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

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

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

The Mayo Clinic Psychiatry Residency Program is fully accredited by the Accreditation Council on Graduate Medical Education (ACGME). The program was created in June 1955 and has been providing successive generations of psychiatrists with the foundation for their careers. Successful completion of this program signifies that a graduate has the requisite skills to care effectively for patients, assume a position of responsibility in the psychiatric community at-large, and sit for the examinations of the American Board of Psychiatry and Neurology (ABPN).

The ACGME has approved the Mayo program for 43 residents. The PGY-4 class is typically smaller as several residents transition to pursue Child & Adolescent Psychiatry training.

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

- Addiction Psychiatry
- Child & Adolescent Psychiatry
- Geriatric Psychiatry
- Consultation Liaison Psychiatry
- Mood Disorder Psychiatry

Cosima C. Swintak, M.D.
Program Director

Robert J. Morgan III, M.D., Ph.D.
Associate Program Director
Research Track Director

Kristin J. Somers, M.D.
Associate Program Director
Introduction

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

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

Learn more about the history of Mayo Clinic and its role in establishing medical education.

Program Structure

Program Administration

Within the department, the residency program is supervised by Dr. Cosima C. Swintak (Program Director), Dr. Robert J. Morgan (Associate Program Director) and Dr. Kristin J. Somers. The Chief Residents and the Psychiatry Education Committee (composed of both consultants and residents) give active assistance and counsel. Oversight is provided by Dr. Kristin S. Vickers, Education Co-Chair, and Dr. Bhanuprakash Kolla, Education Co-Chair, who, in turn, report to the Executive Committee and the Chair, Dr. Jeffrey Staub. At the institutional level, the residency program is part of the Mayo Clinic School of Graduate Medical Education (one of the schools within the Mayo Clinic College of Medicine).

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

PGY-1
The first year is a medically-based internship with clinical experience in a variety of fields related to the medical practice of psychiatry. The resident’s rotations will include:

- Internal Medicine: 3 blocks*
  (2 months hospital medicine & 1 Emergency Medicine)
- Family Medicine: 1 block
  (alternating between inpatient and outpatient weeks)
- Neurology: 2 blocks*
  (1 mo. each of outpatient and inpatient)
- Inpatient Psychiatry: 7 blocks
  (divided between Emergency Psychiatry, the Acute Adult Unit, the Medical Psychiatry Unit, Mood Disorders Unit and the Child & Adolescent Unit)

*A portion of this time may be spent in pediatrics or pediatric neurology if the resident is interested in working with children.

PGY-2
The second year is comprised of rotations in Child and Adolescent Psychiatry, Addiction Psychiatry, Acute Adult Psychiatry, Consultation-Liaison Psychiatry, Mood Disorders, Medical/Geriatric Psychiatry, as well as Emergency Psychiatry. There are four weeks available to pursue elective rotations allowing for increased exposure to various practice settings in the second year. 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. Each resident also spends one half day per week in outpatient clinic seeing patients for psychotherapy and medication treatment.

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

PGY-3
The PGY-3 year is dedicated to the development of outpatient skills. This includes learning to perform a comprehensive assessment of the outpatient presenting for the first time as well as complex patients who have come to Mayo seeking a second opinion. The PGY-3 year now includes longitudinal rotations in Mayo’s Behavioral Medicine Psychiatric Clinic and Geriatric Psychiatry Clinics. Additional longitudinal psychiatry rotations are also available during the PGY-3 year. Patients from southeastern Minnesota form the core experience in community psychiatry but residents also evaluate patients who are referred from medical and surgical colleagues at Mayo and thereby provide consultation to patients from around the world. The resident’s supervised clinical work also includes individual psychotherapy. During the third year, the trainee will gain experience with crisis intervention, triage and management of patients coming to the ER or calling in for emergent consultation via phone by working in the Psychiatric Emergency Room in a night float rotation. On average, the trainee will spend one week in seven rotating through the ER. The difference in the PGY-3 ER experience is responsibility and autonomy; a supervising consultant remains available at all times for backup.

