STRENGTHING OUR WORK THROUGH GAINING PERSPECTIVE

One of the themes in this issue of *Psyched* is about the best practice of leveraging and incorporating different perspectives into our work. From our visionary Dean's Monday Morning Coffee platform where the five P's of practice, people, partners, programs, and planning are recurrently emphasized as a method of focus to help us achieve excellence, one might argue that "perspective" could be a sixth P, or at least as a foundational tactic for the original five. It is only through the practice of gaining perspective from the community that we can best attain the triple aim of health care—improving the patient care experience, improving a population's health, and reducing health care costs.

We need to best understand our patients and populations to best treat them. In behavioral medicine, the best care is provided by a team of individuals across multiple disciplines including every individual who connects with and provides supportive services for each patient. Our clinical care is impacted by every individual who connects with and provides support for and guidance for each patient. To provide the best care, we need to work as a collaborative team with each professional working at the top of their license. This approach also helps minimize cost. Fairly recently there has been a stronger recognition of the increased value and effectiveness of inter-professional education. It best prepares one for working as part of an inter-professional team, and the education is better because it incorporates different perspectives into the training. A psychiatrist's training is very different from a psychologist, social worker, and nurse. Each has unique strengths and strengths that overlap. Each of these professions presents those strengths in what they bring forward as a teacher and as a student. We have an opportunity to expand this at MCW, and our department can be a leader in this.

There is tremendous strength and opportunity when a system has a culture that values inclusion and diversity. There is clear value in having health care professionals with diverse backgrounds working together in a medical school, Department, and team. It is also valuable to have a level of healthcare workforce diversity that matches the people being served. A culture that embraces inclusion facilitates collaboration, enhancing recruitment and retention. One of the strengths of CAIR's research is their practice of listening and understanding clients, immersing themselves in the study communities, and learning what affects behavioral interventions. CAIR's community-engaged research is enhanced because it is built around and incorporates the clients' perspective.

One benefit from community engagement is to learn about the community and its perspective. When a medical school and system is better in tune with the community, it can better meet the community's needs and will be better supported by the community. Empathy is putting yourself in someone's shoes to understand their perspective. We provide the best care when we are able to understand our patients’ perspective. The best leaders build teams around them where the co-leaders strengths complement the leaders strengths and experience. By surrounding one leader's self with others that have a breadth of talent, experience, and diverse backgrounds, one's leadership team will be stronger and often more successful.

In summary, we are stronger when we are open to listening and learning from other perspectives. Putting ourselves in our patients' shoes improves and helps clinical care be more patient-centered. Incorporating a sharing of inter-professional perspectives and experience strengthens our education. Translating research toward improving clinical care is best accomplished via collaboration and sharing perspectives between bench and behavioral researchers with clinical researchers and clinicians.

Community engagement is critical to our department's and MCW's success, and community engagement is immersing ourselves in our community to best understand community perspectives. I hope this issue of our newsletter will inspire you to help our department further develop a culture that facilitates gaining perspective and embraces inclusion and diversity. Please take a moment this week to sit down and openly ask for a coworker's perspective. If someone takes the time to ask you for yours, please share it. Thanks.

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

The Medical Group Management Association (MGMA), one of the largest professional organizations representing physicians, healthcare administrators and group practices in the country (and a source of many F & MCW productivity and financial benchmarks), has long recognized the importance and value of teams. In fact, MGMA’s 700-page primer titled *Physician Practice Management* describes the value of teams:

- “bringing together complimentary skill and experience, which create synergy beyond the individuals involved,
- providing a broader mix of skills and knowledge to respond to complex challenges, and
- providing flexibility and responsiveness; as these demands change, the team can quickly change course.”

According to a military fighter pilot, “teamwork is at the heart of an effective squadron,” and a “trademark of teamwork is the power of individuals merging their interests with others for the sake of the group.”

And finally, Patrick Lencioni, a popular business consultant, speaker and author, writes: “If you could get all the people in an organization rowing [in] the same direction, you could dominate any industry, in any market, against any competition, at any time.”

