



# Psychiatry Residency Education and Training Program

2020-2021 Residency Program  
Web Brochure

Educating and Training Residents since 1941

**Creedmoor Psychiatric Center**

A Component of the New York State Office of Mental Health



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## Executive Director's Introduction

Creedmoor benefits enormously from having the Residency Training Program. For over thirty-five years, the Program has been an example of a successful public-private partnership between the New York State Office of Mental Health (OMH) and Columbia University, utilizing the strengths of both. Resident staffed units include the Intensive Treatment Unit, a twenty-five-bed inpatient unit offering excellent care for patients with challenging clinical issues, and the Queens Village/Jamaica Wellness and Recovery Center. Opportunity to participate in quality improvement initiatives rounds out the experience. Our Grand Rounds Program and the Columbia University Medical Students' rotations offer further opportunities for advancing quality of care at Creedmoor.

The entire facility benefits from the presence of the Residency Program, and its parent department, the Department of Medical Education. The presence of Residents fosters an academic atmosphere, an atmosphere of clinicians committed to the highest level of care possible for our patients.

Other activities of the Department, including the Grand Rounds Program, and the Columbia University Medical Student rotations, all contribute to both maintaining and advancing the quality of care at Creedmoor. A measure of the facility's confidence in the Residency Program has been the number of graduates hired by Creedmoor. We are proud of the program and continue to work to make it the finest public psychiatry program in New York. Our graduates are sought after by the public sector and voluntary behavioral health centers across the country as well as the New York State Office of Mental Health system.

Effectively guided by the Department of Medical Education, the Creedmoor Residency Program provides an outstanding public psychiatry experience with a diverse patient population, a highly professional staff and a broad array of clinical and organizational opportunities.

Welcome to one of the finest public psychiatry programs in the United States.

Martha Adams Sullivan, DSW, MA

Executive Director

## Welcome from the Medical Education team:

Our mission at the Creedmoor Psychiatric Center Residency Training Program is to provide a clinically rich training experience that produces psychiatrists with the compassion, integrity, and excellence necessary to care for all individuals who are in need of psychiatric services.

Creedmoor's Department of Medical Education and Residency Training Program in Psychiatry provides a unique opportunity to train at a public hospital in one of the most ethnically and culturally diverse counties in the United States. Creedmoor aims to be a leader in the network of psychiatric care in Queens and the greater New York City area in collaboration with patients, families, advocates and communities.

Creedmoor Psychiatric Center has been involved in residency education and training in psychiatry for over 75 years. It is the only psychiatry residency program entirely sponsored by the New York State Office of Mental Health (OMH). The current program is the work of many years of generous support from our administration and sustained effort by faculty and residents to make a dynamic, comprehensive, and nurturing program designed to produce ethical, skilled, competent psychiatrists ready to pursue a variety of career paths. We believe that at the heart of an excellent residency training program is a balance of supervised clinical experience and an interesting comprehensive didactic program. Faculty from Creedmoor and Columbia University Irving Medical Center encourage and assist residents in developing their special interests, such as consultation-liaison psychiatry, forensic psychiatry, addiction psychiatry and psychiatric research. The residency training program is designed to teach residents the basic skills required for certification and practice in general psychiatry in an academic environment that instills the value of life-long learning.

## Aims of the Creedmoor Psychiatry Residency Training Program:

- To develop qualified psychiatrists trained in a range of therapeutic modalities including psychotherapies, psychopharmacology and other somatic treatments, and able to provide outstanding care for any patient who presents with psychiatric symptoms.
- To provide for the development of special expertise in the treatment of patients with chronic mental illness drawing on Creedmoor's diverse patient population, and for residents to see public service as a viable career path.
- To encourage residents to focus on the study of psychiatry and neuroscience and to take advantage of excellence in teaching, clinical curricula and self-study in an academic environment to ensure that they pass the board examination on their first attempt.
- To promote the application of a culture of life-long learning to the daily experience of being a skilled clinician, scholar, and educator.
- To foster the personal qualities of professionalism including compassion, responsibility, respect, wellness and adherence to ethical principles.

## A Day in the Life of a Creedmoor Psychiatry Resident

As a current fourth-year psychiatry resident, I'm proud to have trained at Creedmoor Psychiatric Center. My experience has been positive, not only because of the diverse and comprehensive training, but also because of the wonderful people I have met and worked with along the way. Although I must admit this last year has been unique, I hope that by sharing my experience it will help you get a better sense of what life is like as a Creedmoor psychiatry resident.

When this year started, I was excited to begin my rotation as Chief Resident on our primary inpatient training site, the Intensive Treatment Unit (ITU). My role included supervising our first-year residents as well as teaching the rotating medical students. I would begin my days with a morning workout in my neighborhood of Williamsburg, Brooklyn before jumping into my car for a 30 to 45-minute commute filled with my favorite podcast or pump-up music. I would arrive at work by 8am for a quick debriefing with the first-year residents. After our meeting, I led the multidisciplinary morning rounds where the entire clinical team would discuss overnight events and acute clinical issues. The remainder of the day was spent supervising the first-year resident's clinical work and, depending on the day of the week, attending or presenting educational lectures, journal presentations, Grand Rounds, case conferences, and attending various administrative meetings such as the Hospital Forensic Committee.

Fridays looked a bit different as I would ditch my car for the subway to head up towards NYP/Columbia. The day here would be spent seeing my patients in the adult outpatient psychiatry clinic for psychotherapy and/or medication management, meeting with my supervisors to discuss my current cases and attending various lectures series taught by Columbia University Medical Center attendings and postdoctoral fellows. Once my duties were done for the day, I was free to enjoy my weekend in NYC and everything this city has to offer.

What started out a typical experience, changed in March when the COVID-19 emergency was rapidly evolving. I myself became ill within a week of NYC going on lockdown and ultimately tested positive for COVID-19. Thankfully, my symptoms were mild enough to keep me out of the hospital although I spent 16 days in home isolation before I was able to return to work. During my time out, I would get daily texts and phone calls from my co-residents, attendings and program director to check-in and offer to drop off any food or medicine I needed. Given we are a small program, I always felt we were a close-knit group, but this experience really solidified my feeling that these people were more than just my colleagues.

When I returned to work, I saw everybody stepping up to support each other. Our program director worked to switch rotation schedules for those at risk in order to protect them from COVID-19 exposure. Resident and attending psychiatrists all over the hospital were covering for each other to support those of us who became sick. My role ultimately changed, increasing my responsibilities to those similar to an attending given I was essentially 3 short months away from that role already. At first, this felt like a large burden to bear but with the support and supervision from our medical education staff, I quickly found myself becoming confident in my abilities and actually enjoying the level of added responsibility. The COVID-19 emergency experience was without a doubt difficult for all of us in our own ways; however it also strengthened my confidence in myself and all the skills I learned during my psychiatry training experience and solidified my respect and appreciation for all the amazing people who make up this program.

-Patrick Haenlein, MD, PGY-4  
June 2020

## **A Brief History: Creedmoor Psychiatric Center and the Psychiatry Residency Training Program**

The land grant site where Creedmoor Psychiatric Center is currently located was deeded to New York State by the Creed family in 1870 for its use as a rifle range by the New York State National Guard. Bullets coming too close to the developing Queens community eventually led the state to close the range. In 1908 the state legislature made the site available for the construction of a state mental hospital. After much review and planning, the “Farm Colony of Brooklyn State Hospital” opened on July 1, 1912 with 32 patients. The New York State Legislature authorized funds for an expanded Creedmoor Division of Brooklyn State Hospital in 1922, and patients were first admitted in 1926. In 1935 Creedmoor became an independent state facility. At one time with an inpatient population of more than 7,000, Creedmoor now treats approximately 330 inpatients and 1500 outpatients. Creedmoor Psychiatric Center has a long history of providing a broad range of treatments and services for its patients.

## Overview: Faculty and Training Sites

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We offer a broad range of training experiences at our primary teaching site, Creedmoor Psychiatric Center, and at each participating site providing a unique clinical experience and diversity in patient population:

- Columbia University Irving Medical Center (CUIMC)/New York Presbyterian Hospital (NYPH)
- Queens Hospital Center (QHC)
- The Jewish Board Pride of Judea Community Services
- New York City Children's Center-Queens Campus, OMH
- Creedmoor Addiction Treatment Center, Office of Addiction Services and Supports (OASAS)
- St. John's Episcopal Hospital in Queens

With such a range of psychiatric patient care experience and faculty expertise, our graduating residents have the tools needed to pursue any career path of their choosing. The breadth of exposure to a range of psychiatric subspecialties and strong foundational psychiatric training is reflected in the variety of fellowships and job placement opportunities that our graduates pursue. Recent graduates have achieved fellowship placement in the subspecialties of consultation-liaison psychiatry, addiction psychiatry, child-adolescent psychiatry, and geriatrics at top institutions, and others have chosen to begin their clinical careers at Creedmoor Psychiatric Center, Columbia University Irving Medical Center, the New York State Psychiatric Institute, and beyond.

The Creedmoor program provides for a comprehensive curriculum taught primarily at Creedmoor Psychiatric Center and at the Columbia University Irving Medical Center (CUIMC)/New York Presbyterian Hospital. Our other clinical sites offer additional coursework that is complementary both to the clinical work at those sites and with the educational programming offered at our two primary coursework sites.

## Clinical Training Program

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Four residents are selected for the program in the first year. Our program is built around a four-year curriculum and training model, and thus residents are expected to complete the full four-year program. The intimate size of our residency program allows for individualized attention to optimize trainees' clinical and personal growth.

