



A quarterly publication of the
Department of Psychiatry
and Behavioral Medicine
Medical College of Wisconsin

Winter 2022



Notes from the Department Chair

Meaningful Perspectives

This Winter edition of Psyched will provide helpful updates and meaningful perspectives from your department leaders.

As I write this edition's chair column, I am thinking much about the meaning of partnership and the value that comes from it. You may wonder why now is he choosing this topic? I am thinking much about this topic as I review the extraordinary partnership forged with the Department's Administrator, David Peterson, these past 13 years and the great value it brought me and our department. This experience taught me much about the work required to build and maintain partnership as well as the value in improved outcomes and efficiencies in operating a department like ours. When a partnership works well, the partners all benefit greatly from the outcomes. I am also thinking about partnership as the Clinical Chairs are meeting with both MCW's and Froedter's top leaders to work further on our F-MCW partnership. Children's Wisconsin and MCW have a new partnership agreement and we are still figuring out our new roles and responsibilities. I am optimistic that these efforts to improve partnership will lead to greater opportunities and improved outcomes in all our missions. So much of the business of mental health and medicine is based upon partnerships. When we think about partnerships, we often find ourselves scrutinizing the other partner, their behaviors, responsibilities, and whether they are meeting the expectations of a "good" partner. I think we all can give examples of times when a partner did not meet our expectations and perform as a good, responsible partner. It frustrates us, disappoints, and even hurts sometimes. Even when this occurs, we often do not have an option to end some partnerships. Often, we must forgive and forge ahead, letting the partner know of our disappointment while revisiting partner expectations and the positive values brought to both parties when a partnership is working well. A good partner also must frequently look at themselves and their roles, and responsibilities in serving as a "good" partner. A "good" partner continuously works to improve how they serve in their roles and responsibilities to the partnership. Sometimes as a "good" partner, one has to support actions that might not best serve one's own department as well, but because the greater institution or community will benefit more. Dr. Kerschner has called this "being institutionally minded". This means putting the needs of the greater institution above the needs or benefit of our department. Dr. Kerschner has chosen his chair leaders at MCW to be institutionally minded leaders. Sometimes we need to make decisions for the greater good. However, it is important to recognize this and help the institutional leaders to understand while supporting the institution, there may also be a cost to the department. An example of this is when MCW is contracting with 3rd party payors and a more lucrative deal is reached where reimbursement rates are negotiated to be higher for some surgical procedures, and not for mental health care. The institution may receive more revenue this way, but at a cost for our department. The F-MCW leaders must be reminded and recognize the cost to Psychiatry and Behavioral Medicine, so that other efforts can be made toward equity.

I recognize that I cannot build and improve partnerships alone. Our faculty, staff, and trainees all play an important role in building our partnerships with our critical institutional partners. Through your hard work, all of you help our department leaders build and maintain our relationships and partnerships. Thank you for partnering with me in this. Your hard work helps make the MCW Department of Psychiatry and Behavioral Medicine a strong and sought-after partner.

Personally, I am working on being a better partner, improving my partnerships, and in forging a new and strong partnership with our next Department Administrator.

In partnership,

Jon A. Lehrmann, MD Charles E. Kubly Professor and Chairman Department of Psychiatry and Behavioral Medicine
Associate Chief of Staff for Mental Health, Milwaukee VAMC



Notes from Administration Partnerships; Internal and External

In Dr. Lehrmann's opening comments for the Winter newsletter, he describes the meaningful perspective of partnerships. I'd like to continue this thought process and drill further into the many various partnerships the Department has internally and externally to provide mental health care within the community. I would be remiss if I didn't mention a couple of tag lines from the Department's "best partner"; our Department Administrator of 35+ years. "We are your favorite Department of Psychiatry and Behavioral Medicine" and "we have a good story to tell". We'll miss you, David.

All four College missions are well represented throughout the Department as a result of partnerships both internally and externally.

The partnerships start internally with the Department's record number of employees (200+) embedded at TOSA Health Center, CAIR, VA, Froedtert and Children's Wisconsin as well as various sites throughout the community. The record number of employees create an outstanding partnership that provides superior service throughout the community. The internal partnerships will continue to be a vital component of sustainability as the Department is on a path for exponential growth over the next couple of years. The South expansion and the North renovation is scheduled for completion in October/November 2023.

