



PSYCHIATRY RESIDENCY PROGRAM

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Program Director

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GOALS AND OBJECTIVES

The goal at ORMC is to foster development of the knowledge, clinical and professional skills, compassionate behavior, and caring attitudes among its residents that are requisite to becoming an effective psychiatrist. The program is currently dually accredited by both AOA and ACGME. Our psychiatry residency program is designed to fulfill each of the standards for residency training in general psychiatry as approved by the American College of Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), and the American College of Psychiatry and Neurology (ABPN).

The curriculum is based on the seven areas of core competency (as described in the AOA Basic Standards for Postdoctoral Training) and the six areas of core competency in the ACGME basic standards. Our program will successfully prepare residents to achieve certification in general psychiatry from the American Osteopathic Board of Neurology and Psychiatry (AOBNP) or the American College of Psychiatry and Neurology (ABPN). It is our intention that upon graduation from the psychiatry training program, physicians will be fully prepared to serve their patients and be a great asset to the profession, as well as their community.

We have dedicated passionate staff members who are committed to providing the best educational opportunities for all learners in our institution. Our physicians have trained at world-class institutions in every medical and surgical specialty.

Based on community health needs assessments, ORMC committed to mental health and substance abuse as one of its principal health prevention focus. Mental Health and Substance Abuse were selected as a high public community health priority initiative in Sullivan County because of several factors including: 1. Consistency with Sullivan County Rural Health Network priority; 2. Excessive mortality rates from both suicide and cirrhosis of the liver; 3. Identification of the unmet need for additional mental health services within western Sullivan County outlying communities as well as forums; 4. Strong recommendation by the Hospital Advisory Committee that mental health and substance abuse should be selected as a County Community Public Health Initiative.

GME training programs at ORMC, psychiatry in particular, will increase the capacity of the local care delivery systems and will have a positive impact on the health indicators in our region by expanding access to behavioral health. The presence of these programs will benefit the local community and result in educational opportunities in the medical field previously not available in this part of the Hudson Valley.

Orange Regional Medical Center – Behavioral Health Services

Orange Regional Medical Center is located in the Hudson Valley Region of New York State in Middletown; about an hour from New York City. ORMC's BHS features multi-site services including a Psychiatric "Access Center" in the Emergency Department, an Inpatient Behavioral Health Unit, and two outpatient treatment centers. One outpatient location (Orange Regional Counseling Service) is for mental health counseling and medication management. The other location (Orange Regional Family Program) is for alcohol and substance abuse treatment. Both outpatient sites are within two miles of the hospital. The Access Center is a locked portion of the ED and features five interview rooms. The BHU is a locked unit with 30 private patient rooms and facilities for activity therapy, restraint/seclusion, and an outdoor courtyard.

ORMC's General Psychiatric Residency Program serves to provide residents with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional psychiatrists.

Residents completing the program will be competent in each of the seven Core Competencies of the AOA and the six Core Competencies of the ACGME. Additionally, they will be able to treat patients with individual psychotherapy, psychodynamic psychotherapy, family, group and cognitive-behavioral therapy, brief therapy and crisis intervention, psychopharmacology, and other somatic treatment modalities. Residents will also develop the skills to treat patients with alcoholism and drug addiction, with or without comorbid psychiatric diagnoses.

They will have basic competency to treat patients with any of the major psychiatric disorders, to develop and critique case formulations and make appropriate treatment plans, to respond appropriately to acute psychiatric emergencies, including acute psychosis and suicidal or homicidal ideation and behavior, and to distinguish medical and neurological problems from psychiatric disorders. They will understand legal procedures related to mental health care and how osteopathic manipulative therapies can be utilized to promote patient well-being.

Patients of various ages, ethnicities, races, and socioeconomic groups will be encountered by residents in settings throughout the hospital system.

To become a "mind healer," residents will develop critical thinking skills. Critical thinking will be emphasized as students review scientific literature, and through the consideration of theoretical, ideological, and ethical issues in psychiatry.

ACGME Competencies:

- Patient Care and Procedures
- Medical Knowledge
- Practice-based Learning and Improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice

AOA Competencies:

- Osteopathic Philosophy and OMM
- Medical Knowledge
- Patient Care
- Interpersonal and Communication Skills
- Professionalism
- Practice-based Learning and Improvement
- System-based Practice

CURRICULUM

1. Primary Care Training

The primary care training experience for psychiatry residents will occur during four months of the PGY-1 training year. Residents will train side-by-side with osteopathic family medicine residents during their Internal Medicine Rotation. We will have a fully accredited osteopathic family medicine and osteopathic manipulative treatment (OMT) training program with dedicated primary care osteopathic physician's members serving as faculty members. Teaching methods include bedside clinical teaching on daily rounds, lectures, seminars, clinical conferences and grand rounds. Residents attend one afternoon (five hours) of didactic seminars each week.

The psychiatry residents will learn how the principles of OMT apply to primary care medicine through both didactic and clinical experience. As part of their clinical assessment of patients, residents will be required to complete a relevant musculoskeletal examination and employ manipulative techniques for a variety of disease states where applicable. The ORMC library will have available educational materials to support the psychiatric residents. Specifically, the textbook, *Somatic Dysfunction and Osteopathic Family Medicine* (Nelson, K, Glonet, T., ACOPF, 2007) will be available in addition to other educational, video and internet resources. Furthermore, visiting faculty from Touro College of Osteopathic Medicine (TouroCOM) will be invited to participate in the delivery of the didactic curriculum to all ORMC residents.

It is anticipated that the psychiatry residents will be embedded within care teams, with other learners, on the inpatient medicine teaching service (MTS). For example additional PGY-1 residents, one or more supervising residents (PGY-2 or PGY-3) and full-time faculty attending supervisors. The primary care experience will ensure a breadth of experience working with adults and geriatric patients (approximately 40% of patients are over age 60), with a full range of diagnoses on the IPS at ORMC. The MTS at ORMC reflects patients from diverse backgrounds (ethnic and racial) and from all socioeconomic statuses. Similarly, the psychiatry residents will have opportunity to treat a full range of disorders in pediatric populations (i.e., children and adolescents) on both the inpatient pediatric service as well as in outpatient clinics.

Caseloads vary with services but are comparable with those carried by interns in the specialty area.

- Supervision occurs at the bedside, on rounds, in scheduled seminars and in departmental conferences.
- Lectures, conferences and grand rounds are offered on a weekly basis in the family medicine department.
- Attending faculty are always available in person or by pager for supervision.
- Evaluations will be completed for each resident and returned to the psychiatry residency program director (PD).

2. Neurology

The duration of neurology training for PGY-1 residents is two separate block rotations. One of the two blocks will typically consist of an inpatient neurology experience, while the other block will be spent on the neurology consult service. The neurology department consists of full-time, board-certified neurologists who have robust ambulatory practices in addition to serving as faculty

attendees on the inpatient unit and consult service. Neurology faculty members work with psychiatry residents as well as family medicine residents on these services.

The patient population that residents will care for during this experience is approximately 75% Caucasian and 25% other races (majority African-American) with a male/female distribution of 40%/60% respectively. The diagnostic mix for the neurology services is roughly 50% cerebrovascular disease, 20% seizure disorders, and the remainder is comprised of a variety of other neurologic illnesses. Specifically on the stroke services approximately 60% of patients are over the age of 60.

Teaching methods include bedside clinical teaching on daily rounds, lectures, seminars, SIM training, clinical conferences, and grand rounds. Supervision of residents will occur at the bedside, on rounds and in peer review. Evaluations will be completed for each resident and returned to the psychiatry residency program director (PD).

