



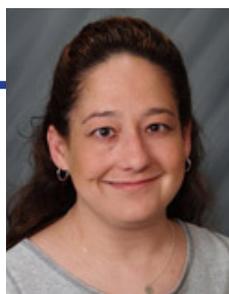
# Flight of Ideas

A Publication of the Nebraska Psychiatric Society

## A Message from the President

It's a true honor to be acting as your new NPS President, and I hope you will feel PERSONALLY encouraged to **reach out to me anytime** to visit about anything we can do at NPS to help you feel connected. I have included my contact information below and hope to hear from you soon!

We have lots going on at NPS currently, as we work on our “re-brand” and get our new Executive Board up to speed. We are currently in the process of **appointing some new officers** to help with specific roles and **would welcome any volunteers** if you would like to become more involved. One of my biggest goals for our organization over the next few months is to try to **engage more of our membership** in meaningful and active ways—and to **increase our visibility as psychiatrists among our medical colleagues**. To this end, I am encouraging all of you to take the time



**Chelsea Chesen, M.D.**

to join your local medical organization (for example, in Omaha, the Metro Omaha Medical Society, or MOMS) and the Nebraska Medical Association (NMA). Now more than ever, it is critical that we unite with our fellow physicians as we face continued challenges from psychologists who want to practice medicine without adequate education and training, and because our non-psychiatric physician colleagues need our expertise to help optimize care for our State's patients.

In the spirit of joining forces with our non-psychiatric physician colleagues, I have had the opportunity to chair a MOMS Task Force this year to focus on addressing physician burnout and suicidality.

As psychiatrists, I believe we have a unique perspective and skill set to offer on both fronts. To this end, I thought I'd share a couple of quick reads that were published in the Metro Omaha Medical Society Physicians Bulletin (July 2016):

- Burnout: The Real “B”-Word *see page 2*
- Doctor's in Psychiatric Crisis: When it's Not Just Burnout *see page X*

I hope you will find them thought-provoking and will consider joining us in Omaha in October for our “anti-burnout” events!

Medicated and motivated,  
**Chelsea Chesen, MD FAPA**  
 cchesenmd@icloud.com  
 text 402-201-3096

## EVENTS CALENDAR

Fall Membership Mtg - TBA

**Oct 5:**  
 Grand Rounds (CUMC)  
 at UNMC

**Oct 13 @ 5:30pm:**  
 Monthly Executive Mtg  
 MOMS-7906 Davenport

**Oct 19:**  
 Grand Rounds (CUMC)  
 at UNMC

**Oct 24-29:**  
 AACAP Annual Meeting  
 New York, NY

**Nov 2:**  
 Grand Rounds (CUMC)  
 at UNMC

**Nov 9:**  
 Grand Rounds (UNMC)  
 at UNMC UNMC

**Nov 10 @ 5:30pm**  
 Monthly Executive Mtg  
 MOMS-7906 Davenport

**Dec 1:**  
 Newsletter Deadline

**Dec 14:**  
 Grand Rounds (UNMC)  
 at UNMC

**Dec 15 @ 5:30pm**  
 Monthly Executive Mtg  
 MOMS 7906 Davenport



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## BURNOUT: The Real “B”-Word

*By Chelsea Chesen, MD*

I know what you're thinking already. You really don't want to hear about how your colleagues are all burning out around you. You don't need to read stories that remind you of your own struggles or near flame-outs in the past. And since when does reading about burnout offer any real solutions? Maybe you did what I did a few months ago and looked at the AMA's website and their “modules” to beat physician burnout. I literally-face planted into my hands when I clicked on the steps to combat burnout—“form a committee to evaluate physician wellness.” Seriously? So many of the resources made available to us are absurd in their patronizing tone and worthless suggestions, it's no wonder that so many of us as doctors see little to no light at the end of the tunnel.

We already know what burnout is—some call it “compassion fatigue.” On bad days some call it “our collective destiny.” Its feeling crushed by the never-ending list of impossible-to-meet demands on your plate each day. The patients, the prior authorizations, the school loan payments, the deadlines, the charting, the hassle of arranging someone to cover, the pile of mail and lab results waiting for your response, the guilt about missing your kid's game (again), the phone messages and emails, the letter of recommendation you promised to write, those &\*\$-ing MOC requirements, the realization that you're not going to make it out of the hospital or clinic in time to drop your car off to be serviced tonight, etc. etc.