In addition, internal partnerships also include many departments within the Medical College of Wisconsin, Froedtert Hospital and Children's Wisconsin. Occasionally, the partnerships are strained; however, due to the perseverance of each team and the willingness to work together provides for a good outcome. The Department is very reliant on these partnerships, and we must all work on continuing to improve these relationships. The partnerships continue externally throughout the many community affiliate agreements. The two most recent affiliate agreements are with the Menominee Nation and the Milwaukee Brewers. We also have strong partnerships with many legacy affiliates; Rogers Memorial Hospital, Ascension Hospital (previously Columbia St. Mary's), Marquette University, Milwaukee County, Milwaukee VA Medical Center to name a few. We've recently partnered with many rural health centers to support our two rural residency training programs in Central WI and Northeastern WI. Bellin Memorial Hospital, Wisconsin Resources Center, Theda Care, Aspirus Wausau Hospital and North Central Health Center to name a few.

Partnerships will continue to play an important role in the Department's growth. We must all be "good" partners.

Thank you!

Gary Koenig
Associate Department Administrator, Finance and Strategic Planning



Clinical Notes Behavioral Healthcare at Froedtert Hospital

This past year there were numerous efforts to optimize behavioral health care at Froedtert Hospital. One endeavor was to improve care of patients with substance use disorders admitted to Froedtert Hospital. Dr. Kimberly Stoner has diligently worked to update the alcohol withdrawal EPIC order set to help providers choose evidence-based treatment options outside of traditional CIWA, such as phenobarbital or gabapentin tapers. The Froedtert Psychiatry Consult Service also took steps to improve access to medication treatment options (buprenorphine or methadone) for patients admitted with opioid use disorder. This started with ensuring each attending psychiatrist became x-waivered so that there would always be an available physician at Froedtert who could prescribe buprenorphine at discharge.

Last year, with assistance of providers in addiction, psychiatry, infectious disease, internal medicine, and pharmacy, we re-evaluated the hospital-wide guidelines and updated them to reflect evidenced-based and legally permitted use of buprenorphine and methadone in the inpatient setting. Many of our consult requests are for patients admitted to the hospital unexpectedly in the setting of an acute trauma or an infection secondary to IV drug use. To help encourage primary team providers to quickly utilize methadone or buprenorphine and avoid patient directed discharges due to poorly controlled opioid withdrawal, we updated the opioid use disorder order set in EPIC.

Dr. Jack Keegan of infectious disease was instrumental in this effort after he witnessed numerous patients with life threatening infections due to IV drug use leaving the hospital prior to receiving appropriate treatment because of opioid withdrawal. Dr. Keegan organized data to demonstrate that patients at Froedtert who received medications for opioid use disorder had higher rates of antibiotic completion (81%) compared to patients who did not receive these treatments (48%). With this data, Dr. Keegan helped our team and the hospital develop a position for a substance use psychotherapist at Froedtert Hospital.

This summer, Ashley Thousand, LCSW, joined our team as a Substance Use Psychotherapist. She has been an invaluable member of our team in providing assessment and treatment planning, but also ensuring a seamless transition of care into the outpatient setting. We are working with EPIC to build live patient reports to proactively identify patients with known diagnoses or risk factors for substance use disorders who may benefit from our care.

I want to sincerely thank everyone who has helped with these changes!

Rebecca Bauer, MD
Assistant Professor; Department of Psychiatry and Behavioral Medicine; MCW
Director, Froedtert Inpatient Psychiatry Consult Service



Research Notes Implementation Science: A Meaningful Perspective on Ensuring That Research Advances Benefit People in the Real World

By long tradition, interventional research—including behavioral, psychotherapy, and biomedical interventions—has relied on the use of highly-controlled randomized designs to establish intervention efficacy. Most of the field’s scientific knowledge about the effects and benefits of interventions is based on the findings of well-controlled outcome studies undertaken in the research arena, and investigators often view the publication of findings as their final step in the research process.

