MAYO CLINIC

Adult Psychiatry

Annual Residency Candidate Handout

A home for the physician who longs to invest both heart and mind in the art of medicine.

Winter 2008 - 2009

2009 & Beyond

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 in this booklet.

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.

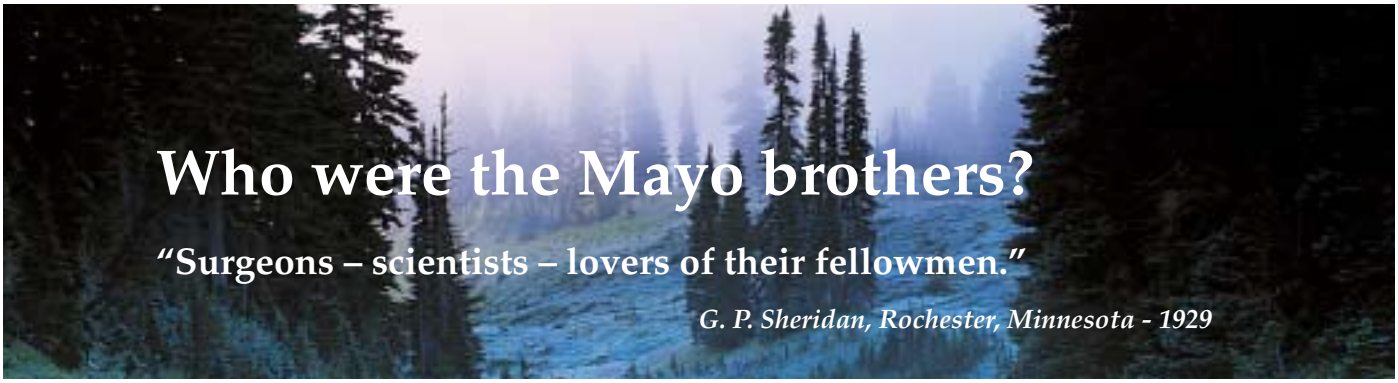
Our goal is simple
Down the road, we want to see our graduates practicing effectively in multiple settings by integrating a broad set of skills: as consultation psychiatrists working in concert with other physicians; as dynamic psychotherapists who "listen with the third ear"; as pharmacotherapists who 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) and is in its 58th year of 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 up to 35 residents. Each year, there typically are openings in adult psychiatry for eight or nine PGY 1 residents and one or two additional PGY 2 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 Adult Psychiatry, the department offers fellowships in:

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



Who were the Mayo brothers?

"Surgeons – scientists – lovers of their fellowmen."

G. P. Sheridan, Rochester, Minnesota - 1929

Introduction

Clinical Practice

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 St. 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." Shortly after the turn of the century, internist Henry Plummer, M.D. joined the Mayo staff, and the concept of an integrated group practice of medicine was born.

Education

While patient care of the highest quality has always been the major objective of the Mayo Clinic, medical education and research form the second and third"shields"of the Mayo logo. The Mayo brothers and their associates believed that any income from their efforts above a reasonable and just annual compensation should be returned to mankind through medical education and research. Thus, in 1915, the Mayo Foundation for Medical Education and Research was established with a gift of $1.5 million dollars from the Mayo brothers. This fund provided for the establishment of the Mayo Clinic College of Medicine which today provides medical school, residency and fellowship training for 2000 medical professionals annually. Its faculty is composed of members of the Mayo staff in all fields of clinical medicine and basic medical sciences. One of every 50 medical specialists in the United States has trained at Mayo.

Research

Dr. William J. Mayo wrote in 1934,"...my brother and I had an exceptional opportunity, as we entered medical practice during the early period of development of asepsis and antisepsis in surgery which had come through the work of Pasteur and Lister, and this opportunity was unique. We were especially fortunate that we had the benefit of our father's large experience to help us apply the modern methods to replace the old type of surgery which up to this time had been practiced. There being two of us, with absolute mutual confidence, each of us was able to travel at home and abroad each year for definite periods of study of subjects connected with surgery, as well as to attend meetings, while the other was at home carrying on the practice."

From this early determination to learn and expand their skills each and every year came the enduring impetus to establish Mayo Clinic as a premier site for basic science and clinically-focused research. Today, Mayo Clinic faculty contribute 2800 articles to the scientific literature annually.

Program Structure

Program Administration

Within the department, the residency program is supervised by Dr. Barbara Rohland (Program Director). The Chief Residents and the Adult Psychiatry Education Committee (composed of both consultants and residents) give active assistance and counsel. Oversight is provided by the Vice Chair for Education, Dr. Lloyd Wells who, in turn, reports to the Executive Committee and the Chair, Dr. David Mrazek.

At the institutional level, the residency program is both part of, and responsible to, the Mayo School of Graduate Medical Education (one of the schools within the Mayo Clinic College of Medicine). Dr. Mark Warner is Dean of MSGME and our program falls in the Medical & Laboratory Sciences Division, chaired by Associate Dean Dr. Lisa Drage. The majority of the policies that shape the broad structure of your training experience are policies applied by MSGME to all training programs within the Mayo family.

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 2006. 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)
- Adult 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 for the resident so inclined.

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. 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. During your third year you will spend approximately every 7th night on the Emergency Room service gaining experience with crisis intervention, triage and management of patients coming to the ER or calling in for emergent consultation via phone. Residents who cover the Emergency Room service are excused from responsibilities on the following day. 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 back-up.

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. Senior residents also complete rotations in ECT and the Intensive Outpatient Program.

Program Structure *(continued)*

Didactic Curriculum

Educational research suggests that learning is optimized when there is both context and active involvement. In 2006 we completed implementation of a didactic curriculum that provides a separate lecture series for each year and is consolidated on a single day with faculty coverage for clinical duties.

This dedicated didactic block begins each Tuesday at 12:15 PM and concludes at 4:30 PM. It includes: departmental Grand Rounds, a comprehensive four-year long lecture series, class-specific interactive seminars, 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 other 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 Seminar *(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, the Program Director coordinates a seminar focused on 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 Wednesday at noon, 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. The residency program provides lunch.

Thursday Case Conference
The PGY 1 - 4 residents join forces every Thursday at noon 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 these conferences. Lunch is provided by the residency program.

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

PGY 2 Seminar *(Introduction to Psychotherapy)*
This seminar serves as an introduction to the basic processes that are common to all schools of psychotherapy. It is an interactive seminar that uses both a textbook and videotaped patient interviews as a base for discussion.

PGY 3

PGY 3 Seminar *(Broadening Horizons)*
This seminar takes advantage of the third year residents' growing experience and skill together with their introduction to the outpatient arena to further expand their theoretical and clinical horizons.

Psychotherapy Clinic
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. July and August are dedicated specifically to learning cognitive behavioral therapy led by several of the psychology consultants.

Practice Management Seminar
This seminar was started in 2005 in response to feedback from our graduates about the need to be better prepared for the business aspects of medicine. Our business administrator from the Department of Psychiatry and Psychology and experts from various fields within Mayo Clinic provide a state-of-the-art course which meets weekly for 32 weeks.

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.

PGY 4

PGY 4 Seminar *(Transition to Practice)*
This seminar provides residents with a review of major issues

Program Structure *(continued)*

involved in the transition from residency to practice. It also is a forum for residents to prepare for their Grand Rounds presentations and provide feedback to one another in a group setting.

General Educational, Conferences and 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 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
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.

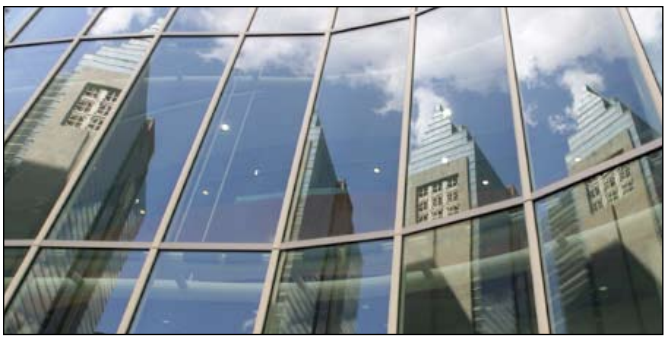
Special Events

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

Mock Oral Examinations are conducted annually in the spring utilizing live patients to prepare our residents for Part II of 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 DVD recording of their exam for later review with their supervisors. Residents also complete brief oral clinical vignette exams modeled after the ABPN exam.

Many of our faculty have served as actual oral board examiners which makes for excellent preparation for our residents.

The *Resident Retreat* is an annual opportunity for the housestaff 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.

The *Chief Resident Course* is a national, annual meeting for new psychiatry chief residents. Typically held the first week of June in Tarrytown, New York, it is organized to help psychiatry chief residents prepare for the common challenges they will face.

Funds are provided to support resident attendance at a variety of select *additional CME meetings*. Residents are allowed one attendance-only meeting during the residency and can often supplement this by attending select courses held at Mayo. In recent years, residents have attended the 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 various other national meetings.

Mayo also generously provides funding support for a resident to attend one or more additional meetings each year if the resident has a poster or paper accepted for presentation.

A number of national awards and honorary fellowships are open for annual nominations and are typically accompanied by provision for attendance at the annual meeting of the sponsoring organization. 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.

"When knowledge is translated into proper action we speak of it as wisdom."

William J. Mayo, M.D.

Program Structure *(continued)*

Supervision

Clinical supervision is the single most critical element of training in psychiatry. Unlike anything found in other medical residencies, it is the principal means to discuss and develop patient evaluation and treatment skills. Supervision is the keystone of a quality psychiatry residency and is accomplished by providing residents with a succession of committed teachers who enjoy the privilege of cultivating a resident's growing repertoire of skills while sharing their own clinical experience. The ACGME requires each PGY 2 - 4 to receive a minimum of two hours of individual supervision each week (these are in addition to the bedside teaching or informal didactics that occur on hospital services). The resident and supervisor share responsibility to schedule and maintain their supervisory sessions.

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. A senior resident"Big Brother/Big Sister"is also offered as an additional resource for the first-year resident.

PGY 2 residents on the hospital services typically work side-by-side with the unit consultant for four or more hours per day. However, formal supervision during the second year is provided above and beyond this daily clinical contact. A case-management supervisor is assigned to meet with each resident weekly and provide collateral supervision throughout the year. Additionally, each PGY 2 resident also meets weekly with a psychotherapy supervisor who introduces the resident to the necessary skills to begin treating one or two outpatients in long-term psychotherapy during the second year.

PGY 3 residents have access throughout their outpatient year to the consultants assigned to the outpatient clinic and other services on which they rotate. In addition, third year residents work with a designated psychotherapy supervisor weekly throughout the academic year. Each resident is also paired with an additional patient-management supervisor who provides longitudinal supervision for the resident's own outpatient clinic practice. Again, both of these relationships bring the advantage of longevity and the collegiality that develops when two physicians meet week-by-week to discuss and learn from their patients.