There's not enough of you to go around. You're expected to do more with less. Everywhere you look there is someone arguing that a midlevel can do what you can do better than you and for less. The popular press is full of critical articles about physicians making mistakes and patient satisfaction and how physicians are in bed with the pharmaceutical companies and how vaccines will cause armageddon to come and how yet another class action lawsuit regarding a medication or implant that you use every day in your practice is coming

your way. Even the medical students and residents are overwhelmed. They are burned out, they say, even with limited duty hours which the old-timers like me assumed would protect them from such misery.

So what's a doc to do? I mean, REALLY do? Here at MOMS, a brave little band of brigadiers\* (otherwise known as the Task Force on Physician Burnout) and our wonderful staff have been working behind the scenes to try to help each of you answer that question. Here's what we have lined up for you as MOMS Members and stakeholders:

1. This Bulletin devoted to physician burnout, wellness, resiliency, and related topics including physician suicide prevention.
2. An upcoming dinner for physicians and their spouses/significant others featuring “The Importance of Work-Life Balance and Lowering Stress”. The evening is scheduled for Thursday, October 20th and is sponsored by MOMS Platinum Partners – Core Bank and Foster Group. (See the ad page XX for more information)
3. An upcoming CME opportunity at the MOMS Leadership Institute for Health Care Professionals: Survive & Thrive – Tactics to Excel in Medicine and Life. We hope you will make the selfish and healthy decision to join us on Friday, October 21st! This session is open to all health care providers, team leaders and administrators. (See the ad page XX for more information)
4. Coming very soon: an online burnout evaluation tool you can access with actual referrals to expert care as well as solution-focused resources that are completely PRIVATE.
5. The promise that we CARE about all physicians and those who love them, and that we will make physician self-care a sustained priority as an organization. We will actively challenge the stigma that surrounds physicians who are struggling and need support, and we will do our best to take care of our own.

For anyone who is already interested in a self-help resource that is excellent and in workbook format, I would refer you to the wonderful 2014 book by Dike Drummond, MD, *Stop Physician Burnout; What to Do When Working Harder Isn't Working*. Dr. Drummond will be the featured presenter at both the October 20th dinner and the October 21st Leadership Institute – catch a sneak peek at [www.thehappynd.com](http://www.thehappynd.com).

A wise attending once told me that I should make it a priority today to save some of myself for myself, or there would be nothing left for my patients or myself tomorrow. The idea that we only have a finite amount of energy or spirit in a given day should not be so hard to comprehend. But those of us who have successfully run the gauntlet to become physicians are well-practiced in the dark arts of self-denial, martyrdom, narcissism, masochism, pathological altruism, workaholism, and delayed gratification. We were systematically rewarded for stretching ourselves to the limit and always trying harder to be good enough, and we learned that we had to prove we had earned sleep, relaxation, and fun. This mindset is something we must fight. Our survival depends on it. Each of us must commit to putting our own health and well-being right up there on the priority list, and the rest will follow. We are experts at caring for our patients, so it follows that we can also become experts at caring for ourselves and each other.

Medicated and motivated,

Chelsea Chesen, MD FAPA  
 President, Nebraska Psychiatric Society  
 Chair, MOMS Physician Burnout Task Force  
 ABPN Board Certified General Psychiatrist

### **BAND OF BRIGADIERS (Physician Burnout Task Force members)**

James Canedy, MD  
 Gary Gorby, MD  
 JoAnn Schaefer, MD  
 Ed Truemper, MD  
 Steven Wengel, MD

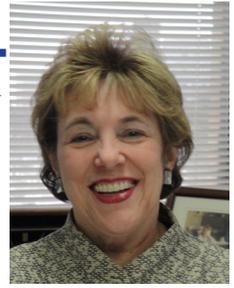
The 2017 Nebraska Legislature will be in session before we know it. It will be the “long” session compared to the shorter one which ended this spring. Key issues which will continue to be in the forefront are Corrections infrastructure and reform, declining

State revenues, and debating budget requests for the 2017-2019 biennium. It remains to be seen whether bills will be re-introduced concerning affordable health care coverage for Nebraska’s nearly 100,000 low-income working citizens, or for the needs and/or rights of our

state’s approximately 43,000 undocumented immigrants.