At the same time, we have long known that it requires many years for successful evidence-based interventions to become adopted and used by providers in the real world. Many never are. Intervention research does not and cannot end with the publication of positive study outcomes in a journal. The process ends only when interventions found efficacious in the research arena can be put in the hands of service providers; can be successfully used by them; can be adopted and tailored to meet provider, patient, and community needs; and prove effective when the intervention is used under real-world conditions that are often more varied and less pristine than the controlled circumstances of a research trial.

The field of “implementation science” has emerged as one of the most important new paradigms in the interventional science field. Implementation science aims to understand the critical factors and conditions which ensure that effective practices are successfully carried and can be sustained in typical service settings, whether that practice is just being developed or is already established as efficacious (Annie E. Casey Foundation, 2017). One part of that process is training providers in how to use and deliver evidence-based interventions to their patients or clients, or in their communities. Nearly 20 years ago, CAIR investigators began pioneering the study of large-scale strategies to move HIV prevention interventions from the research arena to frontline AIDS service providers throughout the country and throughout the world, including dissemination strategies we reported in [Science](#).

Since that early work, frameworks and methodologies have emerged for understanding and optimizing the scale-up of interventions already found efficacious in research trials, as well as the development and effectiveness evaluation of new interventions as delivered by providers to those they serve. Implementation science frameworks allow us to determine whether interventions that worked well in research also work well (or don’t work well) when offered by providers, whether interventions are practical for use by providers in the real world, whether necessary tailoring and adaptation retain essential core elements responsible for effectiveness, and whether the interventions draw equally upon both science and provider experience. Implementation science frameworks are critical to ensuring that research benefits the public health and represent a direction of critical importance to MCW’s research initiatives.

Jeffrey A. Kelly, Ph.D.
Professor of Psychiatry and Behavioral Medicine
Director, Center for Aids Intervention Research (CAIR) Health Intervention Sciences Group (HISG)



Faculty Development “More than mere teachers, mentors are often emancipators, freeing [artists] from poor technique, clouded vision and personal uncertainty.” Paul Soderberg

“Mentorship” may have followed the path of “wellbeing”: high-minded, well-intended notions that have become bloated with their own self-importance. Expansive, yet empty. Google “mentoring,” and the resulting titles include “the three C’s of mentoring,” “the three A’s of mentoring,” “the five C’s of mentoring,” “the eight traits of great mentors,” “the four key aspects of mentoring,” and so on. Mentoring isn’t solely about teachers-students, role models, or leadership titles. At its core, it is about helping to liberate a person from their own self-constraints by adding context and perspective, providing validation, and unleashing confidence. Our department, understanding this crucial element of career development, formalized its Mentoring Program in 2019. Intrigued, I joined and was assigned a mentee, an early-career psychologist with whom I still meet. Do I help her? I hope so. Do I learn from her? Unequivocally. Have I had important mentors in my life, none of whom has had the official program-sanctioned title of “mentor”? A resounding yes.

Considering all of this, along with how ubiquitous and thus forgettable the term “mentoring” seems to have become, I joined the Department Mentoring Committee this year. The committee revised the nomination process for the Outstanding Faculty Mentoring Award, screened multiple applications, and selected this year’s winner. What did we learn? Most of the nominees were highly ranked, highly regarded leaders. Some faculty responded, with discernible disgruntlement, that they lacked a mentor despite efforts to find one. Several faculty are unaware of the Mentoring Program, and many of us, myself included, default to thinking of mentors as people who officially outrank us, academically. What about our crucial peer mentors, without whom the workdays would be devoid of joy? What about the learning that occurs from mentees to mentors? No doubt, department leaders are exceptional mentors. I’m merely proffering that it might behoove us to expand the definition so that we seek out our own best fit more freely, make a conscious effort to mentor others creatively, and appropriately recognize those who have mentored us, regardless of whether they’ve been bestowed the title.

May next year’s committee be inundated as we broaden our nosology to capture this important contributor to, dare I say it, workplace wellbeing.

Rosa Kim, MD
Assistant Professor
Department of Psychiatry and Behavioral Medicine;
MCW



Clinical Notes

If our EPIC EMR were a person....

A perspective from an MCW Tosa Center outpatient mental health clinician

(Himanshu Agrawal provides a tongue-in-cheek perspective about how he experiences this frightfully expensive EMR system to be woefully inadequate in optimizing his outpatient practice....)