The Creedmoor Psychiatry Residency Program emphasizes a systematic integration of psychodynamic, biologic, family and community disciplines. To achieve this goal both clinical and didactic training draw upon the very broad spectrum of clinical and scientific expertise among the faculty. Residents are each assigned a set of clinical supervisors for individual, family and group therapy in addition to a unit supervisor for each training component at Creedmoor. As the education and training progresses, residents receive advanced clinical supervision that includes supportive, expressive, cognitive behavioral, group, and family therapy, psychopharmacologic expertise, and social systems intervention and organizational consultation. Many of our residency education and training sites are under the direction of attending psychiatrists holding Columbia University appointments. Goals and objectives for the ensuing post-graduate year and training level-specific clinical rotations are discussed with each PGY class.

Didactic instruction includes courses, seminars and case conferences. These are coordinated with clinical training to expand the residents' practical experience through guided readings and discussion of the psychiatric literature. Courses in psychotherapy and psychoanalytic theory and human development are organized through the Columbia University Center for Psychoanalytic Training and Research and the Columbia University Irving Medical Center. Other Columbia University faculty teach courses in psychopharmacology, human sexuality, emergency psychiatry and addiction psychiatry, legal and forensic issues, neuroscience, evidence-based psychiatry and scholarly work, and public psychiatry. Didactic instruction is generally organized in three-year sequences to provide integrated and continuous coursework in these areas.

Knowledge in psychiatry includes basic neuroscience and neurology, advanced work in psychological development and behavior, and the study of larger social systems. The Creedmoor curriculum, taught by Creedmoor Psychiatric Center, Columbia University, and other faculty, includes all of these areas and offers a comprehensive program of psychiatry training. Exploration of particular areas of interest is encouraged with the ultimate goal of developing individual career objectives for each resident.



## The PGY-1 Year

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In the PGY-1 year, residents build on their foundational medical, neurological, and psychiatric knowledge base. Residents complete four months of inpatient internal medicine and two months of neurology, followed by six months of psychiatry. The PGY-1 and PGY-2 years provide an 18-month continuum of psychiatric training beginning January of the PGY-1 year and ending June of the PGY-2 year with the following rotations: 8 months on the Creedmoor Psychiatric Center (CPC) Intensive Treatment Unit (ITU); 1 month on the CPC Admissions Unit; 2 months on the Addiction Psychiatry Service at the Creedmoor Addiction Treatment Center (ATC); 1 month in Geriatric Psychiatry at St. John's Episcopal Hospital; 3 months on the Columbia University Irving Medical Center (CUIMC)/New York Presbyterian Hospital (NYPH) 9-Garden North (9-GN) Inpatient Service; 2 months in Child and Adolescent Psychiatry at the New York City Children's Center (NYCCC); and 1 month on the NYPH CPEP service (Comprehensive Psychiatric Emergency Program/psychiatry emergency room). Residents complete a Performance in Practice (PIP) module on schizophrenia learning about the evidence-based standard of care for patients with schizophrenia and psychotic illness.

### *Queens Hospital Center (QHC)*

Queens Hospital Center is a New York City Health and Hospitals Corporation (HHC) facility whose public mission complements that of OMH's Creedmoor Psychiatric Center, the state psychiatric center for Queens. QHC has an academic affiliation with Mt. Sinai. Residents complete their four-month internal medicine and two-month neurology rotations at QHC.

### *Intensive Treatment Unit (ITU), Creedmoor Psychiatric Center*

All PGY-I residents begin with two months of training in inpatient psychiatry on the Intensive Treatment Unit (ITU) at Creedmoor. At the ITU, patients' psychiatric illness is assessed and treated under close supervision of the Chief Psychiatrist, other attending psychiatrists, and specialty trained clinical staff experienced in working with this challenging patient population. The resident learns to delineate the role of the psychiatrist within a collaborative interdisciplinary team, whose shared mission is to negotiate the complex biological, cultural, psychosocial and psychological issues associated with each patient. Case Conferences including patient safety incident review and morning and work rounds are an integral part of the collaborative work effort to care for patients with challenging illnesses. While assigned to the ITU, residents co-lead the medication group and also have a part-time experience with the Creedmoor Psychiatric Center Intensive Case Management Program/Care Coordination Team. In this program, residents work with outpatients identified as requiring additional support to maintain themselves in the community. The resident also has a part-time experience on the Electroconvulsive Therapy (ECT) Service and on the Forensic/Court clinical experience working alongside the Creedmoor Court Consultant in addition to attending Hospital Forensic Committee meetings weekly.

The ITU also serves as a site for education and training for Columbia University Vagelos College of Physicians and Surgeons (P&S) second- and third-year medical students. Two or three medical students are each assigned to five-week blocks comprising eight rotations per academic year. Medical students present a clinically pertinent topic to the on-site Creedmoor residents and faculty during the last week of the medical student rotation at the weekly Wednesday resident noon conference.

*Creedmoor Addiction Treatment Center (OASAS)*

Residents will have a two-month clinical assignment in addiction psychiatry at the Creedmoor Addiction Treatment Center (ATC), gaining experience with psychosocial treatments, medication assisted therapies, and other drug abuse treatments. While on the ATC rotation, residents will complete the alcohol and substance use disorder Performance in Practice (PIP) module. Those residents not having this assignment in the first year will have it in the PGY-2 year.

## The PGY-2 Year

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During this year, residents acquire an understanding of the possible origins, clinical course and treatment of psychiatric illness. Residents continue to hone their inpatient psychiatric skills, begin to work on outpatient skills, and learn management of acutely ill psychiatric patients in the emergency room setting. In addition to ongoing classroom study, residents receive regular individual case supervision, participate in multidisciplinary treatment team meetings, and attend case conferences with Columbia and Creedmoor faculty discussants. They attend Grand Rounds at Creedmoor. Residents complete a Performance in Practice (PIP) module on major depressive disorder learning about the standard of care for patients suffering from depression.

### *Intensive Treatment Unit (ITU), Creedmoor Psychiatric Center*

Residents complete the ITU clinical experience during the PGY-2 year. While assigned to the ITU, residents present their patients in Diagnostic and Treatment Case Conference and are integral members of the treatment team meeting and the daily morning and twice weekly work rounds. Residents will also have a part-time experience with the Creedmoor Psychiatric Center Intensive Case Management Program/Care Coordination Team. In this program, residents work with outpatients identified as requiring additional support to maintain themselves in the community. Care Coordination Team activities comprise a comprehensive service linking patients to psychiatric care, medical care, financial and housing assistance and provision of food and clothing, and any other identified needs of the patient. The resident also has a part-time experience on the Electroconvulsive Therapy (ECT) Service and on the Forensic/Court clinical experience working alongside the Creedmoor Court Consultant in addition to attending Hospital Forensic Committee meetings weekly.

### *9-Garden North (9GN) Inpatient Psychiatry Unit, Columbia University Irving Medical Center*

PGY-2 residents rotate on the 9GN inpatient psychiatry unit at CUIMC for three months where they learn to treat acutely ill psychiatric patients with a broad spectrum of diagnoses, socioeconomic backgrounds, and cultures. Their clinical work is closely supervised by Columbia 9GN faculty, with the opportunity to have expert psychopharmacologic consultations on treatment-resistant or complex cases, and involvement with ECT patient consultation and treatment.

### *Creedmoor Addiction Treatment Center (OASAS)*

Residents are assigned to complete their two-month addiction psychiatry rotation during the PGY-2 year if they have not completed this rotation as a PGY-1 resident. Residents gain experience with psychosocial treatments, medication assisted therapies, and other drug abuse treatments.

*Geriatric Psychiatry, St. John's Episcopal Hospital, Queens*

Residents will have the required month-long clinical assignment in geriatric psychiatry under the supervision of geriatric psychiatry attendings.

*Admissions Unit, Creedmoor Psychiatric Center*

During the one-month Admissions Unit rotation, residents are assigned to work with Creedmoor attending psychiatrists on the Admissions Unit where more acutely ill patients are admitted.

*NYPH Adult Outpatient Psychiatry Clinic (Eye-6), CUIMC/New York Presbyterian Hospital*

Halfway through the PGY-2 year, residents begin their outpatient experience at the NYPH Adult Outpatient Psychiatry Clinic (Eye-6) performing intake evaluations under the supervision of the Creedmoor Associate Residency Training Director and four New York State Psychiatric Institute/Columbia fellows with expertise in areas including schizophrenia, addiction psychiatry, and mood disorders. Residents learn how to efficiently and effectively lead outpatient diagnostic evaluations and develop initial treatment plans in collaboration with the evaluation team, which meets every Friday morning.

*New York City Children's Center-Queens Campus (OMH)*

PGY-2 residents spend two months in this required rotation, working with children of different ages as they rotate through the school-based and/or day treatment services.

*Comprehensive Psychiatric Emergency Program (CPEP), CUIMC*

Residents rotate through the CUIMC CPEP for one month. This experience will include crisis management of patients and assessment for safety and hospital admission.

## The PGY-3 Year

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During this year resident training is focused on evaluation and management of outpatient psychiatry patients. With the diversity of outpatient training sites in the Creedmoor Residency Program, residents have the opportunity to treat patients with a wide range of psychopathology including persistent psychotic and mood disorders, anxiety disorders, acute or new onset of psychiatric symptomatology, and dual diagnosis. Resident caseloads include patients with a broad spectrum of socioeconomic and cultural backgrounds. Residents are well supervised with experienced clinicians at each of the main outpatient sites, in addition to having weekly therapy case supervision. In each of the outpatient settings, residents assume primary roles in the outpatient management of patients and gain supervised clinical experience in individual, group and family therapy. All clinics run concurrently and meet part-time throughout the year. Residents complete Performance in Practice (PIP) modules on suicidal behavior and substance use disorders continuing to learn the evidence-based standard of care for patients with these conditions. A group quality improvement project is undertaken in the PGY-3 year at the Queens Village/Jamaica Wellness and Recovery Center under the mentorship of Creedmoor Faculty.