You may recall that a small group of local doctoral level psychologists in 2014 attempted to have Nebraska’s technical standards revised so they could begin the process to gain psychologist prescribing privileges. They withdrew their application for a change in the standards in the spring of 2015, likely due in part to strong testimony against the proposal by several NPS members. The APA has provided support to our district branch to continue to resist future efforts, including retaining the services of a local lobbying firm. We need to be vigilant because in May our neighboring state of Iowa became the fourth state to enact legislation allowing specifically trained psychologists to prescribe. This was despite opposition from Iowa Psychiatric Society and the APA, occurring in a state in which Iowa’s advanced practice nurses have independent prescribing privileges that Nebraska’s APRNs just gained in 2015. A recent article in *Psychiatric News* reported that Iowa’s legislative process occurred against a backdrop of turmoil in its mental health payment system.

There are various details to be worked out in Iowa before psychologists can prescribe, including educational and training standards which have to be jointly agreed upon by Iowa’s boards of medicine and psychology. While New Mexico (2002) and Louisiana (2004) passed prescribing bills which have been fully implemented, similar 2014 Illinois legislation has not yet been operationalized. Once psychopharmacological training is delineated for Iowa, prescribing psychologists would have to practice under the supervision of a physician



**Beth Ann Brooks, M.D.**

## Lasting Hope Annual Conference Supported Employment

Wednesday, September 21, 2016

Mike and Josie Harper Center • Creighton University Campus  
602 North 20th St • Omaha, Nebraska

### Designed For:

Physicians, Nurse Practitioners, Physician Assistants, Psychologists, Nurses, Licensed Mental Health Practitioners, Social Workers, Public Health Professionals, Fellows, Residents and Students

### Provided By:

Creighton University School of Medicine  
Creighton University Department of Psychiatry  
Creighton University Health Sciences Continuing Education

### In Collaboration With:

CHI Health Lasting Hope Recovery Center  
Region 6 Behavioral Healthcare  
Nebraska Department of Health and Human Services, Division of Behavioral Health  
University of Nebraska Department of Psychiatry  
Behavioral Health Education Center of Nebraska

### Purpose:

The Lasting Hope Annual Conference is an educational program dedicated to improving the lives of persons with serious mental illnesses and addictions through the dissemination of best practices, emerging innovation and quality improvement in care delivery. The program is open to the public, with a focus for providers.

### Objectives:

At the end of this program, the participants should be able to:

- Describe the evidence base for supported employment as a treatment modality for persons living with serious mental illness
- Outline the policy and financial structures required to maintain supported employment services in behavioral clinic settings
- Formulate training requirements necessary for the establishment of a new supported employment program
- Report on existing supported employment services in Nebraska
- Identify barriers to implementation of supported employment programs and strategies to overcome those barriers

Category 1: Creighton University Health Sciences Continuing Education designates this live activity for a maximum of 6.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in this activity. AAPA accepts AMA category 1 credit for the PRA from organizations accredited by ACCME.

<https://2016lastinghopeconference.eventbrite.com>

Continued on page 4.

## *Psychiatrists Are the Most Important Weapon in the Battle Against the Opioid Epidemic*

The use of opioid analgesics is currently considered an epidemic that requires a closer look from medical professionals, psychiatrists in particular. In Nebraska in 2014, the number of opioid analgesic related deaths numbered 125 people. That equates to a Nebraskan dying of an opioid overdose every 3 days. During the same year, across the country, opioid analgesics claimed 28,647 people. That is close to 40 deaths each day nationally. Because of the comorbidity of Opioid Use Disorder and other psychiatric disorders, our patients are uniquely affected.

According to Substance Abuse and Mental Health Services Administration, people with mental health disorders are more likely to experience substance use disorders than people without mental health issues. The consequences of undiagnosed, untreated, or undertreated co-occurring mental health disorders can lead to a higher likelihood of experiencing homelessness, incarceration, medical illnesses, suicide, or even early death. Patients with co-occurring disorders are best served through integrated treatment. With integrated treatment,

practitioners can address mental and substance use disorders at the same time, often lowering costs and creating better outcomes. (SAMSHA, 2016)

Because of the co-occurring nature of these health problems, psychiatrists are in a unique position to treat them. That is why mental health specialists, in particular psychiatrists, above all other medical practitioners, have the greatest potential to improve patient outcomes. It is important to remember that substance use disorders are medical illnesses, not moral failings, not insufficient willpower and not character flaws. Sadly, even some treatment professionals buy into these myths, to our patient's detriment. Psychiatrists need to be steadfast in treating patients with dignity and respect, and in working to use evidence based practices to help improve our patients' lives. As a profession, we need to use proven treatments, like medications, CBT, DBT, family therapies, and individual therapies to address specific mental health diagnoses and substance use disorders.

