Summer 2023, volume 2, issue 1

The Newsletter of the Association of Medicine and Psychiatry

THE UPDATE



PRESIDENT'S GREETING

Hello, AMP members! I hope everyone has enjoyed their summer season of longer days and rising temperatures, perhaps taking some time for a vacation from work and school. July 1 marked the start of another academic year-welcome to our new combined program interns and here's hoping that your transition to residency is as smooth as possible. At AMP, we are have been gearing up for a number of changes, including the launch of our new website! Please check it out at assocmedpsych.org. Kudos to the Co-Chairs of our Communications Committee, Drs. Corey Keeton who and Rachel Kishton. have donated innumerable hours of work to this endeavor. We are also in the final stages of preparation for our Annual Meeting in Milwaukee in October, led by Committee Co-Chairs Planning Drs. Lauren Gensler and Susan Padrino. I'm particularly excited

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IN THIS ISSUE

to hear our Keynote Speaker, Dr. Damon Tweedy, author of Black Man in a White Coat, and to attend one of our inaugural workshops. Don't forget to register for the Annual Meeting and I hope you'll join me on Thursday, October 12, for the AMP'd for AMP Social at the 3rd Street Market Hall!



PROGRAM SPOTLIGHT

Program Overview

Medical College of Wisconsin (MCW) Internal Medicine/Psychiatry is just kicking off its second year of existence with 2 residents transferring in from Medicine last year and 2 brand new interns starting with us in July. Drawing on GME expansion at both Froedtert Hospital and

the Zablocki VA, residents split time each year between those two sites, along with rotations at Milwaukee area community hospitals and clinics. Both categorical programs have a full array of fellowship programs and a balance of residents aiming to specialize with those pursuing a generalist path. What sets the MCW program apart is the many ways that both the Medicine and Psychiatry departments are engaged in behavioral health integration with a robust C/L service, Emergency Psychiatry, Integrated Behavioral Health in Primary Care, Health Psychology, and specialty-specific behavioral health programs in Pain, Neurology, Perinatal, Transplant, Trauma, Palliative Care, and Cancer Care. MCW IM/Psych designed the curriculum with psychotherapy in the 3rd year, to serve as a fulcrum and centering point around which their professional skillset as combined physicians can coalesce.



Special Features

Froedtert's Complexity Intervention Unit (CIU) kicked off in February and is rapidly evolving to care for a unique array of comorbid patients with specialized nursing, behavioral plans and an interdisciplinary team. Both Froedtert and Sixteenth Street clinic are launching combined Med/Psych clinics which will allow residents to start from their intern year performing consultations and developing a continuity panel of comorbid patients. They will be developing a VA Med/Psych clinic in the coming year, likely focusing on marginalized populations.

Program Highlights

- The first few classes will be piloting a new Med/Psych clinic with aspects of consultation, collaboration and continuity primary care.
- Our combined residents will have significant leadership opportunities in program development and will be asked to provide interdisciplinary education.
- There are ample opportunities for scholarly activity within both sponsoring departments.
- Competitive applicants will be able to articulate how combined training will help their future patients and the health care system.

Program Spotlight, MCW, Cont. Faculty



Tom Heinrich, MD, FACLP Professor; Vice Chair (MCW)



Jennifer Knight, MD, MS, FACLP Associate Professor (MCW and Rush)



Mary Beth Alvarez, MD, MPH, Program Director (Tulane and MUSC)

Faculty Spotlight: Dr. Kim Stoner





Kim Stoner, MD, MS Associate Professor (Loyola and Iowa)

We are a unique group of doctors, but you won't find anyone who loves water skiing more than AMP member Dr. Kim Stoner. Dr. Stoner works in Perioperative Medicine, Consult-Liaison Psychiatry, as well as staffs the CIU. She developed our alcohol withdrawal and buprenorphine micro-induction order sets, helping all doctors at Froedtert deliver high quality care for co-occurring addictive disorders. She works hard all winter so she can waterski all summer. Not only does she hold multiple world records in pyramids, but is an accomplished swivel-skier as well. Now in her 10th year as a world champion doubles skier with her partner Cory, she also has notched over 2600 Barre classes in 6 years. Oh, and unless she is immediately post-op for her umpteenth ACL repair, she will make you take the stairs on rounds.



