

Inside

- Elections Issue 1
- Guest Editor: Glen Rebman..... 2
- President's Letter..... 3
- MPS Senior Psychiatrists..... 3
- MPS Poster Session Recap 4
- Congratulations, Graduates! 5
- Award Accolades..... 7
- Neuromodulation Fellowship..7
- Welcome, New Residents!..... 8
- IOR Editor Changes..... 8
- Calendar 8

Ideas of Reference
is the newsletter of the Minnesota Psychiatric Society, a district branch of the American Psychiatric Association.



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MPS Spring Meetings Showcase

On Saturday, May 4, MPS hosted its 2019 Spring Scientific Meeting, *Suicide: A Multidimensional Approach to Risk, Prevention & Assessment*, at the Minnesota Humanities Center in St Paul.

The MPS Program Committee offered the program to present a comprehensive picture of this complex topic looking at suicide from a variety of perspectives.

Our Spring Program Planning Committee chair was Rebecca Rossom, MD, MS, a respected researcher and national expert on suicide prevention. She presented new tools to help improve suicide risk prediction. An interactive panel explored regulatory approaches to creating safer spaces and health care systems. The panel included APA President Elect Bruce Schwartz, MD; Steve Miller, MD, FAPA, from Fairview Health; Kathryn Petrovic, MSN, RN-BC, from The Joint Commission; and Robert Nordstrom, from DHS State Operated Services. Former MPS President Paul Goering, MD, moderated the lively session which offered audience members ample opportunities for interaction.

Michael Farnsworth, MD, DFAPA, presented a talk on the importance of documentation for forensic issues in suicide assessments. Early evaluation results revealed that participants planned to immediately incorporate new knowledge and these documentation suggestions into practice.

The Poster Session was highly interactive with all presenters actively engaged in discussions for the full session. (See page 4 for more



Rebecca Rossom, MD, MS, fielded questions.

on the poster session.)

The afternoon focused on the unique needs and approaches to suicide prevention in adolescent, military, and rural populations. Alastair McKean, MD, presented on lethality in youth suicide attempts,

which prompted discussions about access to guns, impulsivity, and suggestions to consider gun locks. The engaging session gave participants new options and resources to help patients and families.

The panel focused on Rural Suicide featured Minnesota Director of Mental Health Outreach Ted Mathews; Central-Care Director of Collaborative Care Ryan M. Engdahl, PhD, LP; and MN State Suicide Epidemiologist Melisa Heinen, RN, MPH. Each shared resources and effective approaches to address suicide in rural settings.

The VA's National Strategy for Preventing Veteran Suicide was the focus presented by Julia Pawlenty MSW, LICSW, and Kyle Jendro MSW, LICSW. Both are Suicide Prevention Case Managers at the VA Medical Center in Minneapolis. The presenters shared resources and handouts for use with qualifying patients.

The day program concluded with an interactive session that connected participants to local media and experienced mental health spokespersons. MPS President Michael Trangle, MD, DFAPA, moderated the panel which included KARE 11 Reporter Jana Shor-

(Continued on Page 8)



MPS President Dr. Michael Trangle presented the Wellstone Advocacy award to Representative Dave Baker.



APA President Elect Bruce Schwartz, MD, DLFAPA, congratulated new APA Fellows Drs. Marie Olseth, Bob Jones, and Maria Lapid with Simon Kung, MD, and MPS President Michael Trangle, MD, DLFAPA



Ideas of Reference

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The Way Residency Should Be

Glen Rebman, DO, MA

Every year thousands of medical students make the pivotal transition to residency. It is an annual rite of passage filled with myriad emotions, including fear. There is reason for new residents to have trepidation. The statistics about well-being in postgraduate training are shocking. Around 50% of residents across specialties are burned out. That's right—almost half of the new physician workforce is demoralized before starting their careers.

Residents expect life to be challenging during residency, but does it need to be at a level of crisis?