PGY 4 residents continue with a designated psychotherapy supervisor throughout the fourth year as well as a second supervisor for patient management and career supervision. Most fourth year residents have also established relationships with one or more consultants apart from their assigned supervisors and these relationships extend the process of supervision well beyond the ACGME requirement as consultant and resident meet to discuss career options, continue a research project, or assemble a poster presentation.

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 summary of our goals for your training. This is not engrossing reading but it does provide an overview of our objectives for you.

PGY 1

By the completion of the PGY 1 experience, first-year residents are expected to:

1. Have completed all ACGME requirements for a psychiatric internship that will qualify them for the ABPN certification exam.
2. Be proficient in interviewing patients with medical and psychiatric disorders and obtaining relevant medical and psychosocial information in a therapeutic manner.
3. Be able to conduct a thorough physical examination, including a mental status examination and neurological examination, and gather appropriate collateral history.
4. Be sufficiently aware of psychiatric diagnostic criteria to integrate the data acquired into a coherent clinical hypothesis.
5. Be actively building their range of diagnostic and clinical management skills.
6. Be sufficiently familiar with psychiatric treatment modalities to treat selected cases and appropriately refer others to more experienced colleagues.
7. Be aware of psychiatric disorders that may mimic medical conditions and be able to recognize and treat common psychiatric disorders encountered in medical practice.
8. Be familiar with forensic issues commonly found in medical practice, such as initiating an"involuntary hold", informed consent, right to refuse treatment, etc.
9. Have a level of competence in neurology sufficient to obtain a thorough history, conduct a complete neurological examination, construct a differential diagnosis and under supervision, plan and carry out treatment of major neurologic diseases.
10. Know when to request neurologic consultation and what to expect from the request.

Program Structure *(continued)*

11. Have begun to formulate an identity as a psychiatrist, with a working appreciation for our integration with medical colleagues in service of our patients.

PGY 2

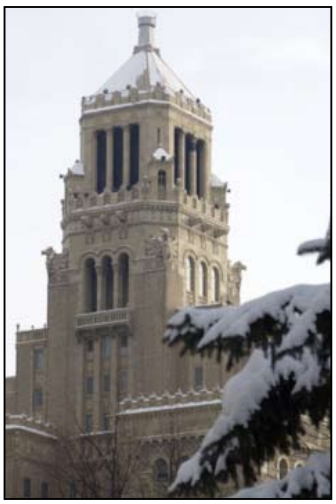
In addition to the goals previously listed for PGY 1 residents, by the completion of the PGY 2 experience, second year residents are expected to:

1. Be proficient in conducting a comprehensive psychiatric examination, including interviewing patients effectively and understanding the nature of the therapeutic contract in an interdisciplinary inpatient psychiatry milieu.
2. Write histories clearly and in sufficient detail to produce a meaningful, continuous record of the patient's illness, background, and course of treatment.
3. Present and discuss patients in a lucid and thoughtful manner.
4. Have a thorough grounding in medical ethics.
5. Understand the relationship between psychiatric and medical disorders and the interdisciplinary relationships between psychiatry and other medical specialties.
6. Possess an appropriate understanding of psychosomatic and somatopsychic considerations in health and disease with a commensurate capacity to formulate patient cases in the biopsychosocial model.
7. Understand the role of psychiatrists in the mental health care delivery system and other mental health disciplines.
8. Possess an understanding of social systems, including the family and different cultures that have an impact on psychiatric disorders, their treatment, and outcome.
9. Have acquired the fundamental skills necessary to pursue answers to clinical and theoretical questions in the literature and then to critically appraise that literature and draw valid conclusions from the data presented.
10. Have a growing awareness of current psychiatric literature and recent advances in general psychiatry, especially related to inpatient and C/L treatment modalities.
11. Have employed both the inpatient and C/L services to broaden their grasp of psychopharmacologic skills.
12. Consistently and reliably perform all administrative and record keeping requirements which have a direct impact on the delivery of quality patient care.
13. Be able to function effectively and competently in the Emergency Room as the psychiatric consultant.
14. Begin a synthesis of psychodynamic theory, and select appropriate patient(s) for exploratory psychotherapy.

PGY 3

In addition to the goals previously listed for PGY 1 & 2 residents, upon completion of the PGY 3 experience, third year residents are expected to:

1. Understand the nature of the therapeutic contract in an outpatient psychiatry setting.
2. Effectively triage outpatients seen on a walk-in basis.
3. Facilitate group psychotherapy with a practical grasp of a variety of group therapy strategies and techniques.
4. Develop a knowledge base that promotes the competent and practical use of individual psychotherapies including interpersonal, cognitive-behavioral, long-term and brief psychodynamic therapies
5. Gain a working and theoretical understanding of public sector psychiatry, including the opportunity to experience a continuity care practice in the public sector.
6. Further his/her knowledge of community resources
7. Develop further experience in outpatient evaluation and management of substance abuse.
8. Refine the skill of psychiatric formulations using a biopsychosocial model.
9. Demonstrate competent and efficient use of the laboratory and psychometric assessment of outpatients.
10. Provide and coordinate psychiatric care for patients who are receiving treatment from non-medical therapists.
11. Develop an acquaintance with research design, and have the opportunity to pursue a project under the guidance of staff.



PGY 4

In addition to the goals previously listed for PGY 1, 2 & 3 residents, during the course of the PGY 4 experience, fourth year residents are expected to:

1. Complete all requirements of the ACGME for a psychiatric residency that will qualify them to sit for the ABPN certification exam in psychiatry following graduation.
2. Expand their knowledge and refine their skills in administrative and academic psychiatry, having served as senior residents/team leaders in C/L and inpatient psychiatry.
3. Refine their clinical skills in treating patients with brief and long-term individual psychotherapy, marital, family and group psychotherapies.
4. Expand their knowledge of and capacity for applying psychiatric skills in the community mental health setting.
5. Complete a scholarly project; the mandatory formal presentation at departmental Grand Rounds fulfills this requirement but residents are also encouraged to design and execute a research project or, submit a paper for publication in a peer-reviewed journal.
6. Demonstrate advanced skills in patient assessment, formulation, and treatment with all appropriate therapeutic modalities.
7. Be familiar with issues pertaining to transition into practice, preparation for fellowship training, or pursuit of further opportunities in research.
8. Be well prepared for the written and oral board examinations.

Special Interest Tracks

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.

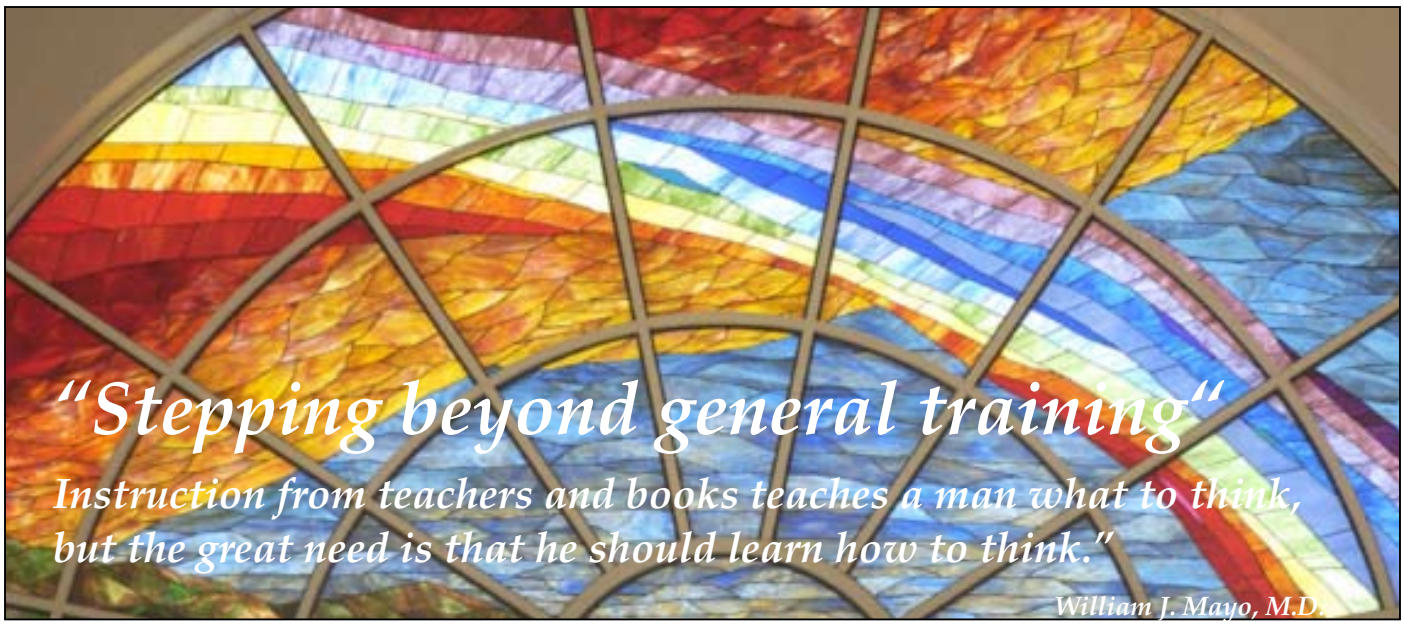
Child & Adolescent Psychiatry Track

For incoming psychiatry residents who have a strong interest in working with children and adolescents, the training program at Mayo Clinic offers an integrated Child and Adolescent Psychiatry track. Those who express an interest in 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 track include:

- A customized curriculum during the three years of general training that allows for additional rotations in areas such as inpatient and outpatient child and adolescent psychiatry, pediatrics and pediatric neurology
- Mentoring in the field of child and adolescent psychiatry from the beginning of training
- Weekly CAP seminar for trainees in the integrated track
- Supervised outpatient experience with a small number of carefully selected children and adolescents from the first year of training
- Streamlined application process if you choose the Mayo Clinic CAP program for your advanced training; you will also have the competitive advantage of having worked with many of the key faculty involved in the CAP training program
- Potential for seamless transition into the Mayo Clinic CAP program after the third year while meeting all general psychiatry training requirements
- Research in child and adolescent psychiatry is strongly encouraged during training - by fulfilling a portion of your CAP training experience during your general training, you enhance the time available for research-focused elective time during your CAP years

If you have an interest in the integrated Child and Adolescent Psychiatry track, 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 choose to participate in the integrated track, you will have the option of applying for the CAP training program and potentially transitioning to the CAP residency after your third year or, if your interests unfold in a different direction, you may proceed with a fourth year of general training without any adjustment in curriculum.