When treating Opioid Use Disorder, the treatment of choice is

Buprenorphine/Naloxone. It consistently has the best outcomes and the best evidence. It is not a "medication assisted treatment," it is the evidence-based treatment.



**Cynthia Paul, M.D.**

Buprenorphine/Naloxone can be safely prescribed in an outpatient setting. A comprehensive program requiring consistent visits, urinalysis, pill counts, and one-on-one psychotherapy can help patients get their life back. Recently, a great stride was made in addiction treatment when the patient limit for Buprenorphine/Naloxone was raised from 200 to 275. In an article from the American Society of Addiction Medicine Dr. Jeffrey Goldsmith was quoted as saying: "For too long, addiction specialists like me have had to turn patients in need away from treatment that might save their lives, not because we don't have the expertise or capacity to treat them, but because of an arbitrary federal limit,"(ASAM). I encourage more psychiatrists to undergo the training to prescribe Buprenorphine/Naloxone to help our patients with Opioid Use Disorder. For more information on Buprenorphine/Naloxone training can be found at the following link:

<http://www.aaap.org/education-training/buprenorphine/resources/buprenorphine-physician-training>

*Dr. Cynthia Paul runs a comprehensive Buprenorphine/Naloxone program at The Coeur Group in Omaha, NE. If you have questions about the program, or Buprenorphine/Naloxone treatment in general, you may email Dr. Paul at [cynthiajpaul@thecoeurgroup.net](mailto:cynthiajpaul@thecoeurgroup.net)*

### *Legislative Update (cont'd)*

(not necessarily a psychiatrist) for two years in a conditional status before they could apply for independent prescribing privileges. Akin to Illinois' legislation, Iowa psychologists will be limited in whom they can prescribe for (e.g., only non-pregnant patients age 17-65, those who do not have serious medical disorders).

A current issue affecting Nebraska's Medicaid and CHIP recipients involves changes in the managed care organizations (MCOs) that will be available to those patients for their physical and behavioral health needs in addition to pharmacy benefits as

of January 1. Providers are signing contracts with the MCOs, and patients will be enrolling in the fall. There are certain to be glitches in some of the associated bureaucracies, so stay tuned!

-Beth Ann Brooks, MD  
Legislative Chair

## Doctor's in Psychiatric Crisis: When It's Not Just Burnout

*By Chelsea Chesen, MD*

It is unfortunate but likely that each one of you reading this article knows at least one physician who has died from suicide. It happens every day. Literally. In the U.S., there are reportedly 300-400 physician suicides per year. Every year, it takes up to four medical schools to graduate the number of docs we lose to suicide. It's an epidemic that has been written about extensively in both the popular press (The Daily Beast, The New York Times) and by bloggers (most notably Kevin.MD writer Pamela Wibel, MD). In June of this year, Medscape updated their column on physician suicide, which interestingly points out that physician suicide rates have not changed significantly in the U.S. over the past 35 years and that physician suicide rates are similar across all cultures. One thing is clear, when physicians attempt suicide, they rarely fail.

Much has been written about the risk factors for suicide in doctors, but suffice it to say that ultimately most doctors who die from suicide are people who suffer from treatable psychiatric illnesses. Becoming a physician obviously does not make one immune to any illness, psychiatric or otherwise, especially in those who are genetically predisposed to suffer. In addition, the particular stresses of education, training, and medical practice clearly create challenges even for the most healthy and genetically blessed among us. For a physician predisposed to affective disorders, addiction, or anxiety, the intense pressures unique to medicine including sleep deprivation, traumatic experiences that we inevitably encounter on-service and our culture of workaholicism can all become catalysts for psychiatric crisis.