### *Queens Village/Jamaica Wellness and Recovery Center (QVJWRC), Creedmoor Psychiatric Center*

Queens Village/Jamaica Wellness and Recovery Center offers programs to facilitate the patient's reintegration into community life. The larger of Creedmoor's two Wellness and Recovery Centers, QVJWRC offers comprehensive treatment services for both psychotic and non-psychotic disorders, and special programs for family and group therapy and psychopharmacologic approaches to personality disorders, anxiety disorders, and depressive disorders. Residents are intimately involved in the full spectrum of patient care with individual supervision for all modalities of treatment and social intervention programs. Residents participate in both family therapy and supervision as well as Dialectical Behavior Therapy (DBT) group and supervision. Residents evaluate patients under the supervision of the on-site Attending Psychiatrist/Chief Psychiatrist and present their evaluations at weekly clinical rounds, with the possibility of treating appropriate evaluation patients. Resident caseloads are monitored both for numbers and for characteristics so as to help ensure a variety of experience. Residents present patients for Diagnostic and Treatment Clinical Case Conference twice yearly, an integral part of the collaborative work effort to care for patients with challenging illnesses. During the academic year, the on-site Attending/Chief Psychiatrist and other faculty members mentor the PGY-3 Resident group on a Quality Improvement project giving hands-on experience studying and improving aspects of healthcare. Residents are assigned to QVJWRC for eleven months, part-time, spending one month outside of QVJWRC during the CUIMC CPEP rotation assignment.

*NYPH Adult Outpatient Psychiatry Clinic (Eye-6), CUIMC/New York Presbyterian Hospital*

Residents continue performing outpatient evaluations for the first half of the PGY-3 year gaining confidence in their evaluation and diagnostic skills, and then commence with long-term treatment of supportive/expressive psychotherapy and brief psychotherapy cases under the supervision of Columbia faculty at Eye-6. The NYPH Adult Outpatient Psychiatry Clinic (Eye-6) meets weekly on Fridays throughout the year.

*The Jewish Board Pride of Judea Community Services*

At the Jewish Board Pride of Judea residents acquire education and training with a different outpatient population than served at Creedmoor or the NYPH Adult Outpatient Psychiatry Clinic (Eye-6). Residents perform intake evaluations and have the opportunity to treat patients with supportive psychotherapy and psychopharmacology under the supervision of the Pride of Judea attending psychiatrist. Patients range in age from 6 to 70+, with the majority in the 18-59 years old range. Each resident treats up to ten children under supervision of a board-certified child psychiatrist. Residents are assigned to the Pride of Judea Clinic for eleven months, part-time, spending one month outside of the clinic during the CUIMC CPEP rotation.

*Comprehensive Psychiatric Emergency Program (CPEP), CUIMC*

Residents rotate through the CUIMC CPEP for one month during the PGY-3 year. Clinical experience includes crisis management of patients and assessment for safety and hospital admission, building on skills learned during the PGY-2 CPEP rotation and honing leadership skills on “running the board” in the Emergency Room setting.

## The PGY-4 Year

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While on the year-long, part-time NYPH Adult Outpatient Psychiatry Clinic (Eye-6), PGY-4 residents complete the Performance in Practice (PIP) module on posttraumatic stress disorder. Residents are also required to review all APA practice guidelines currently available regarding the evaluation and management of various psychiatric illnesses.

### *Chief Resident*

A unique opportunity that each Creedmoor Psychiatry Resident experiences in their PGY-4 year is the role of Chief Resident. Each resident spends three months, part-time, as Chief Resident on the Intensive Treatment Unit (ITU) providing supervision and teaching to junior residents and medical students and working closely with the ITU Chief Psychiatrist and with Medical Education on administrative tasks. The Chief Resident participates in institutional and departmental, and medical education committees, in addition to working with the Director of Residency Training on special projects including a senior presentation on a topic of interest. Resident exposure to the inner workings of several levels of administration provides a unique opportunity for residents to learn about both management of administrative challenges and maintenance of the ongoing functioning of a system.

### *Consultation-Liaison Service, Columbia University Irving Medical Center (CUIMC)*

Residents spend four months part-time on the CUIMC Consultation-Liaison (CL) Service. While interacting with virtually all the other medical specialties within this major university teaching hospital, residents learn the critical role of the psychiatrist as consultant to patients and staff. The CL experience includes a didactic seminar series on a variety of topics relevant to CL Psychiatry and case conferences. While some residencies have moved their CL assignments into the PGY-2 year where it serves as a transition between internal medicine and neurology and psychiatry, we at the Creedmoor Residency Program continue to see CL as a culminating experience during which residents bring to bear the training and education of three or more years. At this advanced point in residency training, PGY-4 residents offer their skill and experience to the practitioners of other medical and surgical specialties, and to their patients.

### *NYPH Adult Outpatient Psychiatry Clinic (Eye-6), CUIMC*

Residents continue their outpatient clinical work at the Eye-6 Clinic, year-long, part-time, with a focus on longer-term patient care, including management of long-term treatment (LTT) and treating appropriate patients with cognitive behavioral therapy and combined psychopharmacology/psychotherapy modalities.

*Electives*

Residents have the opportunity to spend up to 5 part-time months of elective time during their PGY-4 year when they can explore and develop their professional interests including scholarly work in preparation for graduation.

Residents have chosen a variety of elective sites through the years, which have included the following:

Creedmoor Psychiatric Center Specialty Services {Assertive Community Treatment (ACT) Team, Telepsychiatry (jointly with Rockland Psychiatric Center), ECT, Forensics}

Columbia University Irving Medical Center {CPEP, Child and Adolescent Outpatient Psychiatry, NYPH Adult Outpatient Psychiatry Clinic Crisis Team}

Northwell Health/Long Island Jewish Medical Center {Geriatric and Consultation-Liaison Psychiatry}

New York University/Bellevue Hospital Center {Forensics}

Stony Brook {Geriatric and Consultation-Liaison Psychiatry}

Mount Sinai {Research}

New York State Psychiatric Institute {Gambling Disorder Clinic, COPE Clinic, Psychoanalytic Center Scholarly Work}

South Beach Psychiatric Center {ACT Team}



**The PGY-1 Year (2020-2021)**

4 Months	2 Months	2 Months	2 or 4 Months			0 or 2 Months
Internal Medicine Queens Hospital Center  100% Time	Neurology Queens Hospital Center  100% Time	Inpatient Psychiatry ITU Creedmoor {Persistently III}  100% Time	Inpatient Psychiatry Creedmoor ITU {Persistently III}  80-100% Time			Addiction Psychiatry Creedmoor Addiction Treatment Center (ATC)  {More Acutely III}  100% Time
			Care Coord. Team  10% Time 1 month	ECT Service  10% Time 2 months	Forensic/Court Clinical Assignment  20% Time 2 months	

All PGY-1 residents start together at Queens Hospital Center where they will spend the first 6 months of the academic year completing their internal medicine and neurology rotations.

An 18-month continuum of psychiatry training begins January of the PGY-1 year and ends June of the PGY-2 year with the following rotations: 8 months on the Creedmoor Psychiatric Center (CPC) Intensive Treatment Unit (ITU); 2 months on the Creedmoor Addiction Treatment Center (ATC); 1 month on one of the CPC Admissions Units; 1 month in Geriatric Psychiatry at St. John’s Episcopal Hospital; 3 months on the Columbia University Irving Medical Center (CUIMC) New York Presbyterian Hospital (NYPH) 9-Garden North (9-GN) Inpatient Service; 2 months at the New York City Children’s Center (NYCCC) Child and Adolescent Psychiatry; and 1 month at the CUIMC CPEP (Comprehensive Psychiatric Emergency Program/psychiatry emergency room).

All four PGY-1 residents begin the CPC Intensive Treatment Unit (ITU) rotation in January of the PGY-1 year, where they will work together for the first 2 months. During the remainder of the PGY-1 year, two PGY-1 residents will continue work on ITU for an additional 4 months. Two other PGY-1 residents will have an additional 2 months on ITU and two months on the ATC service. All residents will have three part-time linked clinical assignments while rotating on ITU during the PGY-1 and/or PGY-2 year: the ECT Service, the Care Coordination Team (also known as Intensive Case Management), and the Forensic/Court Service.

