

Teaching sessions for first year residents

Introductory Didactic Conference Series: (80 hours. July through September. Staff of the Department)

	<i>Hours</i>
Psychopathology	25
Personality Development.....	25
Techniques of Interviewing.....	10
Principles of Psychological Evaluation.....	10
Hospital and Ward Management.....	10

Continuous Conferences:

Ward Walks. Daily.

Interdisciplinary Diagnostic Conference. Weekly. Dr. Perman and Staff.

Case Conference. Weekly. Dr. Steinbach, Dr. Jaffe.

Neurology Conference. Weekly. Neurology Staff.

Literature Seminar. Alternate Weeks. Dr. Ryan.

Theory and Practice of Interviewing. Alternate Weeks. Dr. Grande, Dr. Meltzer.

Ward Conference. Weekly. Visiting Staff.

Residents Conference. Weekly. Dr. Novak.

Art Therapy Seminar. Monthly. Miss Ulman.

Joint Conferences. (See separate schedule.)

Second year of residency

In the second year of the program, the emphasis of the resident's activities is diagnostic and therapeutic work with outpatients at Georgetown University Hospital. The patients, from varied socioeconomic backgrounds, present a diversity of symptoms and manifestations of psychic disturbance. The treatment techniques range from intensive individual psychotherapy to brief psychotherapy to crisis intervention. The resident spends fifteen hours weekly in the treatment of outpatients and has two hours of individual supervision from senior faculty.

As the resident is developing his skills as an individual psychotherapist, he is introduced to the principles of group process and group psychotherapy. He attends a weekly seminar on group dynamics and throughout the year observes an outpatient group conducted by a staff member or third year resident. In addition, there are group therapy sessions in a hospital setting which initially are observed and later conducted by the resident.

The basic concepts of intra-family dynamics and family psychotherapy are presented through an on-going conference. There are also demonstrations of family interviews. This is a preparation for the resident's actual clinical experience as a family therapist in the third year of training.

Each resident also follows patients in the Drug Clinic. Patients chosen present difficulties which are considered most effectively treated by drug management and brief supportive therapy. Throughout the year, emergency room consultations by the resident on a rotating on-call schedule provide experience with the treatment of people in crisis.

In addition there are rotations through various clinical services in which the resident spends fifteen to twenty hours per week. These rotations are usually for a three-month period. Individual supervision and conferences are scheduled for each service. These rotations include:

1. CLINICAL STUDY UNIT. This unit is a medical research ward at Georgetown sponsored by the National Institute of Health. The psychiatric resident is an integral member of the ward team, performing personality evaluations on most admissions and participating in group meetings with staff and patients. He gains invaluable experience with a wide range of psychosomatic and somatopsychic problems and with the application of the principles of a therapeutic community to a non-psychiatric unit.

2. GEORGETOWN OUTPATIENT DIAGNOSTIC SERVICE. This includes diagnostic evaluations of, and treatment planning for, adults and children through two outpatient clinics.

(a) *Adult Psychiatric Clinic.* Applicants for this clinic are evaluated in depth by the resident. His psychiatric findings are presented to the clinic director at a weekly team conference in which the social worker, psychologist, and psychiatric nurse participate.