Welcome to the Rites of Spring process!!! Below, you can indicate your preferences about your schedule for next year. Please note, however, that probably you will not get all of your first choices. Thus, it is very important that you let us know which thing(s) you feel the most strongly about! So, please indicate which issues/choices matter the most to you. Here goes:

1. Your Name: ____________________________

2. Next year, you will do one month emergency psychiatry (a daytime rotation in the PES at Harborview) and one month of consultation-liaison psychiatry. These rotations can be done either as full-time one-month rotations OR part-time for 1-2 days a week. For the remainder of the year, you will do outpatient psychiatry.

3. PLEASE NOTE that, if you do emergency psychiatry as a one-month block, you cannot take vacation during this month, so please let us know which months you prefer to do ER (or cannot do it). In addition, during the ER month, you are expected to be in the PES at 4:30 p.m. on your continuity clinic day (i.e. you may need to move some patients to earlier times on your clinic day for this month).

4. Two months of Neurology are required for Board eligibility in Psychiatry. Do you need to do Neurology? (please circle) YES NO If YES, how many months? _____

Please note that you can do Neurology in either your R3 or your R4 year. Your Neurology rotation will be part-time (half a day to a day per week) and will be a combination of outpatient Neurology clinic and Neurology Grand Rounds.

5. For your outpatient psychiatry rotations, you can be at either one or two sites. One site must be where you already have your continuity clinic. Please indicate your preferences for outpatient sites (1=most desired, 3=least desired):

   PRIMARY SITE: (at least 2 days a week) ___ VA ___ HMC ___ UPOC

   Do you want a secondary site? ___ yes ___ no, I want to do all outpatient at one site

   SECONDARY SITE: ___ VA ___ HMC ___ UPOC

Please note that for 2008-2009, we will again offer 6-month Integrated Outpatient rotations at the VA and HMC. The VA integrated outpatient rotation consists of 6 months full-time VA outpatient (includes one half-day didactics, one half-day continuity clinic at your current continuity clinic site, one half-day VA continuity clinic, one half-day supervision, and completion of your Addictions, Geriatrics, and Primary Care consultation requirements at the VA, as applicable). The HMC integrated outpatient rotation consists of one half-day didactics, one half-day to a full day continuity clinic at your current continuity clinic site, one half-day supervision, and community psychiatry at HMC, including the opportunity to complete your addictions and geriatrics requirements, if you wish.

   If you are interested in the Integrated VA outpatient rotation, please indicate that here: _____

   If you are interested in the Integrated HMC outpatient rotation, please indicate that here: _____
6. At some point during the program, you must complete a Child psychiatry rotation. You may do this as 2 months full-time inpatient Child during your R3 year OR as outpatient Child in your R3 or R4 year (totaling one day a week for a year or 2 days a week for 6 months). Please see descriptions of Child rotations on the resident website, and indicate your preferences below (1=most desired, 4 =least desired):

_____ Child Study & Treatment Center (Wed and Fri for 6 months)
_____ Echo Glen (Tuesdays for 12 months)
_____ Children’s Outpatient Psychiatry Clinic (Tuesdays for 12 months)
_____ Inpatient child psychiatry (2-month block)

Do you plan to do a Child and Adolescent Psychiatry fellowship?  ____ yes  ____ no

IF YOU ARE PLANNING TO DO A CHILD FELLOWSHIP, you do NOT need to do a Child rotation during the general psychiatry residency unless you want to (e.g. to decide about or confirm your interest in Child). For further information about the Child and Adolescent Psychiatry residency and about application procedures, please contact Chris Varley M.D. or Zelah Bonneu at cvarley@u.washington.edu (206-987-3236), or zelah@u.washington.edu.

7. Please indicate your ideal schedule on the rotation diagram on the next page. If you have any comments, special requests, etc. about your schedule, please write them under the rotation diagram (and, even better, please make sure you talk to me about them). Thanks!
PLEASE FILL OUT YOUR IDEAL SCHEDULE BELOW:

ROTATION REQUEST FORM

Name ____________________________

Please use the space below to propose a rotation schedule for next year:

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PLEASE WRITE YOUR COMMENTS, SPECIAL REQUESTS, ETC. BELOW: