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Oklahoma Psychiatry

July, August, September 2021

On Renaming the OPPA Medical Student Award

Tessa Manning, M.D., Alyxandra Bui, D.O., Andrew Liew, M.D., Joseph Michie, M.D., Crystal Obiozor, M.D., and Ashley Walker, M.D.

In June of 2020, the American Psychiatric Association (APA) made a commitment to address structural racism as a top priority for the organization and formed the APA Presidential Task Force to Address Structural Racism Throughout Psychiatry.¹ The Task Force is charged with many objectives, including “developing achievable and actionable recommendations for change to eliminate structural racism in the APA and Psychiatry now and in the future.” The Task Force formation was in response to many recent events, including barbarous treatment of unarmed Black people by law enforcement officers and an increasing awareness of how systemic racism negatively affects multiple psychosocial determinants of health for marginalized groups. Many medical organizations, including the American Medical Association (AMA) and the APA, have responded by denouncing racism and vowing to increase diversity, equity, and inclusion in organized medicine.² Additionally, on January 18, 2021, the APA Board of Trustees issued an apology to its members, patients, their families, and the public for “enabling discriminatory and prejudicial actions within the APA and racist practices in psychiatric treatment for Black, Indigenous and People of Color”.³



Tessa Manning, MD

As part of these efforts, the APA Board of Trustees voted to retire the use of Benjamin Rush’s image as a symbol of the APA and to phase out the Benjamin Rush logo medallion by 2023. It was concluded that the use of the Benjamin Rush image conflicts with the current APA racial context and does not fit the mission or values of the Association. Following our parent organization, the Oklahoma Psychiatric Physicians Association (OPPA) Executive Council voted to change the name of our annual senior medical student psychiatry award this year from the “Benjamin Rush Award” to the “OPPA Exemplary Psychiatry Student Award.”

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OPPA’s New Executive Director

I am excited to introduce myself as the new OPPA Executive Director. My name is Maggie “Lynn” Montgomery and I began as Executive Director in July. I am excited and humbled to have been granted this tremendous opportunity.

Thanks to everyone for the warm welcome and support! I have worked as administrative staff in the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center for most of the past four decades and have deep respect for the challenges faced by individuals with mental illness along with their families and loved ones. I am excited to support



the OPPA’s work and hope that I can make a positive difference in this role.

I want to especially thank Renée Davenport Mixon for her gracious and generous support as I transition into this position. Her historical knowledge and valuable guidance is second to none and following in her footsteps will not be easy. I am proud to be part of this organization dedicated to improving

the lives of those living with mental illness and their families through education, support, and advocacy. I look forward to working alongside you to make a difference. ♦

~Lynn Montgomery

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On Renaming the OPPA Medical Student Award

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Benjamin Rush, avant-garde for his time and posthumously considered the "father of psychiatry," pioneered the idea that mental illness belongs under the purview of medicine. Before Rush's efforts to destigmatize mental illness, a vast majority of people were incarcerated for their mental ailments instead of being provided the opportunity to seek medical treatment. In 1812, Rush published the first systematic psychiatry textbook, *Medical Inquiries and Observations upon the Diseases of the Mind*, which served as a principal medical student primer for almost 50 years. During his career, Rush also gave numerous lectures to medical students and physicians regarding mental illness.⁴



Alyxandra Bui, DO

Along with his academic contributions, Rush was also the first to view alcoholism as a disease and not as a sin. He believed excessive alcohol consumption took control over the body and needed to be tapered off gradually by using

weaker drinks instead of abruptly discontinued. Of course, given the limited understanding of the human body during his time, not all of Rush's conclusions were accurate. For example, he believed mental illness resulted from irritation of the blood vessels in the brain. Rush stated, "I infer madness to be primarily seated in the blood vessels, from the remedies which most speedily and certainly cure it".⁵ His treatment methods included bleeding, purging, hot and cold baths, and mercury. Although these methods are now obsolete, Rush's earlier work was monumental in launching the field of psychiatry.⁴



Andrew Liew, MD

In 1967, the Oklahoma district branch of the APA established the Benjamin Rush Award. This award is presented to one outstanding graduating medical student in the field of psychiatry with an associated cash prize. It was originally awarded only at the University of Oklahoma School of Medicine in Oklahoma City, however, it is now offered annually at all medical schools in Oklahoma, including the University of Oklahoma Tulsa School of Community Medicine and Oklahoma State University College of Osteopathic Medicine. The spirit of the award was described by former OPPA President Dr.