Hearing from those before me, I entered residency expecting to be punished. Sleepless nights, overwhelming patient loads, authoritarian attendings, and loss of contact with the outside world were all part of the package. Part of me hoped to be worked to the brink of breakdown—then I could say I proved myself to the medical community. Looking back now, I'm bewildered by the culture of residency. Is this the best the graduate training community offers?

I consider myself one of the lucky ones. I have not been broken down or abused. To the contrary, I have been empowered. I've seen how enriching postgraduate training can be. Residency has surpassed all my expectations.

The culture of support that leads to this sense of fulfillment starts at the top. In my program, residents are treated as valuable members of the team. We are not spread thin to maximize hospital needs. Our education comes first, even if the system pressures us for more. There is time for life outside of medicine. Leave is flexible—available throughout much of the year, as it is in most other jobs. When emergencies arise, residents are encouraged to take the time off they need.

Just because we have work-life balance does not mean we are not challenged. From day one, we are given responsibility and are pushed beyond our comfort level. We have long call shifts and work nights, teaching us to think independently. There are times in residency when high-pressure situations and exhausting cases make you a better physician.

Having time away from the hospital has not only helped prevent burnout but also given me the opportunity for personal education and research. I have the time and energy to partner with world-class researchers and educators on projects while honing my interests. I am getting the education I need to develop into a competent clinician.

Together, these characteristics have made the last two years the best years of my medical education. I am thriving, happy, and fulfilled. I am not struggling to stay afloat as I had presumed. With so much focus now on overextended physicians, it is useful to take a moment to recognize and learn from a system, in my opinion, that is helping to counteract this trend. ■

Dr. Rebman, is a PGY-2 psychiatry resident at the University of Minnesota.



Carrying on the Message

Sheila Specker, MD, DFAPA
MPS President

As the new MPS President I approach the year with excitement, anticipation, and a bit of trepidation. Dr. Trangle has done a superb job of shepherding us from all areas of psychiatry to unify us in our common mission: providing excellent mental care and advocating for our patients. With his knowledge of systems and his wisdom from years of practice and leadership, we have seen the implementation of the Strategic Plan and a turn from being a reactive group to a proactive group. Beginning with surveying members by Dr. Oberstar, followed by enlisting help from a consultant by Dr. Goering to the implementation stage, this next year will push forward even more on our strategic plan. It is my plan to continue this work, keep our association focused especially in the areas of interconnectedness among our committees and with other like-minded organizations with similar values and missions. Our newly established communications committee, for example, is meeting monthly and is part of our strategic plan to establish these connections and the "go to" group for getting out our message.

MPS has a new lobbyist, Tara Erickson, to replace Dominic Sposeto who retired this past year. She brings a vigor and vast knowledge and energy to our legislative efforts. Many of us are unfamiliar (especially me!) with the legislative processes and how important it is to go down to the Capitol and meet with authors of bills, our own legislators and testify. These actions matter. For the first time, I met with my state legislator during the "Day on the Hill" and then the author of the legalization for recreational marijuana bill. I learned the importance of the "three minute elevator speech" because they are incredibly busy during session. Nevertheless, I felt it the right thing to do and felt heard as a MPS member. I highly encourage you to participate in this process. The MPS council was challenged this year by Dr. Trangle for all of us to meet with our legislative representatives; I gathered up my courage and managed my trepidations (and of course called Linda Vukelich for help) and did it!

Many of you know that I am an Addiction Psychiatrist at the University of Minnesota. I have become very involved with various organizations around the opioid crisis including ICSI, the MMA, and the Minnesota Society for Addiction Medicine. Many of these patients have other psychiatric co-morbidities. To halt the uptick

of overdose deaths will require a multi-faceted approach; we can as physicians make a difference. MPS has established a policy against legalization of marijuana, recognizing the impact of marijuana on brain development in youth and the mental health consequences such as psychosis. I plan to maintain an active role in addressing this upcoming issue for next legislative session.

