Part I: Overview of Specialty

**Description of Specialty, Common condition, types of patients**
We are so glad you are considering a career in psychiatry! Psychiatrists prescribe medications, provide psychotherapy, work in inpatient and outpatient settings, conduct neuroscience and health services research, collaborate closely with medical and surgical colleagues on consultation services, and are frequently involved in teaching and even medical school administration. Psychiatry differs from neurology in that the typical focus is more specifically on disorders of behavior and affect. Common reasons medical students decide to pursue a career in psychiatry include the ability to spend time with patients and understand how their background and life story has contributed to their current experiences, the desire to develop long-term relationships with patients, an interest in the social sciences and humanities, a fascination with neuroscience and/or psychology, and a dedication to social justice.

**Career trajectories: academics, clinical, research, teaching, etc.**
One of the wonderful things about psychiatry is the incredible variety and flexibility it affords in terms of what your career might look like. There are ample opportunities for psychiatrists to practice in academic settings, in community mental health centers, in private hospitals, or in independent or group private practice. There are many opportunities for those interested in psychiatric and/or neuroscience research to obtain research funding and advance the field. Psychiatrists are frequently involved in teaching, mentoring, and leadership activities, as the skill-set of psychiatrists lends itself well to these pursuits. Many psychiatrists have interests and involvement in areas including advocacy, public health, reducing mental health stigma, educating the lay public, addressing health disparities. Many psychiatrists have jobs which allow them to do a number of different types of work, spending time working in different settings on different days. Many psychiatrists who work in an academic setting are also able to have a small private practice on the side.

**Practice Models**
Practice models for psychiatrists include traditional private practice, group practice, employment through a Health Maintenance Organization (HMOs, for example, Kaiser Permanente), hospital or medical center employment, academic medicine, public health or community health centers, Indian Health service or the military. Psychiatrists may practice general inpatient psychiatry, consultation-
liaison psychiatry, traditional outpatient psychiatry, partial hospital and intensive outpatient programs, integrated primary care psychiatry, jail psychiatry, street outreach, or other non-traditional practice modalities. The daily pace, workflow, patient profile, team dynamics are all different between these different settings.

Residency: Length, typical curriculum
Residency in Psychiatry lasts 4 years. During the intern year, psychiatry residents spend 4-6 months doing internal medicine (or pediatrics in some cases). Psychiatry residents also complete 2 months of neurology. Core rotations in psychiatry include inpatient psychiatry, emergency and consultation psychiatry, addiction psychiatry, child and adolescent psychiatry, geriatric psychiatry, forensics psychiatry and community and public psychiatry. Psychiatry residents also spend at least one full year doing outpatient work, including seeing patients for psychopharmacology as well as therapy. Residents learn several modalities of psychotherapy, including psychodynamic psychotherapy, cognitive-behavioral therapy, supportive therapy, and dialectic behavioral therapy. Like medical school, the fourth year of psychiatry residency is primarily elective, with many programs allowing residents to largely design their own curricula. Programs will differ on research requirements, elective rotations, and call schedules. Call is a part of all psychiatry residencies, though the amount and frequency varies from program to program. Many programs now utilize a night float system. Many programs will require rotating in more than one hospital. Programs exist in community hospitals, county hospitals, academic medical centers, and the Armed Forces. Many programs sponsor global health electives, while others may allow residents to participate in overseas electives but not sponsor the elective. Most psychiatrists outside of academia are generalists- that is, have completed a psychiatry residency but not done a fellowship. Generalists are also found in academic medicine as clinicians, researchers and educators. Some psychiatry residents programs also offer special tracks, such as child and adolescent psychiatry track (match into general psychiatry residency and child psychiatry fellowship at the same time) or a research track (offering protected time for research during residency). There are also combined programs providing training in multiple specialties in the context of a combined residency program (e.g., Med-Psych, Psych-Fam Med, Psych-Neuro, Psych/Child Psych/Peds (also called “triple-board”).

Fellowships offered after residency
Accredited fellowships are offered in child and adolescent psychiatry, consultation-liaison psychiatry, geriatric psychiatry, forensics psychiatry, neuropsychiatry and addictions psychiatry. Child and adolescent fellowship is 2 years, though residents have the option of “fast-tracking” into child fellowship after their PGY-3 year, so the total length of training may only be 5 years. All other fellowships are 1 year. Psychiatrists may also pursue fellowships are shared with other specialties, including sleep medicine, palliative care and pain. Non-accredited fellowships include public and community psychiatry, emergency psychiatry, women’s mental health, college student mental health, and autism. Many research fellowships are also offered.
Part II: Life as a Psychiatrist

Demographics
Women make up 47.2% of applicants in Psychiatry (2018). Women make up 39% of practicing psychiatrists. Men continue to earn more as practicing psychiatrists than women ($285,000 vs. $250,000 [2018]).