**The PGY-2 Year (2020-2021)**

2 or 4 Months			1 Month	3 Months	0 or 2 Months	1 Month	2 Months	1 Month
Inpatient Psychiatry ITU Creedmoor {Persistently III}  80-100% Time, first half of the year  <i>linked with:</i>			Inpatient Psychiatry Admissions Unit Creedmoor {More Acutely III}  100% time if in the first half of the year, 90% time if in the second half of the year	9-Garden North CUIMC New York Presbyterian Hospital {Acutely III}  100% Time if in the first half of the year, 90% time if in the second half of the year	Addiction Psychiatry Creedmoor Addiction Treatment Center {More Acutely III}  100% time if in the first half of the year, 90% Time if in the second half of the year	Geriatric Psychiatry St. John's Hospital  100% Time if in the first half of the year, 90% time if in the second half of the year	Child Psychiatry, New York City Children's Center (NYCCC)-Queens Campus  90% Time, Second half of the year	CUIMC CPEP (Psychiatric Emergency Room)  90% Time, Second half of the year
Care Coord. Team  10% Time 1 month	ECT Service  10% Time 2 months	Forensic/Court Clinical Assignment 20% Time 2 months						

During the PGY-2 year, residents will complete their clinical assignment on the Creedmoor Psychiatric Center (CPC) Intensive Treatment Unit (ITU). While assigned to the CPC ITU in the PGY-1 or PGY-2 year, residents will have three part-time linked clinical assignments: the ECT service, the Care Coordination Team, and the Forensic/Court Service. Two residents not having had the ATC rotation in the PGY-1 year will rotate at the assignment(s) in the PGY-2 year. All PGY-2s have a 3-month clinical assignment in acute adult inpatient psychiatry at the Columbia University Irving Medical Center's (CUIMC) 9-Garden North (9-GN) Inpatient Psychiatry Unit where they will have the opportunity to work with experts in the fields of acute inpatient psychiatry and psychopharmacology. All residents spend 1 month on the Geriatric Psychiatry rotation at St. John's Episcopal Hospital in the PGY-2 year. In the second half of the year, all residents will have a clinical assignment in Child and Adolescent Psychiatry at the New York City Children's Center (NYCCC), a New York State Office of Mental Health (OMH) facility neighboring Creedmoor Psychiatric Center. All PGY-2 residents will be assigned to the CUIMC CPEP for 1 month during the second half of the PGY-2 year. All PGY-2 residents spend one year, part-time, in the CUIMC New York Presbyterian Hospital (NYPH) EYE-6 Adult Outpatient Psychiatry Evaluation Clinic beginning in the second half of the PGY-2 year, and continuing through the first half of the PGY-3 year.

**The PGY-3 Year (2020-2021)**

<b>11 Months</b>		<b>1 Month</b>
Adult Outpatient Psychiatry: Queens Village/Jamaica Wellness and Recovery Center Creedmoor Psychiatric Center  11 Months at 50% Time {Persistently III}		CPEP at CUIMC  1 Month at 80% Time {Acutely III}
Outpatient Psychiatry The Jewish Board Pride of Judea Community Services  11 months at 30% time {More Acutely III}		
Adult Outpatient Psychiatry EYE-6 CUIMC/NYPH  6 Months Evaluation at 20% time {More Acutely III}	Adult Outpatient Psychiatry EYE-6 CUIMC/NYPH  6 Months Outpatient at 20% time {More Acutely III}	

The PGY-3 year is an outpatient year. Our residents work throughout the year at three outpatient settings: the Creedmoor Psychiatric Center Queens Village/Jamaica Wellness and Recovery Center, the CUIMC/NYPH Eye-6 Adult Outpatient Psychiatry Clinic, and the Jewish Board Pride of Judea Community Services. The three outpatient sites give residents a broad exposure to a variety of patients culturally, diagnostically, and socio-economically, as well as experience in different forms of health care organizations. Residents have a 1-month part-time clinical assignment at the CUIMC CPEP (psychiatric emergency room). As noted in the PGY-2 table on the previous page, residents spend one year, part-time, in the CUIMC Eye-6 Adult Outpatient Psychiatry Evaluation Clinic, beginning in the second half of the PGY-2 year, and continuing through the first half of the PGY-3 year. Clinical assignment at the Adult Outpatient Psychiatry Eye-6 Clinic, where residents provide both short- and long-term psychotherapy, starts immediately following the conclusion of the Eye-6 evaluation clinic and will continue part-time throughout the PGY-4 year.

**The PGY-4 Year (2020-2021)**

4 Months	3 Months	5 Months
<p>Consultation-Liaison Psychiatry CUIMC/NYPH</p> <p>4 Months at 80% Time {More Acutely III}</p>	<p>Senior (Chief) Resident/ Administrative Psychiatry {Creedmoor ITU}</p> <p>3 Months at 80% Time</p>	<p>Electives</p> <p>5 Months at 80% Time</p>
<p>EYE-6 Adult Outpatient Psychiatry Clinic (CUIMC/NYPH)</p> <p>12 Months at 20% Time {More Acutely III}</p>		

During the PGY-4 year residents have a 4-month clinical assignment with the CUIMC Psychiatry Consultation Liaison Service. Here they work alongside Columbia University Psychiatry Residency Program PGY-2 residents. All residents serve as Senior (Chief) Resident for 3 months, during which they work in administrative, supervisory, teaching, and committee assignments. Residents have 5 months available for elective work, often choosing both topical and geographical areas in which they are considering post-residency fellowships. Throughout the PGY-4 year, residents continue with their outpatient assignment part-time at the CUIMC EYE-6 Adult Outpatient Psychiatry Clinic.

## Core Curriculum

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Over the course of their education and training, residents participate in seminars, classes, case conferences and a variety of teaching rounds and other meetings. Coursework is integrated with the residents' clinical work and provide foundational material covering the scientific basis for clinical practice, diagnosis, and treatment with respect to therapy and psychopharmacologic management of patients, and decision-making in clinical care among other key elements of psychiatric training.

The program has adopted an “academic day” on Wednesday mornings throughout the year for PGY-1, PGY-2, and PGY-3 residents, as a time when all residents of a given year gather together at Creedmoor for coursework. Additional coursework is led by specialty staff at our other rotation sites, namely Columbia University where classes are taught regularly to the PGY-2 and PGY-3 residents on Friday afternoons and to the PGY-4 residents on Friday and Monday afternoons. Attendance at the Creedmoor Grand Rounds, a series of monthly programs focused on current issues in psychiatry, is encouraged for all residents who are doing clinical assignments at Creedmoor Psychiatric Center. Creedmoor is also a viewing site for the New York State Office of Mental Health’s Statewide Grand Rounds program. Creedmoor PGY-2 and PGY-4 residents are invited to attend the Columbia University Department of Psychiatry/New York State Psychiatric Institute (NYSPI) Grand Rounds when they are on-site.

Each Wednesday residents from the PGY-1 (second half of the year), PGY-2 and PGY-3 years and the PGY-4 Chief Resident meet together with the residency director and medical education staff at Resident Noon Conference for weekly announcements, discussion of administrative and healthcare quality improvement and assurance issues, and presentations on psychiatry. A series of topics include: Psychopharmacology Journal Club (8 sessions), Psychotherapy Journal Club (8 sessions), Chief Resident Presentations (4 sessions), Columbia Medical Student Presentations (8 sessions) and Resident Only meetings (up to 12 sessions). Classes on PRITE/Board Review are interspersed among the Wednesday morning lecture series and noon conference. Other presentations held during the Resident Noon Conference include discussion on clinical learning environment issues pertaining to patient safety and quality healthcare, care transitions and communication, supervision, fatigue mitigation and wellbeing, and professionalism.

Residents continue to learn about patient safety and healthcare issues through the Institute for Healthcare Improvement on-line training, a requirement both in the program and for recertification by the American Board of Neurology and Psychiatry.

## PGY-1 Year:

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Residents learn foundational material in medicine and neurology during didactics, supervision and rounds provided at Queens Hospital Center and in BLS/ACLS training. Classes on topics in medicine and neurology are held during the first six months of residency at QHC.

### Creedmoor Psychiatric Center Wednesday lecture series:

#### *Introduction to the Psychiatric Interview and the Language of Psychiatry (5 sessions)*

Residents build their basic interviewing skills with classes focused on empathic listening, eliciting information, and the mental status examination. Residents rotate in the role as interviewer with real-time supervision in the classroom by senior-level faculty.

#### *Patient Interviewing/Clinical Skills Verification (CSV) I (4 individual sessions)*

Through observed interviews and case presentations, residents build key skills such as establishing a doctor-patient therapeutic alliance, conducting a clinical interview and mental status examination and presenting the case. The 1:1 teaching by senior-level faculty reviews the requirements set by the American Board of Psychiatry and Neurology for the CSV in psychiatry.

#### *Preventing and Managing Crisis Situations (3-day seminar)*

Residents gain tools to both prevent and manage psychiatric emergencies in a series of lectures by experienced specialists in the field. This course is held just following PGY-1 residents' completion of their neurology and internal medicine assignments for their initial inpatient psychiatric rotations at Creedmoor Psychiatric Center.

#### *Psychiatric Emergencies: Diagnosis and Treatment (2 sessions)*

Residents learn about managing agitation and assessing suicide risk, from evaluation to behavioral and psychopharmacological interventions.

#### *Initial Psychiatric Note (1 session)*

This class reviews the basic elements of the initial psychiatric note, focusing on the history of present illness and the progress SOAP (Subjective-Objective-Assessment-Plan) note.

#### *Case Conference Write-up (1 session)*

This class reviews the fundamentals of writing a case conference presentation.

#### *On-Call (2 sessions)*

This course covers the common problems that the resident will encounter while on call in the hospital from managing difficult situations such as assessing suicide and agitation to prescribing appropriate medication. Hospital policies on the use of seclusion and restraint, 1:1 observation, and incident and/or Justice Center reporting are discussed in preparation for PGY-1 resident "buddy" call during their first month of psychiatry at CPC.

*Medicine and Pain Management in Psychiatric Practice (4 sessions, course with PGY-2's/3's)*

In any clinical setting, residents are often faced with emergency medical situations, pain management and opioid/non-opioid use, and complex neuropsychiatric manifestations of illness or side effects of psychopharmacological agents. Residents will strengthen their understanding of the interface of psychiatry, neurology and pain in clinical practice.