3. **Inpatient Psychiatry**

Inpatient psychiatry will be a major component of psychiatry resident training during the PGY-1, PGY-2, and PGY-4 years of training. Inpatient training will begin with a six months of block rotations in PGY-1. ORMC provides inpatient psychiatry services for the Greater Hudson Valley Region in its 30-bed inpatient psychiatric unit. Psychiatry residents will serve as integral members of the care team on the inpatient psychiatry service (IPS). Each care team will consist of psychiatry attending faculty members who are board-certified/eligible psychiatrists many of whom maintain full-time inpatient loads as well as some who provide additional outpatient or consultation liaison (CL) services; there is an attending assigned to each of the inpatient care teams.

Only adult patients are treated on the IPS at ORMC and approximately 25% of psychiatry inpatients are over the age of 60. The diagnostic mix on the IPS can be characterized as follows: 40% mood and anxiety disorders, 30% psychotic disorders, 10% cognitive disorders, 10% personality disorders, and 10% other psychiatric conditions.

Resident teams will typically care for an average daily caseload of five to six patients on this service. A significant portion of residents' training and experience with Geriatric, Addiction and Forensic Psychiatry occurs during this rotation. Residents will be exposed to the various community mental health centers and other community based care organizations through discharge planning on the inpatient unit.

It is envisioned once fully operational, the PGY-4 residents will supervise the functioning of the IPS including activities of the PGY-1 and PGY-2 residents and medical students with oversight and counsel from the IPS attending. The PGY-2 resident also has opportunities for supervision of the IPS team in the absence of the PGY-4 resident. The PGY-1 is provided an opportunity to learn supervisory skills and utilize them when they assist in the supervision of medical students under the guidance of the PGY-2 and PGY-4 residents. Additionally, residents can be expected to assist in the instruction of medical students assigned to their service.

Teaching methods include bedside clinical teaching on daily rounds, working as part of an interdisciplinary team, lectures, seminars, inpatient clinical conferences, assigned readings with discussion and didactics. In addition residents attend five hours per week of formal didactics. Inpatient clinical conferences consist of weekly didactics on clinical interviewing, addiction psychiatry, CL/emergency room (ER) psychiatry and general psychiatry topics by different faculty attendees.

Supervision occurs at the bedside, on rounds and in peer review. The attending psychiatrist assigned to each inpatient team is also available throughout the day by phone. Evaluations are completed on each resident and are returned to the PD for review. In addition residents are expected to attend individual supervision for one hour per week for OGME-1 residents and two hours per week for OGME-3 residents.

4. **Consultation Liaison (C-L)**

A three month rotation that occurs during the PGY-2 training year. The C-L educational experience during these block rotations is taught by full-time, board-certified/eligible psychiatrists who are specifically assigned to each of the C-L psychiatry teaching services.

Teaching methods include bedside clinical teaching on daily rounds, working as part of an interdisciplinary team, lectures, seminars, inpatient clinical conferences, assigned readings with discussion and didactics. In addition residents attend five hours per week of formal didactics. Inpatient clinical conferences consist of weekly didactics on clinical interviewing, addiction psychiatry, C-L psychiatry and general psychiatry topics by different faculty attendings.

Supervision occurs at the bedside, on rounds and in peer review. The attending psychiatrist assigned to each C-L service is also available throughout the day by phone. Evaluations are completed on each resident and are returned to the PD for review. In addition residents are expected to attend individual supervision for 1-2 hour per week.

5. **Emergency (EM) Psychiatry**

This rotation is three one-month block rotations during the PGY-2 training year which may include one or more months of night float. A full-time, board certified psychiatrist serves as the faculty attending for this rotation. During the daytime a psychiatry faculty member is assigned to each of the ER psychiatry services at ORMC and during the night-time ER psychiatry rotation the attending psychiatrist on-call is immediately available by telephone to provide supervision. Furthermore, the psychiatry residents will work closely with the emergency medicine attendees who are consistently available to all residents who are assigned to ER rotations. An average daily caseload of five to ten patients is carried by residents during this rotation; during the night-time ER psychiatry service residents get a nightly average of five to ten consults.

