

Resident Perspectives

Natalia Roque, MD



PGY 1

I'm about halfway through my six-month on-service psychiatry rotations and have truly enjoyed my time in residency thus far. I started my intern year with inpatient psychiatry at NorthShore Hospital in Evanston, IL, which is in the northern suburbs of Chicago. This was an excellent first rotation as the second-year resident, Zach Bean, who worked closely with me the entire two months, was an outstanding mentor. He patiently and accurately taught me not just the logistics of our work but also the intricate decision-making of patient care and how to manage the transition into residency life. In every psychiatry rotation, we work closely with a second-year resident, and I have enjoyed building relationships with my co-residents while also learning how to be a great clinician while maintaining a work-life balance from them. Working with the attending at NorthShore, Dr. Anderson, was also an amazing experience as she demonstrated psychotherapy techniques and how to create a highly effective therapeutic relationship with patients and families while also emphasizing efficient clinical decision making. Now I am currently at Ingalls, located south of Chicago in Harvey, IL, where I work closely with Dr. Lucia on the inpatient psychiatry unit. This has been a solidifying experience for me as I have been able to apply the knowledge and techniques I learned at NorthShore to my patient care at Ingalls. Dr. Lucia has allowed an immense amount of autonomy in my management and treatment-planning of patients that has further developed my clinical skills. I am tremendously grateful for these different experiences in inpatient psychiatry because by working at different sites throughout Chicagoland, I have experienced hugely diverse patient populations with varied psychopathologies, backgrounds, and resources that have empowered me to take a biopsychosocial approach with each person I treat. For my last rotation before transitioning to my off-service rotations in January, (which include medicine, neurology, and emergency medicine, with an option to also experience their pediatric counterparts) I will be on the Consult-Liaison service at UCMC. This rotation is quite different from the other two as I will consult on patients with complex and varied medical conditions which I will need to consider when creating treatment recommendations. I look forward to expanding on my medical knowledge and challenging myself in this different role as a consultant.

Aside from my rotations, I have also thoroughly enjoyed getting to know everyone in the department and showing my co-residents around Chicago. Being born and raised here my entire life, I can say with some confidence that Chicago is one of the best cities to live in. Chicago has something for everyone from amazing restaurants and bars to great sports teams and plenty of fun activities throughout the year. UChicago also provides a great work-life balance that has allowed me and my co-residents to see each other regularly while exploring all that Chicago has to offer. My residency group is very close, and we love to go to Boystown, eat great food, and go to art festivals together. We also share a love of donuts and Chicago is second to none in great donut shops. Overall, I feel incredibly fulfilled and supported by this residency program as I've met like-minded people who share my passions and intellectual curiosity while challenging and molding me into the provider I hope to become.



Zachary Bean, MD

PGY 2

I'm currently on my inpatient rotations, which include two month blocks of NorthShore inpatient, Ingalls inpatient, and the consultation-liaison service at University of Chicago. I chose to start on these rotations rather than our "outpatient" rotations (inpatient addictions, emergency psychiatry, and community psychiatry) as it allowed me to work alongside our brand new interns and further develop my interests in inpatient and consultation-liaison psychiatry, two areas of the field I'm thinking of steering my career towards. As PGY2s we begin our training in psychotherapy, specifically psychodynamic psychotherapy. We are expected to hold two psychotherapy patients weekly (45-minute appointments) and discuss these with our PRA in addition to a psychotherapy-specific supervisor (did I mention we have an abundance of mentorship here?!).

Thus far in the year I have concluded my NorthShore time and am currently on the consultation-liaison service. NorthShore is located in Evanston, just north of the city, and serves a wide population including the suburbs and college-aged students (Northwestern University is located in Evanston as well). On the consultation-liaison service of an academic center we see a wide variety of unique presentations that test our diagnostic and treatment skills (eg catatonia secondary to paraneoplastic syndrome, nutritional supplement-induced psychotic disorder). These services have been very manageable and on average I'm leaving the hospital by 5pm each day.