18.6% of psychiatry applicants in 2018 were from groups underrepresented in medicine, including African Americans (10.0%) and Hispanics (6.7%)

Earnings Potential
In recent years, the median compensation for psychiatrists increased from $281,190 in 2010 to $330,696 in 2015. Incomes tend to be slightly higher for those practicing in the Southern and Midwest U.S. regions than for those in the Eastern and Western U.S. regions. Sub-specialists usually have higher compensation, but do spend longer in training.

Lifestyle
The lifestyle of most psychiatrists is excellent. Psychiatrists vary widely in their work hours. Many outpatient psychiatrists choose to work less than 40 hours per week, including a large portion who work fewer than 5 days per week. Solo practitioners (a single self-employed psychiatrist) are less common than a decade ago, but still found particularly in urban areas. Psychiatrists in private practice can decide whether they will accept insurance (and which types of insurance) or see patients on a “private pay” basis. For psychiatrists working in hospital settings, most do not take regular overnight call, though some may take call as “moonlighting” for extra pay. Many psychiatrists in hospital settings do provide occasional weekend coverage depending on the system.

Academic Medicine
Academic medicine is a choice for some psychiatrists. Academic psychiatry departments generally will have all specialty areas represented. Academic psychiatrists may participate in research, teaching of medical students and residents, and provide clinical care to patients. Psychiatrists participating in global health programs often are affiliated with an Academic Medical Center or Medical School. Psychiatrists not in academic medicine may continue to have a teaching role as supervisors or clinical faculty with local or regional medical schools.

Part III: Applying in Psychiatry

How Competitive is Psychiatry?
Interest in psychiatry has grown over the last few years, with 5-6% of US medical school graduates entering residency programs.
The number of positions available for psychiatry residents has grown steadily over the past decade. In 2018, 256 psychiatry residency programs offered 1556 available training spots. 1236 US applicants applied into psychiatry. 1540 psychiatry spots were filled, with US graduates taking 1025 of these spots. 12 spots went unfilled for the match and opened in SOAP.

Psychiatry accounts for 5% of total first year residency position in the US, which is equivalent to numbers in anesthesiology, categorical surgery, and OB/GYN.
18.6% of psychiatry applicants in 2018 were underrepresented in medicine (African American, Hispanic, and American Indian).

Planning the post-clerkship and senior years
Once you have decided on a career in psychiatry, you should meet with your academic advisors, and an identified mentor in psychiatry at your PCE site to plan your post-clerkship clinical experiences and extracurricular activities. There are many clinical and research opportunities to explore across the Harvard hospitals.

Clinical Rotations

Sub-Internships
You must complete a medicine sub-internship. If you are considering child and adolescent psychiatry, a sub-internship in pediatrics is acceptable as an alternative. You should also plan to complete an elective rotation in psychiatry. Many students will consider 1 or more additional clinical or research electives in psychiatry. Options include emergency psychiatry, inpatient psychiatry, consultation-liaison psychiatry, child and adolescent psychiatry, community psychiatry, and more. Because there are five different Harvard psychiatry programs, it is recommended you complete rotations at hospitals affiliated with at least two different programs (including your PCE site). Ideally, your acting internships in psychiatry should be completed by July of your senior year to be sure it is included on your transcript. However, you may still be able to solicit letters from faculty you work with during electives in August.

Away electives
For HMS students, we generally discourage away electives. Away electives represent auditions and require the student perform at their best for the entirety of the rotation. In most cases, away rotations have the potential to do more harm than good. That being said, if you did poorly in your psychiatry clerkship and really want to attend a specific program, an away rotation may be away to demonstrate your performance has improved considerably since your PCE.

Other Recommended Electives
Choose electives beneficial to you and in areas you are interested in. Many psychiatry applicants choose to pursue additional electives in medicine, as this represents a significant component of intern year. Similarly, some students do additional neurology electives.
You may want to schedule these electives during the fall, but remember you want to have flexibility to interview during this time. Applicants generally choose 1-2 months to devote to interviewing (between Oct-Jan) and should be able to schedule electives during months when they are not doing the bulk of their interviews.