Special Interest Tracks *(continued)*

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 a research career in academic psychiatry to have early exposure to research. The goal is for residents to systematically develop their 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
- 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
- Attend research committee meetings
- ~ 10% time dedicated to research

(1 - 2 months)

PGY 3:
- ~ 20% time dedicated to research
- Participate in didactic graduate courses, which may include: epidemiology, research protocol development, study design and methods, statistics, and grant writing
- Meet with mentor weekly
- Attend research committee meetings

PGY 4:
- ~ 50 - 60% time dedicated to research
- (6 - 8 months)
- Meet with mentor weekly
- Continue participation in didactic courses
- Attend research committee meetings
- Present at a national meeting

Selection process:
You may apply during PGY 1 or PGY 2 year (but no later than the Spring of the PGY 2 year) by submitting your curriculum vitae, specific research proposal, and proposed academic schedule including short-term and long-term goals. You will also provide a letter from your research mentor describing the project and your responsibilities.

Your application is reviewed by the supervisor of the research track, Dr. Mark Frye and the research track advisory committee. Your proposal may be approved outright, returned with suggestions for improvement or declined.

Meet Your Colleagues

Residents

PGY 1

Joy Bang, DO
Univ of New England Coll of Osteopathic Medical School

Kristin Cynthia Francis, MD
Mayo Medical School

Carolyn J Gonter, MD
University of Minnesota

Tyler Scott Oesterle, MD
University of Minnesota

Magdalena Romanowicz, MD
Akademia Medyczna, Warsaw

James E Roth, MD
Drexel University College of Medicine

Erin L Sterenson, MD
Drexel University College of Medicine

Jennifer Vande Voort, MD
Mayo Medical School

Marin Veldic, MD
University of Zagreb

PGY 2

Amit Chopra, MBBS
Sawai Man Singh Medical College

James Christensen, MD
University of South Florida College of Medicine

Piyush Das, MBBS
University College of Medical Sciences

Maria Harmandayan, MD
University of Toronto Faculty of Medicine

Filza Hussain, MBBS
Aga Khan University

Fritz Jean-Noel, MD
Drexel University College of Medicine

Bhanu Prakash Kolla, MBBS
Osmania Medical College

Jennifer Labrecque, MD
University of Texas Medical School at Houston

Sam Pullen, DO
Kirksville College of Osteopathic Medicine

PGY 3

Patricia Bauza, MD
Universidad Central Del Caribe

Yazmin Fuentes, MD
University of Puerto Rico

Mark Imig, MD
University of Texas, Galveston

Reba King, MD
Vanderbilt University School of Medicine

Damian McGovern, MD
Semmelweis University

Amit Mohan, MD
Bhagwat Dayal Institute of Medical Sciences

Courtney Prince, MD
University of Sydney

K. Chase Spoon, MD
Creighton University

Milos Zivkovic, MD
University of Belgrade

PGY 4

Jeff Alden, MD
Uniformed Services University of the Health Sciences

Bergina Brickhouse, MD
Eastern Virginia Medical School

Abigail Coy, MD
University of North Carolina

Angela Leise, MD
Creighton University School of Medicine

Victoria Passov, MD
Kigezi International School of Medicine

Kristin Somers, MD
University of Nebraska College of Medicine

"Once you start studying medicine, you never get through with it." *Charles H. Mayo, M.D.*

Meet Your Colleagues *(continued)*

Faculty

Psychiatry Faculty

Renato Alarcon,
MD, MPH
Universidad Peruana*
Johns Hopkins
University***
Medical school** Postgraduate
training program(s)

Steven Altchuler, MD
Baylor College of Medicine
Mayo School of Graduate Medical Education

R. Robert Auger MD
University of Minnesota
Johns Hopkins Hospital
Mayo School of Graduate Medical Education
(Sleep Medicine)

Jyoti Bhagia MD
Gandhi Medical College
Mayo School of Graduate Medical Education
(Residency, Child and Adolescent Psychiatry Fellowship)

John Black, III MD
Creighton University
Mayo Graduate School of Medicine

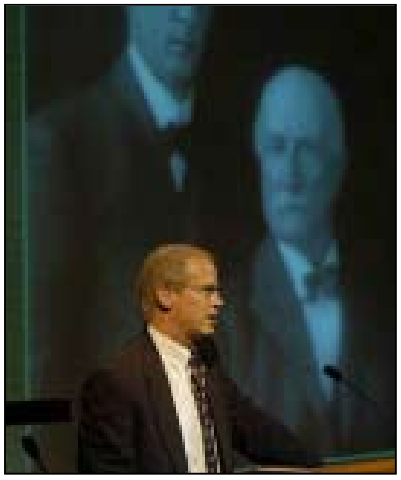
J. Michael Bostwick, MD
Brown University
MGH and Cambridge Hospital
Brigham and Women's Hospital
(Consultation/Liaison Psychiatry Fellowship)

Greg Couser, MD
University of Iowa
University of Iowa
(Residency & Occupational Medicine
Residency)

David Daugherty, MD
Mayo Medical School
Mayo Graduate School of Medicine

Mark Frye, MD
University of Minnesota
UCLA Neuropsychiatric Institute
National Institute of Mental Health
(Research Fellowship)

Christine Galardy, MD, PhD
Boston University School of Medicine
Massachusetts General Hospital/
McLean Hospital



Yonas Geda, MD
Haile Selassie University
Mayo Graduate School of Medicine
(Residency, C/L & Behavioral Neurology Fellowships)

Daniel Hall-Flavin, MD
University of Missouri, Kansas City
Mayo Graduate School of Medicine
Cornell University
(Addiction Psychiatry Fellowship)

Mark Hansen, MD
University of Wisconsin, Madison
Mayo Graduate School of Medicine

W. Michael Hooten, MD
St. Louis University School of Medicine
Johns Hopkins School of Medicine (Psychiatry)
Mayo Graduate School of Medicine (Internal Medicine)
Washington University School of Medicine (Anesthesiology)
Mayo Graduate School of Medicine
(Pain Fellowship)

John Huxsahl, MD
University of Wisconsin, Madison
Gunderson Clinic (Pediatrics)
Mayo Graduate School of Medicine
(Residency & Child & Adolescent Psychiatry Fellowship)

Sheila Jowsey, MD
University of Saskatchewan
Mayo Graduate School of Medicine
(Residency & Consultation/Liaison Psychiatry Fellowship)

Victor Karpyak, MD, PhD
Odessa Pirogov Medical Institute
Mayo Graduate School of Medicine
(Residency & Addiction Psychiatry
Fellowship)

Meet Your Colleagues *(continued)*

Brett Koplin, MD
Mayo Medical School
Mayo Graduate School of Medicine
(Residency & Child & Adolescent Psychiatry Fellowship)

Keith Kramlinger, MD
Mayo Medical School
Mayo Graduate School of Medicine
National Institute of Mental Health
(Psychopharmacology Fellowship)

Simon Kung, MD
Mayo Medical School
Mayo Graduate School of Medicine

Maria Lapid, MD
Ramon Magsaysay, University of the East
Mayo Graduate School of Medicine
University of Minnesota/VAMC
(Geriatric Psychiatry Fellowship)

Timothy Lineberry, MD
Vanderbilt University
Wilford Hall Medical Center

Kathleen Logan, MD
Case Western Reserve University
Mayo Graduate School of Medicine
(Residency & Child & Adolescent Psychiatry Fellowship)

Larissa Loukianova, MD, PhD
Moscow Medical School
Mayo Graduate School of Medicine
(Residency & Addiction Psychiatry Fellowship)

Donald McAlpine, MD
University of Minnesota
Mayo Graduate School of Medicine

Gabrielle Melin, MD
University of Minnesota
Mayo Graduate School of Medicine
(Residency & Consultation/Liaison Psychiatry Fellowship)

Eric Milliner, MD
Hahnemann Medical School
(Medical School & Residency)
University of California, Irvine
(Child & Adolescent Psychiatry Fellowship)

Katherine Moore, MD
Vanderbilt University
Mayo Graduate School of Medicine

David Mrazek, MD
Wake Forest University School of Medicine
Cincinnati General Hospital
University of Colorado Medical Center
(Child & Adolescent Psychiatry Fellowship)

Pamela Netzel, MD
University of Wisconsin, Madison
Mayo Graduate School of Medicine
(Residency & Consultation/Liaison Psychiatry Fellowship)

Deborah Newman, MD
University of New Mexico
Mayo Graduate School of Medicine

Mark Olsen, MD
Mayo Medical School
Mayo Graduate School of Medicine
(Residency & Child & Adolescent Psychiatry Fellowship)

Kemuel Philbrick, MD
Jefferson Medical College
CAMC/West Virginia University Medical Center
(Internal Medicine)
Wilford Hall Medical Center
Mayo Graduate School of Medicine
(Consultation/Liaison Psychiatry Fellowship)

Keith Rasmussen, MD
The Chicago Medical School
Emory University
The Chicago Medical School
(ECT Fellowship)

Michael Reese, MD
Albany Medical College
Mayo Graduate School of Medicine

"Once you start studying medicine, you never get through with it." *Charles H. Mayo, M.D.*

Meet Your Colleagues *(continued)*

Jarrett Richardson, MD
Johns Hopkins University School of Medicine
Johns Hopkins Hospital
(Internal Medicine)
Mayo Graduate School of Medicine

Barbara Rohland, MD
Washington University School of Medicine
University of Iowa
(Residency & Psychiatric Epidemiology Fellowship)

Teresa Rummans, MD
University of North Carolina
Mayo Graduate School of Medicine
(Internal Medicine)
Mayo Graduate School of Medicine

James Rundell, MD
Louisiana State University School of Medicine
Wilford Hall Medical Center
Harvard Medical School/Massachusetts General Hospital
(Consultation/Liaison Psychiatry Fellowship)

Dahlia Pendergrass Saad MD
American University of Beirut
Mayo School of Graduate Medical Education
(Residency, Psychosomatic Medicine Fellowship)

Shirlene Sampson, MD
McGill University
Harvard University
Brigham & Women's Hospital
(Consultation/Liaison Psychiatry Fellowship)
Beth Israel Deaconess
(Neuropsychiatry Fellowship)

Terry Schneekloth, MD
University of Minnesota
Mayo Graduate School of Medicine
(Residency & Addiction Psychiatry Fellowship)

Christopher Sola, DO
Kansas City University of Medicine and Biosciences
Mayo School of Graduate Medical Education
(Residency & Psychosomatic Medicine Fellowship)

Jeffrey P Staab, MD
University of Pittsburgh School of Medicine
National Naval Medical Center
Clinical Scientist Training Program, Center for the Study of Traumatic Stress, Uniformed Services University of the Health Sciences Fellowship

Bruce Sutor, MD
Mayo Medical School
Mayo Graduate School of Medicine

Cosima Swintak MD
St. Louis University School of Medicine
Department of Psychiatry, Tripler Army Medical Center
(Residency & Child & Adolescent Psychiatry Fellowship)

Sencan Unal, MD
Hacettepe University
SUNY at Stony Brook, University Hospital
Mayo Graduate School of Medicine
(Child & Adolescent Psychiatry Fellowship)

Christopher Wall, MD
University of North Dakota School of Medicine
Mayo Graduate School of Medicine
(Residency & Child & Adolescent Psychiatry Fellowship)

Lloyd Wells, PhD, MD
University of Rochester School of Medicine
Mayo Graduate School of Medicine
(Residency & Child & Adolescent Psychiatry Fellowship)

Christina L. Wichman, DO
Des Moines University - Osteopathic Medical Center
Mayo Graduate School of Medicine
(Residency & Psychosomatic Medicine Fellowship)

Mark Williams, MD
University of Minnesota
Mayo Graduate School of Medicine
University of Oklahoma
(Cross-Cultural Psychiatry Fellowship)

Joel Winner, M.D.
University of Nebraska College of Medicine
University of Hawaii
(Affiliated Psychiatry Residency)

Meet Your Colleagues *(continued)*

Psychology Faculty

Thomas Bergquist, PhD
University of Alabama
Mayo Graduate School

Joanna M. Biernacka PhD
McMaster University, Hamilton, Ontario, Canada
University of Toronto, Ontario, Canada

Tanya Brown PhD
University of Cincinnati
Medical College of Wisconsin

Barbara Bruce, PhD
Louisiana State University
University of New Orleans

Jane Cerhan, PhD
University of Iowa

Matthew Clark, PhD
Fordham University
Brown University

Shawna Ehlers, PhD
University of Iowa
University of Florida Health Science Center

Karen Grothe, PhD
Northern Arizona University
Louisiana State University

Cynthia Harbeck-Weber, PhD
University of Missouri-Columbia

Daniel R Hilliker, PhD
Ohio State
University of Wisconsin–Stevens Point.

Robert Ivnik, PhD
Washington University
University of Wisconsin

Barbara Koenig, PhD
University of California,
Berkeley

Mary Machulda, PhD
Finch University of
Health Sciences
Mayo Graduate School

James Malec, PhD
University of Wisconsin-
Madison
University of South Dakota

Michael Mellon, PhD
University of Memphis
University of Mississippi Medical Center

Christi Patten, PhD
University of California, San Diego
Western Psychiatric Institute and Clinic

Norman Rasmussen, EdD
University of South Dakota

Daniel Rohe, PhD
University of Minnesota

Christine Sadowski, PhD
Louisiana State University
Mayo Graduate School

Richard Seime, PhD
University of Minnesota

Leslie Sim, PhD
University of Maine
Mayo Graduate School

Jeffrey Smigielski, PhD
University of South Dakota
Braintree Rehabilitation Hospital/Tufts

Glenn Smith, PhD
University of Nebraska
Mayo Graduate School

Cynthia Townsend, PhD
Virginia Commonweath University
Mayo Graduate School

Max Trenerry, PhD
University of South Dakota
Mayo Graduate School

Kristin Vickers-Douglas, PhD
University of North Dakota
Mayo Graduate School

Stephen Whiteside, PhD
University of Kentucky
Mayo Graduate School

Michael Zaccariello, PhD
Graduate School: Case Western Reserve University
Predoctoral internship: Rush University Medical Center
Postdoctoral fellowship: Medical College of Wisconsin

"Once you start studying medicine, you never get through with it." Charles H. Mayo, M.D.

Program Policies

The ACGME stipulates that all residency applicants must receive a copy of relevant institutional policies. The following are the Mayo School of Graduate Medical Education policies that govern our program.

Resident Responsibilities

The Association of American Medical Colleges has developed a position description for resident physicians. This description is based heavily on the responsibilities of residents outlined in the Institutional Requirements section of the Essentials of Accredited Residencies in Graduate Medical Education of the Accreditation Council on Graduate Medical Education. The following items outline the scope of resident physicians' practice and the requirement of supervision commensurate with the residents' level of advancement and responsibility:

1. The resident physician must meet the qualifications for resident eligibility outlined in the Essentials of Accredited Residencies in Graduate Medical Education in the AMA Graduate Medical Education Directory.
2. Because the position of resident physician involves a combination of supervised, progressively more complex, and independent patient evaluation and management functions and formal educational activities, the competence of a resident physician is evaluated on a regular basis. The program/school maintains a confidential record of these evaluations.
3. The position of resident physician entails the provision of care commensurate with the resident physician's level of advancement and competence, under the general supervision of appropriately privileged attending teaching staff. This includes:
    - Participation in safe, effective and compassionate patient care
    - Development of an understanding of the ethical, socioeconomic and medical/legal issues that affect graduate medical education and of how to apply cost containment measures in the provision of patient care
    - Participation in the educational activities of the training program and, as appropriate, assumption of responsibility for teaching and supervising other residents and students; participation in institutional orientation and education programs; and participation in other activities involving the clinical staff
    - Participation in institutional committees and councils to which the resident physician is appointed or invited
    - Performance of these duties in accordance with the established practices, procedures and policies of the institution, and those of its programs, clinical departments and other institutions to which the resident physician is assigned, including, among others, state licensure requirements for physicians in training where these exist.

Duration of Appointment & Continuation

Individuals are enrolled in the Mayo School of Graduate Medical Education (MSGME) after they have accepted an official offer of appointment from an MSGME dean and have met the contingencies stated in the appointment letter and completed applicable registration or licensure and/or visa requirements. The Appointee must also have satisfactory completion of a qualified Medical School as well as proof of the legal right to work as defined by the 1986 Immigration Reform and Control Act. Continuation of training to subsequent years will be dependent upon satisfactory progress in education, performance of all duties, and compliance with MSGME policies.

Case Documentation

Documentation of cases and procedures, as mandated by Review Committee (RC) and program essentials, is a requirement of the MSGME appointment. Residents who do not maintain accurate and up-to-date case documentation will not advance to the next level of training or be allowed to complete their residency program until compliance is achieved.

Confidentiality

All members of the Medical Center have an obligation to conduct themselves in accordance with Mayo's Confidentiality Policy and hold in confidence all information concerning patients, employees and business information. Confidential information includes all material, both paper-based and electronic, related to the patient care and operation of the Medical Center.

Any carelessness or thoughtlessness in revealing any confidential information, leading to the release of such information, is not only wrong ethically but may involve the individual and Mayo legally. Unauthorized access, use or release of any and all confidential information at Mayo Medical Center may be cause for immediate dismissal.

Certificate

Upon satisfactory completion of the training program, the resident will be eligible for the Mayo School of Graduate Medical Education certificate and an alumni certificate.

Program Policies *(continued)*

Conditions for Living Quarters, Meals, Laundry

Each hospital provides adequate on-call rooms. Residents, who are on-call for a service and are required to remain in the hospital overnight, are provided complemented evening and morning meals (and noon meals on weekends) in the hospital cafeterias up to established dollar limits. Scrub suits are provided and laundered for residents on-call overnight in the hospital or assigned to departments that wear scrub suits in the course of their usual activities.

Vacation Policies

The annual vacation allowance is 15 days (3 weeks) for all residents and clinical fellows. Weekends and Mayo holidays are not charged as vacation time. Vacations must be applied for and approved by the appropriate department representative. Although residents are strongly encouraged to utilize all their earned vacation, five days of vacation time be carried over from one 12-month period to the next. Alternatively, the resident may convert these unused vacation days into additional salary.

Leave of Absence

Residents may request a leave of absence for a variety of reasons. All leave requests (to include emergency, family medical/parental leave, personal, and military) must be submitted to and approved by the program director or designee, corresponding to the policy of Mayo Graduate School of Medicine. Requests for leave of absence greater than one week must be approved by the Mayo School of Graduate Medical Education.

Policy on Effect of Leave for Satisfying Completion of Program

Each training program determines the total absence time permitted during each year of the program. Absence in excess of the designated time may extend the resident's training time. Questions should be directed to the specific program director in advance of the resident's planned absence.

Duty Hours

Resident duty hours and on call schedules conform to the Accreditation Council on Graduate Medical Education (ACGME) requirements. Program faculty will determine whether a resident is able to perform required duties.

Infection Control

Infection control policies are designed to reduce the risk of infection among patients, employees and visitors. All residents are expected to comply with these policies, including handwashing, standard (universal) precautions, isolation procedures, and other prevention and control measures as outlined in the Infection Control Manual or directed by the Medical Director of the Infection Control Program. Compliance with Employee Health Services guidelines, education, and training requirements, and other applicable governing standards, i.e., Occupational Safety and Health Administration (OSHA), Department of Health Reportable Diseases, etc. is also expected.

Professional Liability Insurance and Tail Coverage

Mayo Foundation will provide professional liability insurance for the resident's activities in the Mayo School of Graduate Medical Education regardless of when the claim arises. However, it is expected that the resident will assist and cooperate with the institution in the defense of any claim that may be brought by any patient attended by the resident - even if the claim or suit arises after the completion of training.

Mayo Foundation professional liability protection is not extended to a resident engaged in professional activities that are not part of a Mayo program (e.g., moonlighting). However, if the resident conducts charitable or public service professional activities with the approval from the appropriate department chair or program director, does not receive payment outside of Mayo, and is under the supervision of a Mayo consultant, Mayo's professional liability protection may be provided if the sponsoring institution does not supply such coverage. A memorandum about these activities must be sent to the Legal Department.

Counseling, Medical and Psychological Support Services

Mayo's Employee Assistance Program is available to Mayo School of Graduate Medical Education residents and fellows. This program provides professional, confidential assistance to anyone who is having difficulties with marital or family situations, depression, drugs or alcohol, job stress, aging parents, chronic physical disability or other personal problems.

"We have never been allowed to lose sight of the fact that the main purpose to be served by the clinic is the care of the sick." William J. Mayo, M.D.

Program Policies *(continued)*

Trained employee assistance coordinators offer information, assessment and short-term counseling, as well as referral for special situations or longer-term needs.

The service is free, and no record of contact is placed in the student's medical records, Health Service records or student file. All contact is kept confidential, except as required by law or in situations deemed potentially life-threatening by the employee assistance coordinator.

Policy on Physician Impairment and Substance Abuse

Mayo regards alcohol or chemical dependency as an illness that can be medically treated. Easily accessible professional help is available. The resources can be found in the Mayo School of Graduate Medical Education student handbook. Residents' positions will not be jeopardized solely for requesting help for the diagnosis and treatment of a drug dependency illness. Such matters will be decided on the merits of each individual's performance in the same manner as for any individual with or without other health problems.

If a resident is determined to be unable to perform satisfactorily and safely in the program at any time, a colleague or supervising faculty member will escort the resident to the nearest employee health service location for an immediate consultation with one of the Employee Health Service physicians. The resident will be relieved of all patient care responsibilities until this evaluation is complete. Resumption and continuation of residency program will be based on the ability to satisfactorily perform resident responsibilities and requirements.

Resident entry into a program is contingent upon drug or alcohol testing results as defined by Mayo site.

Policy on Professional Activities Outside of Program

Moonlighting is permitted for those who hold a valid license to practice medicine. Time spent moonlighting must not interfere with the resident's reading and studying, family time, sleeping, relaxation, and most importantly, one's program requirements and academic performance at Mayo. Under no circumstances should patient care at Mayo be jeopardized or infringed upon because of resident moonlighting activities. Mayo School of Graduate Medical Education will not assume responsibility for credentialing the resident nor assume any liability related to extramural moonlighting activities, although some moonlighting at Mayo Health System practices may be coordinated through Mayo's Regional Practice Administration.

International graduates are not permitted to moonlight on a J-1 visa or the H1B petition sponsored by Mayo Foundation. Moonlighting jeopardizes visa status and continuation in the training program.

Disciplinary Procedure

Appointees to the Mayo School of Graduate Medical Education may be placed on probation or dismissed for significant, documented deficiencies. An academic or non-academic deficiency could result in either a formal warning or probation, depending on the judgment of the faculty as to the degree of the deficiency. The warning, which includes a remedial plan with suggestions to improve performance, becomes part of the individual's record. Probation and/or dismissal will likely result if unsatisfactory performance continues following such a warning. The resident has the right to appeal. The Mayo School of Graduate Medical Education probation and dismissal policy will be followed.

Grievance Procedures

The resident and his or her program director should make every reasonable effort to resolve any conflicts, problems, or disagreements that arise related to the application of Mayo's policies and procedures. In instances where the resident is uncomfortable taking a complaint to his or her program director, the resident should contact the assigned advisor within the Department, Division/Department Education Chair, Division/Department Chair, Mayo School of Graduate Medical Education Administrator (MSGME), or the appropriate MSGME Associate Dean/Director.

Resident allegations of academic misconduct by faculty should be directed to the Chair of the Department or a Dean/Director of Mayo School of Graduate Medical Education. The MSGME allegation of faculty academic misconduct policy will be followed.

The appeal policy of the Mayo School of Graduate Medical Education is available to individuals with grievance outcomes.

Program Policies *(continued)*

Equal Opportunity and Affirmative Action

The Mayo Foundation seeks and selects persons for appointment, employment or admission - and to train, advance, promote, transfer and compensate such persons - on the basis of individual capability, potential or contribution to the programs and goals of the institution. In making these selections and subsequent personnel decisions, Mayo Foundation actively encourages the recognition, development and optimal use of the capabilities of persons with disabilities, minorities, veterans of the Vietnam era and women. Furthermore, Mayo Foundation supports and observes stated policies of the State and Federal governments that preclude discrimination.

Policies on Mutual Respect and Harassment

Disrespectful behavior of any kind - sexual or any other form, ranging from inappropriate humor and subtle hints to overt acts, threats, or physical contacts - will not be tolerated. An individual who experiences intimidation or harassment is asked to report it. It is the responsibility of students or employees who believe they have been harassed to report such behavior so that the behavior can be investigated and appropriate action taken.

Students subjected to unwelcome sexual conduct or lack of mutual respect should inform the perpetrator that the conduct is considered offensive and must stop. If the response of the perpetrator is unsatisfactory, the student should report the matters to any of the following: Program Director; MSGME Administrator, Associate Dean/Director, or Dean; Director of Diversity; or Department of Human Resources. This policy also applies to students or anyone who has witnessed harassment or have had incidents of harassment reported to them. An investigation will follow and the appropriate action taken after a review by designated members of Administration or the educational program's governing committee.

Adverse Accreditation Actions, Residency Closure/Reduction Policy

Mayo School of Graduate Medical Education will inform residents in writing of confirmed adverse accreditation actions taken by the Accreditation Council for Graduate Medical Education. If Mayo should begin the process of closing a residency training program, the residents will be informed as early as possible. MSGME will make every effort to enable residents in the program to complete their education.

Evaluation

Residents are graded each quarter by faculty with whom they have been assigned. These grades are recorded in the Mayo School of Graduate Medical Education office. If desired, the resident may review the grades with his or her adviser, program director, the applicable Associate Dean, Director, or a Mayo School of Graduate Medical Education representative. Unsatisfactory performance will likely result in probation and/or termination.

Licensure

All appointments require that an individual has successfully matriculated from an approved Medical School. Residents must hold before the beginning date of training, a valid medical license or be registered with the Medical Licensing Board as is applicable under the laws of the State. All residents **are required** to obtain and maintain the appropriate medical license while enrolled in the Mayo School of Graduate Medical Education. Failure to meet applicable eligibility requirements without delay and obtain and maintain a residency permit followed by a medical license, will result in one or more of the following:

- Delay or revocation of appointment;
- Preclude advancement to the next postgraduate level;
- Preclude continuation in the residency program;
- Disciplinary action for non-academic deficiency.

USMLE III must be taken by May 1 of the G1 year of accredited training for US/Canadian graduates. International graduates must take USMLE III by May 1 of the G2 year of accredited training. Appointees who fail any step of USMLE three times or fail to pass within 12 months of the first attempt will not be appointed to or allowed to remain in MSGME beyond the current academic year.

Minnesota Background Studies

Minnesota Statutes require background studies to be completed on all individuals who provide direct patient contact services in facilities licensed by the Minnesota Department of Health (MDH). As defined,"direct contact"means providing face-to-face care, training, supervision, counseling, consultation, or medication assistance. If an individual is found to be convicted of serious criminal offenses, such as assault, criminal sexual conduct, etc., the individual will be disqualified from positions with direct contact. Hence, all appointees who will be participating in Minnesota patient care will be required to complete the background study.

Program Policies *(continued)*

Stipend and Benefits

The Mayo Foundation seeks and selects persons for appointment, employment or admission - and to train, advance, promote, Benefits are provided to appointees in programs of one year or longer. For more information about any of your benefits, please contact the Human Resources Employee Service Center at 507-266-0440. The following table contains a brief summary, including the current (2008) stipends. Your Welcome Folder contains additional details.

Please access the Mayo Clinic College of Medicine for Compensation and Benefits package and Resident Policies: http://www.mayo.edu/msgme/documents/msgme-summary.pdf

Stipends (Effective date: June 25, 2008)
(Bi-weekly gross pay equals stipend divided by 26.1)

PGY-1	$46,063
PGY-2	$47,907
PGY-3	$49,890
PGY-4	$51,976
PGY-5	$54,218
PGY-6	$56,280

Stipends are typically increased in July annually.

Stipend level will be increased annually on the anniversary date of the commencement of the residency based on the continuation in the program at the next level of training. The increase will be dependent on satisfactory performance of assigned duties by the resident and satisfactory evaluations by the program director and faculty.

Mayo offers a choice of health plans which vary in contributions made by the resident/Mayo and in coverage amounts. Other benefits include: 15 working days of vacation per year, dental assistance plan, dependent and health-care reimbursement accounts, adoption reimbursement, paid and unpaid leaves of absence, tax-deferred annuity plans, meal subsidy for on-call residents, and parking & inter-campus shuttle.

(Please note that the data in this table reflects values as of June 25, 2008. Some values may be revised prior to July, 2009.)

Curriculum Overview

Curriculum at a Glance 2008 - 2009

	Rotations									
	Psychiatry				Internal Medicine**		Family Medicine**		Neurology**	
PGY 1*	ER Psychiatry 2 month	CAP 1 month IP	Adult Psychiatry 3 months*** (Acute Adult & Med Psych) IP		1 month ER	1 month IP	1 month OP	1 month IP	1 month OP	1 month IP
PGY 2*	SMH/RMH Consultation- Liaison Psychiatry 2 – 3 months***	"Helo" PRC ECT NDC OP	Float 1 – 2 months***	Addiction Psychiatry 1 – 2 months OP	ER Psych 1 month	Adult Psychiatry 3 – 4 months*** (Acute Adult & Medical Psych) IP			Child & Adolescent (CAP) 1 – 2 months*** IP	
PGY 3	Outpatient Psychiatry 12 months (Includes rotations in specialy outpatient services including the Mood Disorders Clinic, the Psychiatry and Psychology Assessment Service, the Outpatient Addictions Service, the Intensive Outpatient Program, and Community Psychiatry. Options for rotations in Community Psychiatry include the Federal Medical Center, Kasson Family Medicine Clinic, and the Rapid Access Clinic.									
PGY 4*	Electives 7 months (May include rotations within or outside of the Mayo Health System)					ECT 1 month	IOP 1 month	Senior Resident Associate**** 3 months		

Key: **CAP** – Child & Adolescent Psychiatry; ECT – Electroconvulsive Therapy; **IOP** – Intensive Outpatient Program; **IP** – Inpatient; **NDC** – Nicotine Dependence Center; **OP** – Outpatient; **PRC** – Pain Rehabilitation Center; **SMH** – St Marys Hospital; **RMH** – Rochester Methodist Hospital

* The sequence of rotations for an individual resident within each year will vary but the amount of time devoted to each area is fairly consistent.

** A portion of this training may take place in Pediatrics or Pediatric Neurology for those interested in child and adolescent psychiatry.

*** Over the first two years, the time spent in the primary areas will be fairly uniform, but you may have an opportunity to spend an additional month in a particular area of interest. Assignment requests are welcomed and honored whenever possible.

**** The PGY 4 resident may choose a combination of rotations serving as the Senior Resident Associate on any of the three inpatient units, the Intensive Addictions Program or the C/L service.

N.B. The Child & Adolescent Psychiatry and Research Tracks are not reflected in the overview above. Please see pages 8 – 9 for details of these options.

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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, 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.

The psychiatry board exam is administered in two parts. If a candidate passes Part I (the written exam), the board invites him to sit for Part II (the oral exam) within the next year. Among recent graduates who have taken both parts of the exam, 95% of our graduates have earned board certification (this compares to a national average pass rate of ~ 75%.)

Forget graduation and the boards. Will I survive my internship?

The odds are clearly in your favor. Our goal is to schedule each first-year resident on a psychiatry rotation in July and, when possible, in August as well. This gives you a chance to work with your new colleagues and get to know one another before embarking on your non-psychiatry rotations. It also enables you to participate in the introductory curriculum that equips you with the fundamentals of emergency psychiatry. Your first year will be divided between six months of psychiatry and six months of primary care medicine and neurology. A portion of the primary care and neurology experience can be taken in pediatrics if you are interested in pursuing child and adolescent psychiatry.

The typical (adult) neurology experience consists of one month of outpatient neurology with outstanding teaching from a premier department at Mayo (and no on-call or weekend responsibilities), and one month of inpatient neurology (taking call every 4th night together with supervision from an in-house senior neurology resident). Similarly, the two months of family medicine are also split into an outpatient month (with no on-call or weekend responsibilities) and an inpatient month (taking in-house call every 4th night with telephone supervision from the senior family medicine resident).