Teaching methods include bedside clinical teaching on daily rounds, working as part of an interdisciplinary team, lectures, seminars, inpatient clinical conferences, assigned readings with discussion and didactics. In addition residents attend five hours per week of formal didactics.

Supervision occurs at the bedside, on rounds and in peer review. Faculty is also available 24/7 for consultation by telephone. Evaluations are completed on each resident and are returned to the PD for review. In addition residents are expected to attend individual supervision for one hour per week.

6. **Outpatient Adult and Child/Adolescent Psychiatry**

Outpatient psychiatry consists of 1 month block rotation in PGY-2 and eleven months of block rotations during the PGY-3 training year. The outpatient psychiatry experience includes both experiences in a suburban office-based setting as well as experiences in community health settings.

The ORMC outpatient psychiatry clinic where residents will have regular clinics and maintain a panel of continuity patients is fully staffed with full-time psychiatrists, full-time clinical psychologists, as well as full-time social workers. There is always an attending psychiatrist available to supervise residents on each day there is a resident-run clinic. The clinic population consists of lower, middle and upper socioeconomic classes and is about 50% female and male respectively; 70% Caucasian, 15% Hispanic, and 15% other races. Patients range in age from young adult through geriatric with the majority between the ages of 20 and 55. Primary clinical diagnoses for the ambulatory clinic include: approximately 60% depressed and/or anxious, 20% psychotic, 10% personality disorders, and 10% substance abuse with many patients experiencing one or more comorbidities. Residents will spend the majority of their time engaging in combined medication management and brief supportive psychotherapy. They also maintain a panel of at least six long-term psychodynamic psychotherapy and cognitive behavior therapy patients. Additional experiences are available for group psychotherapy.

An average daily outpatient caseload would consist of 7-10 patients scheduled for combined medication management and brief supportive psychotherapy, one to two patients per week for individual psychotherapy; a weekly group psychotherapy session may also be present.

In addition to the office-based clinic described above, residents will also hold clinic sessions at the ORMC Outpatient Child & Adolescent Psychiatry Clinic during their PGY-3 and PGY-4 where patients are between the ages of 12 and 17 and approximately 65% of the patients seen are female and 35% are male. The diagnostic complexion of the patient panel at this clinic is as follows: 40% mood and anxiety disorders, 20% ADHD and related disorders, 10% learning disorders, 10% psychotic disorders and 20% other psychiatric conditions. Educational experiences in this clinic will typically consist of one or more medication clinics wherein patients are also seen for brief psychotherapy. Residents work closely with parents, families or guardians of patients.

Residents will hold clinic sessions at the Orange Regional Family Program for Alcohol and Substance Abuse. Patients are mostly adults. Approximately 58% of the patients are male and 42% are female; Caucasian 87%, African American 7%, other 6%. Patients with alcohol as primary substance 37%, drugs as primary substance (including prescription/over the counter meds) 63%; (42% of 267 total patients report no secondary substances); Co-existing psychiatric disorder reported 61%. Age range of patient served: 13yrs through early 70s. Education experiences in this clinic will typically consists of group therapy sessions and individual treatments. Residents will work in collaboration with CASAC workers and with the oversight of the psychiatric attendee.

All residents have required individual supervision twice weekly and additional supervision for group therapy. Residents are also supervised by the assigned attending psychiatrist for the clinic that day before the patient leaves the clinic. Additional supervision is available on an as-needed basis.

A significant portion of residents' training and experience with geriatric, child and adolescent, addiction, and forensic psychiatry occurs during this rotation and may include clinics held at other area ambulatory clinics.

Residents spend, on average, five hours weekly in seminars and didactics; faculty are always available for consultations; caseloads are carefully monitored by the PD and controlled for both breadth and variety of experience.