Jay Shurley in 1967 "to recognize the capacity for talent in the unique skills required by the practice of Psychiatry." Typically, the student receiving this award continues their graduate medical training in a psychiatry residency.

It appears the only reason this award bears Dr. Benjamin Rush's name is due to his historic reputation in the field of psychiatry and American history. But there is more to the story of Benjamin Rush than meets the eye. As with many parts of our history, the details of Rush's life and legacy have been whitewashed, and the more accessible papers describing his accomplishments obscure nuances that would allow us to truly take an informed stance on whether an award should continue to be offered in his name.

OPPA member discussions about changing the award name brought up many concerns that should be addressed. Some felt that Rush's contributions to our field and his opposition to slavery should not be dismissed or minimized, despite concerns over his more sordid actions. Although Rush purported to oppose slavery, it is now well-known that he enslaved people and held anti-Black, racist beliefs, such as his "negritude theory"—that black skin was a disease that needed to be cured by becoming white.⁶⁻⁸ Rush wrote that in removing people's Blackness "a great service would be rendered to mankind".⁹



Joseph Michie, MD

Some have proposed that Rush's actions, as with those of many historical figures, should be regarded as products of their time and should not be overly vilified today. Similar arguments have been made as to preserving Confederate monuments.¹⁰ In the context of medicine, the same perspective has been held toward statues of controversial figures such as James Marion Sims as well as toward continuing the use of eponyms such as Asperger's syndrome. Sims is often hailed as the "father of modern gynecology," but he also performed experimental surgeries on enslaved Black women without their consent and without anesthesia.¹¹ The familiar narrative of Hans Asperger as a pioneer of autism research ignores what is now known about his involvement with organizations sympathetic to the Nazi regime in Austria. Asperger "publicly legitimized race hygiene policies including forced sterilizations and, on several occasions, actively cooperated with the child 'euthanasia' program".¹²⁻¹³ Accordingly, it is not without precedent that re-examining the actions of historical figures, such as Rush, with a more comprehensive lens leads to the conclusion that continuing to honor them with named awards is unlikely to be the best way to uphold the current values of our profession.

Furthermore, by uncritically elevating ongoing trauma of systemic racism, and actively harming both ourselves and our patients, that their racist actions were deemed experimenting on people is ethically reprehensible at any time, but the voices from the past who opposed these iniquities were not heard or heeded.⁸ With our growing awareness of unveiled historical facts and of the current damage caused by structural, interpersonal, and individual racism in medicine, choosing to remain complacent means knowingly causing harm.

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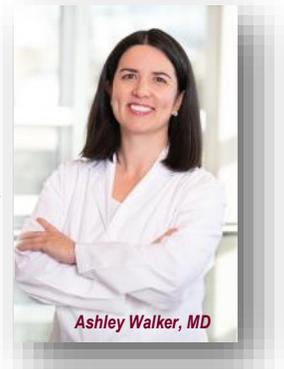


Crystal Obiozor, MD

The medical community has seen a recent increased focus on enhancing racial and other forms of diversity and inclusion, as well as a drive to eliminate various forms of structural racism. Compared to other medical specialties, psychiatrists are uniquely equipped to take on the work of improving racial equity and we can start from within our own organizations. Even though Black Americans make up more than 13% of the U.S. population, only 2% of psychiatrists identify as Black.¹⁴ This lack of representation, coupled with a history of pathologization of behavior in Black patients, only serves to perpetuate beliefs that mental health care is not of—or for—the Black community.

Let us continue to honor our increasingly diverse medical students by giving an award that applauds their dedication, leadership, and scholarly achievements. However, we need to be sensitive to the fact that an award named after Benjamin Rush can be psychologically damaging and discouraging to some medical students. We also want to encourage more diverse medical students to enter the field of psychiatry and not complicate their already difficult road by bestowing awards whose names activate and perpetuate the trauma of the past.