Scene 1:

<Himanshu is going through his mail, opening letters one by one. EPIC comes and stands by him, and starts nudging him, poking him, until Himanshu is unable to ignore him>

EPIC: Poke. Poke. Budge. Nudge. Poke. Nudge. Poke. Double poke.

Himanshu: <with an exasperated outcry> Whaaaaaaat !?!

EPIC: I will be unavailable from 2 am to 2:05 am on a certain date next month.

Himanshu <bewildered>: OK, why did I need to know that?

EPIC: I will Poke you again tomorrow.

Scene 2:

Himanshu <looking frustrated>: Hey EPIC, unless I just missed it, it seems that when a staff member forwards a MyChart message to me with a question, there doesn't seem to be a quick way to just reply to this staff member. Do I have to compose an entirely new message adding about to whom it refers?

EPIC: <Sigh> You clearly haven't viewed my 'what's new in the upgrade' video with my latest upgrade, you need to click on forward button to reply to the message.

Himanshu: Wait, so if I understand this correctly, I click forward if I wish to forward a message everywhere in life, except in EPIC, for which I click forward if I wish to reply, but only in certain instances. In other instances, on EPIC, I click forward if I wish to forward, and click reply if I wish to reply.

EPIC: Correct. Next time, please watch the videos. But not during patient care hours.

Himanshu <clearly upset> : How is this an upgrade?!

EPIC <even more upset> : Why do you hate progress so much?!?!? <storms out>

Scene 3

Himanshu: Hey EPIC, after that last upgrade, I can't seem to find my laptop.

EPIC: It's in your desk drawer.

Himanshu: Why did you move it there?

EPIC: It's more user friendly that way. And way cooler. Have you seen our Hogwarts express train on our campus? It's made of real vibranium. Like, from the avenger movies.

Himanshu: Ok, but going back to my laptop; how am I supposed to know that something I use frequently has been moved to an entirely different spot?

EPIC: Oh, and also, now your laptop looks like a unicorn. We replaced it because it's more user friendly.

Himanshu: I don't think you know what 'user-friendly' means.

EPIC: If you don't agree with us, you can.....

Himanshu: I can what?

EPIC: Buffering.....buffering.....buffering....I crashed and am laying on the floor. Please revive me again using these six user-friendly steps.

<A colleague from a different specialty pokes head into the room>: I like EPIC.

Himanshu: Yeah, but don't your residents do your notes for you?

<Colleague quietly sees himself out>

Our EMR should be working for us. How did we get here, where we seem to be working for it?

Himanshu Agrawal, MBBS

Associate Professor of Psychiatry & Behavioral Medicine
Medical Director, MCW Psychiatry and Behavioral Medicine Tosa Health Center





VA Notes

Requiem for The Milwaukee County Mental Health Complex

On a gray November day, I stood on a hill and watched as cranes tore down brick and mortar of the Milwaukee County Mental/Behavioral Health Center.

For over 30 years I have had an interest in the history of the County Grounds. While in medical school one of my classmates and I crawled into the abandoned North Division annex building of the Mental Health Complex. It was a bad idea and didn't reflect well on us as young medical students, but it was a needed distraction from biochemistry lectures. A couple years later I became curious in an odd construction project outside the back door of the County emergency room. It turned out to be a forgotten cemetery filled with people who had died at the County institutions and because they were indigent, they were buried in a pauper cemetery, or Potter's Field. It was heartbreaking to see skeletal remains of infants, children, and adults, estimated to be around 5,000, with their graves paved over for a parking lot. Nearly 3,000 remains were removed from the county grounds and given to UW-Milwaukee, in cardboard boxes, to be studied as a scientific collection. They remain in the basement of the UWM School of Anthropology.

As a medical student, intern, resident, and child psychiatry fellow at MCW I trained in nearly every clinical setting at the County Mental Health Complex. I was proud of the care we provided to some of the most under privileged, vulnerable, and psychiatrically challenged citizens in our community.

The County was often underfunded and under fire by a public press who had an easy target to criticize. Yet, day after day, year after year, dedicated public servants offered a safe, healing center for all who needed it. I work at the VA and am grateful for the resource rich system we have for Veterans. I wish we had a similar system for the rest of our community.

