

## CAREERS IN PSYCHIATRY

Psychiatrists are physicians who specialize in the diagnosis and treatment of mental illnesses. Mental illnesses, including addictions, are common. Like other medical illnesses, mental illnesses range from severe and life-threatening disorders, to relatively mild and self-limiting conditions. Approximately 2.8% of the adult population suffer from severe mental illnesses such as schizophrenia or bipolar disorder, or from the more common, yet disabling, anxiety and depressive disorders or from alcohol and other substance abuse.

Psychiatry is one of the oldest medical specialties. The American Psychiatric Association (APA) is over 150 years old. Psychiatry is also one of the frontier areas of medicine. Recent advances in the neurosciences have led to exciting new technologies in the diagnosis and treatment of many of these illnesses. For example, the DSM-IV diagnostic manual, brain imaging, and new pharmaceuticals, have led to treatments for these illnesses that are at least as effective as treatments in other medical specialties.

The average psychiatrist spends more than 48 hours each week at work. During this time, professional activities include administration, teaching, consultation and research. Most spend over 60% of their time with patients. Two-thirds of these patients are seen as outpatients, with the rest being seen in a hospital setting or, increasingly, in partial hospital or day programs and community residential programs. Psychiatric hospitalization is now more intense, more focused, and much shorter in duration than in previous years.

Psychiatrists work in group or solo private practice much the same as other physicians. They also practice in the public sector, such as Veterans Administration and state hospitals and community mental health centers that are unique to psychiatry. Medical schools, HMOs, and general hospitals, as well as specialized psychiatric hospitals are settings for psychiatric practice.

The stereotype of the "bearded analyst" sitting by the couch is obsolete. While psychoanalysis is still practiced, most psychiatrists today are not analysts. Rather, today's psychiatrist provides a wide range of biological, psychotherapeutic, and psychosocial treatments which are tailored to the specific needs of the patient. The psychiatrist also serves as the medical expert for the mind/brain/body interface.

Unfortunately, prejudice and discrimination against the mentally ill still exists. Sometimes this stigma is also directed against those who care for the mentally ill. Occasionally, even our colleagues in medicine are unaware that mental illnesses are real (i.e., genetically and biochemically based) and can be diagnosed and treated with the same accuracy and effectiveness as other medical illnesses.

## PREPARING FOR A RESIDENCY PROGRAM

### ***Find a Mentor***

Psychiatry faculty members with a special interest in medical student and resident education can provide helpful information as well as expand on the concepts presented here. Requesting such a person to act as a mentor early in medical school allows for thoughtful planning without prematurely binding you to a career choice.

Your mentor should be someone with whom you feel comfortable discussing your interests, needs, skills, strengths as well as your weaknesses, and who can help you look at many aspects of curriculum planning and residency choice. In addition to your mentor, a considerable body of information is available on residency programs from the APA and other psychiatric organizations.

### ***Get Involved***

Student membership in the APA provides unique opportunities for personal contact with nationally known psychiatrists, residents and students from a wide variety of training programs and work settings. Participation in departmental psychiatry clubs also provides exposure to faculty as well as other students with similar interests.

### ***Selecting Fourth-Year Electives***

For students interested in general psychiatry, research or a subspecialty area in psychiatry, the opportunities for electives are endless and are limited only by the availability of programs within the institution and/or time and funds to travel. Programs in consultation-liaison psychiatry, psychosomatic medicine, the psychological aspects of illness or behavioral medicine also are very useful in underscoring a biopsychosocial approach to illness, no matter what specialty you eventually choose.

There is no single formula for choosing fourth-year electives. The selection of electives requires careful and individualized planning. Most advisors do agree, though, that you should use these electives to round out your general medical education. It is also, in general, considered unwise to select more than one or two fourth-year psychiatry electives, because they may duplicate experiences you will have during your residency.

The electives you choose should reflect your personal interests, future needs, and program strengths. Thus, an elective in general pediatrics or pediatric neurology might be a good choice for someone interested in child psychiatry. Similarly, neurology, gerontology or internal medicine would provide good background for geriatric psychiatry.