Will Graft (left) and Daniel Pham

Residents

Keayra Morris MD (MCW) Alex Torres, MD (MCW) Daniel Pham (Oklahoma) Will Graft (UIC Rockford)

Website and Socials

mcw.edu/medpsych Insta: <u>https://www.instagram.com/mcwmedpsych/</u> Twitter: <u>https://twitter.com/MCWMedPsych</u>



AN INTERVIEW WITH DR. VIRGINIA O'BRIEN

AMP student member Lakshman Kalasapudi recently interviewed Dr. Virginia O'Brien last month. She is associate professor in the Department of Psychiatry and behavioral health at the Virginia Tech Carilion School of Medicine. She is the System-Wide Director of Ambulatory Psychiatry at Carilion Clinic in Roanoke, Virginia. A graduate of Cornell University and The University of Mississippi Medical School, she completed Internal Medicine and Psychiatry residency at Rush University. Dr. O'Brien has participated in AMP for many years in various capacities.

What was your path to combined training? I know you went to medical school at the University of Mississippi which did not have a combined training program.



That's right. I would say that path started before medical school. In college, I was drawn to the intersection of disparate topics and exploring what made things more complex and richer when considered in total. I originally thought I was going to do a PhD/JD in psychology and law. But I pivoted and went back to do the Bryn Mawr postbac program – I didn't study science in undergrad – and then went to medical school back home.

Before medical school, I met someone who is also an AMP member, Dr. John Onate. He was a third-year medical student at the time, and I was a research assistant on a psychiatry floor. He ended up going into Med-Psych at Rush Medical Center. I knew about his path and knew about Med-Psych early on before I even entered medical school. While in medical school I considered several other specialties. Eventually I found that medicine and psychiatry was the best fit for me because of my interest in complexities and the interrelatedness of the brain and body in medicine.

I think that perspective of doing things differently before medicine lends itself well to doing things differently in medicine.

I think there's a fair number of us – at least in my cohort of graduates, definitely where I went to residency – who did not have a science background. It was literature, psychology, French, and all different sorts of academic pursuits.

Back to medical school, considering University of Mississippi did not have a program, how did you cultivate your interest there?

They didn't have a program, but they did have a Med-Psych unit. I worked on that unit as a research assistant initially, then as a Sub-I in medical school. It was a locked unit where we wouldn't have severely ill patients, but we would treat someone with, for example, pneumonia and schizophrenia or pancreatitis and alcohol use disorder.

Careers in Med/Psych: Continued...

Who are some of your mentors? I know you mentioned Dr. Onate.

I think he would shrug off the role of mentor, but he's a good friend of mine and he's the one who introduced me to the concept of med-psych. The director of the Med-Psych Unit at the University of Mississippi, Dr. John Norton, was a mentor in my research and medical studies there. He was a very encouraging, enthusiastic, and intelligent person. Even though he was a neurology-psychiatry physician, he influenced my decision to pick med-psych. He also happened to go to Rush Medical School. So, I would say he and John Onate were both really the biggest influences on me at that time.

And how about in residency?

There are so many. I had a great residency program at Rush. It was a terrific group of faculty and residents. Of the faculty there, Jeff Rado, Stephanie Cavanaugh, and Dan Rosenthal were influential. Those folks were integral in my development as a resident. Dr. Cavanaugh was a model for me as a woman in medicine. My medical school class was about 15% women, and I didn't have a lot of women doctors as role models where I grew up.

I know that you currently do psych-oncology, and it's one of your primary interests. Of those mentors that you mentioned, did any of them influence that specific interest?

No. I would have never thought I would have gone into that area of psychiatry; it fell into my lap when I was a faculty member at Duke. The physician doing psycho-oncology before me was retiring and asked me if I'd be interested in taking over his practice. I agreed and basically taught myself how to do it. It was an unexpected and lovely addition to my work. I mean, you can't say enough about how much the intersection of medicine and psychiatry happens with patients that have cancer. Whether it is the drug-drug interactions, the side effects of cancer and its treatment, or the impact of treatment of cancer on physical and mental health. But psychotherapy plays a very important role in the field as well. Being present for a patient as they navigate cancer and the limitations it poses, or at the end of a person's life are poignant, very personal places to share with someone. It's something that I'm fortunate I found by accident, and which plays an important role in my work as a clinician.

What are your professional interests aside from psycho-oncology?