Mental health care in our community is undergoing cataclysmic changes. Will the new system of care provide for the most needy? Will there be a safety net to protect those who are most vulnerable? We have a professional ethic to advocate for those most at risk, those who do not have resources or privilege to fall back on. My fear is the poor will once again be neglected and forgotten like the remains of those citizens who were once part of our community. If the past is prologue, what have we learned?

Michael McBride, MD
Adjunct Assistant Professor
Department of Psychiatry and Behavioral Medicine: MCW





A Reflection from Justice, Equity, Diversity, Inclusion (J.E.D.I.)

In accordance with the theme of Meaningful Perspectives, we thought it was important that everyone's voice on the committee was heard. Here are their words:

"Transformational change in the JEDI space takes time, energy, commitment, patience, understanding, honesty, and a true belief that without change and evolving, we will no longer prosper as a medical or societal entity. To work with a group of passionate and dedicated JEDI committee members gives me hope to the possibility of change."

Erica Arrington, MD, Assistant Professor, Co-chair of JEDI Committee, Vice Chair for Diversity, Equity, and Engagement

"I have felt honored and energized to collaborate with other colleagues on diversity and inclusion initiatives. Being part of this initiative makes me feel hopeful, challenged, and connected to the other JEDI members and the department community as a whole. Feeling very honored."

Heidi Christianson, PhD, Associate Professor,
Vice Chair of Psychology, Director of Psychology Training

"Being a part of JEDI means that I have the amazing opportunity to help MCW be a better place to work and to receive an education. I get the unique chance to critically think on important issues outside of my own perspective, what better way to learn true empathy than from problem solving from someone else's shoes. Being a part of JEDI means being a better version of myself and helping MCW's Department of Psychiatry be a better version of itself."

Grace Bayer, Clinical Program Coordinator I, Wisconsin Child Psychiatry Consultation Program

"A meaningful opportunity to build sustained change that helps to level the playing field for all."

Alan Nyitray, PhD, Associate Professor,
Health Intervention Sciences Group/CAIR

"For me, our JEDI committee is driven to challenge each other to continue to grow in our understanding and appreciation of the diverse backgrounds, identities, and perspectives in our professional and personal communities so that we can better support everyone."

Jessica C. Phelps, MD Assistant Professor,
Division of Child and Adolescent Psychiatry

"JEDI means a commitment by our department. A commitment to taking action to redress injustice, deepen our education, and broaden our culture; to become truer to our mission."

Lisa Roehl, MA, LPC and Co-Chair of the Department of Psychiatry's JEDI

"I get to have an impact and empower all people by respecting them, while also promoting challenging and uncomfortable conversations around change."

Cameron Liebert, MSW, Clinical Research Coordinator II, Health Intervention Sciences Group/CAIR

"Being a part of JEDI means creating an environment, not just at MCW, but in our community, in which people of different cultures, ethnic groups, socio-economic groups, genders, religions, or ages feel valued, respected, accepted, and appreciated."

Joan Sowatzke, Senior Administrative Assistant,
JEDI Administrative Assistant

"I'm honored and grateful to be a part of this meaningful endeavor, as it provides a platform to educate and broaden understanding of our own hidden biases that often unknowingly shape our worldviews."

Brenda Konczal, Education Program Coordinator II,
JEDI Training Coordinator

"Being a part of JEDI means being a part of the change that needs to happen so that people like me in psychiatry and in medicine become much less rare over time and much more reflective of the society we live in and serve."

Laura Pulido, MD, CAP Fellow

"JEDI impacts everyone—it's important—I volunteered to participate to ensure the regional residencies were involved."

Linda Cotton, Education Program Coordinator II, MCW – Central Wisconsin (Psychiatry Residency)

"Participating in JEDI for me means beginning to right the wrong of years of my complicit silence on matters of discrimination and oppression."

David Cipriano, PhD, Associate Professor of Psychiatry
Director of Student and Resident Behavioral Health

"JEDI is an opportunity for our department to grow. I see our work as a first step in what must be sustained work over the long-term. I am truly grateful to be able to participate in the early phases of this work and hope to see the impacts of this work in the future."

Katherine Quinn, PhD, Associate Professor,
Health Intervention Sciences Group/CAIR

"It means working to empower others and working toward a department that is representative of the people in our community."