Also, programs in general or emergency medicine, cardiology, endocrinology, gastroenterology, radiology, and chronic disease can have particular benefits for psychiatric practice, and will enhance your general medical skills prior to the post-graduate years.

If you are undecided about your specialty choice, it is helpful to plan your psychiatry elective early in the fourth year. Electives provide a broader-based experience than the third-year clerkship and, by their nature, support more personal contact with faculty members. This can enable you to make a more informed decision and broaden your range of options before the NRMP deadline.

It often is useful (but not required) to spend an elective period at an institution where you are applying for residency, especially if the program is highly competitive. This experience provides information about the program, faculty and staff, living conditions, etc. It can also provide the program with an opportunity to get to know you.

## **RESIDENCY PROGRAMS IN PSYCHIATRY**

### ***THE TRAINING EXPERIENCE***

Post-graduate education in psychiatry consists of four years of residency training of which at least 36 months are in psychiatry. Many psychiatrists elect to begin their psychiatry residency immediately after medical school in a four-year residency program. This provides experiences in general medical care (at least four months in internal medicine, family medicine and/or pediatrics), neurology (at least two months), and emergency care, in addition to time in psychiatry.

Many programs are flexible about allowing entry after the first year, so that students who are undecided may have a "transitional" first year or a first year in another clinical specialty. Since, some psychiatry programs do not have the resources to provide adequate first year educational experiences in general medicine or other specialties, they accept residents only at the PGY-II level.

Although the patterns of rotations differ from one program to another, they all share a focus on the clinical care of patients with both psychiatric and general medical illness.

#### ***Post-Graduate Year One (PGY-I)***

The first post graduate year usually consists of four months of internal medicine, surgery, pediatrics, OB/GYN or some combination thereof, plus two months of neurology. The remaining six months varies with the specific training program and may consist of time on psychiatry services (such as Emergency Psychiatry, Substance Abuse, Geriatrics, etc.) or additional experiences on medical and surgical units.

#### ***Post-Graduate Year Two (PGY-II) and Post-Graduate Year Three (PGY-III)***

All psychiatry residents spend at least two years in the basic general residency ("double-Board" programs, for example leading to Board eligibility in general psychiatry and internal medicine may be exceptions). This time includes rotations on an inpatient service (9-18 months), with full and partial hospitalization, emergency room and/or walk-in or crisis clinic coverage, and ambulatory services. These experiences are complemented by didactic and participatory seminars, as well as case supervision. Introductory experiences in public health/community psychiatry, child psychiatry, forensic psychiatry, geriatric psychiatry, and consultation/liaison psychiatry are also usually included in PGY-II and III.

#### ***Post-Graduate Year Four (PGY-IV)***

The final year of psychiatry residency training (PGY-IV) generally offers opportunities for electives. Some residents serve as the chief residents while others may choose to focus on special clinical and/or research experiences.

#### ***Subspecialty and Research Training***

A number of subspecialties are offered within the field of psychiatry. Most require a one-year fellowship, which follows the standard four years of general psychiatry residency. When completed, a certificate of added qualification is awarded.

The exception is Child and Adolescent Psychiatry which is considered a "subspecialty." This requires two years of additional study, but residents may enter child training after their third postgraduate year and complete their training

in five years. For 3 other areas, (geriatrics; addictions; and forensics), a certificate of additional qualifications is awarded following completion of additional training.

### ***Child and Adolescent Psychiatry***

Child and Adolescent Psychiatry training emphasizes developmental considerations. Biological, sociocultural, psychodynamic, behavioral, and familial aspects of childhood and adolescence and their problems are covered in both clinical and didactic experiences. Consultation with ambulatory and hospital pediatric services is an essential part of child and adolescent training. In addition, residents consult with schools, courts and social welfare agencies.

### ***Geriatric Psychiatry***

Geriatric Psychiatry emphasizes the biological and psychological aspects of normal aging, the psychiatric impact of acute and chronic physical illness, and the biological and psychosocial aspects of the pathology of primary psychiatric disturbances of older age.