PGY-4
The structure of the fourth year provides a dynamic balance between elective flexibility and the vital opportunity to integrate all that a resident has learned in the preceding years. The latter goal is achieved by returning to the inpatient and consultation services but doing so with expanded responsibility for the leadership and teaching of our inpatient teams. The former goal is served by encouraging the use of 10 blocks of elective time for residents to refine skills in a selected area (e.g., psychotherapy, sleep medicine, neuroradiology, behavioral neurology), sample an alternate practice model (e.g., at Mayo Jacksonville or Scottsdale), or pursue a research project. Elective time at the Federal Medical Center (located in Rochester) provides the resident with a unique forensic experience and ongoing exposure to an underserved and often severely ill cadre of patients. An Assertive Community Treatment (ACT) longitudinal rotation is also available. Senior residents also complete rotations in ECT. Most residents also choose electives outside of Mayo (e.g. forensics at other institutions, Veterans Administration hospitals.

“After interview day it was crystal clear to me Mayo is the perfect fit. The curriculum and the learning opportunities are immense, but the values of the institution, the sense of community and the camaraderie among the team stood out to me the most.” Natalia Luna Andrade, PGY-1
Didactic Curriculum

Educational research suggests that learning is optimized when there is both context and active involvement. The didactic curriculum dynamically changes each year to incorporate tenets of adult learning (e.g., senior residents taking a more active teaching role, flipped classroom) and resident feedback. The protected didactics take place one half day per week, during which residents are excused from clinical duties, which are covered by consultants.

In addition to the formal didactics block, residents have protected time to attend departmental Grand Rounds. Additionally, each training class meets for a weekly training level-relevant seminar with faculty.

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

PGY-1 and 2 Didactics
PGY-1 and 2 residents meet together to learn the fundamentals of psychiatric assessment and treatment. They develop the knowledge and skills for a psychiatrist assigned to hospital services and evaluating patients in the emergency room.

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

PGY-3 and 4 Didactics
These didactics are divided into four overarching sections, Psychopharmacology, Nosology and Formulation, Pathophysiology, and Psychotherapy.

PGY-3 and 4 Supplemental Course and Seminar

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

Noon Conference
Journal Clubs are also part of the non-conference series. 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.

Once a week, the residents and hospital faculty gather for case presentation and discussion on interesting patients and vexing clinical dilemmas. Under the senior residents’ leadership, residents take turn presenting cases, providing residents with valuable experience making informal presentations, teaching, and facilitating clinical discussions.

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

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

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

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

Family Medicine Conference
Twice weekly case presentations and general subject reviews are presented.

“Mayo has it all! Patients come first, training is top notch, there is a great balance between supervision and independence.” Deniz Doruk Camsari, Alumna
Neuroscience Course
PGY-3 and 4 residents are invited to join the Neurology residents for a superb neuroscience course consisting of a review of neurobiology, neurochemistry, neuropharmacology, and neurophysiology taught by E. E. Benarroch, MD.

Educational Activities

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

Psychosomatic Medicine, Geriatric Psychiatry and Addiction Psychiatry Journal Clubs & Case Conferences
Each of the subspecialty fellowships sponsor monthly journal clubs to which all residents are invited. The Geriatric and Psychosomatic Medicine fellowships also host case conferences that are attended by residents and faculty alike.

PsychCinema
Residents gather monthly in consultants homes for dinner and a movie. The movies are selected for their relevant psychiatric themes, and residents come away with an appreciation of the themes. A different consultant hosts the event each month and leads a discussion after the movie.

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

Clinical Skills Verification (CSV) is conducted annually in the spring utilizing actual patients as one required step for ABPN board certification. All PGY-2, 3 and 4 residents interview a patient, followed by a case presentation and discussion with examination faculty. We use the Mayo Simulation Center for these exams which enables residents to receive a video clip of their exam for later review with their supervisors.

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

Travel Opportunities
Mayo Clinic School of Graduate Medical Education (MCSGME) recognizes the importance of trainee participation in regional and national professional activities. Such participation develops the individual’s professional competence, broaden knowledge, enhance the individual’s and Mayo’s reputation, strengthen recruitment, and introduce the trainees to professional groups.

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

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

“Mayo provides an academic training program with a diverse patient population in the setting of a small city. However, the people at Mayo are really what make it special. I don’t think you could find a place with nicer people who are always working for the best interest of the patients.” Lauren Phillips, PGY-3
The Mayo residency program offers two optional tracks that allow general residents to invest additional time in Child & Adolescent Psychiatry or Research. Similarly, although formal tracks do not exist, if a resident has a particular interest in another specialty area (e.g., C/L Psychiatry, Community Psychiatry etc.), we will do our best to help the resident gain additional experience in that area.