7. Geriatric Psychiatry

During PGY-2 residents will spend one- 4 week will rotation at the Mid-Hudson Forensic Psychiatric Center (MHFPC). While at MHFPC residents will work with Geriatric patients and perform psychiatric evaluations in nursing homes affiliated with ORM. Residents will provide consultation liaison services at Valley View Nursing Rehabilitation Center. Duties will comprise of: psychiatric evaluations on behaviorally disturbed long term care patients, psychopharmacological management of these patients, consultation and liaison to physical rehabilitation, Hospice patients in the nursing home; follow up in the hospital should hospitalization be necessary, cross consultation and case discussion with primary care.

8. Forensic & Addiction Psychiatry

During PGY-2- residents will spend one- 4 week rotation each in Forensic and Addiction at the Mid-Hudson Forensic Psychiatric Center (MHFPC). At MHFPC residents will work with forensic and addiction patients admitted with psychiatric diagnosis and treat them for acute adjustment reaction & psychosocial dysfunction, depressive neuroses, neuroses except depressive, disorders of personality & impulse control, organic disturbances & mental retardation, psychoses, behavioral & developmental disorders, other mental disorder diagnoses, Alcohol/drug abuse or dependence, left AMA, Alcohol/drug abuse or dependence w rehabilitation therapy, Alcohol/drug abuse or dependence w/o rehabilitation therapy w MCC, Alcohol/drug abuse or dependence w/o rehabilitation therapy w/o MCC.

Affiliations Include:

Crystal Run Healthcare	Michigan State University	Mid-Hudson Forensic Psychiatric Center
Rockland Psychiatric Center	VA Hudson Valley Health Care	Valley View Center
West Hudson Psychiatry Society		

DEPARTMENT DESCRIPTION

The Behavioral Health Services program is comprised of a continuum of care providing services to the Orange County and neighboring communities. It includes:

1. Inpatient Psychiatric Unit: Orange Regional Medical Center

The Behavioral Health Unit is a new, state of the art, 30 beds, and 9.39 acute care inpatient psychiatric unit on the second floor of Orange Regional Medical Center. The unit provides inpatient evaluation and treatment for adults 18 years of age and older. Behavioral Health treatment is provided by the interdisciplinary treatment team of psychiatrists, registered nurses, social workers, activity therapists and other mental health staff under the direction of the attending psychiatrist. The treatment team develops and implements a plan of care together with the patient, family and community resources to optimize recovery from mental illness. The unit accepts admissions from the Orange Regional Medical Center's ED and units, as well as community hospitals, clinics and emergency services.

Services provided 24 hrs/7 days weekly
Telephone: 845-333-2260
Fax: 845-333-2245

2. Orange Regional Counseling Services

420 East Main Street, Middletown, New York

The Orange Regional Counseling Services offers outpatient clinic treatment to children, adolescents, adults, couples and families in Orange County and other neighboring communities. The clinic is staffed with a multidisciplinary team offering psychiatric evaluations, medication management, symptom management, coping methods and behavioral therapies. Individual, couples and family therapy are provided.

Hours of Operation: Monday- Friday 8:00 AM - 6:00 PM
Saturday: 9:00 AM – 1:00 PM
Telephone: 845-333-7800
Fax: 845-333-7826

3. Access Center: Orange Regional Medical Center Emergency Department

The Access Center provides twenty-four hour emergency evaluations for individuals of all ages who may be experiencing a psychiatric crisis. All community referrals are accepted. The Access Center is a part of the Emergency Department, and is staffed with a multidisciplinary team of physicians, nurse practitioners, social workers, nurses, and medical staff. Comprehensive psychiatric and medical Assessments, crisis intervention, case management, referrals, and discharge planning are some of the state of the art services provided.

Services provided 24 hrs/7 days weekly

Telephone: 845-333-1621
Fax: 845-333-1630

4. ORMC Family Program for Alcoholism and Chemical Dependency

420 East Main Street, Middletown, New York 10940

The ORMC Family Program offers a comprehensive program of outpatient treatment licensed by the Office of Alcohol and Substance Abuse Services. The programs are designed to the special needs of individuals with Substance Use Disorders, including clinic and intensive outpatient programs for adolescents, adults and families.

