Year One

The first year, the internship, is designed to provide a foundation for subsequent training in psychiatry. The clinical rotations and didactic curriculum are integrated to prepare residents to competently manage a broad variety of medical and psychiatric disorders and emergencies. This is the first step in acquiring mastery over a wide variety of skills that are required by a modern-day psychiatrist.

<table>
<thead>
<tr>
<th>4 week blocks</th>
<th>Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 blocks</td>
<td>Medicine</td>
</tr>
<tr>
<td>1 block</td>
<td>2 weeks Neurology and 2 weeks night float at WPIC</td>
</tr>
<tr>
<td>1 block</td>
<td>Neurology</td>
</tr>
<tr>
<td>1 block</td>
<td>Medical Care Of the Psychiatric Patient</td>
</tr>
<tr>
<td>1 block</td>
<td>2 weeks Neurology and 2 weeks night float at WPIC</td>
</tr>
<tr>
<td>3 blocks</td>
<td>Psychiatric Emergency Services</td>
</tr>
<tr>
<td>3 blocks</td>
<td>Substance-related &amp; Anxiety Disorders</td>
</tr>
</tbody>
</table>

In order to accommodate the ACGME intern year duty hours requirements from July 1 2011, we have split the PGY1 year into 13 blocks of 4 weeks each, rather than 12 month long blocks. Residents in the General program spend 3 blocks in family medicine, 1 full block in neurology, 2 separated blocks comprising 2 weeks each of Neurology and night float floor coverage at WPIC and 1 month in Medical Care of the Psychiatric Patient, (MCPP), though some choose to spend more time in these rotations during electives later in training. Family medicine is done through the UPMC St. Margaret’s family medicine program and includes 3 blocks of inpatient medicine. Residents spend 2 blocks in total with the UPMC neurology program and work on the neurology consult team.

Residents rotate through the Psychiatric ER, (The DEC), for 3 blocks and continue to take overnight call in the ER throughout their 2nd year. The free standing Psychiatric Emergency Room, separate from the medical Emergency Department at UPMC, provides psychiatric evaluation, brief counseling and crisis intervention, routine pharmacologic management, and referrals for acute inpatient hospitalization, partial day programs, and outpatient clinics. During the evenings, the residents are the primary medical doctors in the emergency room, working with a directly supervising attending, "in house", with child attending supervision by phone as needed.

A 3-block rotation in substance-related disorders and anxiety disorders is divided into a 1-block rotation at the Center for the Treatment of Addictive Disorders (CTAD) and Post Traumatic Stress Disorder Clinic, VA Pittsburgh Healthcare System - Highland Drive, and a total of 2 blocks rotating at WPIC on an inpatient service specializing in acute treatment of patients with comorbid psychiatric and addictive disorders.

The formal didactic curriculum during PGY1 focuses on fundamental psychiatric knowledge base upon which subsequent training and education will build. The curriculum includes lectures, seminars, case conference, grand rounds and workshops. These programs are directed and taught by faculty, many of whom are renowned experts in their areas.
General Psychiatry Program

Year Two

The second year of residency training is an exciting year that provides a core set of experiences that essentially define the scope of psychiatry. Residents undergo clinical rotations in adult, child, geriatric and Consultation and Liaison psychiatry services. The didactic curriculum is closely integrated with these clinical experiences. Residents begin psychotherapy training with patient assignments and individual supervision in the middle of PGY2. At the end of the second year, residents will be able to competently diagnose and treat a wide variety of common psychiatric disorders.

<table>
<thead>
<tr>
<th>2.4 Months</th>
<th>2.4 Months</th>
<th>2.4 Months</th>
<th>2.4 Months</th>
<th>2.4 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood Disorders Unit</td>
<td>Psychotic Disorders Unit</td>
<td>Geriatric Psychiatry Unit</td>
<td>Child &amp; Adolescent Unit</td>
<td>Consultation/Liaison Service</td>
</tr>
</tbody>
</table>

Residents in the General program spend 10 to 11 weeks in four specialty inpatient services, reflecting four broad areas in clinical psychiatry. Each inpatient service has "teaching teams" with one resident supervised by one attending. Residents carry no more than 8 patients at any given time. On each service, residents work closely with the supervising attending and the treatment team, comprising nurses, social worker and other clinicians. Residents are given increasing and graduated independence in managing the assigned patients. There is onsite medical coverage and specialty consultations are available through Presbyterian Hospital, which is physically connected to WPIC.

The Consultation and Liaison (C/L) Psychiatry service provides psychiatric consultation to all units (medical, surgical, transplant, intensive care units, oncology, obstetrics, gynecologic, etc.) at Presbyterian Hospital, and on occasion, the UPMC Emergency Department. Presbyterian Hospital is connected to WPIC by an indoor tunnel. Residents are assigned patients for consultation and, under supervision, provide a set of management recommendations and follow these patients for the duration of the patients’ hospital stay. There are daily lectures and seminars on C/L topics while on this service. Residents on this service are exempt from call at WPIC. Instead, they provide evening and weekend coverage to the C/L service from home, coming in as needed.

