



# Psychiatry Residency





# Table of contents

## **Psychiatry Residency 4**

---

- 4 Our Goal is Simple
- 4 Fellowship Opportunities

## **Introduction/Program Values 5**

---

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

- 5 Our Vision
- 5 Our Mission
- 5 Our Aims
- 6 Our Commitment to Our Community

## **Program Structure 7**

---

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

- 7 Program Administration
- 7 Clinical Curriculum
- 8 Didactic Curriculum
- 10 Educational Activities
- 10 Research Opportunities
- 11 Travel Opportunities
- 12 The Integrated Child and Adolescent Psychiatry Program
- 12 Community Psychiatry Track
- 13 Clinician-Educator Track
- 13 Research Track
- 13 Other Interest Areas

## **Meet Your Colleagues 14**

---

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

- 14 Residents

## **Frequently Asked Questions 16**

---

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

## **A Quick Wrap 20**

---

- 20 Mission Statement
- 20 Research
- 20 Academic Environment
- 20 Supervision and Mentoring
- 21 Quality of Life
- 21 Career Development
- 21 Leadership
- 21 Explore Mayo Clinic
- 22 Explore Rochester
- 23 Contacts

# Psychiatry Residency

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 and Adolescent Psychiatry training.

## FELLOWSHIP OPPORTUNITIES

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

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



Cosima C. Swintak, M.D. (She/Her)  
Program Director



Robert J. Morgan III, M.D., Ph.D.  
Associate Program Director -  
Inpatient Services and Education



Monica J. Taylor-Desir, M.D., M.P.H. (She/Her)  
Associate Program Director



Jonathan M. Hendricks, M.D. (He/Him)  
Associate Program Director



End of the Year gathering!

## 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 Values

### OUR VISION

We endeavor to create and maintain a vibrant, collaborative, learner-centered community which promotes the growth of future colleagues and the advancement of our field. We are all responsible to and for our community which in turn provides a solid clinical foundation and encourages individual development, while fostering an environment of scholarly inquisitiveness, commitment to excellence, and creativity.

### OUR MISSION

The Mayo Clinic Psychiatry residency embodies a vibrant, collaborative, learner-centered environment which promotes the growth of future colleagues and the advancement of the field. It provides a solid clinical foundation and encourages individual development, while fostering an environment of scholarly inquisitiveness, commitment to excellence, and creativity.

Trainees in the Psychiatry Residency at Mayo Clinic in Rochester, Minnesota receive exceptional clinical psychiatry training in an academic environment grounded in the three Mayo Clinic shields: clinical practice, research and education. Training aligns with Mayo Clinic’s mission: To inspire hope and contribute to health

“The glory of medicine is that it is constantly moving forward, that there is always more to learn. The ills of today do not cloud the horizon of tomorrow, but act as a spur to greater effort.”

– William J. Mayo, M.D.

and well-being by providing the best care to every patient through integrated clinical practice, education and research.

### OUR AIMS

The General Psychiatry Residency Program’s mission, vision, and aims have been collaboratively designed with input from faculty members and residents. To help operationalize the aspirational aims, specific and measurable program goals have been created and assigned to each aim.

- To produce highly skilled, independently practicing psychiatrists, who have the ability to provide comprehensive care for patients with psychiatric disorders.
- To create national and international leaders who will innovate and advance psychiatric care surpassing standard of care techniques, provide top caliber psychiatric education, and conduct cutting edge research.
- To foster a program built on mentorship, collaboration, camaraderie, and wellness.



@thedachsundtwix homecoming party!

## OUR COMMITMENT TO OUR COMMUNITY

As an institution, Mayo Clinic is committed to inclusive excellence. There is no tolerance for the harassment or discrimination of trainees, clinicians, or staff. Mayo Clinic values and highly supports trainees with diverse backgrounds and experience, including those on student/work visas. For international trainees, our Legal Team assists in obtaining the necessary documentation to work at Mayo Clinic, and is available throughout your training experience for consultation. For more details, refer to the Mayo Clinic pages regarding international applicants, Mayo Clinic School of Graduate Medical Education's Office of Belonging and the Mayo Employee Resource Group (MERG). In our recruitment process, we seek applicants from all backgrounds and life experiences. Individuals who have historically been excluded from the field of psychiatry are especially encouraged to apply. Our faculty includes individuals from many different cultural and clinical training backgrounds. Our program values facilitating personally and professionally supportive and affirming

relationships between residents and faculty. Our faculty welcome the opportunity to provide professional mentorship to all learners and are active members in professional national organizations that champion issues of inclusion and health equity..