After residency, I took a faculty position at Duke. When I started there, I was working on the inpatient Med-Psych service, inpatient psychiatry, outpatient psychiatry and the consult-liaison service and of course, teaching. Looking back, it was a lot. After a few years, when the psycho-oncology position arose, I stopped doing inpatient psychiatry and general outpatient work and focused on psycho-oncology outpatient, CL psychiatry and the med psych service. I also led the collaborative care program at Duke for several years. During some of that time, I was the medical director of psycho-oncology and the collaborative care program.

Careers in Med/Psych: Continued...

My roles have changed since taking the position at Carilion. I am the system-wide director of outpatient psychiatry. I oversee two outpatient clinics, and I still do psycho-oncology and teach. I also have projects with primary care and collaborate on research with the Department of Psychology at Virginia Tech. We focus on work around measurement-based care. I stayed involved with models of innovation with AMP, and I'm on the Committee for Integrated Care at the APA. Recently, I finished recording a lecture with a group led by Jeff Rado focusing on the treatment of metabolic syndrome in patients with severe mental illness.

Wow, it sounds like you've done a lot since residency!

When you go through Med-Psych it's sort of a chicken or egg thing: is it the person or is it the training? I keep saying it's the training, but maybe it's me. I think I have a habit of craving or doing more than just one thing. When I took the job here, I had an opportunity to do just psycho-oncology somewhere else and I turned that down because I felt like I would become bored.

How was the transition from Duke to Carilion? I know Carilion does not have a Med-Psych program but it sounds like they have been supportive of you.

Very much so. I took this job because there's a supportive chair, Dr. Bob Trestman. He has given me time and space to create a vision for our clinic and work toward that goal. We are growing, and we're about to move into a new outpatient building. We have many dual-trained faculty. Three of us migrated from Duke to here at the same time, so there is a good community.

Were there any challenges to starting psycho-oncology at Carilion?

I think for any psycho-onc service, the challenge is to educate the referrers and patients about who we are and what we do. Other than that, there have been no issues.

Having worked in Chicago and Durham, do you find the setting of your practice has changed in terms of how you practice integrated care because you're in a more rural area now in Roanoke, VA?

Not really. But I will say that in one of our clinics which is 45 minutes from here, I do find patients have more barriers due to social determines of health and I find that they maybe don't have access to good wifi. Those are challenges that impact care.

I think the big change for me being here is the higher prevalence of methamphetamine use. On top of that we're in the opioid epidemic epicenter. This is the city the book Dopesick is based on. And that has changed how I prescribe controlled medications and monitor that prescribing.

In terms of rural medicine, do you see the scope of integrated care any differently as opposed to Chicago which has a big, underserved community as well?

I think it's more needed because what I noticed is patients – through no fault of their own – have been told all along their life "here's a medication for that". Oftentimes, that medication is a benzodiazepine or a narcotic. And now that's the patient's mentality, but people are telling them they can't take those meds anymore. So there's a lot of learning how to navigate that conflict, and how to provide patients the best care while maintaining a relationship of trust. The more

Careers in Med/Psych: Continued...

I go the more I see medically sicker patients. I sometimes help people find a primary care clinician or maybe I start them on medication like a statin or antihypertensive medication because I know they may not see their PCP for a long time, and I will let their PCP know. I didn't do a lot of that before.

All of these experiences have led me to be more interested in the prevention of these problems: how do we reach people before they get to the point that they need a quadruple bypass or are on so many medications for mental health it is difficult to get them off of them?

It sounds like that would entail a larger project.

I think as Med-Psych trained physicians there is an onus on us to be leaders and to speak to what is needed. As someone trained in medicine and psychiatry, I see people falling through the cracks on both fronts, which is alarming and motivates me to be more vocal about it.

Do you foresee advocacy as another addition to the list of things that you're doing?

It's possible. I'm trying to figure out what I can do that will have the most benefit to the largest group of people. My perspective is that we need to take care of populations of people and that's why I was drawn to collaborative care. How do we take care of more people when there are too few of us? And beyond that, from a health system standpoint: where do we need to focus our efforts, who do we need to talk to, how do we make heard the voices of those people that don't have one are questions I am grappling with.

How do you maintain work/life balance? What are some of your interests outside of work?