Physicians struggling with psychiatric symptoms or burnout usually already have a lot of sophisticated coping skills and a high level of baseline functionality, making it likely that problems must escalate significantly before the doctor gets to a point

where he/she finds things to be personally unmanageable. And even though we are taught that we should not treat ourselves, I have yet to meet a physician who has not done so (myself included), whether it is for a medical or psychiatric issue. Well-meaning physicians who try to diagnose and treat their own psychiatric problems (or those of their physician spouses) are usually too close to the mirror to see clearly, further delaying what would likely be more effective treatment administered by another doc. Self-medication with prescription drugs, alcohol, or other agents often becomes problematic. Other behaviors such as gambling, shopping, eating disordered behaviors, and even hair pulling or skin picking, are frequently experienced by physicians seeking treatment. And nearly all physicians with any significant psychiatric illness acknowledge the classic signs and symptoms of burnout, and most struggle to complete administrative tasks such as charting and are frequently absent from or late to work.

To compound these difficulties, physicians in crisis tend to isolate so as to avoid detection by peers or coworkers for fear of being judged as "impaired." We fear being reported to our licensure boards, training directors, or our hospital administrators. As docs, we are reminded at every turn that we are the experts, that we do the diagnosing and treating, and most of us would prefer to avoid the patient role for ourselves altogether. Finding time to be a patient is also a soul-sucking experience for the busy doc, as is finding a doc to see who is not part of one's "work world." These factors lead many docs to curbside a colleague or friend for "help." Again, while we are taught not to do so, most of us will admit that we have either written a prescription for a doctor friend or have asked a doctor friend to do so for us. This too puts the doctor in a precarious position to not be able to fully rely on another for management. And, for the doctor with an addiction issue, it goes without saying that finding group support

becomes anything but anonymous, when one walks into a 12-step meeting and is greeted by a handful of his/her patients.

In my private psychiatric practice, I have had the rewarding opportunity to work with many practicing physicians (and trainees) as patients. They are brilliant, motivated, insightful, inspiring, resourceful, and they have suffered greatly. Their diagnoses include OCD, PTSD, panic disorder, generalized anxiety disorder, eating disorders, major depression, bipolar disorder, and substance use disorders. Most of them initially present to me "nonurgently"—many text me or email and say they wonder if we could just meet up to visit for a couple minutes because they have a few questions. They fear becoming "one of those patients" that is difficult, needy or demanding. They apologize a lot. And nearly every one admits they have strongly considered suicide. They are adamant that they want to be in control. And they are treatable. So treatable.

If you or any loved one, physician or not, is having thoughts of self-harm, please call SOMEONE. There is nearly always something that can be done to solve a problem or alleviate suffering other than suicide. Suicide is usually a permanent solution for a temporary problem.

**Lasting Hope  
Recovery Center  
Help Line  
(Omaha, NE):  
1-800-523-7294**

**National Suicide  
Prevention Hotline:  
1-800-273-8255**

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*for Health Care Professionals*

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### GENERAL SESSION

**“Burnout-Proof:**

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*Featuring renowned author Dr. Dike Drummond*

### BREAKOUT SESSIONS:

For Clinic Managers, Team  
Leaders & Administrators:

**“Increasing Physician  
Engagement &  
Collaboration”**

*Featuring Dike Drummond, M.D.*

For Health Care Providers:

**“The Shrinking Hippocampus:  
the Neuroscience of Burnout”**

*Featuring Steven Wengel, M.D.  
Chairman, UNMC Psychiatry Department*

**Plus Peer Group Discussions**

### GENERAL SESSION

**“Identifying Your Change Demons”**

*Featuring Judy Mitchell, MS, SPHR, SHRM-SCP, MSOL  
Director, Organizational Development  
at Blue Cross and Blue Shield of Nebraska*

The Nebraska Methodist Hospital designates this live activity for a maximum of **4 AMA PRA Category 1 Credits(s)**<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of Nebraska Methodist Hospital and the Metropolitan Omaha Medical Society. The Nebraska Methodist Hospital is accredited by the Nebraska Medical Association to provide continuing medical education for physicians.