Mara Pheister, MD, Associate Professor

"My participation in the JEDI team is important to me because it is a space that purposely seeks to bring together people with diverse backgrounds to increase understanding and to affect positive change."

Dawn Driscoll, Quality Analyst II

HAPPY RETIREMENT – JO WEIS!!

“JEDI to me provides a space that feels safe and unique. It simultaneously provides the opportunity to grow in knowledge and compassion as well as feel heard about my own experiences.”

Asma Iqbal, MD, Assistant Professor

“JEDI and committees means: conscious reflection and awareness of past, present, and future.”

Sarah Keating, PhD, Assistant Professor

“Participation in JEDI offers me the opportunity to use my personal privilege to help amplify and center the voices of underserved and marginalized groups in the hopes of influencing systemic change.”

Beth Shaw, PhD, Assistant Professor

“I enjoy being a part of the JEDI committee because it allows me to be a part of a team that shares my conviction for health equity and inclusivity within the medical field.”

Marissa Davis, MD, PGY2 Psychiatry

“Participating in JEDI means a chance to be the change I would like to see in the world and help others do the same.”

Amber Craig, PhD, Assistant Professor, Co-director,
Behavioral Medicine and Primary Care Clinic

“Participating in the JEDI Education Subcommittee has been a rewarding and meaningful experience because being able to offer, shape, increase awareness, provide tools, as well as support advocacy for equitable and culturally competent healthcare to our future clinicians is critical to patients’ access and willingness to engage in mental health treatment. It’s also a great group to work with – thank you for expanding my own learning and development!”

Amanda J. Gregas, PhD, Assistant Professor,
Acute MH Program Manager, VA Medical Center

“Being a new committee member of JEDI provides me the opportunity to contribute to the growth of the committee, meet like-minded people who share the vision/mission of the committee, and a way to give back to underserved populations through direct care, education, and community involvement.”

Nicole Pryor, MS, LPC, Social Worker II

“With every JEDI Committee meeting, and with every JEDI activity, I learn, I am inspired, and I feel uniquely connected—I completely appreciate this wonderful team!”

Matthew D. Jandrisevits, PhD, Assistant Professor, Child
Psychiatry Consultation Program, Child & Adolescent
Psychologist

Erica Arrington, MD, Assistant Professor
Co-chair of the Department of Psychiatry’s JEDI Committee
Vice Chair for Diversity, Equity, and Engagement

Lisa Roehl, MA, LPC
Co-Chair of the Department of Psychiatry’s JEDI Committee



How long have you been at MCW? 22 years

Could you describe your career highlights? I completed my pre and post-doctoral training under the outstanding mentorship of psychologist, Dr. Brad Grunert, in Plastic and Reconstructive Surgery, working with patients suffering from traumatic injuries. In 2000 I came to the Department of Psychiatry and started a successful grant supported Smoking Cessation Clinic with Dr. Carl Chan, another wonderful mentor. I became the first psychologist from the Psychiatry Department to be embedded with a medical team and spent 17 years working as a member of the Palliative Care Team helping patients and families cope with severe terminal illness and death. I am very proud of starting an annual national palliative care conference in 2012 that continues to provide CEs for providers of all disciplines. I have always greatly admired and appreciated the many wonderful mentors throughout my career and have worked hard to pass this forward with psychology graduate students as well as medical students, residents, and fellows. Psychologists from our department now are embedded throughout Froedtert/MCW. I am proud that many of my students/mentees have helped this grow. Special thanks to Dr. Heidi Christianson, a former mentee, Dr. Tom Heinrich, and Dr. Jon Lehrmann for moving this dream forward.

What is next for you? I have had a very rich and rewarding career. I think I want to retire to a boring, quiet, and peaceful life spent with my wonderful family and friends. We only are allotted so much time on this earth as palliative care has taught me over and over. Spending each day loving what you do and with people you love and respect is the only way to go.





GETTING TO KNOW...

Faculty and Staff from the Department of Psychiatry and Behavioral Medicine



NATALIE BOSCH-BRAYTON

Sr. Administrative Assistant
Front Desk Staff
TOSA Health Center

What is your educational background?