One month of internal medicine is spent on a geriatric inpatient service at St. Marys Hospital working one-on-one with an internal medicine hospitalist consultant with

minimal call responsibilities. Lastly, the second month of internal medicine is spent on their Emergency Medicine service which has the advantages of a strong didactic curriculum, a focus upon accurate assessment and triage, and the absence of on-call responsibilities.

The on-call obligations during your psychiatry months will vary from no on-call to approximately every 7th evening or weekend day. More details about taking call while on psychiatry rotations are provided below.

Is it possible to do more than just "survive" the first year?

Yes. When the resident representatives on the education committee were asked for their perspective on the residency brochure, they responded that it does not capture the "tremendous opportunities" for learning that characterize the first year – a year when you spend half of your training with outstanding sister services in a truly integrated multi-disciplinary practice. Although first-year residents may initially shudder at the prospect of several months of primary care medicine, they almost always emerge on the other side feeling much more secure caring for sick patients and glad for the excellent teaching they received on the non-psychiatric rotations.

One of the unique strengths of Mayo Clinic is the integration between psychiatry and the remainder of medicine. When you train here, you do not surrender your identity as a physician. Rather, you learn to exercise your psychiatric skills shoulder-to-shoulder with your medical colleagues.

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Frequently Asked Questions *(continued)*

How are your didactics organized over the four-year span of the program?

In 2001 the program unveiled a redesigned curriculum that was both more cohesive and comprehensive. Each successive year, we have "tweaked" this curriculum a little further. In 2005 we completed the transition to a curriculum that consists of four progressive didactic tiers. The PGY 1s receive a year-long series devoted to the fundamentals of mood, anxiety, psychotic, substance, sleep and developmental disorders. The PGY 2s & 3s expand upon this foundation by learning the various psychotherapies, psychopharmacology, further developmental issues including personality structure and other topics ranging from ECT and TMS to the use of dreams in psychotherapy. Lastly, the PGY 4s have an advanced series of topics ranging from cross-cultural issues to psychogenomics and transition to practice. The neurology staff also provide a series each fall covering the fundamentals of neurology.

Half of each Tuesday (12:15 PM – 4:30 PM) is now devoted to education. This begins with the weekly Grand Rounds and is followed by an interactive, integrative seminar format with each class meeting individually with their seminar leader who remains with them throughout the academic year. By pairing the "didactic afternoon" with Grand Rounds, we have been able to take advantage of the generosity of well-known Grand Rounds speakers who often remain for the afternoon and offer special lectures or seminars for the residents. The afternoon is closed with the didactic series described above.

In addition to the above, the PGY 1s have a special introductory series of lectures and seminars in July and August designed to provide the basic tools for comfortable practice in the Emergency Room and on the inpatient units. During this time, the PGY 2s have a series designed to emphasize the skills of evidence-based medicine and the PGY 3s and 4s have a mini-board review.

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

We believe that protecting this time will pay off in better learning. We also found that simply requesting that nursing stations not call residents during didactics is not sufficient. In 2004 the consultants began covering all new admissions to the inpatient units on Tuesday afternoons. This is in addition to consultants who are designated to cover emergency calls during the weekly didactic afternoon. In this way, the inpatient residents are protected from clinical interruption while they attend didactics and the senior residents do not need to attend to outside patient responsibilities either. Residents return to their units after didactics to tidy-up loose ends and complete unfinished work. The evening on-call resident then assumes coverage for new direct admissions that arrive after 4:30 PM.

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

Call duties vary by service assignment:

On the Emergency Psychiatry service there is no overnight call, but at least two residents share coverage including 8:00 AM to midnight on weekdays and 2:00 PM to midnight on weekends. In 2006, an additional resident was added to the service to provide coverage 7 days/week, which has substantially reduced the workload for the on-call resident.

On the C/L service, there are no night call duties.

On the adult inpatient psychiatry units, the PGY 1s & 2s assigned to these teams take call from 5:00 PM to midnight on a rotating basis (i.e., approximately every 7th night). When the call day falls on a weekend, the resident takes call from 8:00 AM to midnight. Junior residents are "on call" for the remainder of the night at home for those occasions when the senior resident needs additional help. The junior residents are expected to leave the hospital the following day by 1:00 PM, to ensure compliance with the new ACGME guidelines regulating work hours. Although junior residents do not take on new responsibilities (e.g., admissions) after midnight unless the senior resident is "swamped" they may remain to complete unfinished work. There is a private on-call room provided should you wish to sleep at the hospital – needless to say, most individuals prefer to go home.

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Frequently Asked Questions *(continued)*

"Overnight call" is provided by the PGY 3 residents who serve from 8:00 PM to 8:00 AM on a rotating basis (typically every 7th night); these residents have a "recovery day" (i.e., free from all other responsibilities) on the day following their call-night. As you can see, there is overlap in the evenings as multiple residents are in-house at the same time.

While doing the ER rotation, PGY 1 residents have immediate back-up from the ER psychiatry consultant during the day and a PGY 4 or a consultant during the evening. PGY 1 & 2 residents on-call in the evenings have back-up from either the Chief Resident, the Senior Resident on-call (who is also in-house after 8:00 PM), or the Consultant on-call. And the Chief Resident and Senior Residents always have back-up from a Consultant.

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

In the past, all residents were expected to "pick up and carry" at least two or three long-term psychotherapy patients during their PGY 3 year. Believing that this was an unnecessary delay each PGY 2 resident is now assigned a psychotherapy supervisor (with whom the resident meets for one hour each week) at the beginning of the year. Our goal is to enable residents to become comfortable with this treatment modality much earlier in training. Although occasional PGY 1 residents have chosen to begin working 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.

With an eye to further supporting the PGY 2s as they begin active engagement with psychotherapy patients, the PGY 2 seminar was restructured in 2005 to emphasize an introduction to fundamental psychotherapeutic concepts. In this way, residents grow into the skills necessary for effective psychotherapy through formal didactics, interactive seminars, clinical experience and individual supervision.

In 2003, we instituted a weekly Psychotherapy Clinic 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 Clinic is held each Thursday afternoon; all PGY 3s are expected to attend (and take turns presenting patients) but everyone is invited and currently PGY 1s, 2s, & 4s also 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. In this "age of the brain" it is imperative that psychiatrists remain well-rounded physicians who also understand the importance of healing the wounded soul whenever possible.

I heard that one of your residents was in prison. What's that all about?

The Federal Medical Center is currently an elective opportunity for PGY-3 or PGY-4 residents who are United States citizens. PGY-3 residents typically spend an afternoon per week at the FMC while PGY-4 residents rotate there for a month. One of the little-known facts about Rochester is that it is home to one of only seven Federal Medical Centers for male inmates in the nation. For some residents, this has been a welcome weekly opportunity to step outside of Mayo because of the unique forensic experience, excellent teaching by the prison psychiatrists, and unusual patient population. The Federal Medical Center is currently an elective opportunity for both PGY 3s (e.g., an afternoon once a week) or PGY 4s who typically spend an entire month or two at the prison.

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

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Frequently Asked Questions *(continued)*

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 his 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 her post-call day.

Is mentoring a theoretical concept or a practical reality at your program?

The majority of Mayo consultants are clinicians, first and foremost. They are not buried in their laboratories or pressured to submit yet another grant to ensure their salary. And when we speak to our graduates, they often mention the relationships they developed with faculty during their training as the most valued aspect of their Mayo years.

When you examine the list of posters and articles that Mayo residents have produced, you will often see the names of one or more consultants…after the resident's name. And most residents will be happy to tell you of consultants who gave them suggestions for projects, provided guidance along the way, and gladly let the resident take "first billing" when the poster or paper finally came to fruition.

How are resident requests for leave or vacation handled? How does the program respond when a resident is away from a given service (i.e., do the remaining residents simply "suck it up"?) 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.

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

Residents meet once a month at noon (lunch is provided) to review updates and discuss current program issues with one another, the Chief Resident, and the Program Director. Residents also elect two representatives for membership on the Adult Psychiatry Education Committee. In the spring of each year, there is an off-campus resident retreat with the Chief Resident for reviewing and evaluating the training program. Discussions at the past three 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 feedback to individual faculty. (This feedback is performed at annual intervals so that multiple evaluations are combined to preserve resident anonymity.

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Frequently Asked Questions *(continued)*

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. (See the newsletter 'Source' in your folder for an example of the cultural and recreational opportunities supported by Mayo.)

Are your residents happy? Would they choose another program if they had it to do over again? What one thing would your residents change about this program if they had a chance?

You will get the best answer by asking the residents themselves! That is our purpose in arranging for two meals with residents during your visit to Mayo. If questions arise after your visit that you would like to be answered by a resident, feel free to e-mail or call either Dr. Victoria Passov or Dr. Kristin Somers any of the residents you may have met during your visit. Their e-mail addresses are: passov.victoria@mayo.edu and somers.kristin@mayo.edu or they can be reached via the Mayo operator at (507) 284-2511. If you have questions you would like to address to the Program Director, or any of the other consultants you have met, please feel free to e-mail or call either Dr. Rohland or Dr. Couser, the interim Associate Program Director. Their e-mail addresses are: rohland.barbara@mayo.edu and couser.gregory@mayo.edu. Both of them can be reached via Ms. Georgina Rink at (507) 284-0325.

That said, morale has been good. If the residents could change one thing about the program, it would probably be its location. Although Rochester is highly rated as a small city, and some residents deliberately look for a program that can also ensure good schools and other amenities for family members, there are some trade-offs inherent in choosing to spend four years away from an urban center. (Like fresh air, no traffic, safe neighborhoods…?) Oh, and then there is the fact that winters are chilly here. Seriously, a small city in the upper midwest has its pros and cons, as does a large city on either coast. We want you to enjoy where you choose to train, so be sure to talk with the residents and don't be shy with your questions.

Are you actually suggesting there is an upside to living in Rochester?

Current residents have discovered a number of pleasant surprises upon moving to Rochester. The cost of living is substantially lower than in larger cities, enabling many residents to actually buy homes during their training. And for people accustomed to spending an hour or more commuting to various hospitals during medical school, it is refreshing to know that you can get anywhere in the city within 15 – 20 minutes. Rochester also has an elaborate network of parks connected by jogging paths and bike trails. In the winter, it is not uncommon to see folks cross-country skiing on the local golf courses and other trails. Rochester also offers a selection of affordable private schools and a public school system that is highly respected. Your initial invitation letter included several websites you might find helpful in evaluating the quality of life in Rochester.

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?

There is a sense of collegiality among the residents in our program that involves patient care and extends to social gatherings outside of work. This is not to say that residents never have differences of opinion or that your four years will be a flawless run free of friction. There is invariably a bump or two in the road but the predominant tenor within our program has been collegial and healthy. Some residents' dogs are even on a first-name basis within the program.