It is with excitement that I begin this next chapter of MPS. ■

MPS Senior Group Reports



Bill Clapp, MD, DLFAPA
Chair, MPS Senior
Psychiatrists



Over the past several years, MPS members have discussed the possibility of starting a senior group. The group has now been formally launched with meetings held on March 28 and May 2 at the downtown condo of Bill and Gay Clapp.

During our initial informal discussions, many spouses joined the conversation by asking "What about us?" As a result of their interest, our meetings will be open to both psychiatrists and their spouses or partners. So far, 15 different individuals have attended one or both meetings.

We have tentatively decided to meet from 6-8 pm on the first Thursday of each month. We are now in the process of more formally defining the role of our group, but having the opportunity to socialize with old friends and colleagues seems to be paramount.

During the meetings, we also formally discussed the challenges of growing older, including experiences in dealing with illness and retirement issues. At our last meeting, we decided to rotate the meetings through the homes of our members, primarily to get to know each other better. The next meeting will be held on Thursday, June 13 at a site to be determined.

All MPS members and their spouses/partners are free to define themselves as "seniors" and will be welcomed into the group. ■

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2019 Spring Scientific Program Poster Session

GABA Receptor Signaling Pathway Enrichment in Suicide: A Preliminary Postmortem Brain Proteomic Study – *Alejandra Cabello Arreola, MD [Winning Poster Presentation]*

Introduction: The neurobiology of completed suicide remains unknown. We aimed to identify altered proteins and biological pathways in the dorsolateral prefrontal cortex (DLPFC) of individuals who died by suicide or other causes, employing a web-based software for proteome data analysis.

Method: Postmortem DLPFC tissues from age-matched male suicide mood disorder cases (n=5) and mood disorder non-suicide cases (n=5) were compared. For all but one individual, the last documented mood state was depression. Postmortem interval and tissue pH were not significantly different between groups. Tissue proteome was detected and quantified by liquid chromatography coupled with tandem mass spectrometry. Proteins that differed between groups at false discovery rate (FDR) corrected p-values (Benjamini-Hochberg-Yekutieli). The top differentially expressed proteins are potassium voltage-gated channel subfamily Q member 3 (KCNQ3; FDR<0.001, FC=-0.481, p=2.10E-09), RNA binding motif protein X-linked (RBMX, FDR=0.006, FC=-1.152, p=5.32E-06), and adenylate cyclase 5 (ADCY5; FDR=0.006, FC=1.176, p=7.00E-06). One of the top canonical pathways enriched was the GABA receptor signaling pathway (p=0.001; Benjamini-Hochberg p=0.108), which includes two of the top proteins (KCNQ3 and ADCY5).

Conclusion: These preliminary results in proteomics support previous brain genetic expression findings involving GABA signaling in suicide completers. Further investigations with larger sample sizes are needed.

“Why do I overwhelm people?” Addressing interpersonal difficulties while addressing MDD and ADHD with the use of TLDP. – *Lyuba Megits, MD [Second Place]*

When major depressive disorder and attention deficit hyperactivity disorder (ADHD) co-occur in women, the latter can often be missed as a diagnosis and ascribed to their “extroverted and chatty” personality. ADHD diagnosed in this setting is often treated pharmacologically with good success. In this case presentation, we explore how time-limited dynamic psychotherapy (TLDP) was used to therapeutically help treat difficulties in interpersonal relationships that stemmed from a history of an invalidating childhood, coupled with intense energy that came with ADHD, and led to a cyclic maladaptive pattern of “overwhelming” others during interactions, which left the patient bewildered and feeling alone and misunderstood as to why her attempts to “help others” seemed only to push others away. Through TLDP theory and techniques, the patient was able to identify new understandings regarding her interactions and gain new experiences within therapy, which ultimately could be translated to the real world.

