



Notes from the Department Chair

We Can, and Will Do Better...Our Justice, Equity, Diversity, and Inclusion (JEDI) Journey

This Winter Quarter edition of Psyched will focus on the value of JEDI in all our Department of Psychiatry and MCW missions.

I will start out with an admission - I (as a white male of privilege) am _____-ist. You can put in many different words here. I am racist and have at times had racist thoughts and ideas. I am sexist and have at times had sexist thoughts and ideas. I am agist and have had agist thoughts and ideas at times. I have had thoughts and ideas that would support a discriminatory view towards those that are disabled as well as other groups of people who are commonly discriminated against. This is hard for me to admit because it makes me ashamed. I think many human beings struggle with this. I believe it is human nature to find differences, to categorize and to generalize at times. I believe these tendencies can lead to _____-ist thoughts. I also firmly believe, as my training has led me to believe, that my past (including the environment, community, culture, experiences, and family I grew up in) has impacted how I view the world and react to the world around me. Growing up in an all-Caucasian suburban community near Milwaukee in a middle class privileged family affected how I view the world and the people around me. It contributed to me having _____-ist ideas. At the same time, my experiences helped me understand the discriminatory world that people with disabilities face daily. My mother became severely disabled when I was 7 years old due to complications from a cerebral aneurysm. She became and remains mostly wheelchair bound. The world (especially 40-50 years ago) has not been adapted for individuals in wheelchairs. I have personally witnessed how this has

impacted her and her life. I have seen how it feels to be excluded and not included.

That said, I try hard to not let my _____-ist thoughts affect my behavior. I understand that many of the people around me come from different backgrounds, experiences, and cultures and are shaped by them. This awareness helps me to be open to the idea that I do not have the answers or can truly understand what it is like for those who are discriminated against. I am committed to using this awareness to make our department a safer, more supportive, and inclusive place. I can and will do better. We all can and will do better.

It is through establishing a safe, supportive, family friendly, and inclusive culture that we will be able to attract more diverse faculty, trainees, and staff. Only then will we be able to experience and appreciate the full value of establishing the level of diversity that will make our department thrive to meet our full potential. Diversity of experience, thought, and being expands our perspective, and enriches our organization's culture.

Working together, our Psychiatry Department family looks forward to an expanding inclusive culture that embraces and grows diversity which will lead to a brighter future for us and the diverse communities we serve.



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

Once Upon a Time...Disadvantaged Business Enterprises

Administratively, the Department of Psychiatry & Behavioral Medicine has a long history of promoting diversity and advocating for equity in its contracting and community relationships. This advocacy arose out of the department's long relationship (it continues to this day) with Milwaukee County, its Behavioral Health Division, and a contractual relationship that at its peak totaled over \$3 million annually.

A component of all Milwaukee County contracts required contractors, of which MCW was one, to devote a percentage of its purchased goods and services to vendors that fit Milwaukee County's definition of a Disadvantaged Business Enterprise (DBE). According to the County, a DBE is: "*Disadvantaged business enterprise (DBE) means a for-profit small business concern which is at least fifty-one (51) percent owned by one (1) or more individuals who are both socially and economically disadvantaged or, in the case of a corporation in which fifty-one (51) percent of the stock is owned by one or more such individuals; and whose management and daily operations are controlled by one or more of the socially and economically disadvantaged individuals who own it.*"

The contract allowed the department to provide services to an underserved and underinsured severely mentally ill population. To ensure the department's ability to provide services under this contract, the department's administrative team (notably Ms. Dawn Norby) worked diligently to identify vendors that met the DBE criteria and then worked diligently with MCW's purchasing department to establish business relationships with these new vendors. These efforts resulted in new vendors, new purchasing contracts and new opportunities for the DBE community.

One of the ways new vendors were identified was through annual DBE events sponsored by Milwaukee County. Annually, Mr. Robert Huberty, LCSW and I would devote a day at these events, meeting with prospective vendors, describing MCW's missions and the department's needs, and working to find a reasonable business fit with each prospective vendor. Bob and I would arrive at the event with a fistful of MCW business cards and then leave with a fistful of vendor business cards, sharing them then with MCW's Purchasing Department.