**Friday, Oct. 21 • 12:30 - 4:30 P.M. • Omaha Marriott (Regency)**

**Event open to anyone affiliated with health care or practice management.**

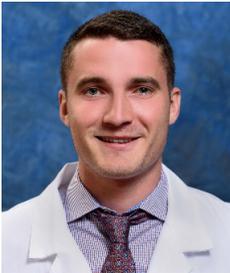
**MORE INFORMATION & ONLINE REGISTRATION AT [WWW.OMAHAMEDICAL.COM](http://WWW.OMAHAMEDICAL.COM)**

## 2016/2017 Incoming Psychiatry Residents



**Myles Antonioli** was born in Montana and is currently living in Portland, Oregon. He has had many diverse and unique experiences in health care before starting medical school, beginning with his enlistment into the Army soon after September 11th, where he was trained as a combat medic as well as a Licensed Practical Nurse. He had one year-long deployment, where he worked in the ICU

of the largest combat hospital in Iraq, and was awarded a Meritorious Service Medal and an Army Commendation Medal for the duties he performed. While earning his undergraduate degree, Myles continued to work as a nurse at his local county detention center, where he was put in a leadership position. While in medical school, Myles has done psychiatry research working with fMRI. He enjoys volunteering with various veteran based organizations and in his free time Myles is an avid outdoorsman, fly fisherman, and chef.



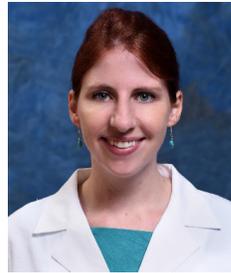
**Tyler Curry** was born in Columbus, NE; did his undergraduate studies at Iowa State, majoring in Biology. There he served as a laboratory teaching assistant in the Iowa State Genetics Department. He also worked in the Iowa State University Microbiology Department as a lab tech. He attended medical school in Arizona. Describes his path to medical school and psychiatry as a personal journey that

began with tragedy (brother killed by drunk driver at age 17; mother subsequently suffered from depression.) Feels he is/will be in a position to help people. Has interest in child psychiatry and practicing in a rural setting. His family still lives in Columbus. Tyler says he will play almost any sport, but especially enjoys soccer, basketball, football, volleyball, swimming and golf. Self-described as “very social”, he enjoys going out to dinner or grilling with friends. His favorite new hobby is being “Uncle Tyler” to a 3-year-old niece and 1-year-old nephew.



**Amelia Durling** hails from Corvallis, Oregon and spent her first two years of medical school in Guadalajara, Mexico. She says of this experience, “it was one of the most rewarding two years of my life, and I enjoyed the challenge.” There she was immersed in local communities and was witness to the challenges of providing healthcare in a densely populated and socioeconomically challenged setting. She is

fluent in Spanish. She spent her last two years of medical school in the Caribbean at Avalon University. Avalon offered stateside rotations and she quickly saw many of the same challenges in our own country that she witnessed in Mexico. Amelia is interested in pursuing child and adolescent Psychiatry, and sees the advantage of double board certification (adult and C&A) in order to continue care with patients from a young age into adulthood.



**Alyssa Hickert** – Alyssa attended Gonzaga University for undergrad; majored in English Literature and minored in Biology. Began medical school at Creighton, earned the Dr. Peter and Annette Townley Family Endowment Scholarship (awarded for continuing Jesuit education); and the Frederick J. De La Vega, M.D. Scholarship (awarded for distinguished record of academic

achievement coupled with demonstrated financial need). Alyssa is an active volunteer at the Magis Clinic, Project CURA – (Creighton United in Relief Assistance) and provided medical care to underserved populations in India, and numerous others. She has actively participated in research, and is first author on a published article. She currently serves as the Co-editor for the Wellness Chronicle, a quarterly newsletter written and published by medical students for the purpose of promoting student health and wellness. Alyssa enjoys reading, cross-country running, downhill skiing, scuba diving and all outdoor activities. She is a Colorado native and spent several years in Washington State.



**Siva Sundeepp Koppolu** – Siva is a 2007 graduate of Narayana Medical College in Nellore, India. After earning his MBBS there, he began working as a resident medical officer at a hospital near his home town. He soon felt that he needed to find a place to practice medicine that is evidence-based and patient centered.

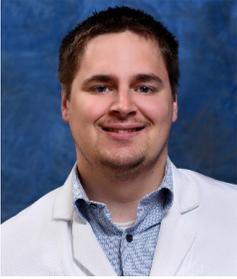
He came to the US from a modest background and limited financial support. He worked as an Emergency Medicine physician and also continued his education as an observer/researcher at Beth Israel Medical Center. He became involved in several research projects. He also studied psychotherapy and psychoanalysis—and has enrolled as a student in psychoanalysis programs. He will earn a MS in Clinical and Translational Sciences from Creighton University in May, 2016. Siva enjoys spending time with family members, hanging out with friends, watching movies, tennis, Formula 1 racing, football, and cricket. He states that cooking is “therapeutic” for him.