Any change can be difficult, and these kinds of broad-reaching professional and societal shifts will require increased tolerance of discomfort, repeated self-reflection, and ongoing discussion. The decision to remove Benjamin Rush's name from the OPPA award is not an effort to erase history or ignore his legacy in psychiatry. Rather, by continuing to place Rush on a pedestal by which awards are granted, we would remain culpable in whatever harm his legacy may inflict. The OPPA's decision to rename the Benjamin Rush award is meant to represent another chapter in our organization's history, one in which we let individual virtues define the award instead of using a historical figure to define the awarded virtues. Our hope with this change and continuing efforts is to demonstrate to our psychiatry colleagues and medical students that they are valued and appreciated equally and also, to model our most cherished Hippocratic obligation to first, do no harm. ♦



Ashley Walker, MD

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Editorial Corner

Harold M. Ginzburg, MD, JD, MPH

Over the past two weeks I have had the opportunity to intellectually and emotionally deal with two significant non-medical national and international events. One is easy to understand, the other, not so easy. In one way or another, I was and am personally involved. Hurricane Ida struck the same place, at the same time, as Hurricane Katrina did 16 years ago. Sixteen years ago, I lived and worked outside New Orleans dealing with the mental health issues arising from emotional and physical trauma, past and current to the time I saw the patients. For a number of reasons, including meeting someone who was from Oklahoma, and as I tell it, she preferred tornados and earthquakes to hurricanes, I migrated to Oklahoma. I was an American displaced person, from Louisiana to Mississippi, temporarily, and then permanently relocated in Oklahoma. Of course, as those of you who know me, or of me, I was raised and educated primarily in the Northeast.

The other event, the withdrawal of American military forces from Afghanistan, brought back memories, for me, of watching, on television, the fall of Saigon, and the last helicopter leaving the American Embassy in Saigon and even more quietly watching and reading about, two weeks after the fall of Saigon, the American withdrawal from the Embassy in Phnom Penh, Cambodia, by helicopter; that was 46 years ago. In the mid-80s, I had the opportunity to be part of a Public Health Service group that helped relocate Vietnamese and Hmong tribespeople, the Montagnards, from refugee or resettlement camps in the Philippines, Thailand and in Vietnam to the United States. While working and living near New Orleans I watched over time local resentment diminish somewhat as the Vietnamese earned their places in their new communities, becoming business people and their children becoming competitive with their age peers. Not the first time such a phenomenon occurred. I am third generation. I remember my parents, grandparents and relatives talking about their experiences "in the old country and coming to America."

I entered the United States Navy in 1970. I now work with veterans, many of my generation, and many who have served

since 9/11 in Iraq and Afghanistan. Most veterans are angry or angry again. Veterans, in general, are sentimental. They recall leaving friends behind, above and below ground. They understand waste and anger and isolation and depression and anxiety more than most. As they grow older there are fewer to remember past conflicts. Ten years ago, I would see a World War II veteran at least weekly, now not so much. They and their memories have begun to seriously fade. The same is occurring with Korean War veterans. Our troops' experiences with the Vietnamese and Montagnards will not fade as easily because survivors from Southeast Asia are now woven into our communities. Now, we have an opportunity to bring the survivors of the Afghan conflict into our fold.

This past Friday, before attending religious services, I was informed that Oklahoma Governor Stitt had written the State Department and volunteered our state, Oklahoma, to take approximately 1,800 refugees from Afghanistan, 1,000 for the Oklahoma City area and 800 for the Tulsa area. My rabbi estimated that there are about 250 Houses of Worship, that is, churches, synagogues, and mosques, in and around Oklahoma City and if each took in one family, then the 1,000 could be placed and established and have a sponsor (we estimate an average family size of four). Some organizations will be able to take more than one family unit, others less. I am told it costs an estimated \$5,600 to help settle a family. Other costs will accrue as, unlike other refugee classes, these families do not receive substantive support from the United States Government; they apparently will only receive a one-time relocation allowance.