Additional information and resources on engagement and outreach and community groups at Mayo Clinic are available below.

- Department of Psychiatry and Psychology Belonging Committee
  - Membership is open to all staff and trainees
- Office of Belonging
  - "EverybodyIN" weekly newsletter and virtual discussions
- Mayo Clinic's mission statement is to inspire hope and promote health. We adhere to our values by treating everyone in our community with dignity, including patients, families, and colleagues. Furthermore, we seek to nurture the whole person's well-being, paying attention to their physical, emotional, and spiritual needs. Thus, we recognize all forms of racism and discrimination are fundamental

contributors to health inequities and disparities in this country. We must commit to working to promote an environment consistent with Mayo Clinic's mission statement.

- Mayo Employee Resource Groups (MERGs)
  - Open to all Mayo Clinic employees and trainees, Mayo Employee Resource Groups (MERGs) are employee-led affinity groups to promote belonging, increase cultural awareness, and foster an environment of respect and inclusivity. Mayo Clinic provides financial and administrative support and resources to ensure each group's success. Every MERG also has an executive sponsor, who serves as a mentor and advocate for the group's programs and activities.
- Mayo's OUTList
  - The Mayo Clinic OUTList is an internal resource created by the LGBTI MERG that promotes community, visibility, and mentoring among Mayo's faculty, staff, and trainees by identifying mentors within Mayo Clinic interested in being a resource for others. All Mayo employees are welcome to contact individuals on the OUTList for advice and networking.
- Specific to the Mayo Clinic Psychiatry Residency Program, we all strive to serve as champions of Engagement and Outreach. Our cultural seminar teaches trainees about how racism, healthcare disparities, and systemic challenges impact our ability to provide effective care for patients with psychiatric needs.

## 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, Dr. Monica J. Taylor-Desir, Associate Program Director, and Dr. Jonathan M. Hendricks, Associate Program Director. The Chief Residents and the Psychiatry Education Committee (composed of both consultants and residents) give active assistance and counsel. Oversight is provided by Dr. Kristin 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 Staab.

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.



Majd N. Al-Soleiti, M.D. (He/Him)  
Chief Resident



Nolan B. Ayers, M.D.  
Outpatient Chief Resident



Abby T. Tarasewicz, D.O. (She/Her)  
Chief Resident

### 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 and 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 and 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 eight 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.



Residents enjoying winter sports!

“Psychiatry residency at Mayo Clinic provides you the opportunity to take advantage of a wide range of clinical opportunities from rare patient cases to subspecialty clinics like our Addictions Program or Perinatal Mood and Anxiety Clinic. This unique breadth of experience enables us to not only hone our therapeutic skills but also define our individual professional paths. By the time of graduation, we have the experience necessary for confident independent practice - all while working within an incredibly warm and supportive community.”

– Bronwyn Scott, PGY-4

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, Geriatric Psychiatry Clinic. 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 eight 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).

### **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.

We are committed to training culturally sensitive psychiatrists. During their residency, residents have time to reflect on racial and health disparities in psychiatry. Additionally, they learn about acculturation and immigration and how to use the DSM-5 Cultural Formulation Interview. Residents are also afforded the opportunity to review historical and current social injustices and structural inequalities pertaining to mental health.

Our department participates in inclusive research practices and encourages residents to take part in these initiatives. For example, our investigators are involved in Community-Based Participatory Research (CBPR), particularly with Black, Somali, American Indian and Hispanic populations. CBPR is a collaborative strategy between researchers and community members aimed at reducing conditions that disproportionately affect health disparity populations.

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.

### **Noon Conference**

Journal Clubs are also part of the noon 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/liason 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



Resident bonding during orientation



PGY-2 seminar!

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-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.

#### **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 and 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)**

(PRITE) is a national, standardized, multiple choice examination given annually nearly all US psychiatry residents. PRITE results help residents gauge their knowledge base and

“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, Alumna

the program to identify areas of relative strength and weakness.

##### **Clinical Skills Verification (CSV)**

(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.

##### **The Annual Resident Retreat**

An annual opportunity for the residents to gather in early fall in a relaxed setting.

#### **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.

### **Travel Awards**

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

### **Chief Residents Course**

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

### **Supervision**

Clinical supervision is the single most critical element of training in psychiatry. The ACGME requires each PGY-2, 3, and 4 receive a minimum of two hours of individual supervision each week (in addition to the bedside teaching or informal didactics that occur on hospital services).