Frontal Lobe Epilepsy and Psychosis – *Anum Khan, MD*

Frontal Lobe epilepsy is a disease which can manifest in multiple different ways due to the vast functionality of the frontal lobe. This is a case of a 38-year old patient who presented acutely psychotic and was found to have frontal lobe epilepsy per EEG readings. This case highlights the importance of identifying secondary causes of psychosis and the possible role in neurological screening with EEG prior to final diagnosis. This case also allows us to evaluate the ethical role in treatment of patients with secondary causes of psychosis that refuse to be medically treated.

A Brief Review of Gender Minority Clients in SUD Residential Treatment – *Patrick Zhao, MD*

Gender minority (GM) is an umbrella term for the non-cisgender population. It includes transgender, gender-nonconforming, and agender clients. It is recognized that gender minority populations, like the rest of LGBTQ, contend with a higher prevalence of mental illness and substance use issues. In this review, we studied 28 consecutive cases of GM clients, who attended an American Society of Addiction Medicine (ASAM) Level 3.7 substance use residential treatment facility called Pride Institute in Eden Prairie, MN.



APA President Elect Bruce Schwartz, MD, congratulates Poster Session Winner Alejandra Cabello Arreola, MD, with MPS President Michael Trangle, MD, and Spring Program Committee Chair Rebecca Rossom, MD.



Poster Session *(continued from page 4)*

The GM clients completed an LGBTQ-Affirming Comprehensive Psychiatric Evaluation (LACPE). LACPE is a psychiatric assessment that is informed by sexual orientation, gender development, and culture. It takes approximately two and half hours to complete with a psychiatrist.

Key points:

- 1) The uniqueness of GM clients in the addiction setting such as drug of choices, co-occurring psychiatric illness, and transitioning, etc.
- 2) LGBTQ-affirming comprehensive psychiatric evaluation is person-centered care in working with GM clients.
- 3) Overrepresentation of Autism Spectrum Disorder (ASD) in GM and vice versa is observed in this study. Clinical cross-screening is high-yield and important.
- 4) Intervention: wraparound strategies.

Advancing the Current Use of Electroconvulsive Therapy in Patients with Severe Treatment Resistant Depression – *Rana Jawish, MD*

Electroconvulsive therapy (ECT) is a highly effective treatment for patients with depression who are medication resistant or have suboptimal responses to pharmacological therapy. About 85% of these patients with refractory depression improve with ECT. Despite this remarkably high response rate, ECT is underutilized in many psychiatric settings due to its stigmatized perception by patients and mental health professionals. A study of a private insurance claims database in the United States found that only 0.25 % of nearly one million patients with unipolar major depression or bipolar disorder receive ECT. There are other barriers to ECT administration such as socioeconomic status, race, and age. ECT patients are more likely to be of higher socioeconomic status, white, older than 65, and receive ECT in private-sector psychiatric facilities. In this case report, we will focus on the discrepancy in our clinical practice between the existing guidelines for ECT indications and the current use of ECT in our psychiatric facilities. We present a patient with schizoaffective disorder, chronic depression, and suicidal ideation who had poor response to psychotherapy and multiple medication trials including SSRIs, mood stabilizers, and typical and atypical antipsychotics who required multiple hospitalizations. The patient was successfully treated with ECT, showing rapid improvement in his symptoms following six therapy sessions. In this case report, we show that ECT should be considered early for patients with chronic refractory depression rather than reserved as the last therapy option. ■

Poster Session photos are posted online at www.MnPsychSoc.org.

Congratulations, Graduates!