Psychiatry's work in identifying new vendors was so productive, the department's purchasing resources were used to cover its own contract, and contracts held by other departments at MCW.

As a result, MCW was "Applauded" at a County-sponsored recognition ceremony on November 30, 2011, as a "Good Citizen," an award that was accepted by MCW's Dean Kerschner. A picture of the award with acknowledgements from MCW follow. (The actual sculpted glass award sits in the Dean's Office.)

The DBE story is just one example of how the administrative team, alongside the faculty and staff in Psychiatry & Behavioral Medicine, works to promote and incorporate diversity and inclusion in its business practices. The entire department can take pride in helping MCW receive this award.



"MCW takes several steps to include vendors who might otherwise be at a disadvantage when competing in the marketplace for our business.....MCW offers sincere gratitude to the Milwaukee County Board of Supervisors Office of Community Business Development for this honorable award. It is our privilege to transform business services infrastructure to better reflect our institution's goal of enhanced inclusivity and diversity, and reinvestment of dollars into Milwaukee County. Thank you."

David Peterson

David Peterson, MBA, FACMPE
Department Administrator Clinical



Research Notes

REDUCING HEALTH INEQUITIES THROUGH COMMUNITY ENGAGED RESEARCH

Milwaukee is plagued by racial health inequities. Milwaukee County has one of the worst Black-White disparities in infant mortality in the country (12.7 per 1,000 infants) and 67% of adult residents have experienced one or more adverse childhood events (ACEs) - a rate that goes up to 76% among those who live in poverty. Additionally, 37% of Black Milwaukee County residents have received a COVID-19 vaccine compared to 50% of White residents. These health inequities are shaped by ongoing social and economic exclusion in the form of racism, stigma, and structural inequities.

Community engaged research has been identified as a promising strategy to study and reduce health inequities. Community engaged research involves authentic community engagement to identify the most pressing health problems and collaboratively develop research agendas or interventions. These community-academic partnerships involve co-learning, capacity building, shared decision making, and mutual ownership of the research process and results. This approach to research increases relevance to community members, ensures a balance of power, and helps translate research into policy and practice.

Community engagement is a central feature of much of the research that happens at CAIR. For example, faculty have collaborated with community organizations, developed community and youth advisory boards, and included community members in various aspects of HIV prevention research. Currently, community engagement is critical in our AHW Behavioral Health Initiative, as well as in our research on racial disparities in COVID-19 testing and vaccination.

Social, behavioral, and public health scientists have a responsibility to engage affected communities in health disparities research. Decades of egregious research abuses, exclusion of minority communities in medicine and science, and numerous structural and social oppressions have damaged communities and left them vulnerable to racial disparities in health. The onus is on us, the scientific community, to establish trust and build partnerships with communities to improve our understanding of factors that contribute to and uphold health inequities.

The fight against health inequities “can only be won if the most oppressed communities can be fully engaged as partners in exploring and in taking action to address the health and social problems about which they – not expert outsiders – care most deeply.” (Minkler & Wallerstein, 2008)

Katherine Quinn, PhD
Assistant Professor, Center for AIDS Intervention Research
Department of Psychiatry and Behavioral Medicine, MCW



Residency Education Notes

A department that reflects the wide community... DIVERSITY IN RESIDENCY RECRUITMENT

The above statement is part of our department’s JEDI Committee Charter Values Proposition. A residency that reflects our Milwaukee community, where 38% of the population identifies as Black or African American and 19% as Hispanic, was a priority in our MCW MKE residency recruitment this last year. We developed a diversity and inclusion recruitment committee made up of students, residents, and faculty to collaborate, examine our process, and exchange ideas. We aimed to attract more applicants of color, examine our bias in applicant selection, holistically review applications and share resources to help build support. Perhaps most influential was the acknowledgement of structural racism in the residency application process and an unapologetic commitment toward change. To attract more applicants of color, we showcased the program at Student National Medical Association (SNMA) and Latino Medical Student Association (LMSA) virtual residency fairs and updated our website with a [statement](#) that acknowledges racial disparities in healthcare, welcoming applicants of all backgrounds. Those involved in the recruitment process reviewed several resources; [Mitigating Bias in Virtual Interviews for Applicants Who are Underrepresented in Medicine and a 20-minute webinar, The Science of Unconscious Bias and What To Do About It in the Search and Recruitment Process](#). Each year, over 1000 applicants apply for 8 positions in our program. We were able to holistically review over 500 of these applicants individually, looking at experiences, personal statements, and letters of recommendations, rather than relying on filters that would differentiate applicants by board scores. More than half of the 100 people we interviewed for the 2021 class were Black, Indigenous and People of Color.

In this first year of virtual interviews, we created videos and links to give applicants a better feel for our program. We emphasized diversity and inclusion with a link to our Cultural Psychiatry (JEDI Responsibility in Medicine) Curriculum, links to various MCW websites including the MCW Out & Ally list, Ways to Engage, and the Inclusion Clinic.

With experience from our previous year and continued humility, we continue to work toward developing a residency community that reflects the wider community.

Mara Pheister, MD
MKE Residency Training Director, Department of Psychiatry and Behavioral Medicine, MCW



Faculty Development

MENTORING IS KEY IN CREATING A DIVERSE AND INCLUSIVE DEPARTMENT

As we continue to confront systemic racism, academic institutions must critically reflect and identify opportunities to enhance diversity and support the development of individuals from groups underrepresented in medicine (URM). In 2018, only 3.6% of full-time faculty in US medical schools were Black or African American and 5.5% were Hispanic or Latino. It is well established that URM faculty in academic medicine are promoted at lower and slower rates than white faculty and are less likely to hold leadership positions. Additionally, data have consistently shown that women in academic medicine are less likely to be promoted to associate and full professor than men and less likely to be appointed to department chair.

Mentoring is one of the most effective models for promoting retention and leadership among women and URM faculty. Mentorship can facilitate connectedness, provide professional and personal support, improve job satisfaction, and create a sense of belonging to an institution and department. Furthermore, mentoring can help ensure junior faculty have the support and guidance needed to move toward advancement, secure NIH funding, and receive leadership positions.

Our department aims to support the professional development of all faculty and enhance support for women and URM by providing a formal mentoring program. In pairing new faculty with experienced mentors in the department, we hope to provide support and facilitate a sense of belonging among new faculty. Programs that provide networking opportunities, formal training, and mentorship from senior faculty and academic leaders can provide women and URM faculty with a supportive community, access to institutional knowledge and norms, and resources to support advancement. Further, our faculty development committees work to recognize the dedication and work of our many incredible mentors in the department, and we collaborate with all ongoing efforts around equity, inclusion, and diversity.

Mentoring alone is insufficient. We need institutional and systemic changes to improve recruitment, retention, and leadership of women and URM. However, lack of mentorship plays a significant role in URM faculty leaving academic medicine. We hope our mentoring program can provide needed support and resources for women and URM faculty and jumpstart larger efforts to address racial and gender diversity and inclusion throughout MCW.

Jennifer Apps, PhD
Vice Chair of Faculty Development, Department of Psychiatry and Behavioral Medicine
Assistant Provost of Faculty Development, Office of Faculty Affairs

Contributing authors:

Katherine Quinn, PhD and Himanshu Agrawal, MD



Clinical Notes

EQUITY IN ACCESS: A CASE FOR INTEGRATION

As we wrestle with the predictable second winter spike of the COVID19 pandemic, we are also grappling with another spike in an epidemic that is morphing under our eyes: opiate overdose deaths.

Julie Owen and I are working with our colleagues in the Emergency Department on ED-MAT Link, our SAMHSA-funded program to start buprenorphine when patients present in the emergency department with opiate use disorder (OUD) complications. This coincides with **Rebecca Bauer's** leadership in C/L Psychiatry assisting Froedtert medical and surgical teams to start buprenorphine to ease withdrawal and improve their treatment adherence in their patients with medical complications of OUD. We work with our pharmacist colleagues in pain medication stewardship and our Infectious Disease specialists who understand that medication-assisted treatment for OUD prevents infectious complications. Successful inpatient and ER interventions rely on the development of relationships with outpatient treatment programs in our community and increasing buprenorphine prescribers across the primary care clinics of Froedtert Health. We hired our first Certified Substance Abuse Counselor (CSAC), **Shereese Clark**, who is working as a care manager in the Integrated Behavioral Health model to assist primary care and specialty providers who prescribe buprenorphine to provide the psychosocial care that patients need for full recovery from OUD.

Through my work with ED-MAT Link, I have been grateful for the opportunity to sit on the Overdose Prevention Health and Safety Team, tasked with monitoring overdose data across public health, medical examiner, and law enforcement contexts. Data tracking shows a rise in adulterated street supply of heroin with fentanyl and cocaine along with a sharp increase in overdose deaths in 2021 among Black men in their 50's and 60's, many with antihypertensives and statins found on autopsy.

The COVID pandemic has sharpened our view of how racism affects disparities in health outcomes. Working across departments and disciplines clarifies the need to redefine our systems of care. Black and Hispanic patients receive specialty care at lower rates than White patients. Black patients are particularly vulnerable to overdose death from adulterated drug supplies. Black patients who die of opiate overdose with prescribed antihypertensives in their system have missed an opportunity for treatment. Buprenorphine prescribed in medical settings is crucial to save Black lives. Integrated addiction care closes racial gaps in access and improves outcomes.

Mary Beth Alvarez, MD, MPH
Assistant Professor
Director of Primary Care Behavioral Health Integration
Department of Psychiatry and Behavioral Medicine, MCW



Veterans Administration Notes DIVERSITY, EQUITY, AND INCLUSION ACTIVITIES AT THE MILWAUKEE VAMC MENTAL HEALTH DIVISION

The Veterans Health Administration (VHA) is dedicated to addressing health care disparities which lead to addressing workforce diversity and inclusion issues. VHA charted a workgroup in 2011 to address these issues in conjunction with the Advisory Committee on Minority Veterans (ACMV; established 1994). The workgroup recommended establishing the VHA Office of Health Equity (OHE) in 2012. The Office of Health Equity champions the advancement of health equity and reduction of health disparities using the following definition: Health Equity is the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices and the elimination of health and health care inequities.

At the Milwaukee VAMC, our staff are actively working on addressing health care disparities in our mental health division in a few ways. In 2016, a team of psychologists developed the ADAPT (Advancing Diversity Across Psychology Team). This psychology workgroup has been providing training, education, resources, and awareness about topics related to culture, social justice, and historical and systemic oppression to our psychology staff and trainees and more recently to all mental health staff. ADAPT's Rapid Response Team has developed and sent out timely statements meant to address current events that may be impacting our Veterans and staff. The goal is to bear witness to inequity, increase awareness, and provide clinical resources to support effective and culturally competent care.

Our Mental Health Division Committee on Diversity & Inclusion was established in September of 2020. Researchers and scholars report on the importance of diversity and inclusion in the workplace which can result in higher-quality work, better decision-making, greater team satisfaction, and more equality – under certain circumstances ([Business Harvard Review: Ely, R.J. & Thomas, D.A., 2020](#)). Those conditions require more than a diverse workforce. Therefore, our committee has been focused on not only diversity and inclusion of the workforce but also on our Veterans' experiences of healthcare disparities. The committee is currently gathering data from Veterans to learn how our division can address healthcare disparities. We also facilitated a local Minority Veterans Committee in January 2021, in collaboration, with the MCW Psychiatry Dept's Captain John D. Mason Veteran Outreach program. This committee is made up of Veteran community leaders addressing health disparities from the community level and providing feedback to our committee and management.