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

### **Training Goals**

The ACGME requires that a written statement outlining the educational goals of the program be distributed to every applicant. Accordingly, what follows is a link to a summary of our goals for your training. This summary provides an overview of our objectives for you (<http://www.acgme.org/acgmeweb/>). We strive to ensure that our residents have completed all ACGME requirements for a psychiatric residency that will qualify them for ABPN certification upon graduation.

“I wanted to match here for many reasons, but mostly because the residents and program leaders had many characteristics of the type of psychiatrist I want to become, and at the same time were the type of folks I wanted to hang out with outside of work!”

– Luke Klugherz, Alumnus



Residents at 2024 Minnesota Psychiatric Society (MPS) Spring Conference



23-24 Chief Residents visit Community Psychiatry Track residents in Eau Claire, WI

“Mayo is a ‘candy store’ for medical experiences. If a rotation or elective isn’t already available, the program works with you to make it happen.”

– Keith Miller, Residency and Child and Adolescent Psychiatry Alumnus

The Mayo residency program offers two optional tracks that allow general residents to invest additional time in Child and 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 AND ADOLESCENT PSYCHIATRY PROGRAM

#### Track Director(s):

**Julia Shekunov, M.D.**  
and **Alastair McKean, M.D.**

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.

### COMMUNITY PSYCHIATRY TRACK

#### Track Director: Scott Schmidt, D.O.

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.



Class of 2027 Orientation Class Photo (just missing Majd!)



“I was impressed by the abundance of resources for everything you need to thrive as a psychiatrist: clinical experience, research, education, and much more. A well-rounded program with a great resident community and supportive leadership. I thought this is the kind of place I want to be trained in, and it never disappointed.”

– Majd Al-Soleiti, PGY-4

## CLINICIAN-EDUCATOR TRACK

**Track Directors: Nick D. Allen, M.D. and Sandra J. Rackley, M.D., MAEdHD**

The Psychiatry Clinician-Educator Track provides interested residents an opportunity to further their educational aptitudes and individual academic goals. In biweekly seminar, we cover foundational adult learning theory, review different teaching styles for different learners and clinical environments, explore the many opportunities for educationally oriented academic projects, and enjoy the comradery of like-minded clinical educators. Outside of seminar, track participants are provided with individual mentorship on their teaching skills and evolving academic project. In this group of peers and faculty dedicated to education we aim to solidify our skills and consolidate our professional identities as psychiatric educators.

## RESEARCH TRACK

**Track Director: Matej Markota, M.D.**

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

### Program structure:

#### PGY-1

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

#### PGY-2

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

#### PGY-3

- 20% time dedicated to research (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

## 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.

“During my first visit, I immediately noticed all the ways in which patients come first at Mayo: from small things like special spa treatments for the immunocompromised, to big things like the MD payment model. This was amazing for me. Mayo is a very special place where the community’s values are as important as its academic standards. It exemplifies exactly the sort of values I seek to embrace and cultivate in the future.”

– Alex Roth, PGY-4

## Meet Your Colleagues

### RESIDENTS

#### PGY-1

Maryline Alhajj, M.D.  
Gilbert and Rose-Marie Chagoury  
School of Medicine

Morghan Byrnes, M.D.  
University of Minnesota Medical School

Anna Isayeva, M.B., B.Ch.  
University College Dublin

Ian Michel, M.D.  
Mayo Medical School

Madigan Moore, M.D.  
Sanford School Of Medicine Of  
University Of South Dakota

Catherine Napolitano, M.D.  
Warren Alpert Medical School  
of Brown University

Qiyang Pan, M.B.  
Shanghai Medical College,  
Fudan University

Arshjot Singh, D.O.  
Michigan State Un College of  
Osteopathic Medicine

Lori Thompson, M.D.  
Texas Tech University Health Sciences  
Center School of Medicine

Aidan Tirpack, D.O.  
Campbell University School  
of Osteopathic Medicine

#### PGY-2

Mariana I. Arce, M.D.  
University of Kentucky College of  
Medicine

Bashar L. Asir, M.B.B.S.  
Jordan University of Science and  
Technology Faculty of Medicine

Karen Borges, M.B.B.S.  
King’s College London GKT School of  
Medicine

Juan Felipe Garzon, M.D.  
Pontificia Universidad Javeriana Cali  
Facultad de Ciencias de la Salud