*Specific Psychotherapies I:*

*Introduction to Supportive Psychotherapy (10 sessions)*

In this course, residents are introduced to the common factors upon which all psychotherapies are established including building a therapeutic alliance, setting the frame and attention to affect. Residents learn the basics of supportive psychotherapy that they can use on their PGY-1 and -2 clinical rotations.

*Motivational Interviewing (1 session)*

This class focuses on the basics of MI and its application to psychiatric practice including those patients with substance use disorders.

*Family Therapy Seminar (4 sessions)*

Residents begin to learn the basics of family therapy.

*Theories of Development/Psychological Testing (4 sessions)*

Residents will learn about the major theories of human development and psychological testing and how psychological assessment is used to understand psychiatric symptoms and disorders.

*Diagnostic Case Formulation I (4 sessions)*

This course introduces residents to the assessment of patients, synthesis and understanding of the information and beginning to construct a biopsychosocial formulation from which an appropriate treatment plan can be developed.

*Professionalism and Legal/Ethical Issues in Psychiatry (4 sessions)*

Residents learn about pertinent professionalism and legal/ethical issues in psychiatry including Assisted Outpatient Treatment (AOT), involuntary commitment and medications over objection.

*DSM-5 Casebook (8 sessions)*

Residents gain mastery in DSM-5 symptoms and differential diagnosis in this course series, focusing on schizophrenia and other psychotic illnesses, mood and anxiety disorders, geriatric and substance use disorders. Diagnostic criteria are reviewed and applied in case vignettes discussed in a group format.

*Psychopathology of Major Psychiatric Disorders I (20 sessions)*

This course provides core foundational material in the major psychiatric diagnoses and covers DSM-5 criteria, etiology, neuropathology, disease course, epidemiology, differential diagnosis, clinical diagnostic scales, and treatment associated with schizophrenia and schizoaffective disorder, mood and anxiety disorders, substance use disorders and geriatric and neurocognitive disorders.

*Psychiatry and Culture (2 sessions)*

Residents engage in discussions about the role of culture in psychiatric practice.

*Psychopharmacology I (10 sessions, 4 sessions taught by PGY-3 Residents)*

Residents will learn the fundamentals of psychopharmacology, which includes how to choose medications, dosing parameters, assessing side effects, drug-drug interactions and pertinent laboratory testing.

*Evidence-Based Psychiatry and Scientific Literature (2 sessions)*

Residents learn foundational material about how to frame a clinical health-related question and how to search and analyze the psychiatric scientific literature to answer the questions and consider the validity and strength of the data.

*Patient Safety and Quality Improvement/QI (4 sessions)*

Residents learn the foundations of quality improvement (QI) and quality assurance (QA) approaches within the hospital and greater healthcare system. One class will be dedicated to the PGY-3 resident QI project presentation. Performance in Practice (PIP) modules and basic concepts in QI including the PDSA (Plan-Do-Study-Act) and DMAIC (Define-Measure-Analyze-Improve-Control) models are discussed. The completion of a basic certificate in quality and safety on-line at the Institute of Healthcare Improvement (IHI) Open School focusing on patient safety, quality improvement, healthcare equity and patient-centered care is required by the end of the PG-1 year.

*Clinical Learning Environment in Psychiatry (4 sessions)*

This course focuses on culture of safety, health care disparities and social determinants, care transitions, supervision and wellbeing including ACGME requirements.



## PGY-2 Year:

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### Creedmoor Psychiatric Center Wednesday lecture series:

#### *Psychopathology of Major Psychiatric Disorders II (24 sessions)*

This course provides the core foundational material in psychiatric diagnosis and covers DSM-5 criteria, etiology, pathology, disease course, epidemiology, differential diagnosis and treatment, associated with psychotic disorders, mood disorders, anxiety and obsessive-compulsive disorders, trauma-related disorders, theories of personality and psychopathology, suicide risk assessment and management, and addiction psychiatry.

#### *Diagnostic Case Formulation (Vignettes and Discussion/Case Illustration) II (8 sessions)*

Residents focus on assessment and understanding of patients using the biopsychosocial model and develop future treatment planning based on the formulation of the case.

#### *Cultural Formulation (3 sessions)*

This class looks at the impact of culture on the patient's identity and illness.

#### *Specific Psychotherapies II (20 sessions)*

This course instructs residents on the structure of the various psychotherapies, including supportive, supportive plus medication, cognitive behavioral (including dialectical behavior therapy and CBT for psychosis/CBT for depression and anxiety), brief (motivational enhancement), interpersonal psychodynamic psychotherapy and an introduction to psychodynamic psychotherapy.

#### *Patient Interviewing/Clinical Skills Verification (CSV) II (8 sessions)*

Through observed interviews and case presentations, residents continue to build key skills such as establishing a doctor-patient therapeutic alliance, conducting a clinical interview and mental status examination and presenting the case. Residents develop a more nuanced approach to interviewing the patient and presentation of the case.

#### *Neuropsychological Testing (1 session, combined PGY-2/3 class)*

This course is an overview of the indications of neuropsychological testing and its relevance to management and risk assessment.

#### *Psychopharmacology II (14 sessions)*

Residents focus on the indications, mechanism of action, dosing, side effects and drug-drug interactions associated with our most commonly prescribed psychotropic medications. This course offers the opportunity for residents to discuss medication management of their own cases.

#### *Medicine and Pain Management in Psychiatric Practice (4 sessions, combined PGY-1/2/3 course)*

Residents continue to strengthen their understanding of the interface of psychiatry, medicine and pain management in clinical practice and how to manage such complex conditions.

*Neuroscience of Psychiatric Disorders (14 classes)*

Residents build on their knowledge of the neuroscience of clinical psychiatry. This course includes 4 classes on Neuroscience Q & A, combined classes with the PGY-2 and -3 residents.

*Child Psychiatry (12 sessions)*

This course covers the core material in diagnosis, treatment, and disease course associated with the major child and adolescent psychiatric conditions.

*History of Psychiatry (1 session)*

This class offers an overview of the history of psychiatry.

*Clinical Learning Environment in Psychiatry (7 sessions, combined PGY-2/3 course)*

This course focuses on patient safety, health care disparities and social determinants, integrating systems of care, best practices and evidence-based medicine, care transitions and handoff, supervision, fatigue management and mitigation, wellbeing, and professionalism, ethics and the law as it relates to psychiatry and professional growth.

*ECT and Neuromodulatory Techniques (2 sessions)*

This course presents core material on noninvasive techniques, such as electroconvulsive therapy (ECT) and transcranial magnetic stimulation (TMS), and invasive techniques requiring brain surgery such as deep brain stimulation (DBS).

*Evidence-Based Psychiatry and Research (2 sessions)*

Residents learn about how to use evidence-based psychiatry, best practices, quality improvement, and the scientific literature to further the understanding of psychiatric disorders and practice.

*PRITE Review (13 sessions, combined PGY-2/3 course)*

This course reviews psychiatry, neurology and neuroscience in-service exam questions using board review materials in a fun Jeopardy-style venue.

*Telepsychiatry (2 sessions, combined PGY-2/3 course)*

Telepsychiatry is an innovative healthcare practice that applies telemedicine to the field of psychiatry in order to deliver healthcare to those who may have limited access to psychiatric evaluation and treatment.

**Columbia University Irving Medical Center/New York State Psychiatric Institute** (all in the second half of the PGY-2 year when residents begin their NYPH Adult Outpatient Psychiatry Clinic (Eye-6) rotation:

*Human Sexuality (6 sessions)*

In this class series, PGY-2 residents learn how to identify and manage issues related to sexuality in their psychiatric practice. Topics range from language and terminology to assessment of sexuality and gender identity to sexuality and psychotherapy.

*Introduction to Psychotherapy II (22 sessions)*

PGY-2 residents build on foundational material in the practice of psychotherapy in this weekly course led by experts in the field from the Columbia University Psychoanalytic Center. Residents discuss issues regarding psychodynamic elements, counter-transferential issues, limit-setting, and adjusting therapy strategy for patients with depression, anxiety and personality disorders.

*Public Psychiatry (5 sessions)*

In these lectures residents will learn detailed information about the nature of public psychiatry, challenges in treating this patient population, and pursuing a career in this area. Classes focus on the Social Security Act, the New York City public housing system, voluntary vs. public hospital systems and current health policies related to public psychiatry.

*Emergency Psychiatry (9 sessions)*

This lecture series is led by faculty from the CUIMC Comprehensive Psychiatric Emergency Program (CPEP), with topics including suicide assessment and management of acute psychiatric emergencies including new-onset psychosis and agitation, delirium and dementia, substance use intoxication and withdrawal, violent behavior, capacity and medical issues, mobile crisis, and assessment of young adults and the elderly and individuals with autism and intellectual disabilities.

*Legal and Forensic Psychiatry (4 sessions)*

Residents learn about pertinent legal issues including the M'Naghten Rule, civil issues and competency to stand trial. One session will focus on an introduction to correctional psychiatry.

*Research Methodology/Scholarly Activity (4 individual sessions)*

Residents learn about how to use evidence-based psychiatry, best practices, quality improvement projects, and the scientific literature to further the understanding of psychiatric disorders and practice. Residents learn how to research and write a scholarly paper and to present their work at Creedmoor Grand Rounds as well as at local and national level conferences and meetings.

## PGY-3 Year:

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### Creedmoor Psychiatric Center Wednesday lecture series:

#### *Psychopathology of Major Psychiatric Disorders III (20 sessions)*

Having experienced a range of inpatient psychiatric rotations in the prior two years, residents add to their knowledge base in this course focused on psychopathology including mood and anxiety disorders, somatic symptom disorders, impulse control disorders, human sexuality and paraphilias, neuropsychiatric and personality disorders, and sleep and eating disorders.