I earned my Bachelor of Science in Health Psychology and Exercise and Sport Science from the University of Wisconsin-River Falls in May 2022.

How long have you worked at MCW?

I have been working here for six months.

Describe your typical workday.

A typical workday includes checking patients in and out of appointments, answering phone calls, triaging calls to the nursing staff, supporting patients and providers with anything they need, and so much more. There is always something new to be learned as the structure is ever-changing to provide the best service for our patients.

What do you like most about your job—what attracted you to this field?

I find it rewarding that I can assist patients within the scope of my position and feel like I am making at least a small positive impact on someone's day. I have been intrigued by the field since I can remember and wanted to grow my knowledge since, I someday would like to be a clinician.

Tell us about life outside of MCW.

My fiancé, Tyler, and I live in Elkhorn and just got engaged a month ago. We both enjoy being outdoors, gardening, cooking and attending concerts. I personally love crafting and creating new things in my spare time.

Just for fun—what are your favorite movies, books, music? I have too many favorites to pick just one! My favorite genre of music is country; books would probably be realistic fiction and movies would be action.

Tell us a fun/unique fact about yourself.

I am the oldest of five siblings, the youngest being four years old!



MICHAEL GILMARTIN, MSN, BNHMP-BC

Nurse Practitioner
Child and Adolescent Psychiatry
Children's Wisconsin

What is your educational background?

I went to Trinity College Dublin in Ireland for nursing school and then to the University of Virginia for my master's.

How long have you worked at MCW?

This is my second year; last year, I had a wonderful time in the NP Psychiatry and Mental Health Residency at MCW. I got to meet and learn from so many brilliant people throughout MCW.

Describe your typical workday.

I arrive with my Irish breakfast tea with milk. It's the same as an English breakfast tea, but we couldn't utter the E word first thing in the morning. Then I see patients, and I try to remember not to ask my patients or anyone else in the clinic how the Packers did over the weekend. I think a Viking fan asking makes it worse.

What do you like most about your job—what attracted you to this field?

It's a privilege to care for kids who are struggling with their mental health and support their families. The team here is amazing, very supportive, and it's a fun place to work.

Tell us about life outside of MCW.

My wife, Marie, and three kids, David, Elizabeth, and Clare (fourth is arriving this summer, Wisconsin baby number two), love living in Wisconsin. We enjoy going for walks, playing soccer, and visiting the zoo. We have a Maltipoo called Guinness. We were going to call him Bono but then realized, unbelievably, that not many people in Wisconsin know who Bono is.

Just for fun—what are your favorite movies, books, music? When not perusing the DSM-5, I enjoy watching BBC TV shows and premiership soccer.

Tell us a fun/unique fact about yourself.

I'm from Ireland, and I moved to America seven years ago after meeting my American wife while working as a nurse and lead chicken coop cleaner for 60 chickens in the Congo for a year. Marie is an elementary school art teacher.



LIZZY HOVIS, MD
Assistant Professor
Women's Mental Health
and Emergency Psychiatry

What is your educational background?

As an undergraduate at UW-Madison, I studied Creative Writing. I returned to school for a Post-Baccalaureate Pre-Med Certificate at the University of Vermont, only to return to UW-Madison for Medical School. I completed my Residency in General Adult Psychiatry at UPMC in Pittsburgh and my Consultation-Liaison Fellowship at the Medical College of Wisconsin.

How long have you worked at MCW?

I joined the faculty in August 2022.

Describe your typical workday.

Each day is different- which I absolutely love. One day each week, I am in the Women's Mental Health Clinic, where I see patients with psychiatric concerns during or shortly following pregnancy. On other days, I am a psychiatric consultant in the Emergency Department. In both of these roles, I have the opportunity to work with trainees, including fellows, residents, and medical students, which is so fun. In addition to my direct clinical duties, I work as a staff psychiatrist for the Periscope Project, collaborating with physicians from many different specialties across the state to improve access to perinatal mental health care.

What do you like most about your job—what attracted you to this field?

My work allows me to hear peoples' life stories and do my best to make things more manageable for my patients and their families. It is an absolute honor.

Tell us about life outside of MCW.