Mayo

- Ewa Bieber, MD**, CL Psychiatry Fellowship, Mayo Clinic
Kirsten Cowan, MD, Telepsychiatry, Essentia Health, Duluth
Jesus Exposito Cespedes, MD, General Adult Community Psychiatrist, Los Angeles, CA
Elliott Handler, MD, Assistant Clinical Professor in Child and Adolescent Psychiatry, University of California
Ahmed Makhlof, MB, BCh, Outpatient Psychiatrist, Boston
Bruno Perossa, MD, Inpatient Child and Adolescent Psychiatrist, PrairieCare, Brooklyn Park, MN
John Powers, MD, Outpatient Psychiatrist, Psychiatry Residency Faculty, Billings Clinic, Billings, MT
Reem Shafi, MBBS, Inpatient/Outpatient Psychiatry, Australia
Laura Suarez, MD, CL Psychiatry Fellowship, Mayo Clinic
Nicholas Allen, MD, Hospitalist, Mayo Clinic Psychiatry
Alejandra Cabello Arreola, MD, Private Practice, Mexico
Sohail Mohammad, MBBS, MPH, Community Psychiatry
Daniela Rakocevic, MD, Addiction Psychiatry, Chicago, IL

University of Minnesota

- Rana Elmaghraby, MD**, Child and Adolescent Psychiatry Fellowship, UMN, Minneapolis, MN
Katie Ellen Steen, MD, VAMC Faculty, Minneapolis, MN
Lyuba Megits, MD, Training in Psychoanalysis
Scott Stephen Kunce, MD, TBD
Elizabeth Crow, MD, MPH, Park Nicollet, St Louis Park, MN
Ozra E. Nobari, MD, Child and Adolescent Psychiatry Fellowship, UMN, Minneapolis, MN
Alexandra Glenn Hartley, DO, Inpatient Psychiatry, MHealth/Fairview, Minneapolis, MN
Benjamin Gerndt Otopalik, MD, Forensic Psychiatry Fellowship, Minneapolis, MN
Madhu Rao, MD, MS, TBD
Alexander Herman, MD, PhD, UMN Psychiatry Faculty

Hennepin-Regions

- Alissa Bauer, MD**, Collaborative Care Psychiatrist (Outpatient) Fairview, Brooklyn Park & Elk River, MN
Bradleigh Dornfeld, MD, Forensics Fellowship, University of Michigan, Ann Arbor, MN
Peter Mayer, MD, OutpatientHealthPartners West Clinic, St Louis Park, MN
Randy Neil, MD, West Florida Behavioral Hlth, Pensacola, FL
Ali Samikoglu, MD, Adult Psychiatry, Park Nicollet, Maple Grove and Inpatient Consult Service, Methodist Hospital



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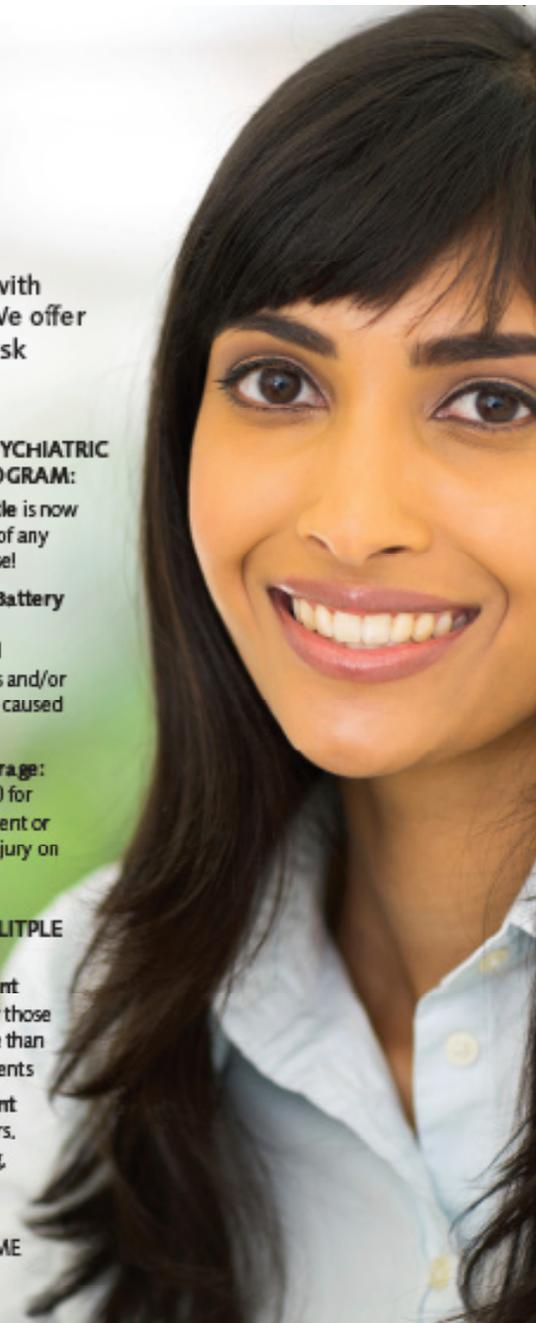
ANNOUNCING NEW ENHANCEMENTS TO THE AMERICAN PSYCHIATRIC ASSOCIATION PSYCHIATRISTS' PROFESSIONAL LIABILITY PROGRAM:

- **Defense Expenses related to Licensing Board Hearings and Other Proceedings:** Increased Limit to \$50,000 per proceeding with NO annual aggregate (higher limits are available up to \$150,000)
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- **Medical Payments Coverage:** Increased limit to \$100,000 for Medical Payments to a patient or client arising from bodily injury on your business premises

IN ADDITION WE CONTINUE TO OFFER THE FOLLOWING MULTIPLE PREMIUM DISCOUNTS:

- **50% Resident-Fellow Member Discount**
- **Up to 50% New Doctor Discount** (for those who qualify)
- **50% Part Time Discount** for up to 20 client hours a week or less
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BINGE EATING runs deeper than food

"Why Can't I Stop Eating?" is likely a question that many patients ask themselves. Many patients won't mention eating problems during a visit as they are most likely embarrassed about overeating. They may reference food concerns casually, waiting to see if you will follow-up.

Choices Psychotherapy offers a program that can help: **DBT for Binge Eating**. This individual and group therapy is specifically designed to treat people with Binge Eating Disorder.

Ask your patients, "Do you find yourself eating quickly, in secret, or beyond a sense of fullness?" and "While you are overeating do you feel you've lost control and can't stop?" Simple questions can help you determine whether your patient may have Binge Eating Disorder.



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Congratulations Corner

Dr. Colin Wendt, UMN PGY1: 2019 APA/APA Foundation Child & Adolescent Psychiatry Fellowship

Dr. Laura Sloan, UMN PGY2: 2019 APA/APA Foundation Public Psychiatry Fellowship, and Midwest Chapter of American Academy of Psychiatry & the Law Margolis Award (to pursue forensic psychiatry training)

Dr. Ozra Nobari, UMN PGY3: 2019 APA/APA Foundation Diversity Leadership Fellowship

Dr. Laura Pientka, UMN Geriatric Fellow: American Association of Directors of Psychiatry Residency Training (AADPRT) George Ginsberg Fellowship acknowledges the excellence and accomplishments of educators and outstanding residents interested in education and teaching who are pursuing careers as clinician- and/or academic administrators

Dr. Jimmy Wang, UMN PGY3: MNDrive Fellowship in Neuromodulation, the Discoveries through Industry Partnerships award ■

University of MN Fellowship in Neuromodulation Medicine

The University of Minnesota Medical School recently established an innovative one-year multidisciplinary subspecialty fellowship program in Neuromodulation Medicine. Participating departments include neurology, neurosurgery, psychiatry and rehabilitation medicine. The program is non-ACGME accredited, and is funded through the Discoveries and Treatments for Brain Conditions area of the Minnesota Discovery and Innovation Economy (MnDRIVE) initiative.