We use teams in Psychiatry and Behavioral Medicine and these teams are active in each mission area. Often the teams operate under different names, “committee” or “workgroup” are popular ones that come to mind, but when viewed in the context above, they are, for all intents and purposes, “teams.”

Administratively, the focus of this column, we use teams and regularly call together “subject-matter experts” (in the vernacular) to resolve a problem, plot and coordinate a course of action, or develop and execute a strategy, to name a few. Each team—standing or ad hoc—is formed to support the missions of the department, facilitating the work of education, patient care, research and community service.

For example, we have physician-administrator teams (aka “dyads”), we have an administrative team, we have a monthly team (aka “workgroup”) comprised of staff representing all mission areas, we have a recruitment and onboarding team (aka “ROC”), we have an EMERGE goal-setting team, we have a professional fee-setting team, and we have ad hoc teams formed for a specific purpose, that once achieved, then disappear.

Because of the complexity and diversity of the field, the business of healthcare is often referred to as one of the toughest to manage, administer and lead. It requires a broad range of hard and soft skills and a TEAM of educated, informed and skillful people from diverse backgrounds, experiences and training who can gather together to get a job done.

In Psychiatry and Behavioral Medicine, we are fortunate to have such people and such teams with such focus. Thank you.

David Peterson, MBA, FACMPE • Department Administrator Clinical

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Notes from the VAMC

A TEAM-BASED MODEL OF MENTAL HEALTH CARE

The Mental Health Outpatient clinics at the Zablocki Veteran's Affairs Medical Center (VA) has undergone significant transformation in the past year. In keeping with VA's national focus on a Collaborative Care Model (CCM) of mental health treatment, we have adopted the Behavioral Health Interdisciplinary Program (BHIP) team model of care.

Clinical staff have been organized into interdisciplinary teams, comprised of prescribers (psychiatrists and/or NPs), psychologists, social workers, and registered nurses. The teams develop a shared caseload over time and they meet weekly to staff cases, resulting in closer collaboration amongst staff.

Why adopt the BHIP model?
• BHIP has been associated with improved mental health outcomes for patients, as well as greater patient satisfaction with care.
• BHIP is associated with positive provider outcomes as well, including decreased isolation, greater collegial support, and enhanced job satisfaction.

On a systems level, BHIP can be a budget-neutral way of improving access and continuity of care. We now have eight BHIP teams, with an average of nine clinical staff on each team. Patients are assigned to providers within the same BHIP team; most of the teams were structured with an eye toward incorporating a wide array of staff expertise. Referrals can be made between team members resulting in more streamlined access to care.

This model aims to maximize the individual skills of each member such that all team members are practicing at the highest level of their license. One outcome of this has been development of innovations within the Mental Health RN role. Our nurses are integral parts of the team, helping with care coordination, conducting patient intakes, and triaging patients to the most appropriate treatment within the BHIP team.

The following link provides an overview and potential research avenues related to the BHIP and CCM approach to mental health treatment: https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/1244-notes.pdf

Bertrand D. Berger, PhD
Assistant Professor • Mental Health Division Manager

Alison Minkin, PhD
Assistant Professor

Clement J. Zablocki VA Medical Center

Notes from Education

COLLABORATION AND THE ART OF MEDICINE

Coming together is a beginning. Keeping together is progress. Working together is success. ~Henry Ford

To earn my undergraduate degree in musical theatre performance, I was required to complete a course called “Theatre Participation Production.” Every semester, actors-in-training worked six hours per week in all “behind-the-scenes” areas of theatre: costume shop, box office, scene shop. These were not areas of particular interest or expertise for aspiring performers (I remember one especially disastrous costume incident whereby I trimmed 6” rather than 3” off the bottom of a strikingly tall actor’s pants the day of the final dress rehearsal). But the perspective gained, that a truly compelling production requires effective teamwork and close collaboration between players of all backgrounds and skill sets, was invaluable.

Quality medical education strives to instill the same principle in trainees: good medicine requires effective teamwork. In an era where professional silos within medical specialties have proven detrimental to patient care and outcomes, interdisciplinary collaboration has become a hot topic. Efforts to develop communities of practice to promote interdisciplinary collaboration are perhaps most necessary in the field of Psychiatry: our work does not end in the hospital but extends deep into the community and involves many players.