Maybe, professional organizations should consider also becoming sponsors or at least professionally help support these displaced persons, a term familiar to many of us and our ancestors. Most of us are, after all, the children, or decedents of those displaced from other corners of the globe.



YOU'RE INVITED TO JOIN US FOR A
Virtual Farewell
for
Renée Davenport Mixon
 Friday, September 24, 6:30 p.m. CST

Zoom:

<https://us02web.zoom.us/j/87617834156?pwd=Y1MxVmY3VzB0ZzFzTnR0L0htWUJFidz09>



Multiple Frontiers for Innovative Post-Pandemic Psychiatry

Fall CME Conference Virtual Webinar November 5-6, 2021

*jointly provided by
the American Psychiatric Association and the Oklahoma Psychiatric Physicians Association
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Beginning in March 2020, our world as practicing psychiatrists changed. This 2021 Annual CME program of the Oklahoma Psychiatric Physicians Association will offer a unique educational experience and serve as a harbinger of the future of mid- 21st Century psychiatry.

The COVID-19 pandemic changed medical school education and psychiatric residency training. New onset psychosis resulting from COVID infection and other longstanding psychiatric sequelae of COVID infection, including the multiple stressors of isolation and economic devastation has resulted in the exponential increase in the use and abuse of cannabis. Telemedicine treatment and assessment interventions for psychiatrists are increasingly common as are emerging new treatments such as Integrative Functional Medicine and infusion treatments for patients with depression and postpartum depression who are resistant to traditional psychopharmacology. An update on the opioid epidemic, which has yet taken a worse turn in Oklahoma, will be provided. Research and clinical presentations by residents in Oklahoma’s Residency training programs promotes the good feeling that the psychiatric profession is well-prepared to meet future challenges.

CME Planning Committee: Shree Vinekar, MD, Chair; Jason Beaman, DO; Sara Coffey, DO; Heather Geis, MD, Jay Lensgraf, MD; Britta Ostermeyer, MD, MBA; Jed Perdue, MD, MPH; Art Rousseau, MD; Shannon Thomas, DO; Phebe Tucker, MD.

Registration Fees

- OPPA Members \$150*
 - Non-Member Physicians \$155*
 - Other (PA, NP, RN, PhD, etc.) . \$75*
 - Residents/Medical Students . . No charge*
- *Registration Required to receive Webinar Link/CME***

Payment Methods

- Check:** Mail check and completed registration to: OPPIA, P.O. Box 6887, Moore, OK 73153-6887
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QUESTIONS?

Contact Lynn Montgomery at oklappsiychiatry@gmail.com
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Following are the highlights from the approved minutes of the OPPA Executive Council meeting held on Saturday, April 10, 2021, via Zoom teleconference.

Treasurer's Report (*Dr. Tessa Manning*) – Dr. Manning presented the budget report. Over \$13,000 in membership dues have been collected in the first quarter. The OPPA collects most membership dues during the 1st and 4th quarters of each year. Other income included funds from the APA Foundation and newsletter ads. Regarding expenses, we did spend money from the APA telecommunications grant for telephone and internet service. The money for the suicide grant workshop is still earmarked as well as money for the resident assistance fund whenever we can again help residents attend the APA annual meeting.

Regarding membership, Dr. Beaman reminded Council of the discussion held during the January meeting concerning the importance of resident participation. Dr. Rousseau reported he is preparing a PowerPoint presentation on this session's legislative bills for presentation to the residency training programs outlining the importance of their involvement with professional medical organizations such as the OPPA and how they can make a difference.

Suicide Expedited Grant Workshop – Mrs. Mixon reported funding for the Suicide Workshop is in the budget. This program was designed for an in-person workshop. The program, faculty and CME credits are on hold so once it is safe to conduct an in-person meeting and dinner, the program will be reviewed. Dr. Buck noted her program director at the University of Utah is a suicidologist and has offered to present so she will email his name and contact information to Dr. Vinekar. The grant workshop is accredited by the APA for 6 AMA PRA Category 1 Credits™.

Executive Director (*Dr. Jason Beaman*) – Dr. Beaman reported the two applicants for the position have been interviewed by the Search Committee. The Search Committee will be meeting later this week and do a vote to see if there is a consensus and will report back to Executive Council. The Committee will present the selection for discussion and input.