The Integrated Child & Adolescent Psychiatry Program

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

Distinguishing features of the Integrated CAP Program include:

- Experience in pediatrics and pediatric neurology in the intern year
- Mentoring in the field of child and adolescent psychiatry from the beginning of training
- Access to all CAP seminars and didactics for trainees in the integrated program
- Supervised outpatient experience with a small number of carefully selected children and adolescents from the first year of training
- Seamless transition into the CAP program at any point after the PGY-2 year while meeting all general psychiatry training requirements
- Compatibility with the Research Track. Research in child and adolescent psychiatry is strongly encouraged and supported with mentoring and adequate elective time.
- One attendance trip to the annual meeting of the American Academy of Child and Adolescent Psychiatry (AACAP).
If you have an interest in the Integrated Child and Adolescent Psychiatry program, feel free to mention this when you come for your interviews. Your interest does not obligate you in any way but if you match at Mayo, you will have an opportunity to confirm your interest so that your internship rotation schedule can be designed with your long term goal in mind. If you later choose to apply and are accepted to the integrated program, you will have the option of transitioning to the CAP residency any time after your second year.

Other Interest Areas

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

Community Psychiatry Track (in development)

The Mayo Clinic Psychiatry residency partnered with our Community Psychiatry Division to develop a Community Psychiatry Training Track. Building on the psychiatric patient care foundation developed in the early training years in Rochester, community track residents will join the outpatient community-based practice at Mayo Clinic Health System in Eau Claire, Wisconsin. This regional practice serves a large rural population struggling with access to behavioral health resources impacted by multifactorial social determinants of health. Residents will master the clinical skills to navigate a complex community system of care while learning leadership and interpersonal skills to be an effective team-based community psychiatrist.

Research Track

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

Program structure:

PGY-1:
• Become familiar with the research protocols of the department
• Identify a research mentor in your area of interest
• Clinical schedule is the same as the residents in the general track

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

PGY-3:
• ~20% time dedicated to research (one day/ week)
• Participate in didactic graduate courses, which will include Epidemiology I
• Meet with mentor weekly

PGY-4:
• ~50-60% time dedicated to research (6 - 8 months)
• Meet with mentor weekly
• Present the results of your research at a national meeting

“I was drawn to Mayo Clinic because of the warmth of the people, the rigor of the clinical practice, and the diversity of patients.” Julie Christensen, PGY-2
Meet Your Colleagues

Residents

PGY-1
Ammar G. Almorsy, M.B., B.Ch.
Faculty of Medicine, Mansoura University Governorate
Riddick R. Blocker, IV M.D.
College of Medicine, Medical University of South Carolina
Allee K. Hassing, D.O.
Chicago College of Osteopathic Medicine, Midwestern University
Jeremiah B. Joyce, M.D.
Mayo Medical School
Casimir C. Klim, M.D.
University of Michigan Medical School
Megan N. Kummerlowe, D.O.
School of Osteopathic Medicine, Campbell University
Natalia M. Luna Andrade, M.D.
Pontificia Universidad Catolica Del Ecuador
Matheus G. Marques, M.D.
Faculty of Medicine, Federal University of Rio Grande do Norte
Blake M. Novy, M.D.
Long School of Medicine, University of Texas
Harry Park, M.D.
School of Medicine, Sung Kyun Kwan University
Akbaba Selcukler, M.D.
Meram Tip Fakültesi
Annie M. Waniger, M.D.
Medical College of Wisconsin

PGY-2
Sawyer H. Berrett, D.O.
Des Moines University College of Osteopathic Medicine
Julie A. Christensen, M.D.
Sidney Kimmel Medical College
Vanessa D. Dang, M.D.
University of Pennsylvania Perelman School of Medicine
Laura Duque Serrano, M.D.
Universidad de Los Andes Facultad de Medicina
Yuliang Hu, B.Med.
Shanghai Jiao Tong University School of Medicine
Michelle D. Linke Shafa, M.D., M.Ed.
Rutgers University Robert Wood Johnson Medical School
K. Maureen Shelton, M.D.
East Tennessee State University Quillen College of Medicine
Chris Z. Wang, M.D.
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

PGY-3
Allison H. Beito, M.D.
University of Kansas School of Medicine
Richelle N. Brown, M.D.
Wake Forest University School Of Medicine
Raphael Golebiowski, M.D.
Jagiellonian University Medical College
Federico Gomez Bernal, M.D.
Universidad de Los Andes Facultad de Medicina
Forrest R. Guilfoile, M.D.
University of Minnesota Medical School
Sarika Madari, M.D.
Drexel University College of Medicine
Daniel J. Montville, M.D.
Rosalind Franklin University of Medicine and Science, Chicago Medical School
Javier Ortiz Orendain, M.D.
Universidad Autonoma de Guadalajara
Mike Sun, M.D. Albert Einstein College of Medicine

