatry, Addiction Psychiatry, Acute Adult Psychiatry, Consultation-Liaison Psychiatry and Medical/Geriatric 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, ECT, long-term psychotherapy, and family assessment is expanded. Residents also begin working with a few outpatients and 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 a multidisciplinary team comprised of nursing staff, social workers, recreational therapists, occupational therapists, and other specialists.

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 consultation to patients from around the world. The resident's supervised clinical work also includes individual and group psychotherapy. During the third year, the trainee 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, the trainee will spend one week in seven rotating through the ER. The difference in the PGY 3 ER experience is responsibility and autonomy; 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 our inpatient teams. 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 a unique forensic experience and ongoing exposure to an underserved and often severely ill cadre of patients. Senior residents also complete rotations in ECT. Most residents also choose electives outside of Mayo (e.g., forensics at other institutions, Veterans Administration hospitals, Assertive Community Treatment (ACT) models).

Didactic Curriculum
Educational research suggests that learning is optimized when there is both context and active involvement. The didactic curriculum dynamically changes each year to incorporate tenets of adult learning (e.g. senior residents taking a more active teaching role, flipped classroom) and resident feedback. The protected didactics take place Tuesday mornings, during which residents are excused from clinical duties, which are covered by consultants.
In addition to the formal didactics block, residents have protected time to attend departmental Grand Rounds. Additionally, each training class meets for a weekly training level-relevant seminar with faculty.

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.

PGY 1 Seminar
Throughout the PGY 1 year, the PGY 1 class meets with a faculty member weekly for discussions geared toward developing identities as physicians and psychiatrists.

Journal Club
Every week, 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.

PGY 2-4 Didactics
All classes except for the interns attend didactics as described above on Tuesday mornings. These are divided into four overarching sections (Psychopharmacology, Nosology and Formulation, Pathophysiology, and Psychotherapy).

PGY 3 and 4 Supplemental Course and Seminar

Advanced Psychotherapy Seminar
The PGY 3 and 4 residents gather weekly with a psychoanalytically trained psychiatrist to review cases and principles of psychodynamic psychotherapy.

Neuroscience Course
PGY 3 and 4 residents are invited to join the Neurology residents for a superb neuroscience course consisting of a review of neurobiology, neurochemistry, neuropharmacology, and neurophysiology taught by E. E. Bennaroch, MD.

Morning Report
Each Thursday morning, the PGY 1-4 residents and hospital faculty gather for case presentation and discussion on interesting patients and vexing clinical dilemmas. Under the chiefs’ leadership, residents take turn presenting cases, providing residents with valuable experience making informal presentations, teaching, and facilitating clinical discussions.

When rotating on the Child and Adolescent Psychiatry service, residents also have the option of attending the following conferences with the Child and Adolescent Psychiatry fellows: Psychiatry/Psychology integrated case conferences, teleconferences with the University of Hawaii, weekly psychopharmacology journal club, consult/liaison seminars, and occasional other social and educational events.

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.

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Educational Activities

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 generously remain with us for the day to give 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.

PsychCinema
Residents gather monthly in consultants’ homes 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 nearly all US psychiatry residents. PRITE results help residents gauge their knowledge base and the program to identify areas of relative strength and weakness.

Clinical Skills Verification (CSV) is conducted annually in the spring utilizing live patients as one required step for ABPN board certification. All PGY-2, 3 and 4 residents interview a patient, followed by a case presentation and discussion with examination faculty. The Mayo Simulation Center is used for the CSV examinations so residents can review their video recorded examinations with their supervisors. 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 biannual Resident Retreat is an annual opportunity for the residents 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 regional and national professional activities. Such participation develops the individual’s professional competence, broadens knowledge, enhances the individual’s and Mayo’s reputation, strengthens recruitment, and introduces 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.

“...I’m being afforded the freedom to find my bearings as a new physician and grow into that role independently, but I know that I have a whole arsenal of consultants supporting me every step of the way, ready to step in and guide me when I need it.” - Amy Stark, PGY 3
**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.

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**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 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

“Cold weather, warm hearts. I chose Mayo because of the way it felt. I felt that I would be supported here and that faculty were interested in teaching. I’m definitely interested in learning” Nick Allen, PGY 2
• 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.

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.