Beginning Day 1 of residency, trainees in Psychiatry work in parallel with social workers, psychiatric nurses, case managers, and law enforcement officers. We rotate on other services, including internal medicine, emergency medicine, neurology, and family medicine. We gain experience as consultation-liaisons, partnering with other services to provide care to the patients we serve as well as education to our colleagues. We have opportunities to deliver Psychiatry-related lectures to our colleagues in Neurology, Internal Medicine, and Family Medicine. Emerging models of medical care feature growing numbers of psychiatrists embedded within primary care and specialty clinics to encourage further collaboration and enhance the patient care experience.

There is always room to improve, especially as patients continue to navigate a fragmented healthcare system. I am proud to be part of an institution that continues to strive toward excellence and champions a team approach to medicine: it fosters solid medical training for learners, but more importantly, it improves outcomes for the patients we serve.

Julie Ruth Owen, MD
Consultation-Liaison Fellow, Medical College of Wisconsin
The research conducted at CAIR has long involved community partners for projects conducted locally, regionally, nationally, and internationally. All our partners over the years deserve our recognition and deepest gratitude for their efforts in helping us conduct important research to help stop AIDS; however, community collaboration is easier said than done. Here I share some basic principles for successful collaboration that I have learned.

1. Shared decision making must occur between academic and community partners. This should not be mere lip service. Community partners should not be viewed as merely locations where participant recruitment or interventions can occur. Community partners must have a voice in deciding what an intervention consists of and how it is to be implemented within their organization, and, to evaluate the effectiveness of the intervention, what and how questions are asked of their communities. This will improve the quality of research by ensuring relevance, acceptability and sustainability as mentioned above.

2. Academic and community partners are co-learners in the research process. Academic partners bring their expertise in the health content area and research methods and design; however, the knowledge that community members have regarding their communities and organizations is equally important. It is important for academic researchers to display cultural humility and listen to the concerns and insights of community partners. Many communities mistrust research and the medical community due to past abuses. Cultural beliefs and attitudes unknown to academic partners may affect community members’ willingness to participate in research.

3. Share results with your community members at regular intervals. Collaboration in a research project uses considerable resources of community organizations that are often underfunded and understaffed. It is important to acknowledge the sacrifices that they make in collaborating in research by providing them with timely results that they can use to improve their existing services or advocate for more resources.

4. Share credit and success with community partners. Just as it is important to include community perspectives in all aspects of conducting research, it is important to acknowledge this contribution opportunities in professional presentations and academic publications through authorship.

Julia Dickson-Gomez, PhD
Professor and Deputy Director
Center for AIDS Intervention Research (CAIR)
Join this first class of PhD residents to attend the program and graduate!

The Department of Psychiatry and Behavioral Medicine cordially invites you and your guest to the

RESIDENT & FELLOW GRADUATION
THURSDAY, JUNE 21, 2018
5:30—9:30 PM

The Miller Room
910 East Michigan Street, Milwaukee

Cash bar cocktails and mingling 5:30 pm
Dinner 6:00 pm
Program 7:00 pm:
• Anthony Meyer Faculty Teaching Award
• Chief Awards Presentations
• Outstanding Resident/Fellow Teaching Award
• Holly Fickle Award
  This is given annually to the resident
general psychiatry resident who passed away during her residency from Marfan Syndrome.
• Resident of the Year
• Jon Gudeman Golden Apple Teaching Award
• We Care Award

Please RSVP to (414) 955-8998 or jwitte@mcw.edu by Thursday, June 1, 2018
Please indicate number attending
and if you wish a vegetarian meal
GETTING TO KNOW...
Faculty and Staff from the Department of Psychiatry and Behavioral Medicine

BARBARA SIECK
Assistant Professor, Department of Psychiatry and Behavioral Medicine
Psychologist, Tosa Health Center

What is your educational background?
I received my PhD in Counseling Psychology from the University of Iowa and my BA from Amherst College in Amherst, Massachusetts. I completed my postdoctoral fellowship in Women’s Mental Health and Trauma at the San Francisco VA Medical Center, and my doctoral internship at the Milwaukee VA Medical Center.