PGY-4
Amanda J. Benarroch, M.D.
University of Minnesota Medical School
Whitney S. Evans, M.D., Ph.D.
Loma Linda University School of Medicine
JP B. Janowski, M.D.
Albert Einstein College of Medicine
Jaclyn M. Reinemann, M.D.
University of Central Florida, College of Medicine

“I found the research opportunities here to be unparalleled, and I was impressed by the supportive, friendly, and collegial environment.” Joshua Baruth, Residency Alumnus & Geriatric Psychiatry Fellow
Meet Your Colleagues  (continued)

Addiction Psychiatry Fellows
Joseph A. Carley, M.D.
University of Alabama School of Medicine
Victor N. Nettey, M.B., Ch.B., M.P.H.
University of Ghana

Consultation Liaison Fellow
David C. Fipps, D.O.
Lake Erie College of Osteopathic Medicine

Child and Adolescent Fellows
Megan (Meggie) D. Chochol, M.D.
Georgetown University School of Medicine
Rana Elmaghraby, M.D.
Weill Cornell Medical College
Janice A. Malay, M.D., M.S.W.
Tufts University School of Medicine
Keith A. Miller, M.D.
Mayo Medical School
Sanskriti Mishra, M.B.B.S.
Government Medical College Nagpur
Eric R. Pease, D.O., M.B.A.
Kansas City University of Medicine and Biosciences

Geriatric Fellow
Joshua M. Baruth, M.D., Ph.D.
University of Louisville School of Medicine

Mood Fellow
Manuel A. Gardea Resendez, M.D.
Universidad de Monterrey

Psychiatry Faculty
The Department of Psychiatry and Psychology at Mayo Clinic in Rochester, Minn., comprises one of the largest psychiatric treatment groups in the United States. The department includes more than 80 psychiatrists and psychologists.

Frequently Asked Questions

What are your graduates best prepared for - academics, research, or clinical practice? Where have your recent graduates gone?

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

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

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

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

“The program training is exceptional as you get exposure to a range of units tailored to patients with particular needs and the work-culture is unique due to the patient-centered care approach and the multidisciplinary teams. But the most prominent thing about the program is Dr. Swintak, Dr. Somers, and Dr. Morgan; they truly care about our well being and professional development.” Javier Ortiz Orendain, PGY-3
What is the frequency of psychiatric call? How are residents supervised on call?

Our call schedule was revised in 2011 to comply with ACGME duty hour requirements. Junior residents (PGY-1 and 2s) do not have overnight call. Rather, they have evening shifts. While on the Emergency Psychiatry rotation, there will be 2 residents working alongside the NP/PA and social work group. Floor coverage has been separated from the ED rotation. ED: shifts 8am-8pm; noon-midnight. Floors: 6-8 weeks distributed over the first two years. The evening shifts run from 4pm to midnight, 6 days per week. While on the evening floor shift, the resident covers usual call responsibilities such as admissions, medical and psychiatric issues. While assigned to inpatient psychiatric units, weekend call will be one day per weekend with one or sometimes two call free weekends per month. First year residents do short call from 8am-2pm, second years also do long call, 8am-midnight.

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

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

Is there really an App for that?

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

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

All residents are expected to follow long-term psychotherapy patients beginning in their PGY-2 year. Each PGY-2, 3, and 4 resident is assigned a psychotherapy supervisor (with whom the resident meets for one hour each week) at the beginning of the year.

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

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

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

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

We introduced practices several years ago which anticipated most of the ACGME guidelines, e.g., PGY-1s and 2s have at least one day completely off each week on average, PGY-3s have a “recovery day” after overnight call.
How do residents contribute to the organization, evaluation & evolution of the training program?

Residents meet once a month to review updates and discuss current program issues with one another, the Chief Residents and the Program Directors. Residents also elect representatives for membership on the Psychiatry Education Committee. In the spring of each year, there is a resident retreat with the Chief Residents for reviewing and evaluating the training program. Discussions at the previous retreats led to several changes in various program details (e.g., the didactic schedule was revised, the on-call assignments were rearranged to decrease the frequency of call, etc.)