That is a work in progress and may always be for me. It is important to maintain a balance especially with a family and children, and you must be able to say no. The problem is, I'd like to do everything. I enjoy my work. I also love being in my yard. I like cooking and eating good food. I really love being outside. Roanoke is just gorgeous, and the Appalachian trail is nearby. This is a pretty place to live. I love trail running and I read a lot. I enjoy spending time with my family. There aren't enough hours of the day to do all the things I want to do. That is perhaps a good problem to have.

Lakshman Kalasapudi is an M4 at Cooper Medical School and an Adjunct Professor of Anthropology at Rowan University. He has an academic background in the social sciences and a professional background in social services and community advocacy. He is interested in developing integrated care models in community settings after his medical training. Lakshman has been an AMP member since 2020 and is part of its Student Committee.







October 12 - 14, 2023 2023 Annual Meeting Hyatt Regency Milwaukee | Milwaukee WI

Development and Durability: Creating new opportunities and designing our future.

Registration is Now Open!



REGULAR REGISTRATION July 15 - Sept. 15, 2023	2 DAYS Friday & Saturday	1 DAY Friday OR Saturday Only
Physician Member	\$499	
Physician Non-Member	\$799	
Early Career Member	\$449	
Early Career Non-Member	\$579	
Associate Member	\$449	
Associate Non-Member	\$579	
Resident Member	\$299	\$149
Resident Non-Member	\$399	\$229
Student Member	\$249	\$129
Student Non-Member	\$299	\$179



Welcome to Milwaukee

Check out some great things to do in Milwaukee! Thank you to Thomas Heinrich, MD & VisitMilwaukee.org for the suggestions!

Things to do:

When in Milwaukee: <u>Brewery Tours</u> What else do you do in October: <u>Haunted Milwaukee</u> Enjoy more of the outdoors? <u>Outdoor Recreation</u> Or, explore the <u>arts and museums of Milwaukee</u>

Places to eat:

Desserts & Sweets Breakfast & Brunch Dinner

Options for a rooftop beverage if the weather is nice.

<u>The Outsider at the Journeyman Hotel</u> <u>Red Star above Uncle Bucks</u> <u>Pilot Project</u> <u>Indeed Brewing Company</u>

Need a souvenir?

Pabst Brewing Gift Shop \ 414Milwakee Urban Milwaukee \ Milwaukee Cheese Mart

COMMITTEE UPDATES

Membership Committee

The AMP Membership Committee has been meeting with the full committee, discussing approaches to retain about-to-graduate residents and the future ability to track this data more easily. We are coordinating with the new residency training director group to facilitate outreach to current resident non-members.

Medical Student Committee

The AMP Medical Student Committee is working with the Program Directors Committee to plan the Residency Fair at the end of August as well as working with the RFM Committee to plan the quarterly mentoring zoom sessions.

Medical student, and committee member, Lakshman Kalasapudi interviewed Dr. Virginia O'Brien for this newsletter. We hope that this will continue as a regular feature.

Global Health Committee

The AMP Global Health Committee holds regular quarterly meetings. The committee is hosting the August 17, 2023, AMP Webinar, "Improving the health of people who have been trafficked", with Dr. Rachel Robitz. We are working on a project to centralize global health information The committee is integrating medicine and psychiatry in various ways, such as in integrated care, working with the immigrant population, expanding academic careers, learning more in fellowship, or exploring career options in residency all with a background passion in global health. We would also like to welcome Hajira Chaudhry as our new resident co-chair and thank Emily Amador for her hard work.

Communications Committee

The communications committee is happy to announce that the first iteration of the new AMP Website has launched. We are hoping to begin work on "Phase 2" soon, which will include Committee specific pages, interest group listservs, a member directory and website tags. We would also like to encourage anyone interested to join the committee.

DEI Committee

The DEI Committee has been busy this Summer. We continue our monthly meetings (2nd Wednesday of the month at 8pm EST—all welcome!), with representation from practicing physicians, residents, and students. We are actively working to recruit URiM individuals to Combined Training and to AMP. The committee has hosted the May and June webinars. In May Disability in Medicine—The Me You Don't See-presented by AMP DEI Committee Members

COMMITTEE UPDATES

Chijindu Diokpa, MS4 (who also submitted an article for this newsletter) and Joy Brooks, OMS3 and in June, Hosted AMP June Webinar: Considerations for Providing Inclusive Care for Transgender and Nonbinary People—(presented by Dr. Robert McClowry) moderated by AMP DEI Committee Member Maria Beauge, MS4. We are also very excited to be presenting at the October Annual Meeting in Milwaukee. The workshop will be led by DeJuan White, M.D.