### ***Addiction Psychiatry***

Addiction Psychiatry subspecialty training is concerned with the diagnosis and treatment of addictive disorders as well as the treatment of persons with complicated, comorbid psychiatric and substance use disorders.

### ***Forensic Psychiatry***

Forensic Psychiatry provides the psychiatrist with special skills necessary to deal with the legal system, including both civil and criminal aspects. The training includes work in evaluation competency, the insanity defense, and providing court testimony. Additionally, trainees have clinical experiences with patients in jails and prisons.

### ***Research***

A wide variety of research is being conducted in psychiatry and many residency programs offer funded fellowships for additional training opportunities in research after graduation. The APA Office of Research's Directory of Research Fellowship Opportunities in Psychiatry lists 147 research fellowships at 65 institutions. In addition, each program listed in this Directory identifies funded research opportunities at their site.

## **RESIDENT TRAINING PROGRAM QUALIFICATIONS**

There is some variability in what program directors consider important in selecting residents. All consider your performance in medical school, and they are especially interested in your performance during the psychiatry clerkship. Other important factors which programs may consider include USMLE scores, grades, rank order in class, performance in medical, surgical and pediatric rotations, senior electives, and research activity.

Recommendations from the faculty who have worked with you are vital. It is helpful to have one recommendation from a senior psychiatry faculty member (such as the chairperson) who is known and respected by faculty in other schools because it is sometimes difficult for admissions committees or residency directors to assess the recommendation of an unknown faculty member. It is also important to have at least one recommendation from someone who knows your work well.

## **CHOOSING A RESIDENCY PROGRAM**

The decision about which residency program to choose is a complex one. You must ask yourself questions about your interests, desires, and potential comfort with a program in order to reach the best decision for you. The decision process for choosing a residency generally has three parts: (1) Assessing the preliminary factors, (2) Visiting the program, and (3) Making the final decision.

### **ASSESSING THE PRELIMINARY FACTORS**

#### ***Program Statistics***

Considering quantitative and qualitative aspects of the prospective program is an important preliminary step. This can help you narrow your selection field very rapidly if you have definite desires in these areas. Some of the factors to weigh include:

- Program size
- Number of residents
- Community involvement
- Diversity of clinical population served
- Presence of other education programs for residents or medical students

#### ***Location***

Some students wonder if it is better to remain in the same area where they attended medical school or go elsewhere. Others want to know if they should train where they plan to practice. The answer, of course, is that it depends on your particular interests and the residency programs available. While there is some greater ease of starting practice or finding a position in the area where you have completed a residency, there are many job and practice opportunities available all over the country, and location of training is not vital. However, if you are interested in practicing in a rural area, you should consider a program that provides some on-site rural community experience, even if the program itself is located in a metropolitan area.

Other factors to consider with respect to location:

- Size of the city
- Geographic location
- Climate of the city
- Your probable commute
- Cost of living relative to salary

### ***Program Content and Structure***

The Accreditation Council for Graduate Medical Education (ACGME) sets standards for all graduate medical training, so all programs in a given specialty will be somewhat similar. However, you may want to consider the following general aspects of program content and structure when determining your preferences:

- Program orientation and focus
- Highly organized procedures vs. more informal atmosphere
- Formal didactic conferences vs. more one-to-one teaching
- Active and/or required research programs
- University affiliation
- Availability of experiences in subspecialty areas

### ***Program Quality and Prestige***

Opinions vary about program quality and prestige, but you should be able to get a general feeling by doing a few small things.

- Talk to your medical school's Director of Medical Student Education, Residency Director and/or Chairperson about the program.
- Speak with people who have trained or worked in a variety of programs.
- Consult a faculty member who is familiar with a variety of residency programs.
- If you know someone who is in the residency program, write or call him/her.

## **VISITING THE PROGRAM**

After weighing all the preliminary factors, prepare a list of programs that you want to visit. When visiting a program, schedule an entire day so you will be able to experience one day in the life of that program.