Bertrand D. Berger, PhD
Assistant Professor, Department of Psychiatry and Behavioral
Medicine, MCW
Mental Health Division Manager, VAMC



Community Engagement Notes GENDER HARASSMENT MITIGATION INITIATIVE

In the Spring of 2021, MCW's Center for Advancement of Women in Science and Medicine (AWSM) built upon their previous IWillMCW campaign, which encouraged individual efforts to further gender equity, to create a broader initiative called WeWill. The WeWill pledge encouraged MCW departments to address issues of gender harassment. As AWSM noted in their initial communication about the WeWill Campaign, "*Gender harassment is prevalent in academic medicine, according to a NASEM report, with half of all women in medicine experiencing it – double the rate of other STEM fields. MCW is not immune to this concern, especially if both co-worker and patient interactions are considered. To end harassment, we must first measure it, then work to mitigate it.*"

With the support of Dr. Lehrmann, we created a Department of Psychiatry and Behavioral Medicine working group, consisting of Himanshu Agrawal, MD; Courtney Barry, PsyD; Eris Cibaj; Kris James; Amanda Liewen, MD; Hilary Pick, LPC; Katherine Quinn, PhD; and Barbara Sieck, PhD. AWSM provided the foundation and framework of the initiative, as well as assistance throughout the process. Our working group first individualized a survey about gender harassment concerns at MCW and distributed it to our department's staff, faculty, and trainees. From there, we offered two virtual workshops conducted by MCW faculty Amy Farkas, MD, and Cecilia Scholcoff, MD. The interactive workshops, which were partly informed by early survey analysis, provided resources and case examples. We were pleased to receive positive feedback from participants and hope to offer additional workshops in the future to ensure that all interested members of our department can attend.

Presently AWSM is conducting a more detailed and comprehensive analysis of our survey so we may learn more about the specific nature and sources of gender harassment, including in clinical settings. Collaborating with Dr. Lehrmann and other departmental leadership, we will use the findings to create a Psychiatry and Behavioral Medicine Gender Harassment Mitigation Action Plan. We hope this Action Plan will provide concrete steps to address systemic concerns and to support members of our department who may have experienced gender harassment in any setting within our institution. If others would like to join these efforts, please reach out to Dr. Barbara Sieck (bsieck@mcw.edu).

Barbara Sieck, PhD
Assistant Professor, Department of Psychiatry and Behavioral
Medicine; MCW



GETTING TO KNOW...

Faculty and Staff from the Department of Psychiatry and Behavioral Medicine



JOANNE ORFEI, DO
Assistant Professor
VAMC

What is your educational background?

I completed a degree in psychology at Loyola University in Chicago and then completed medical school at the Chicago College of Osteopathic Medicine. I completed my residency and CL fellowship training here at MCWAH.

How long have you worked at MCW?

I started July 6 so not that long ago-still getting settled in.

Describe your typical workday.

Checking in with the consult team and figuring out what patients need to be seen and how we can best help them while they are hospitalized on the medical floors at the VA. I recently started helping cover the consult service at the VA which includes supervising third-year residents, medical students and fellows coming through the service.

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

I enjoy being able to be part of a team that can care for the mental health needs of Veterans. Psychiatry is incredibly interesting (I know I am biased!) as it involves the brain and human behavior. What draws me to CL psychiatry is it often sheds light on the fact that mental health is not always well understood by our colleagues in medicine. So, it's nice to be able to serve as an advocate for our patients with mental health needs while hospitalized.

Tell us about life outside of MCW.

When I am not working, I am home with my soon to be 2-year-old son Magnus and husband, Jeffrey. Life lately has been lots of chasing a wild toddler, helping him spot toads in our yard and watching The Secret Life of Pets 1 and 2 on repeat.

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

Since I am answering this survey near Halloween, I will go with a Stanley Kubrick classic - The Shining.

Tell us a fun/unique fact about yourself.

Those who know me well know that I cry when I laugh. So, it's always easy to know if I actually think your joke is funny.



JASON SCHEU
Senior Grants
Coordinator Tosa

What is your educational background?

I have an accounting degree from UW-Madison and a Master of Accounting from Wright State University.

How long have you worked at MCW?