I have a wonderful husband, two amazing, hilarious daughters, and a six-year-old Golden Retriever. They bring me so much joy and truly fill my cup. My hobbies at this point revolve around mastering the art of mac and cheese and pulling stickers off of every piece of furniture in my home. Ultimately- if I'm with my family, I am happy. We love to be outdoors, preferably near water.

Just for fun—what are your favorite movies, books, music? Song:(currently) Do I Ever Cross Your Mind-Chet Atkins and Dolly Parton; Movie: Manchester By the Sea; Book: The Rabbit Series, John Updike.

Tell us a fun/unique fact about yourself.

In a past life, I hiked the Annapurna Circuit in Nepal.



JASON IPSARIDES, DNP
Assistant Professor
Child and Adolescent Psychiatry
Children's Wisconsin & Froedtert
North Hills Health Center

What is your educational background?

I have a Bachelor's in Sociology with a concentration in Health and Medicine from Northwestern University (2015-2018), Direct Entry BSN to MSN at Marquette University (2018-2020), and DNP/PMHNP from the University of Missouri (2020-2022).

How long have you worked at MCW?

I started on August 15, 2022.

Describe your typical workday.

I am currently waiting on the state for my APNP license. This has given me the opportunity to shadow 15+ providers at a variety of clinics and locations. I have spent time at the Children's Clinic Building, North Hills Health Center, Adolescent Medicine, the Sojourner Peace Center, the TMS clinic at the Tosa Health Center, and the Children's inpatient consult team.

What do you like most about your job—what attracted you to this field?

I was attracted to this job through my desire to help others. As a wrestling coach, I found it immensely rewarding to witness the positive impact and growth that could be achieved on the lives of the athletes I worked with. I wanted to find a career that would offer this same meaning to my work every day. The thing I like most about this field is creating relationships with patients and their families and working with them to foster positive outcomes.

Tell us about life outside of MCW.

My family consists of my wife, Bobbie Jo, our six-month-old daughter Rylee Jo, and our Chocolate Lab, Huck. My two passions outside of my family include wrestling and hunting. I have wrestled since I was seven years old and continue to coach club wrestling several nights per week. I am also an avid duck hunter and spend most weekends hunting the Horicon Marsh, Lake Michigan, or the Mississippi River during the Fall.

Just for fun—what are your favorite movies, books, music?

My favorite song is Beautiful Crazy by Luke Combs; favorite movie is What About Bob?; Book is Crime and Punishment.

Tell us a fun/unique fact about yourself.

My wife and I are high school sweethearts.

DEPARTMENT HAPPENINGS

CELEBRATING



OUR STAFF AND FACULTY

Clinical Excellence Award

Rosa Kim, MD

Jennifer Kreuzpaintner, APNP

Terry Zacharias, APNP

Zoey Schmidt, MSW

Charles E. Kubly Community Engagement Award

Kristine James

Distinguished Service Award

Mara Pheister, MD

Outstanding Faculty Mentorship Award

Heather Smith, PhD

David J. Peterson Staff Excellence Award

Susan Smykal

Christina Lium

Kristen Krause

Melissa Hayes

Grace Bayer

Department Town Hall Meetings

3:00 pm on January 20 and February 24



The Holiday Season is a special time where we gather with our family and loved ones to celebrate, worship, and share with one another. It's a time to express our thankfulness and love. Kindness and giving carry this Season.

It is also a time to review this past year, and all the challenges and success that have come with it. It is a time to celebrate and express gratitude for our blessings and for progress made, while acknowledging where we could have done better. It is a season for recommitting ourselves with hope toward the possibilities and opportunities in the new year. Make sure you take time to spend with your loved ones and let them know how much they mean to you.

Please make it a priority over this Holiday Season to take some time for your own wellbeing. Get the rest and relaxation you need, but also take some time out to do something special for yourself. Connect with nature, read a favorite book, or watch a favorite show. Get some healthy exercise each day too.

Please know that we appreciate you and the important work you do in our department more than ever. Thanks for all you do to help our department move forward in each of our critical missions of patient care, education, research, and community engagement, while working to have a more inclusive culture. We are especially grateful for having you as part of our Psychiatry and Behavioral Medicine Family. We hope you each have a safe and very happy Holiday Season filled with peace, love, and joy.

We wish you and your loved ones a safe, happy, and prosperous New Year.

Jon, Gary, and David