Annual Meeting Planning Committee

Milwaukee here we come! We are excited to be hosting our first annual meeting in Milwaukee and to celebrate the creation of a new combined training program there. The meeting theme this year is Development and Durability: Creating new opportunities and designing our future. The annual meeting planning committee took the feedback from last year to heart and has been working hard to make this conference even better than last year's. We have many exciting speakers, based largely on recommendations from our members. Topics will include bariatric psychiatry, functional bowel disorders, factitious disorders, documentation in the era of open notes, global health, and diversity, equity, and inclusion. We are also featuring workshops this year! We had so many amazing workshop submissions and believe this will be a highly anticipated annual feature. We are also focusing on the future of combined training by adding more support to our Early Career Physicians. We plan to have the first ECP Friday Night Meet-Up courtesy of our ECP committee.

We are looking forward to another great opportunity to network and learn together. See you all in Milwaukee!

Interested in joining a Committee?

We would love to have your involvement! If you are interested in joining an AMP Committee, please send an email to manager@assocmedpsych.org with a brief note about yourself, which committee you would like to join, and why. AMP staff will forward your email to the chairs of the committee.

1 The second L. New AMP Advertising Opportunities

Advertise in The Update

Full-page ad: \$500.00

- 1/2 page ad: \$250.00
- 1/4 page or banner ad: \$125.00
- Classified ad: up to 150 words \$100.00 with 1 photo Distributed 4 times per year to nearly 450 included.
- All ads are full color and are linkable to a website.
- Newsletters will be live on the member dashboard of the new AMP Website launching in
 - members throughout the US.



APA Assembly Notes

May 19-21, 2023

This digest of events summarizes the business conducted by the APA Assembly during the in-person May meeting in San Francisco. Full reports presented in written form can be found in the Assembly Meeting Booklet found here. It is best to download or read these abbreviated notes online. They may also be printed and distributed in hardcopy (without access to the web links). You may use these notes as documented or edit and modify the content to suit your needs and interests of your District Branch. Any errors or omissions should be considered unintentional. Please send corrections and suggestions to James A. Polo, M.D.





Welcome by the Speaker – Adam Nelson, MD

Dr. Adam Nelson, MD welcomed everyone to the 98th Meeting of the APA Assembly. Dr. Nelson first introduced Dr. Farah Zaidi, MD, the Area 6 ECP Representative who gave the territorial acknowledgment. She acknowledged both the Ohlones and Coast Miwok tribes who were the indigenous inhabitants of the surrounding area local to San Francisco. Dr. Nelson mentioned that as members of the Assembly, we are all leaders who should abide by the Code of Conduct. He reviewed the APA

Participation Policy (page 5, Assembly Meeting Booklet) and reminded everyone that we should treat each other with compassion and respect. While we may disagree at times on certain issues, we should never be disagreeable to each other. Dr. Nelson announced that the Board of Trustees had approved the recommendation from the APA Finance & Budget Committee to restore 2 in-person Assembly Meetings beginning in 2023. Hence, the Assembly will meet again in November 2023 in Baltimore, Maryland. Additionally, funding was approved t allow the Area Councils to meet in person in 2023 as well. Dr. Adams highlighted that 4 Assembly Workgroups have been created this past year and thanked those for their efforts thus far. The 4 workgroups are: Workgroup on Social Determinants of Mental Health (SDoMH), Workgroup on Communications, Workgroup on the Assembly of the Future, and Workgroup on Metrics and Quality Improvement. He urged members of the Assembly to help distribute the Notes of our meeting through the District Branches to the broader APA membership. Dr. Nelson concluded his opening remarks by paying tribute to Dr. Albert Gaw, MD (1938-2023), who was the APA Assembly Speaker, 2002-2003. Dr. Nelson's full report can be found in the Assembly Meeting Booklet on pages 16-18.

To read the full document. Please click the button below.