Residents have the opportunity to interact with each other

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Frequently Asked Questions *(continued)*

on both an informal and formal basis. We have a "Big Brother/Big Sister" program where each PGY 1 is offered a PGY 2 or PGY 3 who acts as a mentor. Some residents have made active use of this program; others have not. There is a monthly movie club where residents have a chance to relax away from work by having dinner, watching a movie and discussing it together has proven popular. The movies chosen have been both current and classic. Each month, the residents invite one of the consultants to attend

and serve as facilitator for the discussion.

How are co-curricular activities supported by your program (i.e., research, organized medicine, off-site rotations, and community service)?

Residents are actively encouraged to participate in various research options. Residents may serve on various state and national committees and, when elected to such positions, Mayo supports their attendance at necessary meetings.

Off-site rotations are allowed; these must be approved by the Mayo School of Graduate Medical Education and most are reserved for use during elective months. Rotations to Mayo Jacksonville and Mayo Scottsdale are fully funded by Mayo (including travel and lodging expenses) whereas other rotations typically incur some expense which the resident must bear.

Mayo also sponsors an International Health program enabling residents to rotate overseas, providing humanitarian service while gaining valuable cross-cultural experience. Residents have expanded their training experience in a variety of ways: some have chosen to moonlight at a community crisis center or at various community hospitals while others have volunteered for activities such treating patients at the Salvation Army Clinic, serving on the board of the Rochester Women's Shelter, or the National Alliance for the Mentally Ill – Olmsted County. Residents also have ample opportunity to become involved with institutional organizations like the Mayo Fellows Association, or at the state or national level with organizations such as the Minnesota Psychiatric Society, the Minnesota Medical Association, or the American Medical Association.

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 extensive resources 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. The following are examples of posters and oral presentations from the past three years:

Dr. Scott Albin gave an oral presentation at the 2008 APA/AATP in Washington, DC titled, "MayoGoogle".

Dr. Bergina Brickhouse gave an oral presentation at the PCAM Child Abuse Meeting in St. Paul, MN titled: Creating, Funding and Evaluating Support Groups for Parents in 2008

Dr. Bergina Brickhouse gave an oral presentation, "Effectiveness of Parental Support Group in Decreasing Parental Stress and Dysfunctional Parent-Child Interactions" at the National Medical Association Meeting in Atlanta in 2008.

Dr. Ranji Varghese gave a poster presentation, "Comparative Value of Actigraphy Verus Sleep Logs, at the 2008 National Academy of Sleep Medicine in Baltimore, MD.

Dr. Anna Yurchenko gave an oral presentation at the 2008 APA in Washington DC titled, "To treat or not to treat: Prescribing medications with abuse potential to a patient with chemical dependency and mood disorder".

Dr. Gen Shinozaki presented a poster at the 2008 APA in Washington DC titled: Limited Associations of the Serotonin Transporter Gene Polymorphism (5HTTLPR) with Characteristics of Depressed Inpatients".

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Dr. Abby Coy gave a poster presentation at the 2008 American Neuropsychiatric Association titled, "Poster presentation: Manganese Neurotoxicity, Frontal Subcortical Circuit & Neuropsychiatric Symptoms" in Savannah, GA.

Dr. Kristin Somers gave a poster presentation at the 2008 Academy of Psychosomatic Medicine Annual Meeting in Miami Beach, FL titled, "The K's the Thing: A Case of VGKC LE".

Dr. Jennifer Vande Voort gave a poster presentation at the 2008 AACAP meeting in Chicago titled: "Exposure Therapy for Childhood Anxiety in the Clinical Practice Versus an Empirically Supported Manual".

Dr. Reba King gave poster presentation titled, "Can Infliximab induce depression?" at the Acadamy of Psychosomatic Medicine Annual Meeting in Orlando, FL.

Dr. Scott Albin and Dr. J.J. Rasimas presented, "ECT in Patients Taking Prednisone: Are 'Stress Doses' of Steroids Needed on the Days of Treatment?" at the 2007 Association for Electroconvulsive Therapy Annual Meeting, San Diego, CA.

Dr. Scott Albin presented, "Psych-Google: Using a Google Customized Search Engine as a Teaching Tool for Evidence Based Psychiatry" at the 2007 Association of Academic Psychiatry Annual Meeting, Boston, MA.

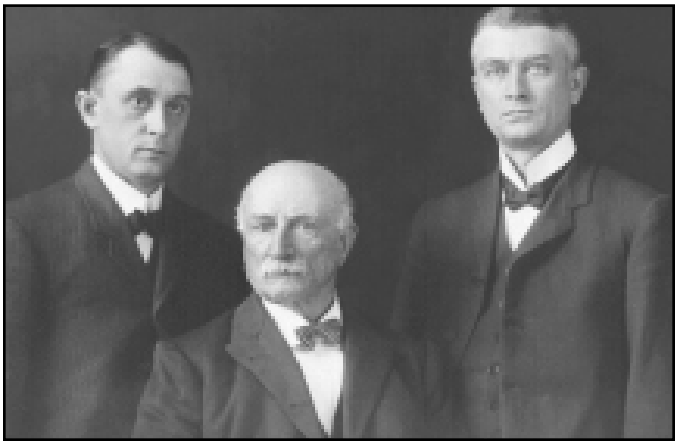
Dr. Scott Albin presented, "Beyond Static Websites: More Ideas for Department Information Sharing" at the 2007 American Association for Technology in Psychiatry, San Diego, CA.

Dr. Lonnie Borgerding presented two posters, "Parental Worry and Overprotection Among Adolescents with Anorexia, Anxiety and Controls" and, "A Useful Screening Tool for Pediatric Anxiety Disorder Symptoms" at the 2007 American Academy of Child & Adolescent Psychiatry Annual Meeting, Boston MA.

Dr. Bergina Brickhouse presented "Creating a Loving Home Environment" at the 2007 Child Abuse Prevention Conference, St. Paul, MN.

Dr. K. Chase Miller presented, "Neuropsychiatric Manifestations of SREAT in Geriatric Patients: Case Description and Review" at the 2008 American Association for Academy of Psychosomatic Medicine, Miami, FL..

Dr. Victoria Passov presented, "Analysis of Transfers to Medical / Surgical Units Within 48 hrs of Admission to the Medical Psychiatry Unit" at the 2007 Academy of Psychosomatic Medicine Annual Meeting, Amelia Island, FL.



Dr. Candace Lyn Perry presented, "Psychiatric Risk Factors in Geriatric Kidney Transplant Recipients" at the 2007 Academy of Psychosomatic Medicine Annual Meeting, Amelia Island, FL.

Drs. J. J. Rasimas, Christina Wichman, and Sandy Rackley gave a workshop titled, "'I Don't Know, Ask the Chief' - The Role of Chief Resident in Psychiatry Residency Training" at the 2007 American Association of Directors of Psychiatric Residency Training Annual Meeting, San Juan, PR.

Dr. J. J. Rasimas presented, "The C/L Psychiatrist as Toxicologist: An Illustrative Case" at the 2007 American Psychiatric Association Annual Meeting, San Diego, CA.

Dr. J. J. Rasimas presented, "Seizure Length in ECT: A Normative Study" at the 2007 American Psychiatric Association Annual Meeting, San Diego, CA.

Dr. J.J. Rasimas and Dr. Sandy Rackley presented, "'Tell me about your grandkids...' - An Efficient Probe in the Mental Status Examination of Older Patients" at the 2007 Academy of Psychosomatic Medicine Annual Meeting, Amelia Island, FL.

Dr. Gen Shinozaki presented, "Suicide in Japan: A Case of a Pediatrician" at the 2007 Academy of Organizational and Occupational Psychiatry, Chicago, IL.

Dr. Gen Shinozaki presented, "Current Practice of Genotype Testing in Clinical Psychiatry in USA" at the 2007 Japanese Society of Clinical Neuropsychopharmacology Annual Meeting, Osaka, Japan.

Dr. Kristin Somers presented, "Prevalence of Executive Dysfunction in Elderly Depressed Inpatients" at the 2008 American Associatin of Geriatric Psychiatry's annual meeting in Orlando, FL.

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Frequently Asked Questions *(continued)*

Dr. Ranji Varghese presented, "The Safety of Electroconvulsive Therapy in Patients with Severe Aortic Stenosis" at the 2007 American Psychiatric Association Annual Meeting, San Diego, CA.

Dr. Christina Wichman presented, "A Case of Venlafaxine Induced Galactorrhea" at the 2007 Academy of Psychosomatic Medicine Annual Meeting, Amelia Island, FL.

Drs. Christina Wichman, J. J. Rasimas, Sandy Rackley and Pamela Netzel gave a workshop titled, "Preparing Psychiatry Residents for the 'Real World': A Practice Management Curriculum" at the 2007 American Association of Directors of Psychiatric Residency Training Annual Meeting, San Juan, PR.

Dr. Christina Wichman gave two presentations titled, "Prevalence of Selective Serotonin Reuptake Inhibitor (SSRI) Use in Pregnant Women," and, "Selective Serotonin Reuptake Inhibitor Use in Pregnancy and Fetal Outcomes" at the 2007 American Psychiatric Association Annual Meeting in San Diego, CA.

Dr. Anna Yurchenko presented "Frontotemporal Dementia Masquerading as a Geriatric 'Functional' Disorder" at the 2007 American Association for Geriatric Psychiatry Annual Meeting, New Orleans, LA.

Dr. Sandy Rackley presented, "Depression as a Phenotype: The Eight D Differential for "Depression" Consultations in Medical and Surgical Inpatients" at the 2006 Academy of Psychosomatic Medicine Annual Meeting, Tucson, AZ.

Dr. Jeff Bucci presented, "A Case Report of Naltrexone Used to Treat Compulsive Internet Use of a Pseudo Non-paraphilic Sexual Nature" at the 2006 Academy of Psychosomatic Medicine Annual Meeting, Tucson, AZ.

Dr. J. J. Rasimas and Dr. Sandy Rackley presented, "A Case of Complex Psychiatric Comorbidity in Myotonic Dystrophy" at the 2006 Academy of Psychosomatic Medicine Annual Meeting, Tucson, AZ.

Dr. Kathryn Schak presented, "Review of Autoimmune Encephalopathies and Presentation of an Adolescent Female" at the 2006 Annual Meeting of the American Academy of Child & Adolescent Psychiatry, San Diego, CA.

Do residents get involved in writing and publishing their work?

Although a few residents remain clinically focused throughout their training, many others engage in a variety of research projects ranging from a review of the world's literature on a particular malady sparked by a patient for whom the resident cared to original clinical research. Others join projects already in progress or partner with a faculty member to write a textbook chapter.

The following list illustrates the range of publications recently authored by Mayo psychiatry residents (indicated in bold type).