### ***Meet with People Currently Affiliated with the Program***

The flavor of the program is important, so you should speak to people who are currently affiliated with or participating in the program. They will be able to provide the best insight on the current state of the residency. While there, be sure to:

- Meet with current faculty.
- Talk to residents (without faculty present) who have been in the program for a while. And try to talk with more than one resident, to be sure you aren't hearing an idiosyncratic viewpoint.

During these meetings, try to find out some of the following information:

- Are the residents happy?
- Are the residents valued by the Department?

- Where does clinical work occur? Are the first year residents "sent away"? If so, what is the contact with the main program?
- Do residents work in a general medical service in a state or community facility?
- Where do recent program graduates go after graduating?
- What kind of work do graduates tend to do?
- Are there training opportunities in a variety of settings?

Also, when meeting with faculty, be prepared to discuss a patient with whom you have already worked. Program directors are interested in your experiences and interests in psychiatry. They also may ask questions regarding your personal experiences as a way of getting to know you better.

### ***Attend a Seminar/Session/Presentation***

Note the quality of teaching, the interest, enthusiasm, and participation of the residents, and the degree of depth and/or sophistication of the presentation. Look carefully at the interaction between students and faculty. Ask yourself the following questions:

- How does the faculty interact with the students?
- Is there give and take between faculty and residents?
- Are the residents free to question or challenge?

Remember, these people will be your colleagues, and you learn from other residents as well as the faculty. If there is a case presentation, try to get some sense of the way patients are regarded.

- Is the patient treated respectfully?
- Is there a sufficiently broad orientation with regard to diagnosis and treatment possibilities?
- Will you be comfortable taking care of a patient in this manner?

### ***Work Conditions***

- Learn about the working conditions. Ask pointed questions about the following areas:
- What is the on-call schedule like?
- What back-up is there (both other residents and faculty)?
- Is there sufficient ancillary staff?

### ***Benefits***

Benefits are very important because they help you increase your quality of life while working as a resident. Be sure to learn as much as you can about the following areas:

- Health insurance including psychotherapy coverage - you and also your family
- Liability insurance
- Paid maternity/paternity and sick leave
- Vacation time
- Conference attendance
- Support groups, advisors, and other support services

### ***Program Flexibility***

- Ask about flexibility and options, not only in program content and electives, but also in timing.
- Are there provisions for schedule modification, part-time or other approaches?
- How do the faculty and staff regard these modifications?
- Do they seem as if they will be responsive to individual needs?
- Are there sufficient elective opportunities to explore your special interests?

### ***Program Facilities***

- Learn about the facilities. Although the quality of the setting may be relatively unimportant to you, environment can certainly influence learning.
- Is the library easily available?
- Will you have a private or shared office?

- Are there provisions for safety and transportation?
- Does the administration seem responsive to aspects of creature comfort?
- Are the on call rooms comfortable and quiet? (Be sure to look at one of the rooms.)

***Other Considerations***

- While none of the following factors is usually the determining factor, these features relate to the support system you will encounter during your residency.
- What is the policy on supplemental income (moonlighting)?
- What are the housing possibilities? - some programs offer apartments at modified rent, but you must ask about them; others provide housing assistance
- Are on call meals provided?
- Are there provisions for your family, significant other or a guest to join you at meal time?

## **MAKING THE FINAL DECISION**

After visiting all of the programs in which you were interested, it is time to make your final decision. Do not base your decision on just one aspect of the program. A one-day visit is only a single slice of the program; you may have sat in on the worst or best seminar in the entire program; the resident with whom you talked may have had a particularly discouraging or elating experience. Use others to confirm your impressions and make your decision based on all of the information available to you.

Most importantly, evaluate how comfortable you feel with the program and whether this is a good "fit" for you. There are many excellent training programs in psychiatry and this may be a decision better made with your "heart" than with your "head."

Finally, feel free to talk with the psychiatry faculty at your school or contact the APA Office of Graduate and Undergraduate Education at (202) 682-6126 if you have any questions or need additional information. We want to assist you in making a choice that you will be pleased with, and one which will yield optimal personal and professional development.