<u>Click Here to View</u> <u>the APA Notes</u>

INSIGHTS IN DEI: Chijindu Diokpa

During my first year of medical school, a lecturer held a session about microaggressions. It was early in the year, so most of us students hadn't yet determined the perspectives of many of our peers. During the workshop, the speaker gave real scenarios of microaggressions to our group of over 200 medical students and asked for our thoughts. There were opportunities for students to share, which I and a few others indulged in to make the situation less uncomfortable. To our surprise, every time a story was shared about a microaggression by a person of color, someone in the crowd would raise their hand to



Chijindu Diokpa McGovern Medical School at UTHealth MD-MPH Candidate | Class of 2024

defend the aggressor. At one point, a student gave an invalidating response to someone's experience and said they were being too sensitive. A select demographic of students erupted into applause. The speaker tried to regain control, but the damage had been done. I left the lecture hall feeling unsafe and distrustful. Who knew what they said about us in private if they said these things while we were in the room? I shuddered thinking about how they would interact with their future patients. I remember looking at my Black classmates who also attended predominantly white institutions for college. Their eyes all seemed to groan, "Here we go again."

In June 2023, the Texas Senate passed Senate Bill 17 (SB 17), which effectively disempowers diversity, equity, and inclusion (DEI) efforts in higher education. Starting in January 2024, diversity initiatives related to employment and employee training are outlawed. While certain exemptions exist for research and academic instruction, the potential for harm is sweeping. Those in favor of the bill paradoxically believe that removing these inclusive measures will result in an increased meritocratic selection of applicants. Unfortunately, neither America nor the education system has ever been a purely meritocratic state. For example, donor-related and legacy admissions are rampant1. Board scores can be predicted using one's level of family wealth2. Someone's zip code can be more predictive of their health than their genetic code3. Access, not merit, has always been the supreme law of the land, and the passage of SB 17 reinforces this imbalance. Furthermore, recent Supreme Court rulings continue the trending reversal of civil rights protections even though the marginal progress has been skewed. White women have historically reaped the most benefit from affirmative action4 while the percentage of Black physicians in the United States has been persistently low for decades.

A few days after the microaggressions lecture disaster, I received a message from a fellow student. She was relatively shy, but always courteous when we saw each other in

passing and during lectures. In her message, she apologized to me for an interaction that occurred when we first met in which she asked if I had a nickname immediately after I introduced myself. I publicly shared in the microaggressions group that I liked my name, and though initially difficult to pronounce, it is part of who I am. I explained that after 20+ years of various nicknames (from Chi to Jin to even Bob), it gets frustrating having to justify being called your own name. She expressed that she didn't mean to hurt me and would do whatever she could to make it right. I didn't even remember the initial microaggression (as it was one of many), but her apology recontextualized my perception of the session. When I saw her in

Hi, I'm (one of the quieter ones in our class). You might not remember me/know me because we've only ever talked once in the very beginning of the semester. After this past week, I realized

that the one time we did talk, I did the rude name thing to you. I didn't realize how annoying/rude I came across when I asked you for a nickname and I only truly got that when you spoke up in class that day. I was trying to find a time to apologize in person, but I've realized I'm a bit too awkward to find good timing to do that. I know this message seems like it came out of nowhere, but I thought it would be wrong to not apologize, even if it is very late. Please do let me know if there's a good way to make it up to you. Good luck with studying and med school life!

Oct 22, 2019 at 8:54 PM

lecture the next week, I sat next to her. After a brief discussion of the incident, we continued talking and found ourselves sitting next to each other every day. The following academic year, the school held a modified version of the microaggressions lecture led by a newly hired DEI director which was met with unanimous support. In conclusion, inclusion efforts are just as important in interpersonal and workplace relationships as they are in education; they are intertwined. In the face of state and nationwide changes, academics and learners would be wise to organize, engage in admissions, and participate in scholarly efforts to promote equity at their institutions. Through active participation, we can come to call DEI efforts by their true names: understanding, empathy, and love.

Helpful Resource:

Vyas, D. A., Eisenstein, L. G., & Jones, D. S. (2020). Hidden in plain sight — reconsidering the use of race correction in clinical algorithms. New England Journal of Medicine, 383(9), 874–882. <u>https://doi.org/10.1056/nejmms2004740</u>

Sources:

[•] Cabral, S. (2023, July 3). Legacy admissions: Harvard accused of favouring mostly white students. BBC News Online. Retrieved July 12, 2023, from https://www.bbc.com/news/world-us-canada-66089626.

^{2.}Johnson Hess, A. (2019, October 3). Rich students get better sat scores—here's why. CNBC. Retrieved July 12, 2023, from https://www.cnbc.com/2019/10/03/rich-students-get-better-sat-scores-heres-why.html.