Hours of Operation: Monday-Thursday 9:00 AM - 9:30 PM
Friday: 8:00 AM – 4:00 PM
Telephone: 845-333-7818
Fax: 845-333-7826

ORMC Core Teaching Faculty:

Cesar Rojas, MD

Ulrick Vieux DO, MS

Richard Wang, MD

Balveen Singh, DO

Alison Sullivan, MD

Dan Giurca, MD

Robert Stine, MD

Martha Crowner, MD

David Yens, PhD

Kim Arrington, PsyD

Faculty

Andrew Faskowitz, MD

Mirlande Jordan, MD

Lindsay Jordan, MD

Seena Sebastian, MD

Beth Boyarsky, MD

Dominec DeSantis, PsyD

Clifford Knapps, PhD

Brigitte Gordon, DNP

Residency education in psychiatry requires 48 months, of which 12 months may be completed in an ACGME-accredited child and adolescent psychiatry program.

ACGME Rotation Requirements:

1. 4 months in a primary care clinical setting.
2. 2 months in Neurology.
3. 9 months in inpatient psychiatry.
4. 12 months of outpatient psychiatry.
5. 2 months of Child and Adolescent psychiatry.
6. 1 month of Geriatric psychiatry.
7. 1 month of Addiction psychiatry.
8. 3 months of Consultation and Liaison psychiatry.
9. 1 month of Forensic psychiatry
10. 3 month of Emergency psychiatry
11. 1 month of Community psychiatry
12. 9 months of Electives/Tracks;

Opportunities:

-Marist College: offers a MBA which residents can pursue as a third year

Psychiatry Curriculum:			
PGY-1	PGY-2	PGY-3	PGY-4
Inpatient Psychiatry	Inpatient Psychiatry	Outpatient Psychiatry	Inpatient Psychiatry
Internal Medicine	Consultation-Liaison	Child-Adolescent Psychiatry	Consultation-Liaison
Family Medicine	Addiction Psychiatry		Community Psychiatry
Neurology	Geriatric Psychiatry		Elective(s)
	Forensic Psychiatry		
	Child-Adolescent Psychiatry		
	Research		

Possible lecture topics will include:

PGY 1
Psychiatry Resident-in-Training Examination (PRITE) Review Course
Department of Psychiatry Grand Rounds
Inpatient Case Conference
Evidence Based Mental Health Journal Club
Intro to Psychiatry
Intro to Psychoanalysis
Quality Management Research Methods
PGY 2
Psychiatry Resident-in-Training Examination (PRITE) Review Course
Department of Psychiatry Grand Rounds
Inpatient Case Conference
Evidence Based Mental Health Journal Club
Quality Management Research Methods
Intro to Psychotherapy
Introduction to Clinical Psychiatry
Culture and Psychiatry Seminar
Psychosomatic Medicine/Consultation Psychiatry
PGY 3
Psychiatry Resident-In-Training Examination (PRITE) Review Course
Outpatient High Risk Conference
Department of Psychiatry Grand Rounds
Evidence Based Mental Health Journal Club
Ambulatory Psychopharmacology Course
Overview of Psychotherapy
Family and Group Therapy Seminar
Psychotherapy Supervision Seminar
Psychotherapy Literature Seminar
Research Seminar
PGY 4
Psychiatry Resident-In-Training Examination (PRITE) Review Course
Outpatient High Risk Conference
Department of Psychiatry Grand Rounds
Evidence Based Mental Health Journal Club
Psychosomatic Medicine/Consultation Psychiatry

Psychotherapy Supervision Seminar
Psychotherapy Literature Seminar
Research Seminar

