

FAQs about UMass Psychiatry Residency

Prepared by a former Chief resident

How many positions do you have each year?

4 general adult psychiatry

2 integrated adult/child psychiatry (5 years)

1 neuropsychiatry (6 years)

Where do the residents live?

Generally within a 35 mile radius of the hospital – including in Boston for some. Living in Boston is possible when being a resident at UMass because it's the "reverse commute" and doesn't take quite as long in rush hour traffic.

That said, most residents live much closer. Depending on need, they may live in the apartments or houses within a mile or two of the hospital or closer to the Boston suburbs. Some people prefer the feel of the older homes/apartments in downtown Worcester, which is only a few miles from our main hospital.

How far do residents have to commute?

This obviously depends on where you live, but I'll give you a sense of how far you'll go compared to the main hospital. First year residents rotate at UMass Memorial HealthAlliance-Clinton Hospital for Geriatric Psychiatry, which is about a 30-minute drive away. In third year, one day a week will be spent at a community clinic. Some of these clinics are an hour drive away. See [this link](#) for a map of sites.

Is UMass family friendly?

Very! We have many residents with young families and one year there were three babies born in the same class! Nearly every year there is a baby announcement from a resident. Nearby school districts are some of the best in the nation and Massachusetts is known for its high quality public education. There are a variety of private schools nearby as well.

What kinds of benefits do residents get at UMass?

- [Stipend](#): Check the GME website for resident stipends: <https://www.umassmed.edu/gme/future-residentsfellows/benefits/>

You can use a cost of living calculator: to compare the cost of living in Worcester to other places, go to <https://money.cnn.com/calculator/pf/cost-of-living/index.html>
- [Days off](#): 15 vacation days, 3 personal days; 15 sick days and if you donate sick days into a pool for use by those who need it, you can be eligible to draw sick days from the pool if needed. Parental leave up to 12 weeks per year.
- [Health and dental benefits](#): good variety of health benefits through state plans; dental can be upgraded for a small fee, the basic dental is paid for by the school.
- [Parking](#): ~\$30/month
- [Resident mental health](#): residents are eligible to receive on average 3 visits with a contracted psychologist who does not teach residents, or with the in-house House Officer Counseling Service. These sessions are paid for by the psychiatry department and are anonymous. Additionally, the employee assistance program provides more sessions that are also kept out of the medical record. For more information: <https://www.umassmed.edu/well-being/gme-residents-and-fellows/>

- Travel stipends/book fund: \$750/yr for professional costs. If presenting at a peer-reviewed conference, up to an additional \$1000 cost reimbursement per year. 5 paid conference days per year starting in PGY2.

What psychiatry fellowships are available at UMass?

3 child psychiatry fellows per year, 1 addiction psychiatry fellow, 1 forensic psychiatry fellow, and 1 neuropsychiatry fellow with an option to specialize in neurodevelopmental disorders

How much call do residents take?

This varies year-to-year, but typically a year is split using a ratio of 3 PGY2 : 2 PGY3 : 1 PGY4. Typically, PGY2s have 4 weeks of night float, and about 19 12-hour weekend call shifts; PGY3s have 2-3 weeks of night float and 10 12-hour weekend call shifts; PGY4s do about 1 week of night float and no weekend call shifts; Interns have 5 night float days and 5 weekend day shifts supervised by a senior resident.

What clinical rotations do residents do in their first year?

ADULT TRACK: 1 block inpatient medicine, 1 block of family medicine, 2 medicine electives, 2 neurology, 1 emergency medicine, 2 inpatient psychiatry, 1 neuropsychiatry, 1 geriatric psychiatry, 1 Assessment rotation, and 1 block emergency mental health/ addiction inpatient consults.

INTEGRATED ADULT/CHILD TRACK: 1 block inpatient family medicine, 1 pediatric elective, 1 pediatric genetics, 1 pediatric neurology, 1 adolescent medicine, 1 developmental and behavioral pediatrics/child protection service, 1 neuropsychiatry, 1 Geriatric psychiatry, 2 inpatient psychiatry, 1 adult neurology inpatient, 1 Assessment rotation, 1 block emergency mental health/ addiction inpatient consults

NEUROPSYCHIATRY TRACK: 4 medicine electives (including: 1 Rheumatology/Immunology, and 1 genetics), 3 inpatient medicine, 1 neurology, 1 emergency medicine, 1 ICU, 1 emergency mental health services, 1 inpatient psychiatry, 1 neuropsychiatry

What are didactics like at UMass?

We have a full day of didactics on Thursdays that are considered protected time (meaning you will have no clinical duties 8am - 5pm) during psychiatry service rotations. We have a weekly Clinical Neuroscience Seminar and a weekly Psychopharmacology Seminar for PGY1 and 2 years. We start psychotherapy lectures in PGY2 year. In PGY3 there are child psychiatry lectures and lectures on transition into practice. For all levels, there is a weekly Case Conference and Biological Psychiatry Seminar, which are taught by your peers, and guest discussants. We also attend weekly departmental grand rounds.

How diverse is the patient population at UMass?

Demographics: We see a wide variety of socioeconomic statuses and our inpatient units will take "free-care" patients, or patients without insurance (rare in Massachusetts!). We also see a variety of ethnicities as Worcester is home to many immigrant populations including Latino/a, Vietnamese, Ghanaian, Albanian, Iraqi, Bhutanese, and others. We see all ages as well.

Diagnosis: due to UMass being a tertiary care center and level 1 trauma center we often see somewhat more complex cases that may be more medically complicated in addition to the general population of individuals with psychiatric disorders. We see a well-rounded mix of most disorders here. We also see a larger number of individuals with Severe Mental Illness in some community sites in PGY3 year ranging from developmental disorders to severe psychosis.

What research opportunities are there at UMass? Is there any required research?

The only required "research" is a Quality Improvement project focusing on improving the residency or patient care.

However, if you wish to take advantage of residency to do more research, we have several large research centers that focus on pharmacology, mood disorders, psychosis, neurodevelopmental disorders, autism, addiction, neuromodulation, women's mental health, and psychosocial rehabilitation.

What is unique about UMass psychiatry training?

We have a wide range of clinical expertise. We have an emphasis on public sector, neuropsychiatry, and community psychiatry, transitional age youth/college age youth, addiction psychiatry, medically complex inpatients, treatment-resistant depression and bipolar disorder, neurodevelopmental disorders, women's mental health, new onset psychosis, and many other areas. Neuropsychiatry plays a major role in the department.

The program's culture is collaborative. The training directors strive to individualize the training experience as much as possible, by creating specialty tracks, electives, and opportunities based on a resident's interest.

Our faculty is approachable, residents feel comfortable reaching out to them for just about any subject. Mentorship is valued in the department.

What are the weaknesses of the curriculum at UMass?

This question is tough because we think of ourselves as well-rounded as a department. An underrepresented area of practice that we don't see much is eating disorders because there is a specialty eating disorders hospital close to Boston. Residents interested in this topic have done electives in Boston. When weaknesses are identified, they tend to be addressed quickly.

Do residents feel they have good work/life balance? Are residents happy? Are they collegial with each other?

The residents here are pretty happy. While all physicians strive for better work/life balance, we work together as much as possible and the program is responsive to our requests. We have a yearly residency retreat that is funded by the program. We also have instituted quarterly outings to bring our residents together for seasonal fun (Beach retreat, Fall leaf excursion, Ski trip, etc) as well as spontaneous get togethers. We have had (before COVID) a picnic for all faculty and residents at the program director's house in July. One of these even included raffling off a chance to throw a pie at the training director of our choice to raise money for resident wellness!