Officer and Councilor 2021-2022 Ballot – Of those casting votes, 100% approved the following slate of OPPA officers and councilors for 2021-2022:

President - Shannon Thomas, DO, Oklahoma City; **President-Elect** - Britta Ostermeyer, MD, Oklahoma City; **Vice President** - Tessa Manning, MD, Tulsa; **Secretary** - Robyn Cowperthwaite, MD, Oklahoma City; **Treasurer** - Rachel Dalthorp, MD, Oklahoma City; and **APA Delegate** - Shree Vinekar, MD, Oklahoma City (*two-year term 2021-2023*).

Councilors-at-Large include: J. Bryan Cates, DO, Tulsa; Hashib Faruque, MD, Oklahoma City; Heather Geis, MD, Oklahoma City; Joseph Michie, MD, Tulsa; Courtney Nixon, MD, Oklahoma City; Jed Perdue, MD, Oklahoma City; Art Rousseau, MD, Oklahoma City; Lauren Schwartz, MD, Oklahoma City; Haiwang Tang, MD, Oklahoma City; and Ashley Walker, MD, Tulsa. (*Note: There remain two vacancies on the Council-at-large roster which may be filled at any time by Executive Council appointment.*)

Annual Meeting 2021 (*Dr. Jason Beaman*) – The OPPA Annual Meeting is normally held during the spring CME Conference. However, in 2020 Covid wrecked the possibility of an in-person CME and annual meetings during April. Last year in November the OPPA did host a Town Hall meeting and included the agenda for the traditional April annual meeting. The OPPA should conduct its annual meeting each year prior to the annual meeting of the APA. In 2021, the APA has set the dates of May 1-3 for a virtual annual meeting conference.

Dr. Walker moved to host a one-hour Zoom annual business meeting on Thursday, May 20, 2021 from 7-8 p.m. Dr. Rousseau second. This meeting will include the changing of officers, presentation of awards, and an Oklahoma legislative report. We will also create some breakout rooms for personal interaction among members discussing ideas for upcoming CME conferences; brainstorming ideas for the future of the organization; promotions for the chapters, TPA and COPS, etc.

Benjamin Rush Awards (*Dr. Jason Beaman*) – Dr. Beaman noted that the APA is looking into the use of the likeness and name of Benjamin Rush. The OPPA has given **Benjamin Rush** awards to the outstanding senior medical student at OU Tulsa and OU Oklahoma City for many years. Dr. Vinekar suggested we wait until the APA finalizes their investigation and makes a formal decision as to the future of its association with Benjamin Rush. Dr. Walker noted that good deeds do not negate owning slaves. Dr. Perdue suggested not having a name attached to the award and if the award is to recognize excellence, then maybe we should describe the award as such. Dr. Rousseau suggested that if we are going to change things, let us be sure to do it for the right reason. Dr. Beaman noted Council currently has two proposals. One is to wait until the APA decides regarding the use of the Benjamin Rush association and the second proposal is to go ahead and change the name of our award to the *OPPA Exemplary Psychiatry Student Award*. Dr. Lensgraf suggested that we do not need to make all changes at once. We could go ahead and rename the award and wait for the rebranding once the APA has come to a decision regarding Benjamin Rush.

Dr. Walker moved to change the name of the Benjamin Rush Award, for at least the 2021 awards, to the *OPPA Exemplary Psychiatry Student Award* while waiting for the remainder of the discussion regarding Benjamin Rush to unfold at the APA level. Dr. Vinekar second. Approved. Dr. Tang opposed. Drs. Michie, Walker, Manning and Obiozor will take a closer look as to why this change of name is needed to include developing persuasive and powerful rationale for the importance of the rebranding process. The information will be published in an issue of the OPPA newsletter once Council can review and contribute to the document.

Child Psychiatry (*Dr. Brent Bell*) – In a written report, Dr. Bell said the child/adolescent beds across the state remain very tight. Residential beds are particularly short. Kids from Tulsa have been shifted at times to OKC beds. With the expansion of Medicaid this summer, I expect the bed situation will worsen. I am sure Dr. Rousseau will talk about the four companies to be involved in moving to Medicaid HMO's October 1, 2021. Providers are very anxious as there are no clear guidelines yet about what services will be offered such as specialty RTC or outpatient services for children/adolescents.