The main goal of the fellowship is to provide the opportunity to develop the expertise necessary to evaluate and manage patients with neuromodulation-amenable disorders using specialized procedures and techniques. It is the intent of the U of M Neuromodulation Medicine training program to develop neurology, neurosurgery, psychiatry and rehabilitation medicine specialists into competent, independent neuromodulation subspecialists. Fellows will receive extensive training in the use of neuromodulation for clinical evaluation, treatment and rehabilitation across a wide range for modalities, with emphasis on the specialty of the trainee. Fellows are expected to rotate in all disciplines and be involved with research.

Applications are being accepted for this new and innovative program. For more information about the fellowship, please contact the program's coordinator, Kayla Kranitz at kranii006@umn.edu. ■

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C A L E N D A R

Minnesota Welcomes New Psychiatry Residents

University of Minnesota:

Lindsey Colyer, MD

Rebecca Grossman-Kahn, MD

Rachel Kay, MD

Jacques Maxwell, MD

Mary Okafo, MBBS

Tolulope Odebunmi, MBBS

Kanjani Shukla Bajgain, DO

Christina Warner, MD

Justin Garcia, MD, MS (PGY-2)

Hennepin-Regions:

Eric DeRocher, DO

Taru Dutt, MBBS

Farzan Fatemi, MD

Jonathan Hawkinson, MD

Donald Kennedy, MD

Theodore Klimek, MD

Akshaya Selvamani, MD

Daniel Volovets, MD

Mayo:

Sawyer Berrett, MD

Julie Christensen, MD

Laura Duque Serrano, MD

Yuliang Hu, MD

Michelle Linke Shafa, MD

Natalia Luna Andrade, MD

Vanessa Neal, MD

Maureen Shelton, MD

Chris Wang, MD

Wednesday, July 10, 2019, 6:30-8:30 pm
MSCAP Dinner Meeting, Special Guest: **Senator Roger Chamberlain** Traverse Counseling, 1000 Shelard Pkwy, #220, St Louis Park, MN L.Vukelich@comcast.net, 651-278-4241

Thursday, July 18, 2019, 6:00-8:00 pm
MPS Council Social Event for Members on the patio at Moscow on the Hill, 371 Selby Ave, St Paul RSVP L.Vukelich@comcast.net

Saturday, July 20, 2019, 9:30am-12pm
MPS Women Psychiatrists Brunch Hosted by Dr. Diana Pandey, Minneapolis, MN Call 407-324-9335 or email dianampandey@gmail.com to RSVP. Babysitting available!

Saturday, September 14, 2019, 9am-12pm
MPS Council Meeting (*members welcome!*) PrairieCare Institute, 1934 Hennepin Ave, #300, Minneapolis, MN 651-278-4241

Ideas of Reference Editor Changes

MPS thanks Dr. Allison Holt for her dedication and leadership as co-editor since her debut issue in January of 2011. We are especially grateful that she is moving on to serve as our President-Elect!

We welcome Jimmy Wang, MD, a PGY3 at the University of Minnesota and a member of the new MPS Communications Committee. Dr. Wang brings his remarkable discipline, organization and attention to detail to this role.

Matt Kruse, MD, has served as co-editor since 2014, and will generously share his experience with Dr. Wang; you can count on continued quality and readability.

Members are encouraged to share news and input! All are welcome to join the conversation! ■

MPS Spring Meetings (continued from page 1)

tal; NAMI Minnesota Executive Director Sue Abderholden, MPH; and Hennepin Health Psychiatrist J.J. Rasimas, MD, PhD, FAPM. The session concluded with a commitment to collaborate in promoting public education and awareness about suicide and to effectively address this issue moving forward.

The Annual Recognition Dinner featured award presentations to honored guests. Our award winners were featured in the last issue of this newsletter, and photos are available on the MPS website. The evening capped off on a high note with our keynote presentation from APA President Elect Bruce Schwartz, MD, DLFAPA. Dr. Schwartz outlined his vision and focus as APA President. He began his term May 20 at the APA Annual Meeting. ■

Spring Meeting photos are posted online at www.MnPsychSoc.org.