Anticipated Topics for Seminars and Conferences

- The Psychiatric Interview
- Supportive Psychotherapy
- Medical Issues for Psychiatrists
- Community Resources for Adults and Children
- Orientation to Research Protocols and Care of Research Subjects
- Crisis Management
- Introduction to Library Resources
- Introduction to Child Emergencies and Child Consult Service
- Introduction to the Diagnosis and Treatment of Anxiety Disorders
- Introduction to the Diagnosis and Treatment of Mood Disorders
- Suicide Assessment
- Introduction to the Diagnosis and Treatment of Delirium and Dementia
- Introduction to Personality Disorders and Five Factor Model
- Alcohol, Opioid, and Benzodiazepine Detoxification
- Introduction to the Diagnosis and Treatment of Psychotic Disorders
- Geriatric Psychiatry
- Introduction to Bioethics
- Providing Educational Instruction – Residents as Teachers
- Psychiatric Problems of Physicians
- Biopsychosocial Formulation
- Neurosciences
- Psychopharmacology
- Integrating Psychopharmacology with Psychotherapy
- Psychodynamic Psychotherapy
- Dealing with the Aggressive Patient
- History of Psychiatry
- Sleep Disorders
- Nicotine Dependence
- Neurology
- Cognitive Behavioral Therapy
- Drug and Alcohol Counseling for Inpatients
- Group Psychotherapy for Inpatients
- Administrative Psychiatry
- Electroconvulsive therapy
- Introduction to Psychodynamic Psychotherapy

- Self-Psychology
- Diagnosis and Treatment of Eating Disorders
- Case Interview using the Biopsychosocial Assessment
- Legal Considerations in Psychiatry and Health Care
- Child and Adolescent Development
- Basic Psychiatry Review
- Journal Club
- Research Opportunities in Psychiatry
- Evidence-based Medicine
- Dissociative Disorders
- Psychodynamic Psychiatry
- Psychological Testing with Children
- Psychotherapeutic Process
- Cognitive Behavioral Therapy
- Current Research in Psychiatry
- Perspectives on Psychiatry
- Psychotherapy in Substance Dependence
- Professionalism in Psychiatry
- Movement Disorders
- Adult Psychological Testing
- Case Presentation and Psychotherapy Seminar
- Therapeutic Approach to Addiction
- Forensic Psychiatry – Case Study
- Research in Psychiatry
- Culturally Bound Disorders
- Biopsychosocial formulation-case interview
- Geriatric Psychiatry: Introduction, Patient assessment and Treatment
- Personality disorders
- Psychosocial sciences
- Sexual Disorders: Evaluation and treatment
- Working with LGBT individuals and couples
- Dissociative Disorders
- Evaluation: Interviewing and Formulation of Addicted Patients, Mood Disorders, Anxiety Disorders
- Schizophrenia and Psychotic Disorders
- Psychotherapeutic Treatment of Substance Abuse
- Pharmacological Treatment of Alcohol Abuse
- Intimate Partner Violence
- Introduction to CBT
- Neuropsychology
- Diagnosis and treatment of Dementia

- Diagnosis and treatment of Cognitive disorders
- Psychiatric Care of Women in Childbearing Years
- Outpatient Psychopharmacology for Substance Use Disorders
- Substance Abuse Assessment in the Outpatient Setting
- Psychological Testing for Children
- Adult ADHD
- Boundary Issues in Psychiatry
- Talking about sex and sexual dysfunction with patients
- Individual Outpatient Therapy for Substance Abusers
- Child Psychopharmacology
- ADHD in Children
- Outpatient Psychopharmacology of Anxiolytics
- Child Forensics
- Psychopharmacology for Psychotic and Bipolar Disorders
- Psychotherapy Seminar
- Theory into Practice: Setting Limits in Psychotherapy
- Theory into Practice: EMDR
- Theory into Practice: Family Therapy
- Theory into Practice: Eating Disorders
- Theory into Practice: Psychotherapy with Gay and Lesbian clients
- Grand Rounds
- Resident Peer Review
- Forensic Psychiatry
- Psychotherapy seminar case studies
- Case studies in Advanced Psychopharmacology
- Treating ADHD in Children and Adolescents
- Psychodynamic formulation of personality
- Group psychotherapy: Experiential Learning
- Antidepressants in Outpatient Practice
- Psychotherapy: Developing Treatment Goals and the Therapeutic Relationship
- Psychotherapy: Confrontation, Manipulation and Resolution
- Strategies for Treatment Resistant Anxiety
- Standard of Care for the Use of Benzodiazepines
- Assessing and treating trauma in relationships and families
- The role of spirituality in psychiatric practice
- Organized Psychiatry & the APA
- Professional Practice
- Psychodynamic Theory and Case Discussion
- PRITE and Board exam review
- Medical Student Suicide
- LIFE Curriculum