#### *Consultation-Liaison Psychiatry (6 sessions)*

This course deals primarily with the understanding and treatment of psychiatric problems in patients with other medical problems. The focus is on four key topics that are important because of their acuity and generalizability: agitation, alcohol and sedative withdrawal syndromes, capacity to make decisions such as refusing treatment or release from the hospital, and psychotherapy with the medically ill. The assessment, diagnosis and management of delirium and dementia in the hospital setting will be reviewed. Neuropsychiatric conditions such as seizures, CVA, Parkinson's disease, sleep disorders, HIV, TBI and dementia with agitation are discussed.

#### *Specific Psychotherapies III (27 sessions)*

This course instructs residents on the principles of expressive psychotherapy (8), cognitive-behavioral psychotherapy for depression and anxiety (5), motivational interviewing and enhancement therapy (3), hypnosis (2), and family (6) and group therapy (3).

#### *Patient Interviewing and Clinical Skills Assessment III (4 individual sessions)*

Residents continue to build on key skills such as establishing a doctor-patient therapeutic alliance, conducting a clinical interview, mental status examination and presenting the case and develop a more nuanced approach to formulation and treatment planning.

#### *Psychopharmacology III (4 sessions)*

PGY-3 residents teach PGY-1 residents on the indications, side effects, dosing, drug-drug interactions and mechanism of action of antipsychotic and antidepressant medications, mood stabilizers and sedative-hypnotics.

#### *History of Psychiatry (2 sessions)*

Residents review key advances in the history of psychiatry including foundational theories, therapeutic developments and important legal cases impacting psychiatry up to the present.

#### *Career Options/Rewards, Challenges, and the Stress of Practice (5 sessions)*

This course explores both the exciting opportunities and challenges that await as residents approach their final year of residency training. Examination of career options including fellowships and prevention of psychiatrist burn-out are covered in these sessions.

*Clinical Learning Environment in Psychiatry (7 sessions, combined PGY-2/3 course)*

This course focuses on patient safety, health care disparities and social determinants, integrating systems of care, best practices and evidence-based medicine, quality improvement, care transitions and handoff, supervision, fatigue management and mitigation, wellbeing, and professionalism, ethics and the law as it relates to psychiatry and professional growth.

*Neuropsychological Testing (1 session, combined PGY-2/3 class)*

This course is an overview of the major indications for neuropsychological testing and its relevance to management and risk assessment.

*Telepsychiatry (1 session)*

Residents learn the nuances and limitations of telepsychiatry in the evaluation and treatment of patients with psychiatric disorders.

*Neuroscience of Psychiatric Disorders Q & A (4 sessions, combined PGY-2/3 course)*

Residents build on their knowledge of the neuroscience of psychiatric disorders by reviewing questions and answers.

*PRITE Review (13 sessions, combined PGY-2/3 course)*

This course reviews psychiatry, neurology and neuroscience in-service exam questions using board review materials in a fun Jeopardy-style venue.

*Psychotherapy Skills Test Review (3 sessions)*

Residents learn to apply basic psychotherapy knowledge in a multiple-choice test format.

*Medicine and Pain Management in Psychiatric Practice (4 sessions, combined PGY-1/2/3 course)*

Residents continue to strengthen their understanding of the interface of psychiatry, medicine and pain in clinical practice and how to manage such complex neuropsychiatric conditions.

*Medicaid/Medicare Fraud (1 session)*

This class instructs residents on federal and state laws governing billing, consequences of non-compliance to these laws, patient referrals, the physician's relationship with vendors and other providers and compliance programs for physicians.

*Malpractice Cases (1 session)*

This class looks at examples of negligent prescription practices, failure to provide appropriate referral in a timely manner (abandonment) and high risk clinical and treatment situations.

## **Columbia University Irving Medical Center/New York State Psychiatric Institute:**

### *PGY-3 Resident Continuous Case Conference (40 sessions)*

Residents present their outpatient cases in this weekly psychotherapy case conference and discuss issues regarding psychodynamic elements, counter-transferential issues, limit-setting, and adjusting therapy strategy among other topics.

### *Human Development (22 sessions)*

Residents spend time learning about different theoretical perspectives in the field of human development.

### *Neuroscience of Psychiatric Disorders (12 sessions-joint course with PGY-4 residents)*

Residents build on their knowledge of the neuroscience of clinical psychiatry and apply this knowledge to their understanding of mental illness.

### *Psychopharmacology (28 sessions-joint course with PGY-4 residents)*

Residents gain in-depth knowledge about the psychopharmacological treatment of specific disorders, pathophysiology and course of illness with the major DSM-5 psychiatric diagnoses. Residents engage in dynamic group discussions about their ongoing challenging psychopharmacology cases and learn about current best practices for pharmacological care.

### *Board Review (12 classes-joint course with PGY-4 residents)*

Exploration of the nature of the ABPN psychiatry board certification exam, review of foundational test material, and focused time in test question practice are all components in these intensive review classes.

### *Research Methodology and Scholarly Activity III (4 individual sessions)*

Under the tutelage of the Medical Education Department's Director for Scholarly Activities, residents practice writing a scholarly paper and present their work in Creedmoor Grand Rounds and at local and national level conferences and meetings.

## PGY-4 Year:

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Senior residents continue to participate in the Wednesday lunch course series at Creedmoor Psychiatric Center during their Chief Resident rotation. The designated Chief Resident spends dedicated time with junior residents and Columbia University medical students in supervision of challenging cases on Creedmoor inpatient units. During the PGY-4 year, structured coursework is located at Columbia University Irving Medical Center.

### Columbia University Irving Medical Center/NYSPI:

#### *PGY-4 Continuous Case Conference (36 sessions)*

As in the PGY-3 level courses, residents continue to present their outpatient cases in this weekly psychotherapy case conference and discuss issues regarding psychodynamic elements, counter-transferential issues, limit-setting, and adjusting therapy strategy among many other topics. Having gained significant knowledge during their earlier residency training years, residents will now begin to engage in more nuanced discussions about their psychiatric patients. In some cases, residents may be working with select outpatients for the second full year.

#### *Consultation-Liaison Seminar Series*

During their CL Psychiatry rotation at CUIMC, residents experience a set of C-L specific lectures from experts in the field. Residents also have the opportunity to present on a topic in C-L.

#### *Neuroscience of Psychiatric Disorders (12 sessions-joint course with PGY-3 residents)*

Residents build on their knowledge of the neuroscience of clinical psychiatry and apply this knowledge to their understanding of mental illness.

#### *Psychopharmacology (32 sessions-joint course with PGY-3 residents)*

Residents gain in-depth knowledge about the psychopharmacological treatment of specific disorders, pathophysiology and course of illness within the major DSM-5 psychiatric diagnoses. Residents engage in dynamic group discussions about their ongoing challenging psychopharmacology cases and learn about current best practices for pharmacological care.

#### *Board Review (12 classes-joint course with PGY-3 residents)*

Exploration of the nature of the ABPN psychiatry board certification exam, review of foundational test material, and focused time in test question practice are all components in these intensive review classes.

## Scholarly Work Opportunities:

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Residents are required to submit an entry into the Queens County Psychiatric Society Annual Resident Paper Competition during both the PGY-2 and PGY-3 years. As per the competition requirement, entries are to be no more than 5000 words and can cover a wide range of interests and formats including literature review. Several of our residents have achieved special commendations from the society in past years making this a wonderful opportunity for residents to both learn and add elements of achievement to their resumes. Residents also have access to the many primary investigators leading research efforts at both Creedmoor and New York State Psychiatric Institute should they decide to pursue research interests in a more dedicated way. Residents also present a research or clinical topic of interest at the Creedmoor Psychiatric Center Grand Rounds at the end of the PGY-2 and PGY-3 year, yet another opportunity to pursue scholarly interests. Each PGY-1 resident is assigned a member of the Creedmoor faculty to be a mentor to discuss the resident's interests and issues of professionalism. As training progresses, the program encourages residents to choose other mentors. The Associate Residency Training Director for Scholarly Activities and Department of Medical Education faculty facilitate such connections. The Resident Mentorship Program is designed to support scholarly work and intellectual pursuits for both residents and faculty.

In addition, PGY-3 residents are encouraged to submit their papers to journals for publication under the guidance of their chosen mentor and/or the Associate Residency Training Director for Scholarly Activities.



