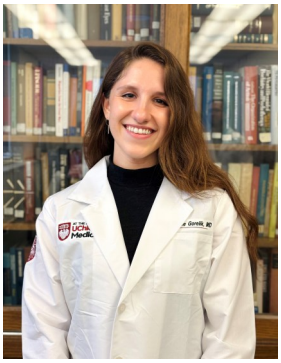
Resident Perspectives

PGY 1



Sasha Gorelik, MD

I knew that transitioning into residency would be a significant change, but the people in this program have made the first few months of intern year as smooth and enjoyable as they could be. The attendings and senior residents I've worked with have been incredibly patient, understanding, and always available to answer my questions! There's also a strong culture of checking in on each other, both within classes and across years, which has made all the difference.

During my first few months, I have rotated on Consult-Liaison Psychiatry, Adult Neurology Consults, and Medicine Consults. It has been really interesting taking the diagnostic and pharmacological concepts I've learned from one rotation to the next, and it has made for fascinating case discussions. Witnessing how multi-disciplinary care is practiced across UCMC has given me a valuable perspective that I'm excited to carry with me as I move into primary team services.

Beyond work, Chicago has offered so many opportunities to enjoy life with new friends! It feels like there's an event every weekend, from listening to Sueños and Lollapalooza from my apartment, to watching the AVP Championships, to playing tons of pickleball and beach volleyball. I can honestly say I have never regretted making UChicago my top choice for residency!

PGY 2

Ren Debrosse, MD

During second year, we get to be full-time psychiatry residents! Half of us started the year on inpatient rotations, which include the inpatient services at Ingalls hospital in Harvey and Northshore Evanston, as well as our psych consult service at main campus in Hyde Park. The other half of our class is working on the substance use, community psych, and ED psych rotations. We complete the bulk of our call during PGY-2, which will free us up for more open third and fourth years of residency. You gain a lot of confidence while on-call because you have to think on your feet, and due to the sheer quantity and variety of presentations we see. I have enjoyed taking on harder/more complicated cases and feeling like I have the knowledge to approach them. Overall, there is a greater sense of responsibility of being the doctor in charge of caring for our patients' psychiatric needs and thinking about the big picture of their wellbeing this year.

We also get our first therapy patients in second year, usually taking on two or three cases and are able to schedule them on days/times that are lighter. We begin with the psychodynamic approach and later get training in CBT skills in the second half of second year. We each have dedicated psychotherapy supervisors in addition to our mentor with whom we discuss our therapy cases, and I have felt very supported in providing therapy. We have our designated didactic block on Tuesday afternoons and still attend class on Thursday afternoon.

Even with the rigorous call schedule in PGY-2, I am still making time to get out to concerts, enjoy delicious food in my neighborhood, playing games at local arcades and at home. I have had time to do other things like organizing with our union, research, volunteering at Maria Shelter, and visit my family. My partner and I are planning to adopt a cat soon, too!

PGY 3

Jared Silverberg MD

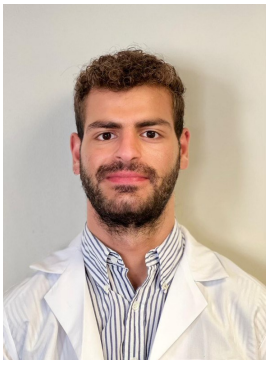
As the saying goes, *"time flies when you're having fun,"* and that's certainly held true. It's hard to believe I'm already two years (and three months) into residency. Like many programs, PGY-3 marks a big shift from inpatient to outpatient work. As someone planning to be an outpatient psychiatrist after residency, I'm loving it!

Thanks to early exposure during PGY-2 with six months of outpatient clinic, we're well-prepared for the transition. This year, I truly feel like a "real" psychiatrist (not that I didn't in the first two years!), and it's impressive to reflect on how much I've already learned and grown. We now see our own patients in our own office, have no required overnight or weekend call (though many of us still moonlight 1-2 shifts a month), and can take vacation days in one-day increments instead of the week-long blocks required during PGY-1 and PGY-2.

So, yes, PGY-3 year sounds great, but what does PGY-3 year actually look like? Great question! Like nearly all my co-residents (except for the one applying to fast-track into Child & Adolescent Psychiatry Fellowship), I have four half-day clinics, two half-day didactics, a panel of psychotherapy patients, and dedicated supervision time. As for the clinic time, we all have our year-long adult general and year-long pediatric general clinics, and then two six-month elective clinics both halves of the academic year. Elective options are extensive, and include geriatrics, 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, psycho-oncology, the list goes on.

Let me walk you through my typical week: Mondays I have my transplant psychiatry clinic in the afternoon with a therapy patient before and after clinic time (so yes, I get to sleep in late on Mondays, a perfect way to mitigate the Sunday Scaries). Tuesdays we have PGY-3 didactics from 9AM-12PM, and then I have a therapy patient, meet for psychotherapy supervision, and conclude the day co-facilitating our department's grief support group (group therapy is not a requirement but there are ample opportunities to do so with the many psychologists and social workers in the department). Wednesdays I have my adult general clinic in the afternoon. Thursdays I have my LGBTQ+ clinic in the morning, followed by a therapy patient, and then our program didactics Thursday afternoon where we are with all four years of residents. Fridays I have my pediatric psychiatry clinic in the morning and then take the afternoon off :)

While I've appreciated each year of residency in its own way, PGY-3 has been especially fulfilling and has confirmed my career goals. The University of Chicago Psychiatry Residency Program is such an incredible place to launch your training! If I were applying again, I wouldn't hesitate to choose it. The leadership and faculty are warm, supportive, and invested in our growth. The clinical and academic experiences are both rich and rewarding. And the camaraderie among residents, faculty, and staff makes even the tough days enjoyable, plus leads to great socialization outside of work. Oh, and the Windy City is such an amazing place to call home!



PGY 4

Nader Hashweh, MD

The 4th year allows for the most flexibility in scheduling in residency at our program. We have a few requirements: a forensic psychiatry experience, ECT training, chief duties for one of the clinical sites, and participating in both, research and QI, projects.

This year I am one of the 2 administrative chiefs of the program and the site chief for the ED. As an ED chief, I facilitate interdisciplinary meetings with EM, SW, and nursing leadership in the ED. I also help organize a weekly didactic hour with the resident rotating through ED psych for the month. I maintain around 5-6 hours of therapy a week (including group therapy) and continue to get supervision and advising from incredibly supportive faculty in our program. I have one clinic a week: treatment resistant depression, where I am honing my skills in TRD care with medications, esketamine, and ECT. I also set up an elective at the Kovler Center, an organization that provides care and services to victims of torture. I am also partaking in an advanced trauma therapy class that is designed by and offered to our wonderful psychology colleagues.

Some other great opportunities that I'm not taking advantage of include an intensive psychoanalytic didactic sequence and a junior attendinghood at our inpatient unit at Ingalls among many others. The personalization of the schedule that 4th year allows at our program was a huge draw for me, and it really has lived up to the hype!