How long have you worked at MCW?
I started on September 18, 2017.

Describe your typical day.
I provide outpatient psychotherapy to medical students and residents, MCW employees and their families, and community members. I also look forward to doing some teaching and supervision in the near future.

What do you like most about your job—what attracted you to this field?
I really enjoy providing psychotherapy and teaching, and I feel fortunate to have a job that allows me to do both. I was attracted to this field because of the opportunities to help people on an individual level and also to work more broadly on social justice issues.

Tell us about life outside of MCW.
I love spending time with my family, reading, traveling, and painting.

Just for fun—what are your favorite movies, books, music?
Lately, I’ve been really into The Great British Baking Show.

Tell us a fun/unique fact about yourself.
During college, I spent a semester abroad in France and then spent the summer interning at Amnesty International in London.

SANDRA SIGL
Program Coordinator
VA Medical Center—Green Bay

What is your educational background?
I received my CNA degree from Northeast Wisconsin Technical College.

How long have you worked at MCW?
I started working for the VA in July, 2015 as an advanced medical support assistant and accepted my current position as program coordinator in January of this year.

Describe your typical day.
My day generally starts out by getting the boys off to school. Once I get to work I go through my emails, then proceed with any scheduled daily duties and problem-solve any issues that may come up throughout the day.

What do you like most about your job—what attracted you to this field?
I enjoy providing guidance and supporting the residents at the VA, being there for them, and handling any questions they may have during the time that they’re spending here. It’s been very rewarding to watch them thrive and grow while they’re here, and knowing that I hopefully had a part in developing them for their future careers.

Tell us about life outside of MCW.
I’ve been married for 28 years to my husband Jeff and we have two sons, Winston 17, and Sebastian 15. Our two dogs Sammy and Oscar are also part of life at home. If there’s any time to myself I enjoy reading as an inside hobby, and when I’m outside I enjoy hunting and fishing.

Just for fun—what are your favorite movies, books, music?
I like to listen to classic rock and especially enjoy listening to music from the 80s. I’m also a huge Star Wars fan and have followed the series of books and movies since the very beginning of the franchise.

Tell us a fun/unique fact about yourself.
I really enjoyed “taking the plunge” and going skydiving and hope to go again this summer, along with traveling in a hot air balloon.

Know someone in the Department that we all should “get to know?” Email your nomination to kjames@mcw.edu
**Mike Churchwell**  
Assistant Professor  
Department of Psychiatry and Behavioral Medicine, MCW

**What is your educational background?**  
I attended Carleton College, where I majored in English. I attended the University of Chicago for medical school, and Northwestern Memorial Hospital was the facility for my residency training.

**How long have you worked at MCW?**  
I started on May 1, 2017.

**Describe your typical day.**  
I’m one of the inpatient psychiatric hospitalists at Community Memorial Hospital (CMH). I work a schedule that is seven days on, seven days off, alternating with Abedrazik Eisa. A typical day for me means that I often arrive before the morning staff meeting, and then I’ll see patients throughout the day with the residents and medical students. And on the weekends that I’m working, I also cover both the inpatient unit and the consultation service area for CMH.

**What do you like most about your job—what attracted you to this field?**  
I’m really enjoying the fact that I have the opportunity to teach! I had a solo private practice prior to starting here, so it’s also been a nice change to work with a team, and I’m excited to work with the team at CMH—they’re outstanding! I like that psychiatry is a little of everything all combined. You need to know the biology and psychology of your patient, of course, but it also helps to be able to know a bit about social work and the law. I’ve also found that it helps to be a bit of a philosopher as well.

**Tell us about life outside of MCW.**  
My wife, Erin, and I live in the Brewers Hill section of Milwaukee with our dogs, Moxie and Beauregard. We’re quintessential nerds and enjoy playing board games, putting puzzles together, and watching superhero movies. Outside of that, I also like to tinker with computers and am in the process of setting up a woodworking shop in my basement.