## Creedmoor Psychiatric Center Institutional Administration

**Martha Adams Sullivan, DSW, MA**, Executive Director, Creedmoor Psychiatric Center

**Thulasi Ramu Reddy, MD\***, Acting Clinical Director, ACGME Designated Institutional Official (DIO), Creedmoor Psychiatric Center

**Caterina Grandi, MD\***, Chief, Department of Psychiatry, Creedmoor Psychiatric Center; Assistant Clinical Professor of Psychiatry, Columbia University Vagelos College of Physicians and Surgeons; Assistant Attending in Psychiatry, Northwell/North Shore University Hospital, NY

**Mark F. Sorensen, MD**, Volunteer Clinical Consultant, Immediate Past Clinical Director, Immediate Past ACGME DIO, Creedmoor Psychiatric Center; Associate Clinical Professor of Psychiatry at Columbia University Irving Medical Center, Columbia University Vagelos College of Physicians and Surgeons; Teaching Faculty, Columbia University Center for Psychoanalytic Training and Research; Affiliate Staff in Psychiatry, Columbia University Irving Medical Center, New York Presbyterian Hospital; Affiliate Staff, New York State Psychiatric Institute

## Creedmoor Psychiatry Residency Program Faculty

### Creedmoor Psychiatric Center

#### Members of the Department of Medical Education:

**Helen L. Schleimer, MD**, Associate Clinical Director for Medical Education, Residency Training Director; Assistant Clinical Professor of Psychiatry at Columbia University Irving Medical Center, Columbia University Vagelos College of Physicians and Surgeons; Affiliate Staff, Columbia University Irving Medical Center, New York Presbyterian Hospital

**PremaLatha Rayappa, MD\***, Associate Residency Training Director; Assistant Clinical Professor of Psychiatry at Columbia University Irving Medical Center, Columbia University Vagelos College of Physicians and Surgeons

**Carisa Kymissis, MD**, Associate Residency Training Director; Assistant Professor of Psychiatry at Columbia University Irving Medical Center, Columbia University Vagelos College of Physicians and Surgeons; Assistant Attending in Psychiatry, Columbia University Irving Medical Center, New York Presbyterian Hospital

**Louis Linfield, MD**, Director of Medical Student Education at Creedmoor Psychiatric Center; Assistant Clinical Professor of Psychiatry at Columbia University Irving Medical Center, Columbia University Vagelos College of Physicians and Surgeons; Affiliate Staff, Columbia University Irving Medical Center, New York Presbyterian Hospital; Affiliate Staff, New York State Psychiatric Institute

**Creedmoor Psychiatric Center**

**Members of the Department of Medical Education:**

**Nancy Kerner, MD\***, Associate Residency Training Director for Scholarly Activities and Research; Assistant Professor of Psychiatry at Columbia University Irving Medical Center, Columbia University Vagelos College of Physicians and Surgeons; Assistant Attending in Psychiatry, Columbia University Irving Medical Center, New York Presbyterian Hospital; Assistant Psychiatrist, New York State Psychiatric Institute

**Stuart Taylor, MD**, Director of Continuing Medical Education (CME), Director of the ECT Service; Associate Clinical Professor of Psychiatry at Columbia University Irving Medical Center, Columbia University Vagelos College of Physicians and Surgeons

**Susan Shimon, BA**, Program Coordinator and Continuing Medical Education (CME) Coordinator, Department of Medical Education at Creedmoor Psychiatric Center

**Creedmoor Faculty Members (partial listing):**

**Ella Brodsky, MD\***, Forensic Consultant, Associate Director of ECT Service; MSO President

**Alan Diner, MD**, Director of Medicine

**Ulyana Khaldarov, MD\***, Associate Clinical Director for Community Services

**Maria-Victoria Agarin, MD**, Chief Psychiatrist, Intensive Treatment Unit (ITU)

**Irene Katsamanis, PsyD**, Licensed Psychologist, ITU

**Charles Kyriannis, MD**, Medical Specialist, ITU

**Ani Thomas, CSW**, Treatment Team Leader, ITU

**Aparna Udyawar, MD**, Chief Psychiatrist and Resident Supervisor, Queens Village/Jamaica Wellness and Recovery Center

**Doreen Weinstein, LMSW**, Social Worker, ITU

**Elin Weiss, CSW**, Social Worker, ITU and Queens Village/Jamaica Wellness and Recovery Center

\*Graduates of the Creedmoor Psychiatric Residency Education and Training Program

**Participating Site Directors:**

**At CUIMC/New York Presbyterian Hospital:**

**Stan Arkow, MD**, Medical Director, New York-Presbyterian Inpatient and CPEP Psychiatry Services

**Florian Bahr, MD**, Unit Chief, New York-Presbyterian 9GN Inpatient Psychiatry Unit

**Ryan Lawrence, MD**, Medical Director, New York-Presbyterian CPEP

**Jon Levenson, MD**, Attending Physician, CUIMC Consultation-Liaison Psychiatry Service

**Peter Shapiro, MD**, Medical Director, CUIMC Consultation-Liaison Psychiatry Service

**At Queens Hospital Center:**

**Debra Brennessel, MD**, Associate Director of the Department of Medicine and Director of the Department of Ambulatory Care; Internal Medicine Residency Training Director, Queens Hospital Center

**Vincent Rizzo, MD**, Associate Director of the Department of Medicine and Internal Medicine Associate Residency Training Director, Queens Hospital Center

**At St. John's Episcopal Hospital:**

**David Adler, MD**, Chairman, St. John's Episcopal Hospital

**At New York City Children's Center-Queens Campus:**

**Tresha Gibbs, MD**, Outpatient Chief, New York City Children's Center-Queens Campus

**At Creedmoor Addiction Treatment Center (OASAS):**

**Alan Stearns, MD**, Psychiatrist II, Creedmoor Addiction Treatment Center (OASAS)

**At the Jewish Board Pride of Judea Community Services:**

**Eve Sullivan, MD**, Medical Director, The Jewish Board Pride of Judea Community Services

## **Post Graduate Training and Employment:**

Residents are encouraged to consider continuing into postgraduate sub-specialty fellowships and to join the Creedmoor faculty. Creedmoor graduates have consistently achieved top fellowships and job placements in recent years.

## **Activities of Recent Graduates**

### **Class of 2020:**

Dr. Patrick Haenlein: Addiction Psychiatry Fellowship, Montefiore Medical Center, Bronx, NY

Dr. Martin Mokran: Exploring career options

Dr. Faizan Syed: Attending Psychiatrist, Creedmoor Psychiatric Center, OMH

Dr. Page Yin: Private practice/Telepsychiatry, NYC

### **Class of 2019:**

Dr. Shawn Gulati: Attending Psychiatrist, Bassett Hospital, Cooperstown, NY

Dr. Romi Kumari: Attending Psychiatrist, Queens Hospital Center, Jamaica, NY

Dr. Peter Reiss: Attending Psychiatrist, Oregon Health and Sciences University, Portland, OR

Dr. Shawn Yehudian: Child and Adolescent Psychiatry Fellowship, Cambridge Health Alliance, MA

### **Class of 2018:**

Dr. Kim Hoang: Attending Psychiatrist, San Diego County Psychiatric Hospital, CA

Dr. Mohammed Mazharuddin: Attending Psychiatrist, Janian Medical Care, NY

Dr. Gargi Patel: Attending Psychiatrist, University Behavioral Healthcare, Rutgers University, NJ

Dr. Matthew Petrilli: Initially Consultation-Liaison (CL) Psychiatry Fellowship, Mt Sinai Health System, NY; currently Attending Psychiatrist, Sentara Behavioral Health Services, VA

Dr. Shameer Debnath: Attending Psychiatrist, Southern California TMS Center

### **Class of 2017:**

Dr. Sagar Joshi: Attending Psychiatrist, Wyckoff Heights Medical Center, Brooklyn, NY

Dr. Karanjit Parihar: Initially University of Maryland CL Fellowship; currently Attending Psychiatrist, Mid-Hudson Regional Hospital, Poughkeepsie, NY

Dr. Jasmine Sawhne: Initially Public Psychiatry Fellowship, University of Pennsylvania; currently Attending Psychiatrist, Horizon House Inc., Philadelphia, PA

Dr. Anh Truong: Private practice, Brooklyn, NY

### **Class of 2016:**

Dr. Jason Chorowski: Attending Psychiatrist, South Nassau Communities Hospital, NY

Dr. Omer Haroon: Attending Psychiatrist, St. John's Episcopal Hospital, Far Rockaway, NY

Dr. Elaina Klimchuck: Initially Consultation-Liaison Fellowship, University of Texas-Austin; locum tenens

Dr. Binal Maharaja: Attending Psychiatrist, Clarity Clinic, Chicago, Illinois

**Class of 2015:**

Dr. Ryan Deen: Attending Psychiatrist, Center for Adult and Child Psychiatry, Ocoee, FL

Dr. Swapna Dhillon: Attending Psychiatrist, C-L at the Capital Health Hospital, NJ

Dr. Anish John: Initially Addiction Psychiatry Fellowship, Beth Israel Medical Center, NY; currently Associate Medical Director at the Positive Sobriety Institute, Chicago, IL

Dr. Pooja Tandon: Initially Geriatric Fellowship, Stony Brook University Medical Center, NY; currently Attending Psychiatrist, RWJ Barnabas Health, NJ

**Class of 2014:**

Dr. Jaswinderjit Singh: Attending Psychiatrist at North Shore/Long Island Jewish Medical Center, NY

Dr. Maria Fabunan: Chief Psychiatrist, Creedmoor Psychiatric Center, OMH

Dr. Amanda Gangoo: Attending Psychiatrist, Washington Heights Community Services, OMH (training site for NYSPI/CUIMC Psychiatry Residency Program)

Dr. Natasha Thomas: Initially Child-Adolescent Psychiatry Fellowship, University of Southern California, Los Angeles; currently Attending Child and Adolescent Psychiatrist, Kaiser Permanente, California

**Class of 2013:**

Dr. Adnan Ahmed: Initially, Attending Psychiatrist, Mayo Clinic Health System, Mankato, Minnesota; then Forensic Fellow at the University of Minnesota, and currently Attending Psychiatrist at the University of Minnesota

Dr. Reji Attupurath: Initially, Fellowship in Psychosomatic Medicine, Cambridge Health Alliance Program, Cambridge, MA (a Harvard University Teaching Hospital); currently Attending Psychiatrist in Psychosomatic Medicine at Cambridge Health Alliance

Dr. Viktoria Toth: Initially, Fellowship in Geriatric Psychiatry, Long Island Jewish Medical Center, New Hyde Park, NY; currently, Attending Psychiatrist, Long Island Jewish Medical Center

Dr. Julia Shugar: Attending Psychiatrist, Creedmoor Psychiatric Center, OMH

**Class of 2012:**

Dr. Diana Germosen: Attending Psychiatrist, Rockford Center, Newark, Delaware

Dr. Nancy Kerner: Fellowship in Geriatric Psychiatry and T-32 NIH Funded Neuroimaging Research Fellowship at the Late Life Depression Clinic, New York State Psychiatric Institute, OMH; currently Associate Residency Training Director for Scholarly Activities at Creedmoor Psychiatric Center, OMH

Dr. Stephen Remolina: Initially, Fellowship in Child and Adolescent Psychiatry, University of Arizona, Tucson, AZ; currently Attending Psychiatrist, Pantano Behavioral Health Services, Tucson, AZ

## Salary, Benefits, Vacation Time

**Salary:** The Public Employees Federation (PEF), AFL-CIO, negotiates salaries. Please see the accompanying announcement of current salary levels. Residents are encouraged to apply for Direct Deposit of their salary.