Wichman CL, Fothergill A, Moore KM, Lang TR, Heise RH, Watson WJ. "Recent Trends in Selective Serotonin Reuptake Inhibitor Use in Pregnancy." Accepted to J Clin Psychopharm May 2008.

Wichman CL, Moore KM, Lang TR, St. Sauver J, Heise RH, Watson WJ. "Congential Heart Disease associated with Selective Serotonin Reuptake Inhibitor Use in Pregnancy." Submitted to *Mayo Clin Proc June* 2008.

Schak KM, Mueller PS, Barnes RD, Rasmussen KG. The safety of ECT in patients with chronic obstructive pulmonary disease. *Psychosomatics* 2008 May-Jun; 49(3):208-11

Borgerding, L.A., Whiteside, S.P., and Brown, A.M. (2008) Parenting Behavior and Childhood Anxiety: An Investigation of the EMBU-C in Clinically Anxious Children. Currently under review by the *Journal of Psychopathology and Behavioral Assessment*

Melin GJ, **Somers KJ,** Thanarajasingam G, Couser GP, Reese MM. A reverend's tale: Too tragic to be true? *Current Psychiatry* 2008; 7:110-120.

Rasmussen KG, **Albin SM,** Mueller PS, Abel MD. Electroconvulsive therapy in patients taking steroid medication: Should supplemental doses be given on the days of treatment? *J ECT* 2008;24(2):128-130.

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Albin S, Stevens S, Rasmussen K: Blood pressure before and after ECT in hypertensive and non-hypertensive patients. *Journal of Electroconvulsive Therapy*. 2007.

Dolenc TJ, Rummans TA: Psychosis in patients with brain tumors in, The Spectrum of Psychotic Disorders: Neurobiology, Etiology & Patho-genesis. Fujii D & Ahmed I, Editors. Cambridge University Press. 2007.

Dolenc TJ, Rummans TA: Psychosis in Patients with Brain Tumors in, The Spectrum of Psychotic Disorders: Neurobiology, Etiology & Pathogenesis. Fujii D & Ahmed I, Editors. Cambridge University Press. 2007.

Dolenc T, Habl S, Barnes R, Rasmussen K: ECT in patients taking monoamine oxidase inhibitors. *Journal of Electroconvulsive Therapy*. 2007.

Dolenc TJ, Philbrick KL: Achieving competency in ECT: A model curriculum. *Academic Psychiatry.* 2007.

Rasmussen K, **Lunde ME,** Lee EK: Patients who develop epilepsy during extended treatment with electroconvulsive therapy. Seizure: European Journal of Epilepsy. 2007.

Rasimas JJ, Stevens SS, Rasmussen KG: Seizure length in ECT as a function of age, gender, and treatment number; *Journal of Electroconvulsive Therapy*. 2007.

Somers KJ, Philbrick KL: Sexual dysfunction in the medically ill. *Current Psychiatry Reports*. 2007.

Mueller PS, Barnes RD, **Varghese R,** Nishimura RA, Rasmussen KG: The safety of electroconvulsive therapy in patients with severe aortic stenosis. *Mayo Clinic Proceedings*. 2007.

Hart D, Alarcon RD: Cultural issues in the Emergency Setting. *Psychiatric Issues in Emergency Care Settings*. 2006.

Magid M, Cunningham JL, Netzel PJ: A Concise Guide to Psychotropic Medications: Laboratory Testing, Patient Warnings, and Drug Interactions: Part I of II. *Biological Therapies in Psychiatry*. 2006.

Perry CL, Lapid MI, Richardon JW: Ethical dilemmas with an elderly Christian Scientist. *Annals of Longterm Care*. 2007.

Perry CL, Lindell EP, Rasmussen KG: ECT in patients with arachnoid cysts. *Journal of Electroconvulsive Therapy.* 2007.

Perry CL, Lapid, MI, Richardon JW. Ethical dilemmas with an elderly Christian Scientist. *Annals of Longterm Care*. 2007.

Rasmussen KG, **Perry CL**, Sutor B, and Moore KM: ECT in patients with intracranial masses. *Journal of Neuropsychiatry and Clinical Neurosciences*. 2007.

Magid M, Cunningham JL, Netzel PJ: A Concise Guide to Psychotropic Medications: Laboratory Testing, Patient Warnings, and Drug Interactions: Part II of II. *Biological Therapies in Psychiatry*. 2006.

Magid M, Dodd ML, Bostwick M, Philbrick KL: Capacity assessment: Is your patient making the wrong treatment choice? *Current Psychiatry*. 2006

Mrazek DA, **Rasimas JJ:** Genomic Testing and Consultation Liaison Psychiatry in, Psychosomatic Medicine. Blumenfield M & Strain JJ, Editors. Lippincott, Williams, and Wilkins, 2006.

Rapuri SB, Ramaswamy S, Madaan V, **Rasimas JJ,** Krahn LE: 'WEED' out false-positive urine drug screens. *Current Psychiatry*. 2006.

Rasimas JJ, Burkhart KK: Cardiac conduction disturbances after an overdose of nefazodone and gabapentin. *The Am J of Emergency Medicine*. 2006.

Rasmussen K, **Lunde ME,** Lee EK: Electroconvulsive therapy in patients with epilepsy. *Epilepsy & Behavior*. 2006.

Mueller PS, **Schak KM**, Barnes RD, Rasmussen KG: The safety of electroconvulsive therapy in patients with asthma. *The Netherlands Journal of Medicine*. 2006.

Shinozaki G: To Accomplish Medical Care "Truly for the People"– Learning from Comparison Between US and Japan in, Psychiatric Diseases – Depression and More. (Japanese). Machi J, Miyagi S, Editors. Nihon Iryo Kikaku. 2006.

Sola CL, Bostwick JM, **Hart DA**, Lineberry TW.: Anticipating potential linezolid-SSRI interactions in the general hospital setting: an MAOI in disguise. *Mayo Clinic Proceedings. 2006*.

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Frequently Asked Questions *(continued)*

Mayo residents have received a variety of internal and external awards. The following is a *partial* listing of awards earned since 2006:

Dr. Sandy Rackley is the recipient of the 2008 Laughlin Fellowship Award, one of ten psychiatric residents from the US and Canada chosen by the American College of Psychiatrists. The award includes travel to two annual meetings of the American College of Psychiatrists.

Dr. J.J. Rasimas was the recipient of the 2007 Laughlin Fellowship Award.

Dr. Michelle Magid was the recipient of the 2006 Laughlin Fellowship Award.

Dr. Scott Albin received the 2007 American Academy of Child & Adolescent Psychiatry Education Grant to attend the AACAP annual meeting in Boston, MA.

Dr. Anna Yurchenko received the 2008 AACAP Educational Outreach Program for CAP Residents to attend the AACAPP annual meeting in Chicago, IL.

Dr. Anna Yurchenko received the 2008 13th Annual Research Colloquium for Junior Investigators 5/3-4 to attend the APA Meeting in Washington DC.

Dr. Anna Yurchenko received the GlaxoSmithKline SCA 102833 Ir to attend the 2008 Investigator Meeting in Atlanta, GA.

Dr. Gen Shinozaki is recipient of the 2008 William Webb Fellowship with attendance at the 2008 and 2009 Academy of Psychosomatic Medicine Annual Meeting

Dr. Bergina Brickhouse has received travel award from the Minority Research Training in Psychiatry Program to attend the 2007 American Psychiatric Association annual meeting in San Diego, CA.

Dr. Dionne Hart received 2007 Philip J. Resnick Scholar - American Academy of Psychiatry and the Law travel award to attend the Midwest Chapter Meeting in Chicago, IL..

Dr. Candace Lyn Perry was selected as the 2007 American Association of Geriatric Psychiatry Fellow which is a two-year fellowship and includes attendance at the annual meetings in New Orleans, LA (2007) and Orlando, FL (2008).

Dr. J.J. Rasimas received the 2007 Best New Research Presentation Award from the Association for Convulsive Therapy in San Diego, CA.

Dr. Kristin Somers was selected for the American Association of Geriatric Psychiatry Stepping Stones Program and attended the annual meeting in New Orleans, LA in 2007.

Dr. Sandra Rackley was selected as a Fellow for the 2006-2007 Academic Year from the American Psychoanalytic Association. As part of her award she will attend the June

2007 APSAA meeting in New York, NY and June 2008 meeting in Denver, CO.

Dr. Dionne Hart was elected to the American Medical Association House of Delegates in 2006. Dr. Hart will represent the resident physicians of Minnesota at the upcoming meetings in Chicago, IL and Honolulu, HI.

Dr. Michelle Magid was awarded the designation of "Poster of Distinction" given to the top 10% of posters at the meeting of the World Transplant Congress in Boston, MA in 2006.

Dr. Scott Orth received an AACAP Education Outreach Program (EOP) scholarship to attend the AACAP 53rd Annual Meeting in San Diego, CA in 2006.

Dr. Dionne Hart was selected as the 2005-2006 American Psychiatric Association/Shire Child and Adolescent Psychiatry Fellow and attended the American Psychiatric Association meeting in Atlanta and attended the 2006 annual meeting in Toronto, ON.

Are there options for your residents to spend additional time doing research? Does your program have an integrated research track?

Our residency program has always encouraged and supported resident participation in research, but a few years ago we reevaluated whether our program provided the necessary structure for those interested to pursue a research career in academic psychiatry. As a result, we developed an integrated research track, which allows residents to have early exposure to research and to systematically develop their knowledge and research skills while also meeting the educational goals of general psychiatry training. The application process typically starts in the PG 2 year while the resident also identifies a formal research mentor. If accepted into the track, approximately 20% of the PG 3 year and 50 - 60% of the PG 4 year is dedicated to research (see page 9 for further details).

A Quick Wrap

Mayo Clinic

- Something of a medical metropolis: 3,057 staff physicians & scientists; 3,208 residents and students, and 41,892 administrative and allied health staff.
- Singular work ethic amongst support staff who take genuine pride in working at Mayo.

Clinical Wealth

- We may be in the cornfields, but consider this: 513,300 different patients were seen in 2005.
- St. Marys Hospital has 1,157 beds; Rochester Methodist has 794 beds; Generose has 87 beds.
- Translation: A vast number of patients with diverse disorders (132,000 admissions in 2005).
- A broad range of psychiatric subspecialties is also present in our faculty's areas of interest.

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 dept.

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!

Quality of Life

- Mayo is a remarkably efficient medical system; this drastically reduces the scut work factor.
- 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. David Mrazek, our Chair, is energized and committed to excellence in education.
- Dr. Lloyd Wells, our Vice-Chair for Education, is strongly supportive of the adult program.
- Dr. Rohland, and the teaching faculty are taking a fully-accredited residency with a 58-year history and continuously reviewing every aspect with determination to make it one of the best available training experiences a prospective resident could possibly choose.

Annual Residency Candidate Handout

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