**Research**
Research experience is not a required component of a strong application in psychiatry. What is more important is to demonstrate a commitment to some pursuit outside of clinical medicine. This could be research, but could also be quality improvement, medical education, or service. Longitudinal experiences demonstrating effort and growth over time are viewed more favorably than a series of brief experiences in different areas to “check the boxes.”

Within psychiatry, many avenues exist for pursuing research. Many pursue basic or translational research, but health services or clinical research are equally impressive. Research also need not be in psychiatry – we understand many students discover psychiatry late, after having already completed projects in different specialties. If this is the case and you hope to continue research as part of your training, we recommend thinking about how you will utilize your background to explore psychiatric research going forward so you can discuss this with interviewers. Research blocks are a good choice for the September-January time period when you will need a flexible schedule for interviews. While it is less likely a research project in the senior year will result in a publication, you may have a poster presentation or other avenue for presenting your work.

**National Meetings**
If you have the opportunity to present at a national meeting in psychiatry, take advantage of this! These meetings are an excellent networking opportunity and a way to introduce yourself to program directors and others involved in residency selection committees. The largest psychiatry meeting is the American Psychiatric Association annual meeting, which takes place in May. There are many other national organizations in psychiatry which host meetings medical students may be interested in, with focus areas including: addictions (AAAP), geriatrics (AAGP), consultation-liaison (ACLP), child and adolescent (AACAP), psychiatric education (AAP and ADMSEP), forensic psychiatry (AAPL). Some of these organizations may even have travel awards available for medical students.

**Other degrees**
Additional degrees (though by no means required) are viewed favorably by program directors, provided the student has a good reason for having pursued the additional training and a plan for how advanced degrees add to their career. MD/MBAs are increasingly popular in psychiatry and MD/MPH and MD/PhD’s have always been popular.
Part IV: Assessing your Competitiveness

What Criteria do Programs Consider?
Assessing your competitiveness will determine how many and what types of programs you should apply to. Your application portfolio has many facets, many of which are immutable by the time you reach your senior year.

1. Grades and your DSA
Grades are one of the most important components in a psychiatry application. In particular, program directors often focus most on grades in psychiatry and medicine. In addition to grades, many program directors look specifically at clinical comments to determine a sense of how well you interact with patients, whether you are a team player, and your receptivity to feedback.

2. USMLE Step Scores
USMLE scores are not a major metric of evaluation for most programs. Some programs do use a baseline cutoff for USMLE scores, but most do not. Many selective programs have even matched students who have failed a USMLE exam in the past. If you performed poorly on Step 1, taking Step 2 early is recommended to demonstrate improvement. If you have a lower USMLE performance, you should also be prepared to discuss this during interview in a non-defensive way. Psychiatrists are particularly attuned to issues like test anxiety and may be more forgiving of low board scores. Because USMLE scores are sometimes predictive of psychiatry boards pass rates, programs will want to be reassured you are aware of the challenge and have outlined a strategy to combat it moving forward.

3. Research Experience
Research experience, as well as longitudinal experience in other pursuits such as medical education and service, can help strengthen an application to psychiatry. It is not recommended you pursue research simply for the sake of listing something on your application. The best candidates are those who can speak enthusiastically about their research on interview, including challenges and limitations, and apply their research to important questions in the field affecting clinical populations.

4. Publications
For students applying to research tracks, publications are an important way to demonstrate follow-through and commitment to research, including the ability to see a project through from early stages to completion. This may include peer-reviewed articles, abstracts, poster sessions, and invited national or regional presentations. Some residency programs may verify and or review publications for applicants in whom they have an interest, but most probably do not. For students who are not applying to research tracks, publications can further strengthen one’s application but are by no means required.

5. Extracurricular Activities
Psychiatry programs like to see evidence of dedication to serving disadvantaged populations. Volunteer experiences are viewed most favorably when the student gains leadership experience—for example,
serving as an officer in an organization or in student government, or when the student has a role in
development or innovation of a program. Longitudinal experiences are often viewed more positively
than a series of brief experiences.

Getting an Interview: Attributes Residency PD’s Consider in Granting Interviews
Individual programs vary quite a bit in terms of what they prioritize in screening candidates for
psychiatry residency. Many rely on grades and overall medical school performance reflected in the MSPE
(Dean’s Letter) as a key indicator. Letters of recommendation are also highly valued. As noted earlier,
USMLE scores are often not a major factor. Personal statements also do not often carry significant
weight in the decision to grant an interview.