- Mood stabilizers in outpatient practice
- Psychiatric Emergencies
- Resident group supervision
- Mindfulness, meditation and biofeedback
- Topics in Psychiatry review

RESIDENCY BENEFITS AND PROGRAM FAQ

SALARY

Residents/Interns are paid on a bi-weekly basis. Yearly Salary:

PGY-1	\$57,000.00
PGY-2	\$59,000.00
PGY-3	\$61,600.00
PGY-4	\$64,691.00

BENEFITS

All Residents/Interns are provided with a salary, the amount of which is determined by the Resident’s program level, which may differ from the Resident’s PGY level. Residents/Interns will be able to enroll, if they choose to, in the health plan offered by the Hospital at orientation and on an annual basis in accordance with the system’s enrollment period. Health Insurance Premiums are the resident’s responsibility. Each year you have the option to take part in the hospital-wide Biometric Screening. If you do NOT participate you will be charged 25.00/per pay period. It is your responsibility to check your e-mail so that you do this in the required time-frame.

First and Second year residents will be allotted 750.00 per academic year for a 3-year program to be used towards conferences, books, and/or other items related to professional development-i.e. PDA's, software, stethoscopes, etc. Additionally these monies can be used for required programmatic dues such as ACGME membership. These monies DO NOT accumulate or roll over to the next academic year.

Third year residents in their final year of residency are allotted 1500.00 which is designated for board application fees, including travel, and/or a national conference.

If a residency goes on for more than 3 years the 1500.00 allowance applies to their final year of residency only and remains 750/year for their junior years.*(Please see individual program manual as this may differ).

Please note: These monetary benefits are taxed.

PGY-1	750.00	750.00	750.00	750.00
PGY-2		750.00	750.00	750.00
PGY-3		1500.00	750.00	750.00
PGY-4			1500.00	750.00
PGY-5				1500.00

FOOD STIPEND

A one-time food stipend of \$1,500.00 is given in a separate check during your first month of residency. Food when on-call will be available in the call rooms. It is your responsibility to make sure you have something to eat when on-call. Small snacks will always be available.

Please note this is a taxable benefit.

Frequently Asked Questions

How many openings do you have for the 2017-2018 academic year?

We anticipate accepting a total of 4 residents in the upcoming match between both AOA and NRMP.

Do I need to submit my application electronically?

All applications for 1st year positions must be submitted through ERAS (www.aamc.org/ERAS).

Do you sponsor visas?

Currently, ORMC is not sponsoring visas (H-1 or J-1) for any incoming residents.

How many letters of recommendation do you require?

A minimum of three letters is required to have your application considered complete.

Do you accept applications outside the Match system?

No, all of our 1st year positions will be filled through the National Residency Matching Program “NRMP” or AOA match.

Is there a cut-off date for graduation from medical school?

No. We consider each application on an individual basis. However, length of time away from clinical practice is considered important.

The ERAS application asks me to include a personal statement. What type of information should I include and how long should it be?

The personal statement should be about 500 words in length. Tell us a little bit about yourself: your interests, experiences and aspirations. It would also be helpful to describe your reasons, both professional and personal, for choosing the field of psychiatry.

Is there a deadline for submitting applications?

We begin reviewing applications in July and September, with the formal interviews schedule starting in early October. We have no formal deadline for the submission of applications, but when our available interview slots have been filled, we no longer read applications. This includes applications that arrived early but were incomplete.