<b>Creedmoor Psychiatric Center: Resident Salary Information 2020-2021</b>		
<b>PGY-Year</b>	<b>Salary Without New York State Medical License</b>	<b>Salary With New York State Medical License</b>
<b>1</b>	<b>\$58,673.00</b>	<b>\$64,444.00</b>
<b>2</b>	<b>\$68,850.00</b>	<b>\$74,907.00</b>
<b>3</b>	<b>\$76,138.00</b>	<b>\$82,201.00</b>
<b>4</b>	<b>\$83,433.00</b>	<b>\$89,487.00</b>

These salaries do not include location pay in the amount of \$3,020.00 which applies to full-time employees only. Any resident who has a valid medical license in New York State is paid at the licensed salary level.

**Vacation:** Thirteen days of vacation leave are earned each year. With the addition of five days of personal leave time earned per year and two state “floating holidays” this gives each resident 20 paid days per year available for vacation. Election Day and Lincoln’s Birthday are floating holidays that must be used within one year after accrual.

The department strongly encourages use of vacation time in the academic year in which it is accrued. Vacation time earned in a given year of training may not be used in another year, but will be compensated for in pay at the conclusion of training, up to 30 days accumulation. Vacation time may not be used during certain clinical rotations so residents must submit requests for vacation time in advance with the residency program director.

**Personal leave:** Five days of personal leave are earned each year.

**Holidays:** There are 12 paid holidays per year (including “floating holidays”). This time off is in addition to the vacation time described above.

**Leave for Professional Examinations:** Four days are allotted per calendar year (not including time allotted for taking the Psychiatry Resident In-Training Examination/PRITE).

**Conference Time:** Residents are encouraged to attend professional meetings. Four days are routinely allotted per year for conference time. Additional conference time may be permitted with approval by the residency program director or designee.

### **Additional Benefits:**

**Health Insurance:** The comprehensive New York State Empire Plan provides for both inpatient and outpatient medical treatment and also offers partial reimbursement for personal psychotherapy and prescription plans. Dental and Optician Plans are included under PEF benefits.

**Disability Insurance:** Residents accumulate paid sick time during the course of their employment. Additional disability insurance may be purchased.

**Pension Plan:** Residents, considered as temporary employees of the New York State Office of Mental Health (OMH) are not required to participate in the pension plan, but may elect to do so, especially if a career in the New York State system is being considered.

**Professional Liability:** In accordance with Section 17 of the Public Officers Law, New York State indemnifies its physicians for civil liability that arises from acts or omissions while the physician was acting within the scope of his/her public employment of duties. This includes all clinical work and academic activities conducted by Creedmoor residents during assignments at other institutions, but does *not* include moonlighting activities. For moonlighting, the resident is responsible for arranging appropriate liability coverage.

**Maternity/Paternity Leave and Childcare Leave:** Residents who are pregnant may continue to work as long as they can perform their duties, and do not jeopardize their health or that of their co-workers. Pregnancy is treated the same as personal illness with regard to leave accrual use and other sick leave benefits. Medical evidence may be required.

Either parent of a newborn or adopted child is entitled to a maximum of 7 months leave to care for the child. Parents may elect to use their accumulated leave credits (except sick leave) to receive full pay, or receive leave without pay. The leave period begins from the date of birth or adoption.

**On Call/Duty Hours:** There is no regularly required overnight call in any year of the Creedmoor Program. Residents are assigned to On Call duty throughout their education and training. A two-week Night Float rotation is routinely scheduled during the PGY-1 medicine rotation. In New York State, hours on call are set by the standards established by the Bell Commission and the ACGME. The On Call Policy is described at length in the Departmental Manual.

**Moonlighting:** Moonlighting is never required. Permission from the Residency Training Director must be granted prior to moonlighting. Moonlighting hours are counted as Duty Hours and subject to ACGME Duty Hour requirements. PGY-1, PGY-2 and PGY-3 residents are not permitted to moonlight. Please refer to the Program's Moonlighting policy.

**Regarding Transportation:** Please note that while New York City has a substantial system of public transportation (subways, trains, and buses), it is strongly advised that you have a car to commute from your home to Creedmoor and the various clinical sites in Queens, Manhattan and elective sites.

**Regarding Leaving After the PGY-3 Year for a Fellowship in Child and Adolescent Psychiatry:** While we encourage our residents to explore their interests in pursuing subspecialty education and training, and while we have had many graduates who have pursued a career in Child and Adolescent Psychiatry, Creedmoor does NOT have a three-year Child track, and we encourage those interested in Child and Adolescent Psychiatry to enter their fellowship after completing the four-year program.

We continue to have required clinical assignments in the PGY-4 year including the following: CL psychiatry and adult outpatient psychiatry. We do not have one Chief Resident; instead all PGY-4 residents serve three months as Chief Resident. All elective time, up to five part-time months (outpatient assignments and classes continue during electives) is in the PGY-4 year. Elective time is often utilized to explore fellowship possibilities.



## **Accreditation**

### **Joint Commission**

Creedmoor Psychiatric Center is accredited by the Joint Commission (TJC). The most recent survey held in 2020 was successful and resulted in a three-year accreditation.

### **ACGME**

The Creedmoor Psychiatric Center Residency Education and Training Program in Psychiatry is a fully accredited four-year program, accredited by the Accreditation Council for Graduate Medical Education (ACGME) since 1941. The program had its most recent ACGME site visit in 2008. At that time, the program received continuing full accreditation for five years, the most possible. The program received notice on its continuing full accreditation as part of the ACGME's transition into the Next Accreditation System (NAS) in 2013. The first site visit in the NAS for the Creedmoor program is scheduled in 2020.

### **CME Program**

The CME program is accredited by the Medical Society of the State of New York (MSSNY). Our CME Program received a six-year full accreditation by MSSNY in 2017.

## Application Criteria and Procedure

There are a total of four PGY-1 positions available for the class starting in July 2021. Applications are accepted only through the Electronic Residency Application System (ERAS). The Residency Program participates in the National Residency Matching Program (NRMP) for all of its PGY-1 positions.

Creedmoor Psychiatric Center is an Equal Opportunity/Affirmative Action Employer.

Applicants must be a citizen of the United States, or be a permanent resident of the United States with a Green Card at the time of application. Creedmoor does not sponsor any visas or accept a work permit. Minority applications are encouraged. The deadline for applications for 2021-2025 class is October 31, 2020.

### Degree Requirements:

#### ***For Applicants with the M.D. or Equivalent Degree:***

Applicants must either hold an M.D. or equivalent degree, or must currently be a senior medical student in an approved medical school. This program welcomes IMG applicants. Currently, all of our residents are International Medical Graduates. If you are an International Medical Graduate (IMG), you must be ECFMG certified at time of application. For applicants with substantial time since graduation from medical school, those who can provide evidence of having kept up with current medical knowledge and practice (e.g. having completed a residency in psychiatry outside the United States, and/or having worked in the fields of medicine in general and/or psychiatry in particular) will be looked upon more favorably than those who cannot.

Applicants must have passed Parts 1, 2CK, and 2CS Exams of the USMLE. We require applicants to pass each of these exams with no more than 2 attempts. Having already passed Step 3 is not required, but makes for a stronger application.

#### ***For Applicants with the D.O. Degree:***

Candidates with the D.O degree must have passed the USMLE exams to be considered.

#### ***Fluency in English:***

English competency, both oral and written, is required.

#### ***Letters of Recommendation:***

You must have at least 3 letters of recommendation, preferably by psychiatrists and from physicians within the United States.

***Past Experience in Psychiatry:***

Having experience in working in the field psychiatry and/or mental health in the United States makes for a stronger application, but is not required. If you have such experience, a recommendation letter regarding your experience is generally a plus.

We are often asked whether Creedmoor Psychiatric Center regularly sponsors any observerships or externships. We do not.

***Scheduling Interviews:***

After the Resident Selection Committee has reviewed the application on ERAS, applicants will be contacted by telephone or via email to schedule a personal interview on one of our Monday morning interview times. On the morning of the interview, candidates will meet with our Program Coordinator, followed by discussion and tour with the current Creedmoor Chief Resident, two or three interviews with our faculty, and lunch on-site with some of our current residents.

We regret that owing to the large number of applicants to our program, not all applicants can be called or interviewed.

Any further inquiries should be addressed to:

**Ms. Susan Shimon  
Program Coordinator  
Residency Education and Training Program in Psychiatry**

**Creedmoor Psychiatric Center  
79-25 Winchester Boulevard, Bldg. 40, 2-A  
Queens Village, NY 11427**

**Telephone: (718) 264-5030  
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