Second year is arguably the busiest year (PGY2s cover 24-hour shifts on Friday/Saturday), though despite this I'm still able to spend plenty of time with friends and enjoy the city. Last night I had dinner at a German-Southern fusion restaurant in West Town and the week prior got off early enough to meet up with friends from medical school for a Phoebe Bridgers concert! I live in Boystown (very convenient L stops) and enjoy being close to the lake, walking through Lincoln Park, and having an abundance of restaurants/bars/breweries nearby.

Nicole Shaw, MD

Our PGY-3 year is a major transition, as we go from the unpredictable schedule of the inpatient world to all outpatient clinics. Our schedules now consist of four to five half-day medication management clinics, eight hours of psychotherapy a week, two half-days of didactics, and up to three hours of psychotherapy supervision a week. Our half-day clinics include general psychiatry and subspecialties like geriatrics, child/adolescent, addictions, personality disorders, neuropsychiatry, treatment resistant depression, med-psych, student mental health, LGBTQ mental health, women's mental health, transplant, eating disorders, memory clinic, neuropsychiatry and psycho-oncology. Due to COVID, our clinics continue to be a mix of in person and (mostly) virtual appointments, based on both clinician and patient preference. There is also the choice of a research track, which I chose to do, so I only have 4 clinics in order to give me time to

work on research. I am researching the effects of pet therapy on resilience and burnout in medical students, and I was able to get funding through a grant I applied to in our department. Our eight hours per week of psychotherapy with patients include using modalities such as psychodynamic, CBT, prolonged exposure, third-wave, and supportive psychotherapy. We have an hour of supervision for both psychodynamic therapy and CBT, and continue to meet weekly with the attending we were assigned our intern year which can include anything from therapy patients to conference submissions. The amount of supervision is just right, as it does not feel overbearing, yet is enough to give me the confidence and ability to pick up more challenging, complex patients. As far as call goes PGY3 year, you now get paid for internal moonlighting, and you submit your preference on frequency of call shifts per month. Several of these end up being buddy calls with the new interns, so it is a nice way to be able to teach while also meeting your new colleagues.

While residency is challenging regardless of program and location, I have enjoyed how supportive and caring my co-residents and mentors have been. There are not always easy answers to the problems we face in our field, but it helps to be able to work issues out through our process group, resident meetings and retreats, and supervision. I have always been able to reach out to prior graduates as well, which helps as I look towards fellowship in various regions of the country. My mentors always check to make sure I am engaging in my various forms of therapy, which apart from individual therapy itself, includes volleyball (I currently play in three leagues!) and my three dogs. If you're lucky, you might even be around with Dogtor Klaus makes his wellness rounds in the department

Amber Bard, MD

Fourth year has been a year of self-direction and following my passions. We have few requirements during fourth year: an ECT rotation; serving as chief of a clinical site (the Northshore inpatient service, Ingalls inpatient, Ingalls substance use, outpatient, CL, or ED); a research project; a forensics project; a grand rounds presentation; teaching a few didactics for other residents; and a quality improvement project. Other than these re-

quirements, we can fill our time doing whatever we like. I'm one of the overall chief residents along with my college Katie Washington Cole, so that takes up a fair amount of time. I also have several psychotherapy patients, and I'm seeing patients for psychiatric care at the Student Counseling Services at University of Chicago.

There are several other options available for activities in fourth year—almost anything you can arrange, you can do! Some of my colleagues are doing rotations at the Ingalls forensics unit, where they help restore the competency of patients awaiting trial. Others have done junior attendingships to prepare for independent practice. There is an excellent medical ethics fellowship at UChicago that many residents in the past have been involved with. Another option is an intensive psychotherapy sequence facilitated by experts in the department. There are also opportunities for moonlighting both at our main hospital and our affiliate hospital.

After graduation, I plan to work in outpatient psychiatry at a group practice. I feel prepared and grateful to be leaving University of Chicago as a psychiatrist who has learned so much—particularly, the importance of continuing to learn.