**Erin Ranum** – Born in Idaho; she completed undergrad at Montana State University where she received her BS in nursing in 2010. Working the night shifts as an RN at a nursing home in Boise, she developed a love for psychiatry and of the elderly. Came to UNMC for medical school; spent 2 months on a family medicine rotation in rural Nebraska

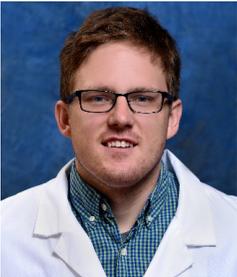
and describes this as a great experience—working with patients who would benefit from someone like her sitting down and listening to them. Extensive volunteer service; EMPOWER (individuals who have suffered domestic violence), mentoring high school students interested in science, student clinic in the continuity division, and several others. Erin has been described as “well-rounded with an engaging personality.” She is currently training to run in a half marathon; and loves spending time with family.

## 2016/2017 Incoming Psychiatry Residents (cont'd)



**Ben Rowley** – Originally from Nebraska; Ben completed his undergraduate education at UNL. During his time at UNMC he has been a very active participant in campus and community projects including student interest groups and student run clinics. Ben spent 8 weeks on a Family Medicine Preceptorship in Neligh, Nebraska and was very highly praised for his work in that environment. After M1

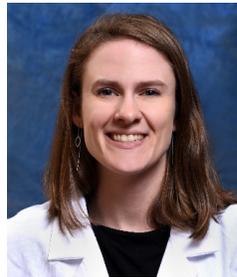
small groups, Ben noticed a common theme – patients struggled to find a doctor they felt comfortable with. He created a web site, [www.webmed.org](http://www.webmed.org) for the purpose of helping match patients with physicians that meet their social and cultural needs. Ben is the recipient of two medical school awards: Dave and Freda Wolf Scholarship and the Drs. Archer S. and Leone McMillen Scholarship. He is/was involved in several volunteer experiences during medical school—Psychiatry Interest Group, M4 Ambassadors, M2 Buddy Program, High School Alliance (M1-M3 years; taught high school students anatomy, radiology and pathology.) Before medical school he worked at the Truhlsen Eye Clinic and at Cardinal Health in Lincoln, Nebraska. He has many hobbies and interests – traveling, anything “outdoorsy” (camping, hiking, skiing), web design, reading, or taking his dog for a run. He also enjoys playing guitar.



**Jacob Tooley (“Jake”)** – A Nebraska native whose father and grandfather own and operate a few independent, rural pharmacies in central Nebraska. Jake did his undergraduate work at Nebraska Wesleyan, studying Biology and Chemistry, and continued graduate work in Biomedical Sciences at Kansas City University of Medicine and Biosciences. He entered

medical school at that institution in 2012, and will receive his D.O. in May 2016. While in medical school, Jake was involved in extra-

curricular service activities. His volunteer work includes DO Care, which involves medical mission work, the Cliffhanger Run, the We Care Beautification Day, DO Day on the Hill where he met with federal legislators to discuss medical issues, and Score 1 For Health program, which provides health screening services for at-risk youth in the urban core. Jake is a die-hard Husker football and Liverpool soccer fan. He enjoys spending time with his wife and their schnauzer Annie. He and his wife welcomed their first child, daughter Maura, on Halloween 2015. He stays active by playing competitive sports such as soccer, basketball and flag football. He enjoys sci-fi novels and movies, especially those in the Star Wars universe. Likes live music and travelling when the opportunity presents itself.



**Elizabeth Penner** – Elizabeth is joining our program as a PGY II resident. She began medical school in 2008 at UNMC, and took a year leave of absence to pursue a MPH degree at Harvard. She returned to UNMC and earned her M.D. in May 2013. She matched in Internal Medicine at New York Presbyterian Hospital-Weill Cornell and spent two years in that program before a change of heart led her to leave Internal Medicine and return to

Nebraska, her home, in hopes of pursuing a psychiatry residency. Elizabeth has a great deal of research experience dating back to 2006, and is published in *The American Journal of Medicine* and *European Heart Journal*. Since returning to Omaha, she has been involved in research at Boys Town. Elizabeth enjoys reading, traveling, hiking, yoga and dogs.