Residents continue to take overnight call at WPIC throughout their 2nd year, except while on C/L rotation. The formal didactic curriculum during PGY2 expands on acquiring fundamental psychiatric knowledge that began during PGY1, and is closely linked to the clinical experiences during this year. The curriculum includes lectures, seminars, case conference, grand rounds and workshops. These programs are directed and taught by faculty, many of whom are renowned experts in their areas.

Year Three

The third year of residency training is focused on extending the skills and knowledge acquired during the first and second years of residency. During PGY3 residents work in several general and specialty clinics that provide an opportunity to learn about different models of care utilized today. These models include following patients independently, seeing patients with counselors, and working closely with treatment teams. Residents are required to complete two year-long clinics as well as the six-month requirements of Geriatric and Child Psychiatry. In addition to these requirements, residents are required to choose at a minimum 3 six month electives. An elective typically occurs once per week for a half-day per week. Each clinic is directed by faculty who are experts in their fields. There are currently no call obligations in the third year. Residents continue psychotherapy training with additional patient assignments and individual supervision. At the end of the third year, residents will be able to competently diagnose and treat patients, and provide longitudinal care in a variety of outpatient settings. They will achieve increasing levels of competency in psychotherapy.
The formal didactic curriculum during PGY3 provides a series of advanced topics, including Combined Psychotherapy and Pharmacology, Advanced Psychopharmacology and Evidence Based Medicine courses. These programs are directed and taught by faculty, many of whom are renowned experts in their areas.

**Year Four**

The final year of the four-year general psychiatry training program is designed to allow a majority of the time available as elective time, to develop individual proposals for didactic, clinical, or research training suited to their specific career goals. This is also an opportunity to "round out" the training experience by choosing electives to fortify specific aspects of training experience. This outstanding feature enables senior residents to continue to handle longitudinal cases under supervision while carrying a light course load. There are currently no call obligations in the senior year. Final-year proposals are submitted for review late in the preceding year. There are a large number of existing elective opportunities and new ones are regularly proposed by residents and faculty. Many residents choose elective training sites to explore career opportunities.

The many elective opportunities, (over 40), are an example of the breadth of clinical services and training opportunities offered within the training program. New electives are developed every year.

PGY4 also allows time to complete any remaining requirements such as Community Psychiatry and Forensic Psychiatry.

The formal didactic curriculum during PGY4 provides a series of advanced topics and classes specifically geared toward preparation for careers after residency. Some of the time in the curriculum is set aside each year to accommodate requests by the senior class for additional coursework.

**Psychotherapy Training**

Psychotherapy training is an important and integral component of residency training. There is a strong commitment in the program to the development of sound psychotherapeutic skills in Interpersonal Psychotherapy, Cognitive Behavioral Therapy and Long term Psychodynamic Psychotherapy. Even though there appears to be reduced insurance coverage for long term psychotherapies, we believe that long-term psychotherapy is a powerful educational experience and aids significantly in becoming effective at shorter-term therapies.

At WPIC, longitudinal psychotherapy training across modalities is overseen by the Psychotherapy Training Committee, which is devoted solely to resident and psychology intern education. The Pittsburgh Coalition for Dynamic Therapy, with whom we have close links, provides additional long-term psychodynamic psychotherapy experience, with supervision provided by faculty of the Pittsburgh Psychoanalytic Center. In fact, many residents take advantage of the courses offered by the Pittsburgh Psychoanalytic Center.

Residents first begin exposure to psychodynamic principles during PGY1 lectures and introduction to psychotherapy during PGY2, with longitudinal case assignments commencing in the PGY2 year. Training for brief psychotherapy, Interpersonal...
Therapy also starts in PGY2 with Cognitive Behavioral Therapy Training following in PGY3. There is also a year-long psychodynamic continuous case conference during the senior year. There are opportunities, for interested trainees, to gain training in Family Therapy, Group Therapy, Motivational Interviewing and also Eye Movement Desensitization and Reprocessing (EMDR).

We instituted a Resident and Psychology Intern Psychotherapy Training Clinic in July 2006 which has simplified the resident access to psychotherapy patients for all modes of therapy. The Director of Psychotherapy Training is Dr. Karen Katunich.

**Life as a Resident**

Beginning residency is an exciting time. You will embark on an experience that will equip you with the skills and knowledge to practice psychiatry in the today's world. Beginning residency is also accompanied by new challenges. Our program is interested in each resident's professional and personal well-being.

**Application Procedure & Additional Information**

Applicants for the General Psychiatry Residency Training Program must be a senior in an approved medical school or hold an MD or DO degree. We encourage applications from minority students. Applicants with specialty training in other areas of medicine are also welcome to apply.

Applications are accepted through the Electronic Residency Application Service (ERAS). We require a complete application form, personal statement (including a statement regarding areas of interest), medical school transcript and three letters of reference. Applications will be accepted until December 16, 2011. After completion of the review process by the Selection Committee, applicants will be notified by email or mail.

Dates for the interview will be determined at the time of the invitation. We generally interview on Mondays, November through January.

Applicants requiring ECFMG certification must ensure that USMLE transcripts are available for review on the ERAS application.

For more information, please contact:

Michael J. Travis, MD
Director of Psychiatry Residency Training
Western Psychiatric Institute & Clinic
3811 O'Hara Street
Pittsburgh, PA 15213
Telephone: (412) 246-5320
E-Mail: travismj@upmc.edu