I've worked at MCW for 13.5 years. 11.5 years in Sponsored Programs and almost 2 years in the Cancer Center.

Describe your typical workday.

I started a couple of months ago, so my typical day is evolving. It would include doing pre-award and post-award activities in eBridge such as entering funding proposals and requesting subawards, updating forecasts for awards, and helping the principal investigators with the administrative parts of their awards.

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

What I like most about my job is supporting the PIs with their awards. What attracted me to this field is I like working with numbers.

Tell us about life outside of MCW.

I have been married to my wife, Jill, for 11 years. I have two girls Abby (9) and Emily (6) and a Goldendoodle named Boomer. I enjoy bowling, traveling, hunting, and watching most Wisconsin sports.

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

My three favorite movies are Major League, Shawshank Redemption, and Office Space.

Tell us a fun/unique fact about yourself.

I have bowled three 300 games.

Do you know someone in the Department that we all should "get to know?"

Email your nomination to kkjames@mcw.edu



**ESMIRNA PERALTA
DELOSSANTOS**
Clinical Program Coordinator I
The Periscope Project and Child
Psychiatry Consultation Program

What is your educational background?

I have a bachelor's in psychology and currently in grad school studying educational leadership.

How long have you worked at MCW?

I have been working at MCW since October 1, 2021.

Describe your typical workday.

A typical day for me consist of waking up playing with my dog for a couple minutes before getting ready for my day. Then I proceed to complete my tasks for the day while having my dog follow me around. I work for both the Periscope Project and Child Psychiatry Consultation Programs (CPCP). I end the day by spending time with my family or cuddling up with a book.

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

I have an innate need to serve and help those in need and because of that I was attracted to the behavioral health/psychology field. What I like most about my job so far is being able to connect doctors, healthcare workers to psychiatrists that in turn conduct consults that help patients get the help they need.

I was attracted to this field because I worked as a research assistant during my undergrad in a neuropsychology lab. This job not only got me interested in research, but specifically in the department of psychiatry and mental health.

Tell us about life outside of MCW.

In my free time I love to spend time with my family and friends, play with my dog Beni, cook, volunteer in the community, and try new things.

Just for fun—what are your favorite movies, books, music? My favorite song is Control by Tenth Avenue North. My favorite book is You are Special by Max Lucado. I don't have a favorite movie, but my favorite genre is romantic comedies.

Tell us a fun/unique fact about yourself.

Fun fact about me is I collect quarters.



ALISON GIFFORD
Senior Administrative Assistant
Tosa

What is your educational background?

I completed my bachelor's degree in science.

How long have you worked at MCW?

Over 25 years in various departments.

Describe your typical workday.

I have come to learn there is rarely a "typical day." I enjoy the variety and opportunities for learning.

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

I enjoy the variety and the people I work with. I've always been curious about the "why" of people's actions or reactions in general. The importance given by this department regarding the mental and behavioral wellness of those going through trying circumstances is so valuable. It is too often overlooked or not addressed due to lack of knowledge and/or understanding.

Tell us about life outside of MCW.

I have spent a good portion of my life performing as a dance, actor and stunt performer. This allowed me to travel extensively throughout Europe and the US. I still will lend a hand with these companies when time allows as these people have become like family. Horses and dancing have been my passion since birth. I own a beautiful Percheron draft horse who has challenged me and allowed me to learn and grow. He has also developed and wonderfully warped sense of humor which mirrors mine.

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

My favorite book is the Hot Zone about the Ebola Virus and its sister strains. When the book first came out, I was working with monkeys, some that carried Herpes B virus (a zoonotic virus) and an accidental needle stick injury to me brought these viruses to a new perspective and appreciation. I didn't contract the virus fortunately and it led me to my fascination with viruses. I had the opportunity to meet the author of this book, along with one of the USAMRID colonels that was mentioned in the book. To be able to converse with those that worked closely with these deadly viruses lent a further understanding and appreciation of the dangerous work they provide.

Tell us a fun/unique fact about yourself.

My horse and I learned to cow herd and we both love it.