CeCelia K. Hanline, D.O.  
Ohio University Heritage College of  
Osteopathic Medicine

Jeremy C. Harrison, M.D.  
Columbia University Vagelos College of  
Physicians and Surgeons

Marisa B. Kelly, M.D.  
Medical College of Wisconsin

Andrea Murez, M.D.  
Sackler School of Medicine - New York  
State American Branch

Caylon R. Pettis, M.D., M.P.H.  
Loyola University Chicago Stritch  
School of Medicine

Melissa Solares Bravo, M.D.  
Universidad Panamericana Escuela de  
Medicina

Brian H. Trieu, M.D., Ph.D.  
University of Minnesota Medical School

#### PGY-3

Sweta Bhoopatiraju, M.D.  
Saint Louis University School  
of Medicine

Joseph Bisoglio, M.D.  
University of California, Davis,  
School of Medicine

Benjamin T. Dralle, M.D.  
Ohio State University College  
of Medicine

Lauren E. Eide, M.D.  
University of Kansas School  
of Medicine

Roshen T. John, D.O.  
Philadelphia College of  
Osteopathic Medicine

Olga Lopez, M.D.  
Florida International University,  
College of Medicine



Residency hockey team

Connor P. McMahon, M.D.  
Sanford School of Medicine,  
University of South Dakota

Ann M. Rydberg, M.D.  
Mayo Medical School

Maria T. Saliba, M.D.  
Lebanese University Faculty of  
Medical Sciences

Abigail T. Tarasewicz, D.O.  
Des Moines University, College of  
Osteopathic Medicine & Surgery

Isabel A. Yoon, M.D.  
University of Queensland

**PGY-4**

Majd N. Al-Soleiti, M.D.  
University of Jordan Faculty of Medicine

Nolan B. Ayers, M.D.  
Medical College of Georgia  
at Augusta University

Jesse R. Burson, D.O.  
Rocky Vista University College  
of Osteopathic Medicine

John W. Li, M.D.  
University of Wisconsin School  
of Medicine and Public Health

Terence J. Meyerhoefer, M.D.  
Mayo Clinic Alix School of  
Medicine - Arizona

Alexander S. Roth, M.D.  
Mayo Clinic Alix School of Medicine

Bronwyn L. Scott, M.D.  
Stanford University School of Medicine

**Consultation-Liaison Fellows**

Liliana Patarroyo Rodriguez, M.D.  
Universidad del Tolima  
Facultad de Ciencias

**Child and Adolescent Fellows**

Katie D. Andrews, M.D., Ph.D.  
Indiana University School of Medicine

Jonathan R. Chin, M.D.  
University of Wisconsin School  
of Medicine

Alison K. Mause, M.D.  
Creighton University School of Medicine

Caleb N. Porter, M.D.  
University of Utah School of Medicine

Corey R. Trowbridge, M.D.  
Columbia University College of  
Physicians and Surgeons

Bryan D. VanDreese, D.O.  
AT Still University of Health  
Sciences, Kirksville College  
of Osteopathic Medicine

Jonathan C. Winegarden, M.D.  
Rosalind Franklin University of Medicine  
and Science, Chicago Medical School

“Mayo Clinic’s prioritization of education and excellence in clinical care is second to none. Being surrounded by clinicians who have written the textbooks you study happens to be pretty neat too.”

– Nolan Ayers, PGY-4

**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 85 psychiatrists and psychologists.



“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, Alumnus

## Frequently Asked Questions

### **What is Mayo Psychiatry’s commitment to engagement and outreach?**

The Mayo Clinic Midwest Psychiatry and Psychology Department has demonstrated a commitment to engagement and outreach through its multidisciplinary Belonging committee and the appointment of three co-chairs. Monica Taylor-Desir, MD, MPH, Jyoti Bhagia, MD, and Nicky Keeth, APRN, CNP, DNP. The committee has approximately 30 active members. Their Vision Statement is as follows: “Using the three shields (Education, Research and Clinical) as a guide, we will strive to advocate for under-resourced communities, increase engagement and outreach by involving populations experiencing disadvantage and that are marginalized in our work, address inequity and unfairness that affects both our staff and patient population, and mentor and support colleagues in culturally responsive care.” The committee

welcomes the wisdom and experience of all members and especially appreciates the participation of our Psychiatry and Psychology Resident and Fellows. Active subcommittees of the Belonging committee include addressing research bias, advocacy for patient populations, community outreach, and communications.