**Just for fun—what are your favorite movies, books, music?**  
It’s hard to pick just one of any of these! Current songs include *Whatever it Takes* by Imagine Dragons and pretty much anything by P!nk. My all-time favorite movies would include *Goodfellas*, *The Count of Monte Cristo*, *Gran Torino*, and *The Usual Suspects*. And although I haven’t seen the movie, I liked the book *Room* by Emma Donoghue.

**Tell us a fun/unique fact about yourself.**  
In the years between college and medical school, I had several jobs, including arbitrage clerk in the Eurodollar options pit at the Chicago Mercantile Exchange.

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**Sara Herr**  
Clinical Coordinator  
Wisconsin Child Psychiatry Consultation Program (CPCP)

**What is your educational background?**  
I have a BA in psychology, and I am months away from obtaining an MS degree in Industrial Organizational Psychology (IOP) from Kansas State University.

**How long have you worked at MCW?**  
I’ve worked at MCW since April 2015 and was specifically hired to be a part of the staff of the CPCP.

**Describe your typical day.**  
As a clinical coordinator, my typical day can vary as it relates to provider engagement, administrative support, and program development. The CPCP is currently planning a full-day mental health conference for primary care providers, so each day includes some form of preparation for this event.

**What do you like most about your job—what attracted you to this field?**  
I find it rewarding when I am able to figure out how to help others achieve their goals and maximize mutual outcomes, as these behaviors lead to ongoing patterns of success.

**Tell us about life outside of MCW.**  
As I mentioned, I am in school so that is a top priority as well as spending time with family, friends, and my six-year-old Rhodesian Ridgeback, Rhoan. We walk, hike, or run daily. I find strength training a way to become someone that is more sound, in both mind and body.

**Just for fun—what are your favorite movies, books, music?**  
It’s so hard to pick just one of any of these! Current songs include *Whatever it Takes* by Imagine Dragons and pretty much anything by P!nk. My all-time favorite movies would include *Goodfellas*, *The Count of Monte Cristo*, *Gran Torino*, and *The Usual Suspects*. And although I haven’t seen the movie, I liked the book *Room* by Emma Donoghue.

**Tell us a fun/unique fact about yourself.**  
I have a couple side projects going, including developing a dog treat not yet on the market, and renting out large unique letter tables for events and parties.

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**People who work together will win, whether it be against complex football defenses, or the problems of modern society.**  
~Vince Lombardi
DEPARTMENT MEETINGS IN 2018
(all on Wednesdays beginning at 8:00 a.m.)

FACULTY
May 231 • July 251 • October 242

COMBINED FACULTY/STAFF
April 253 • September 263

1 Tosa Center Classrooms A & B 2 VA, Matousek Auditorium
3 Research Park, Learning Centers 1 & 2

Wednesday, April 25, 2018
(before the Faculty/Staff Meeting)

Bake Sale
In support of the programs and services of NAMI

Sign up or bring your wrapped goods to Joy or Kristine the day before or day of the meeting.

Questions?
Joy Ehlenbach • 414-955-8991 • jehlenba@mcw.edu
Kristine James • 414-955-8992 • kkjames@mcw.edu

JOIN US!

5K WALK

SATURDAY MAY 19TH, 2018
Veterans Park, Milwaukee’s Lakefront
Check-In: 9:30 • Starting at 11 am.

Join the Freudian Slippers at
https://www.namiwalks.org/team/19464
Goal is to raise $2500
Post-walk lunch hosted by MCW’s Mara Pheister

Learn more! Contact
Amanda Liewen—aliewen@mcw.edu

PSYCHIATRY SUPPORTS!
Staff celebrated Valentine’s Day 2018
by “wearing red” in support of the American Heart Association Walk/Run, scheduled for later this year

Find us and follow us on Facebook!
Center for AIDS Intervention Research - CAIR

CORRECTION: Dr. Kathy Russeth served as mentor on the poster and presentations of Laura Ledvora (l) and Alexandra Lynch, presented at the AACAP’s 64th Annual Meeting last fall.

DEPARTMENT HAPPENINGS

David J. Peterson
STAFF Excellence Award
WHO WILL YOU NOMINATE?
Nominations accepted July 15th—August 15th

SHOW US WHAT YOU’VE DONE!
Staff Bulletin Board • jehlenba@mcw.edu