ESMERALDA LEZAMA-RUIZ

Clinical Research Assistant III
Cancer Center/CAIR

What is your educational background?

I graduated in December 2020 from Marquette University with a bachelor’s in psychology and a minor in criminology.

How long have you worked at MCW?

I have been working here since January 2021.

Describe your typical day.

I work on the Prevent Anal Cancer Study as a Clinical Research Assistant III led by Dr. Alan Nyitray. I reach out to participants, go to clinical appointments, drop off specimens and much more.

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

I like that not every day is the same. I enjoy the participant interactions and the community relationships that we have built.

Tell us about life outside of MCW.

I got married in August of this year. My husband, Francisco, recently started working at MCW as well as a Clinical Research Assistant. I have three dogs that are crazy! Their names are Roxy, Bruno and Chula. I love to bake and read. I also really enjoy binging Netflix series.

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

Harry Potter series.

Tell us a fun/unique fact about yourself.

I have broken both of my pinkies before which is not very common or fun, haha!

PSYCHED is the newsletter of the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin.

Jon A. Lehrmann, MD, Chairman and Professor
Editorial Team: Joy Ehlenbach • Karen Hamilton • Kristine James • Dawn Norby

For more information, visit the Department website: www.mcw.edu/psychiatry.htm

CELEBRATING FACULTY

OUTSTANDING FACULTY MENTORSHIP AWARD

The 1st annual “Outstanding Faculty Mentorship Award” was created to celebrate those embodying qualities of effective mentors. Department faculty were encouraged to nominate a mentor based on qualities we think are essential to effective mentoring. These include being responsive, honest, challenging, supportive and engaged in the mentorship relationship. We received several nominations this year; this year’s recipient is **Jon A. Lehrmann, MD.**

FACULTY DEPARTMENTAL AWARDS

Clinical Excellence Award

Judy Evenson, APNP
Julie Owen, MD
Barbara Sieck, PhD
Jennifer Zaspel, MD

Charles E. Kubly

Community Engagement Award

Himanshu Agrawal, MD
Mara Pheister, MD
Jeffrey Taxman, MD

Distinguished Service Award

Patty Guedet, MD
Joseph O’Grady, MD
Christina Wichman, DO



SPECIAL DEPARTMENT NOTES

CELEBRATING DEPARTMENT EXCELLENCE

Each year the David J. Peterson Excellence Award recognizes staff for job performance in the Department of Psychiatry and Behavioral Medicine, celebrating service excellence. Through Qualtrics, this group of individuals were nominated by their peers, the faculty, and staff within the Department. There were 21 total nominations. After thoughtful consideration, Kevin Brown, Program Manager II (CAIR), Angel (Noel) Rosado, Research Associate II (CAIR) and Sandy Sigl, Program Coordinator II (NEW-Green Bay) were recognized at the October 8, 2021, Town Hall Meeting.

"I'm extremely proud to recognize each of these deserving Award recipients," said Peterson. "Their accomplishments go above and beyond the expectations within our Department." Congratulations to all the nominees and winners! The 2021 Peterson Award committee members consisted of Carolyn Bischel, Chair; Leslie Fischer, Juan Flores, Gary Koenig, and Dawn Norby.



Kevin Brown



Noel Rosado



Sandy Sigl



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 is also a season for giving, and a time to express our thankfulness. Kindness carries the Season.

It is also a time to review the past year, and all the challenges and success that have come with it. Celebrate the successes and learn from the challenges. It is a time to 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. We sincerely hope you will be able to take advantage of the renewed opportunity to gather safely - even in a limited way - with your loved ones this year.

We understand that this past year has been especially challenging. It has been one of the most challenging years in our lifetime. Please make it a priority over this Holiday Season to take good care of yourself. Get the sleep and rest you need, take some minutes out of your days to do something special for yourself. Read a favorite book, watch a favorite show, and be careful not to over-do it. Go for a nice walk or get some exercise each day too.

Please know that we appreciate you and the important roles you play 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, joy, and love

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

~ Jon and David