When programs are ranking applicants for the Match, the attributes most valued are interpersonal
interactions and skills: interactions with faculty, staff and residents during the interview process, and
feedback from current residents are most commonly listed as contributing to a candidate’s ranking.
Grades and letters of recommendation also remain important.

Letters of recommendation
You will need 3 letters of recommendation (LoR). We recommend obtaining at least one letter of
recommendation in psychiatry. The letter should come from a faculty member who worked closely with
you in a clinical setting. Having a letter from someone who knows you well is more important than
having a letter from a chair or clerkship director. Many students will have two letters from psychiatrists.
Often the third letter is from medicine or another specialty. Students with PhD’s or an extra research
year should consider having a research letter. Three letters are sufficient, though up to 4 letters are
permitted.

Ask for your letters as soon as identify the faculty member you want as your letter-writer; this may be at
the conclusion of a rotation or sub-internship, which may be months in advance of the deadline. If you
are doing an elective closer to the application deadline and will want a letter, it is often helpful to note
up front you are hoping for a letter of recommendation at the end of the experience. Some faculty
members write a LoR at the time they are asked, while others may put this off until the deadline. Once
a faculty member agrees, remember to reach out to them again in May or June to give the writer
adequate time to review your record. Give your letter writers your CV and personal statement to review
as soon as you have them completed. Ask the writers to submit their letters before August 31. ERAS
provides a letter request form you should provide to your LoR authors. This form assists your letter
writer with submission of the LoR, and includes instructions on how to access and use the ERAS Letter of
Recommendation Portal. You should send a reminder to the writers around August 20. Remember
summer vacations and other commitments may come up, and you want to be respectful of your writer’s
time.
Personal Statement
In general, the personal statement is a less important component of the application. Program directors read hundreds of personal statements and only a handful stand out each year. Having an average personal statement will not negatively impact your application, but having a weird personal statement could. Most applicants’ personal statements range from 600-1000 words, and should be used as an opportunity to explain your interest in psychiatry.

There are three ways in which a personal statement may be an important opportunity to enhance your application:

● If you have any red flag on your application (a low USMLE score, a poor grade, a leave of absence, etc), consider using the personal statement to explain this. Program directors will be reassured you are aware of the potential weakness and proactive about addressing it.

● If you decided upon psychiatry later in your medical school career, use the personal statement to explain this. There is a growing practice of students applying to highly competitive specialties also applying to a backup specialty in case they do not match. Psychiatry is a common backup specialty. If your entire application reads as though you are going to do ophthalmology, program directors may be suspicious. Addressing this upfront demonstrates you have nothing to hide and will be reassuring.

● If there is a geographic area where you really wish to train for residency but have spent your entire life on the opposite side of the country, consider addressing this. Programs in California may be suspicious of the applicant who has never left Massachusetts and may be concerned about using a valuable interview spot to invite someone who is unlikely to leave the East Coast. Consider being explicit about your reason for wanting to train in a different part of the country.

How many programs should you apply to?
The number of programs you should apply to depends on your competitiveness as a candidate, your geographic restrictions (if any), whether you are couples-matching, and other factors. In general, it is probably not necessary to apply to more than 10 programs, and as few as 5-6 may be reasonable. While psychiatry nationally is not a competitive specialty, the best programs are highly selective.

In general, plan to interview at all of the programs to which you apply. Some applicants will schedule interviews at programs lower on their list later in the season, in case they decide to cancel these eventually. Another strategy is to interview at a less desired program early to gain some experience with the interview process before interviewing at more desired programs.

In general, it is recommended applicants rank all of the programs at which they interview, unless they feel they would absolutely not be happy training at a particular program.
Cancelling interviews is perfectly acceptable as long as it is done in a timely (at least 2 weeks’ notice) and professional manner. Program directors understand applicants have many reasons for cancelling interviews, and are often happy to be able to offer the spot to another candidate on their waiting list who may be more excited about the program.