### **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.

### **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. Shifts in the ED are 8 a.m.-8 p.m. and 1 p.m.-12 a.m. Floor coverage has been separated from the



Dr. Jonathan Winegarden (Alumnus), who completed the Mayo International Health Program, with fellow members of the Bwindi Community Hospital (BCH) Mental Health Team.

ED rotation. Floor shifts are every 6-8 weeks and are distributed over the first two years. The evening shifts run from 4 p.m.- 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 and second year residents do short call from 8 a.m.-2 p.m. and long call from 8 a.m.-midnight.

Overnight call is provided by 3rd year residents from 8 p.m.-8 a.m. 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 5-8 p.m. 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 (EMR) of the future is the utilization of the Epic Haiku and Fluency Mobile apps. Through Epic Haiku, the EMR is available for your review 24 hours a day whether on-campus or off, using our virtual private network (VPN). It is possible to view notes, vitals, labs, images, and even to sign dictated notes via your mobile device. With the Fluency Mobile app, you can dictate notes on-the-go! Lastly, all of our residents are provided with Mayo laptops with access to the Mayo network through VPN.

### **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 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.



Resident-Led Book Club

“I chose Mayo Clinic for the collegial environment, clinically rigorous training, and world-class research opportunities. Throughout my time in residency, I have been supported as I pursued my clinical, research, and education goals.”

– Ben Dralle, PGY-3

**How do residents contribute to the organization, evaluation and 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 General Psychiatry Education Committee. In the January/February of each year, residents gather with the Chief Residents to review and evaluate the training program. Discussions at the previous gatherings 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 promote physician work-life integration.



Allison and Cas teaching medical students for the Mayo Medical School Street Medicine Clinic.

“I chose Mayo Clinic because it idealizes comprehensive patient care through incredible, patient-centered resources, practice attitudes, and world-renowned expertise. You learn how to be a doctor in a system that is leading by example!”

– Katie Andrews, Alumna

### **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 and welcoming
  - Rochester, MN
  - Named City of Compassion
- 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.



2023 Fall Retreat

## A Quick Wrap

### OUR MISSION

- The Mayo Psychiatry Residency endeavors to create and maintain a vibrant, collaborative, learner-centered community which promotes the growth of future colleagues and the advancement of our field.

### 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 AND 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!

“I chose Mayo Clinic for my psychiatry residency because I wanted to see a diverse array of psychopathologies, from both the local region and globally, along with the unique training experience on a variety of inpatient psychiatric floors, some of which can manage both complex medical and psychiatric conditions, ranging from child and adolescent to geriatric.”

– Jacob Ellis, Alumnus



PGY-3 Subspecialty Didactics with Dr. Veldic

“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, Alumna

## QUALITY OF LIFE

- Overnight call is followed by a “recovery day.”
- Mayo organizes and 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 has been ranked in the top 5 of Livability’s Top 100 Best Places to Live for the last 5 years!

## 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.
- Strongly support all residency and fellowship programs.
- Drs. Swintak, Morgan, Taylor-Desir, Hendricks, 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.

## 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-Friday at 1:30p.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 9a.m.-4p.m. Call 507-266-2066 for more information.



Annual PGY-1 Minneapolis Institute of Art trip with Dr. Scott Breitingner (2024)

### **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 8a.m.-5p.m., Monday-Friday.

### **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 8a.m.-5p.m., Monday-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 8a.m.-5p.m., Monday-Friday.

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

You can take a self-guided tour of Mayo Clinic Hospital, Saint Marys Campus, between 8a.m.-8:30p.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

“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, Alumnus



## CONTACTS

### **Mayo Clinic Psychiatry Residency**

200 First Street SW  
Rochester, MN 55905  
507-422-0430

Cosima C. Swintak, M.D.  
Program Director

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

Monica J. Taylor-Desir, M.D., M.P.H.  
Associate Program Director

Jonathan M. Hendricks, M.D.  
Associate Program Director

Lyndsie Burns & Holly Schmidt  
Education Program Coordinators  
[psychres@mayo.edu](mailto:psychres@mayo.edu)



mayoclinic.org

©2024 Mayo Foundation for Medical Education and Research. All rights reserved. MAYO, MAYO CLINIC and the triple-shield Mayo logo are trademarks and service marks of MFMER.

Learn more online at [mayoclinic.org](https://www.mayoclinic.org)  
or by calling us at 507.422.0430.

MC6177-01rev0525