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

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

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

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

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

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

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

Benefits of living in Rochester, MN

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

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

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

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

Residents have the opportunity to interact with each other on both an informal and formal basis. A monthly movie club, Psych Cinema, offers residents a chance to relax away from work with others while having dinner and enjoying a current or classic movie.

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

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

“...I was struck by the familial atmosphere here at Mayo. It’s a world class institution with the warmth of a community program.”

Riddick Blocker, PGY-1
Research
• An integrated research track is available for those with an interest in an academic career
• Consultants welcome a wide array of research and academic interests.
• PGY-4 elective time provides an ideal opportunity to put the “finishing touches” on projects.
• Tremendous institutional support for projects and presentations, e.g., visual graphics department.

Academic Environment
• A truly integrated, multi-disciplinary practice where psychiatric medicine is valued.
• Bountiful succession of high quality conferences and courses at the institutional level.
• Residents have opportunities to grow as educators—senior residents participating in intern didactics, interaction with medical students (both in didactic format and while on service).

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

Quality of Life
• Overnight call is followed by a “recovery day.”
• Mayo organizes & sponsors trips to the symphony, theatre, sports events – with discounts!
• Rochester offers a very reasonable standard of living, e.g., rents are not exorbitant.
• Rochester is ranked #5 in the Top 100 Best Places to Live in 2018 & 2019!

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.
• 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. Jeffrey Staab, our Department Chair, is energized and committed to excellence in education.
• Drs. Kristin Vickers and Bhanu Kolla, our chair and vice chair of education, strongly support all residency and fellowship programs.
• Drs. Swintak, Morgan, Somers, and the teaching faculty continuously review every aspect of our fully accredited residency program to make it the best training experience a resident could choose.

A Quick Wrap

“Everyone cares about you as a person. During my interview I felt that every individual I met wanted to get to know me as a person, and not just as a potential resource to help run a busy psychiatry service. As an Intern, I feel supported and cared about by my fellow Residents as well as by the Consultants (Attendings) and by the Program’s Administration.” Janice Malay, Child & Adolescent Psychiatry Fellow (Integrated Track)
Explore Mayo Clinic

Feel free to utilize the information below in exploring Mayo Clinic. More information can be found on the Tours of Mayo Clinic website.

- **Guided art tour:**
  Monday through Friday at 1:30 p.m. Tours begin on the lobby level of the Mayo Building near Heritage Hall. Call 507-284-0239 for more information.

- **Self-guided art audio tour:**
  Audio hand-held devices and maps are available at the Information Desk in the Gonda Building, lobby level, between 9 a.m. and 4 p.m. Call 507-266-2066 for more information.

- **Self-guided tour of Mayo historical suite**
  Tour the suite that includes the last offices of Drs. William J. and Charles H. Mayo. The suite, on the third floor of the Plummer Building, is open Monday through Friday from 8 a.m. to 5 p.m.

- **Self-guided tour of Heritage Hall**
  Heritage Hall, in the Mathews Grand Lobby of the Mayo Building, presents multimedia displays that link Mayo Clinic history with current activities and plans for the future. The museum has a small theater showing historical and contemporary films about Mayo Clinic throughout the day. Heritage Hall is open from 8 a.m. to 5 p.m., Monday through Friday. For more information, call 507-284-8540.

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

- **Self-guided tour of Saint Marys Hospital**
  You can take a self-guided tour of Mayo Clinic Hospital, Saint Marys Campus, between 8 a.m. and 8:30 p.m. Tour brochures are available at the information desks at the hospital.

Explore Rochester

**Within walking distance:**
- Visit the Rochester Art Center
- Visit the Mayo Civic Center and check out the events schedule
- Shop in University Square
- Visit the Soldier’s Field Veterans Memorial

**Transportation required:**
- Visit the Historical Center of Olmsted County
- Visit the Mayowood Mansion
- Visit Assisi Heights
- Shop at the Apache Mall
- Visit Quarry Hill for hiking, snowshoeing and nordic skiing
- Visit the Minnesota Children’s Museum Rochester

I came to Mayo for the incredible training opportunities and strong emphasis on teaching. Moreover, everyone was down to earth and easy to get along with!” Annie Waniger, PGY-1
Contacts

Mayo Clinic Psychiatry Residency
200 First Street SW
Rochester MN 55905
(507) 422-0430

swintak.cosima@mayo.edu  Program Director
morgan.robert@mayo.edu  Associate Program Director
somers.kristin@mayo.edu  Associate Program Director
psychres@mayo.edu  Education Program Coordinator