

# Resident Perspectives

**Zachary Bean, MD****PGY 1**

I'm currently on my six months of psychiatry rotations, including Ingalls, Northshore, and the Consult-Liaison service at UChicago, and will begin my off-service rotations (medicine, emergency medicine, neurology, and their pediatric counterparts) come January. Residency kicked off with inpatient psychiatry at Ingalls, located just south of Chicago in Harvey, IL. This was a solidifying experience for my time as a resident, as my attending, Dr. Shima, allowed an immense amount of autonomy in my management of patient's conditions and diagnostic formulations. Now that I'm on the Consult-Liaison service at UCMC, I feel quite prepared for the rigor of balancing an increased patient load with a variety of medical comorbidities. I'm immensely grateful for the diversity in geography, psychopathology, and narrative that has challenged me to consider how to best serve the patient sitting across me.

The mentorship at UChicago cannot be beat. Prior to our first day on the floors, we were paired with a faculty mentor, by clinical interests, who serves to assist with both professional and personal development as budding psychiatrists (and a welcome to UC). Additionally, mentorship extends in the PGY2 year to add a separate individual to hone our craft as a psychotherapist. These connections aside, on psychiatry rotations we are paired with a PGY2 and service chief who provide additional support as we become more comfortable in our abilities as residents.

UChicago is very invested in its residents' wellness. The work-life balance has been quite reasonable, allowing me to pursue my own hobbies or see my co-residents once I'm off the clock. Call has been extremely manageable as an intern, averaging once a week. Personally, I've enjoyed spending time at Promontory Point and kayaking the Chicago River with my other co-residents - we're a very tight-knit group. I live in Boystown and spend most of my free time walking/running along the lake, exploring new takeaways, and enjoying the immense array of architecture the city has to offer. Each day I feel fulfilled, both with the opportunity to learn amongst my colleagues at UC and to connect with such passionate and patient providers.

**Nicole Shaw, MD****PGY 2**

I started second year on my "outpatient" rotations, which include two months on an inpatient addictions unit, emergency psychiatry, and community psychiatry. This was a nice transition, as I did my inpatient months the last half of intern year, so I was able to change the pace before I return to the inpatient units.. My schedule was also nice because I ended first year on CL and began second year on addictions, which are the two specialties that I am considering for fellowship. I have also picked up my two psychotherapy patients, which I see once a week, and receive supervision through both a specific psychotherapy supervision and my PRA.

I just finished my emergency psychiatry rotation, which is where I see patients in the "psych pod" in our emergency room. All patients are first seen medically by the ED resident, who then consults psychiatry if appropriate. The patients we see have a wide variety of complaints, but it is not uncommon to see organic etiologies presenting with psychiatric symptoms. In fact, I did a presentation while on my rotation about that topic, as I find it particularly interesting. It is also nice that I am able to collaborate with my ED colleagues when a diagnosis requires further medical workup, and it is not difficult to obtain more lab tests, imaging, and medical admission when I recommend it. Cases are staffed with the attending on call, but whenever I wanted more assistance I could easily ask the ED chief resident or Dr. Lee (who supervises the rotation) to come and see a patient with me. Safety was also a priority during the pandemic, and I was always provided with adequate PPE and had options to see patients virtually if I wanted. The workday was manageable, as I covered the pager [from 8a-5p](#), and often had downtime to read articles and literature throughout the day.

Even with second year being our busiest year, I have been able to maintain my hobbies. I play in several volleyball leagues in the city that I found when I first moved here. I also have three (yes three!) dogs who I go on tons of runs and walks with around Washington Park. I have also started biking, as the Lakefront trail is beautiful and lets you see the entire city. I just rode my bike from the Hyde Park area to Millennium Park this past weekend to see "The Bean."


**Katie Washington Cole, MD**

Usually, as a PGY-3, we work 8am to 5pm in our own offices (so cool!) at the hospital. This year, due to COVID19, our clinics are virtual and most people work remotely from home, coming in 1-3 times per week depending on their preferences. Four to five half-days are spent in general psychiatry and subspecialty medication management clinics including 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. We all get to rank our preferences for which sub-specialty clinics we want, in order to build expertise in our areas of interest. In addition, to the medication management clinics, we each have eight hours per week of psychotherapy with patients we see independently using modalities such as CBT, psychodynamic, prolonged exposure, third-wave and supportive psychotherapy. Additionally, you get extensive supervision time with 2-3 separate faculty members per week where you receive private instruction on building your skills in pharmacotherapy and psychotherapy. If you choose, you can start research and quality improvement projects in PGY3 year as well. We also have protected time for didactics on Tuesday mornings and Thursday afternoons. As a PGY3, you get paid for internal moonlighting, which are the same overnight/24-hour call shifts that you work as a PGY1 and PGY2. We also have the opportunity to do external moonlighting to further supplement income and experience.

This year has been challenging, due to the ongoing public health emergency and civil unrest in our city and around the country. In my outpatient practice as a PGY3, I am finding that I am growing in my autonomy caring for patients, and also seeing that psychiatry is an important front-line specialty as the communities and populations we serve (including our healthcare worker colleagues) experience intensifying fear and grief over the next several months. With this increased responsibility and stress, I have felt immensely supported in my program and in the broader psychiatry department. During the initial surge in the spring, we met with our program directors weekly (typically every two weeks) to discuss changes that we needed in order to protect our patients, families, colleagues and ourselves. Our faculty, staff and leadership have been working non-stop to be responsive to the needs of our residents and patients as we transitioned from working in person to working remotely. Our program also increased the frequency of our weekly process group, where we cried together and shared our own feelings of fear and loss. These last several months have been hard on all of us. Yet, through these difficulties, building close and intimate relationships with my colleagues, in our process group and elsewhere, has been such an important part of my education and growth in residency.


**Eunjin Jang, MD**

Our fourth year is extremely flexible, which has allowed me to tailor my schedule to my own passions in psychiatry. I'm one of the chief residents along with my colleague Diandra Lucia, so I spend a lot of my time addressing concerns within the residency and making sure that the clinical rotations are running smoothly. The COVID-19 pandemic has certainly presented many challenges, as it is difficult to plan around uncertainty, but throughout this year I have felt incredibly supported by my faculty members and co-residents. All of the PGY4's are also chief residents at various sites (e.g. Northshore inpatient unit, Ingalls inpatient unit, ED, CL, outpatient, substance use), and part of my responsibilities is to teach residents at Northshore and advocate for their safety in regards to the pandemic. I am also seeing patients in personality disorders clinic and eating disorders clinic this year, which is all virtual due to COVID. On top of that I am doing rotations in ECT, working on research and QI projects, planning/teaching didactics for the residents, and seeing psychotherapy patients. The flexibility of this program and especially this year has allowed me to determine what kind of career I want to have after residency.

Although this is the schedule I chose for my 4th year, there are a number of other options. My co-residents are pursuing their passions, including getting one-on-one mentorship in forensic psychiatry, seeing patients multiple times a week in intensive sequence, doing fellowships in medical ethics, acting as a junior attending at Ingalls, doing research, being involved in policy and advocacy, and more. The bottom line is that you have the opportunity to graduate from this program being well versed in a broad range of psychiatric interests. I feel prepared to practice in any general psychiatry setting after training at UChicago.

Overall, I am so happy I chose UChicago to complete my adult psychiatry residency. I have cherished getting to know the people here and have met lifelong friends. I have felt embraced and supported by this residency. Our culture is very familial, and we all step up for each other. I have also learned more about myself than I ever imagined I would. Thanks to this residency, I feel confident that I will succeed in the next steps of my career!