**Deciding where to apply**

Psychiatry programs probably differ between themselves more than programs in most other specialties. Aspects to consider when deciding where to apply might include:

- **geography:** considerations might include family, support networks, weather, cost of living, and other common factors, but also regional variation in practice style/theoretical orientations
- **relative emphasis on and robustness of psychotherapy training** (including psychodynamic vs. more cognitive/behavioral modalities)
- **patient population** (insurance status, SES, culture/ethnicity, sexual/gender identity, other demographic diversity)
- **"community" vs. "academic" programs**
- **amount of time devoted to inpatient vs. outpatient patient care**
- **call schedule**
- **program size**
- **moonlighting opportunities**
- **research opportunities**
- **flexibility and elective time**
- **different types of healthcare system settings** (public, academic, VA)
- **child psychiatry track options** (including a direct application to combined program, peds rotations in lieu of internal medicine)

**Common questions you may be asked – specialty spec**

Be prepared to discuss everything listed in your ERAS portfolio, especially anything you discuss in your personal statement. Since this is the area of your application where you have the most “voice”, it is natural for interviewers to use it as a launching pad for getting to know you. Be prepared to talk about your accomplishments and any current projects, publications, or activities outside of medicine. You may also be asked about any red flags on your application. Interviewers typically want to see demonstration of awareness of these and a discussion of how you have grown from the experience. During an individual interview, expect you will be speaking 50-80% of the time.

Interview questions fall into several categories:

**Motivation for pursuing psychiatry:**

Interviewers often want to see a humanistic component as opposed to an intellectual interest or lifestyle reason.

- **Career plans:**
  - Where do you see yourself in 5, 10, 15 years?
  - Do you plan to sub-specialize? If so, why and what? If not, why not?
- Discussion of activities in medical school or before
  ● Evidence of dedication to a longitudinal pursuit
  ● Lessons learned from the experience
  ● Applicability to training and to future career

- Motivation for applying to this program, and what you will add:
  ● What makes you stand out among your peers?
  ● Why do you want to come to our program?

- Behavioral:
  ● Tell me about a time you received constructive criticism?
  ● Tell me about a time you had a challenging patient- why was this challenging, and how did you handle it?
  ● Give me an example of your initiative and/or leadership.
  ● How do you handle conflict? Give an example.
  ● Tell me about a time when you had to make a split-second decision- either in or outside of medicine

- Unique characteristics:
  ● What are you most proud of (academic or in general)?
  ● What do I need to know about you that isn’t in your application?

- Outside interests
  ● Engagement in pursuits outside of medicine decreases the risk of burnout during residency

- Unusual Interview Techniques
  ● A few programs still have psychoanalysts interviewing candidates. These interviewers may speak very little during the interview or may ask probing questions about the applicant’s background. Situations like this can be surprising or off putting. The best approach is to handle things in a non-defensive way and try to roll with it as best as possible.

  Common interview errors include:
  ● Poor preparation, not being familiar with the program
  ● Inconsistent or inappropriate answers to questions
  ● Abrasive, condescending, evasive behavior
  ● Treating a resident interviewer differently than a faculty interviewer
  ● Appearing overly defensive about flaws on application or displacing blame
  ● Disinterest or lack of enthusiasm
  ● Inappropriate humor
  ● Repeated negativity about past experiences
  ● Negative comments other programs, candidates, or the program itself
Communication with Programs: NRMP Code of Conduct for Applicants and Programs
Both candidates and programs are governed in their behavior and communication by the NRMP Code of Conduct (see Figure- get from NRMP). This is a contract you agree to by your participation in the Match. The intent of this Code is to protect applicants’ privacy and confidentiality, to prevent programs from asking illegal or coercive questions, and prevent onerous displays of intent (second interviews or visits, rotations at the program institution, demanding to know how the candidate will rank a program).
If you have one clear first choice program, it is recommended you let the program know they are your first choice. In most cases it will not help you or improve your ranking, but students nationally are increasingly doing so. **Do not** tell a program you are ranking them first if in fact you are not planning to do so- program directors do talk to one another and to clerkship directors to gather information about candidates, and you do not want a reputation for dishonesty.

A recent discussion among program directors reflected most would prefer to not receive Thank You notes from applicants. Many program directors view responding to Thank You notes as a burden, and they do not influence ranking in any way.

Advocating for Interviews
If you do not get an interview offer with a desired program, you may choose to advocate for yourself or ask a faculty member to do so. We recommend discussing this with your SA, including a frank discussion of your reasons for wanting a particular program and your competitiveness at that program. If after discussion you want to approach the program, you may communicate with the residency program director yourself or ask your advisor to contact the program director. Many programs do not explicitly tell applicants whether they are on the “waitlist” for an interview, so informing the program of your strong interest may make a difference. Because programs vary in terms of when they make an invitation, and some programs invite applicants in multiple stages, it is recommended you wait until at least mid-October before deciding to advocate for yourself.