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

“It's really the people—the residents, the teamwork—they make the program.” Kirsten Cowan PGY 2
Meet Your Colleagues

Residents

PGY 1
Andrew T Connor, DO
Midwestern University,
Chicago College of Osteopathic Medicine

Suliman Salahuddin
EL-Amin, MD
Georgetown University
School of Medicine

Kriti D Gandhi, MD
University of Maryland
School of Medicine

Jennifer Jean Inbarasu, MD
University of Nebraska
College of Medicine

Ahmed T Makhlof, M.B., B.Ch.
Ain Shams University

Matej Markota, MD
University of Ljubljana

John Michael Powers, MD
Ben-Gurion University
of the Negev

Reem M A Shafi M.B.B.S.
St. George’s Hospital
Medical School

Laura Suarez, MD
Pontificia Universidad
Javeriana

PGY 2
Nicholas Dee Allen, MD
University of Kansas School
of Medicine

Kristin Lynn Borreggine, DO
Ohio University Heritage
College of Osteopathic
Medicine

Benjamin Robert Braus, MD
University of Minnesota
Medical School

Jesus Exposito Cespedes MD
University of Chicago Pritzker
School of Medicine

PGY 3
Akuh Adaj, M.B.B.S., Ph.D.
University of Ibadan

Hannah K. Betcher, MD
University of Minnesota
Medical School

Ewa Dziergas Bieber, MD
Jagiellonian University
Medical College

Joseph J. Kosmach, DO
Chicago College of
Osteopathic Medicine of
Midwestern University

Ian C. Lamoureux, MD
University of Arizona
College of Medicine

Blaine A. Minton, DO
Chicago College of
Osteopathic Medicine of
Midwestern University

Bruno Aldo Perossa, MD
Poznan University of Medical
Sciences Center for Medical
Education In English

Daniela B Rakocevic, MD
University of Belgrade Faculty
of Medicine

Daniel Kelly Hosker, MD
Creighton University School
of Medicine

“Each person I met seemed genuinely interested and proud to be a part of Mayo.” Chris Tikala, CAP 2
Meet Your Colleagues (continued)

Kristen A. Schmidt, MD
University of Illinois
College of Medicine

Marc Kelliny, MD
Universite de Lausanne, Switzerland

Lauren L. Murphy, DO
A T Still University of Health Sciences

Amy L. Stark, MD
Texas Tech University School of Medicine

Matthew E. Stohs, MD
Tulane University

Asfia Qaadir, DO
Chicago College of Osteopathic Medicine

Eliza M. Sukiennik, MD
Poznan University of Medical Sciences Center for Medical Education In English, Poland

Lauren L. Murphy, DO
A T Still University of Health Sciences

Asfia Qaadir, DO
Chicago College of Osteopathic Medicine

Eliza M. Sukiennik, MD
Poznan University of Medical Sciences Center for Medical Education In English, Poland

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

PGY 5
Chad C. Puffer, DO
Kansas City University of Medicine and Biosciences

Eliza M. Sukiennik, MD
Poznan University of Medical Sciences Center for Medical Education In English, Poland

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

PGY 4
C. Jacquetta Blacker, BMBCh
University of Oxford, England

Child and Adolescent Fellows
Sogand Ghassemi, MD
University of Illinois College of Medicine

Folabo Y. Dare, DO
Des Moines University – Osteopathic Medical Center

Charles P. Lewis, MD
University of Texas Medical School

PGY 5
Chad C. Puffer, DO
Kansas City University of Medicine and Biosciences

Eliza M. Sukiennik, MD
Poznan University of Medical Sciences Center for Medical Education In English, Poland

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

Psychiatry Faculty
The Department of Psychiatry and Psychology at Mayo Clinic in Rochester,

“Meet Your Colleagues” are not your exact conjugation, but they are among 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?

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 didactic sessions and seminars, 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.

“We program has incredible breadth and depth. Adult inpatient, medical-psychiatry, emergency psychiatry, consult-liaison, child & adolescent—you get to do everything.” Ben Braus, PGY 2
What is the frequency of psychiatric call? How are residents supervised on call?

Our call schedule was revised in 2011 to comply with ACGME duty hour requirements. Junior residents (PGY 1 and 2s) do not have overnight call. Rather, they have evening shifts. 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 during 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 and 4s are expected to attend are expected to attend (and take turns presenting patients) but all residents are invited, allowing junior residents to attend if their schedules allow. 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 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.

“I found this amazing place full of positive energy! There is no place like Mayo!” Ed Makhlouf, PYG 1
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+ Physicians, 20+ PhDs) to offer diversity in styles and strengths.
• Department is small enough to know and be known, i.e., collegial training still exists!

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.
• Rochester is included in the Top 100 Best Places to Live in 2015; http://livability.com/best-places/top-100/2015

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. Kristin Vickers Douglas, our Chair for Education and Dr. Brian Palmer, our Vice Chair for Education, are strongly supportive of all residency and fellowship programs.
• Drs. Swintak and Somers, 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.

“In my case, couples matching with my husband who is in a competitive field, the faculty from both departments went above and beyond to communicate and help us match together.” Hannah Betcher, PGY 3
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/

“If you want to contribute to something larger than yourself - come here.” Daniela Rakocevic, PGY 2
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