[•] Ritchie D. Our zip code may be more important than our genetic code: social determinants of health, law and policy. R I Med J (2013). 2013 Jul 1;96(7):14. PMID: 23819134.

[•] Cose, Ellis. 1997. Color-Blind: Seeing Beyond Race in a Race-Obsessed World. New York: Harper-Collins.

Ly, D.P. Historical Trends in the Representativeness and Incomes of Black Physicians, 1900–2018. J GEN INTERN MED 37, 1310– 1312 (2022). https://doi.org/10.1007/s11606-021-06745-1



AMP Member Jane Gagliardi named Associate Dean for Learning Environment and Well-being at Duke University School of Medicine

Jane Gagliardi Named Associate Dean for Learning Environment and Well-being

May 31, 2023



Jane Gagliardi, MD, MHS, has been named the new Associate Dean for Learning Environment and Well-being, effective July 1.

Gagliardi is a professor of psychiatry and behavioral sciences, professor of medicine, and the director of the Combined Internal Medicine-Psychiatry Residency Training Program.

AMP Members Martha Ward and Ray Young were named "Top Psychiatrists" in Atlanta Magazine

ATLANTA'S TOP DOCS 2023

Every summer, we present a roster of the city's best doctors, as selected by their peers. This year's list was based on more than 10,000 votes from local physicians.

Don't forget to let the AMP Offices know of members who are doing great things! Did someone land an awesome new job? Is your research being published? Did someone get a great award or honor that should be celebrated?

Let us know so we can all share in the celebration! email: <u>manager@assocmedpsych.org</u>



2023 Membership Renewals

If you have not renewed your membership, it is now expired!

Renew Now to ensure you continue to receive your member benefits, including the member rate to the 2023 Annual Meeting!

2023 membership runs from July 1, 2023, through June 30, 2024

Because of YOU, AMP's membership is strong and continues to grow.

Renew YOUR AMP Membership By Clicking Here!

If you aren't sure if you have renewed, or if you need to update your contact information, please email <u>manager@assocmedpsych.org</u>

If you graduated from your residency/fellowship in 2023, please contact AMP offices for a special graduation gift of a discount off your first year of Early Career Physician Membership.

Please consider Auto-Renew for your membership. When you do, your membership will automatically renew annually on July 1. To select Auto-Renew, check the box just under the membership level options at the top of the page.



AMP hosts monthly webinars on the 3rd Thursday of each month.

So far in 2023, speakers covered topics such as:

• January 19	 "Introduction to Health Psychology"
	Speaker: Ashley J. Britton, PhD
• February 16 -	- "Recognizing and Addressing Teen Dating Violence:
	What You Need to Know"
	Speaker: Apryl A. Alexander, Psy.D. (she/her)
• March 16	- "Med-Psych Case Studies"
	Speakers: Ashley Ellison, MD
	Kimberly Stoner, MD, MS, FACP
	Michael Lang MD, FACP, DFAPA
• April 20 -	"What is your Superpower? Autism: Where Was My
	Manual?"
	Speakers: Michael Lang MD, FACP, DFAPA
	Stephanie C Westbrook RN, MSN, MHA
• May 18 -	"Disability in Medicine: The Me You Don't See,"
	Speakers: Joy Brooks, OMS3
	Chijindu Diokpa, MS4
• June 15 -	"Considerations for Providing Inclusive Care for
	Transgender and Nonbinary People"
	Speakers: Robert McClowry, MD
• July 20	- "American Board of Psychiatry & Neurology (APBN) Update"
	Speaker: Jeffrey Lyness, MD, FACPsych, DFAPA

proming Events

Underlined events are open for registration

<u>August 17 - Webinar Series - "Improving the health of people who</u> <u>have been trafficked", Dr. Rachel Robitz</u>

August 26 - Virtual Residency Fair

September 21 - Webinar Series - Sickle Cell Awareness

October 12-14 - Annual Meeting - Milwaukee, WI

13th Annual AMP'd for AMP Fundraising Social, Milwaukee, WI

November 16 - Webinar Series - Indigenous People Awareness Month

November 29 - Medical Student Quarterly Mentor Session - Why Med/Neuro/FM-Psych? (what can you do as a career, where are grads now, etc)

December 21 - Webinar Series - Topic TBD