Dr. Vinekar reported there are 36 child and adolescent beds being proposed at the legislative level for the State of Oklahoma to fund. The beds would be in the old Children's Hospital. This facility would be renovated and opened by 2022 and managed by OU Medical Center, Department of Psychiatry. A support statement from our organization would be helpful. Dr. Rousseau moved the OPPA as an organization provide a position statement to endorse the efforts to increase psychiatric inpatient and residential care treatment for children and adolescents by adding child and adolescent psychiatry beds in the State of Oklahoma beginning with the OU Medical Center Children's Hospital. Dr. Vinekar second. Approved.

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Dr. Vinekar moved to create an ad hoc committee to advocate for increasing the number of residential services, acute inpatient services, outpatient rehabilitation services for alcohol and substance abuse related disorders. Dr. Perdue second. Approved.

Constitution and Bylaws (Dr. Shree Vinekar) – Dr. Vinekar reported that nationally there will be changes in the APA constitution and bylaws and we can wait for the guidelines before any changes need to be made to our constitution and bylaws.

Continuing Education (Dr. Shree Vinekar) – The CME Committee met in February and have confirmed the new dates of Friday and Saturday, February 24-25, 2021 for the CME meeting at St. Anthony Hospital, RAPP Foundation Conference Center.

Legislative (Dr. Art Rousseau) – There were 250 bills introduced this year in the Oklahoma State legislature. To emphasize how important advocacy is on an individual level, Dr. Rousseau used **House Bill 2164** (psychologists referred to as physicians) as an example. With support from the APA, OSMA, OOA, OPPO and our individual members, this bill was defeated again this session in a late-night vote 33 to 59. This is a prime example of how we can make a difference.

Other scope of practice bills include **House Bill 1004** (conversion therapy) was not heard in committee so is dead for this session; **Senate Bill 2** (a shell bill converted to transgender individuals participating in sports competition) came out of committee and most likely will pass; **House Bill 2009** (nurse practitioners signing death certificates) this is scope of practice creep and most likely will pass since physicians are not doing their job; and **House Bill 1753** (removing requirements that Carl Albert Community Mental Health Center provide a psychiatrist to the corrections department) this is a clean-up issue as the mental health center never provided a psychiatrist to corrections. Other scope of practice bills we are opposing are **Senate Bill 516** (allowing a physician to supervise an unlimited number of physician assistants) this bill is still as it passed the Senate and House Public Health Committee and is going to the House Floor; **Senate Bill 388** (home care eligibility certifications by healthcare providers, physicians, physician assistants, registered nurses) this is a scope of practice expansion, however physicians are unwilling to do it so other providers are stepping up; and **House Bill 2595** (expands from 30 to 60 days a physical therapists ability to provide treatment and evaluation without contact from a physician) we opposed this expansion, and it was defeated.

Regarding insurance related issues, if you are concerned about privatization and HMO's, our organizations are currently fighting **House Bill 1091** (restricting managed care, managed care organizations) bill filed saying that if they are going to do it, they cannot be restrictive. This is where the OSMA and the OOA filed an injunction against the Healthcare Authority, so we are fighting it in the courts. **House Resolution 1019** (declares privatized managed care should be rejected as inefficient and failed health care model and directs the Oklahoma Healthcare Authority to create an Oklahoma-based managed care system) this is on the House floor and we strongly support it; and

Senate Bill 131 (Oklahomans Caring for Oklahomans Act) directing the Oklahoma Healthcare Authority to develop and operate a state run managed care program that controls costs and improves health outcomes for Medicaid beneficiaries, thereby getting the private sector out of it.

If any good thing comes from the pandemic is that medicine can operate very well in using telehealth. **Senate Bill 7** (permits the use of telemedicine services for the assessment of persons possibly in need of mental health or substance abuse treatment who are taken into custody by law enforcement) this is especially good in rural areas and we support this bill; **Senate Bill 673** (creates the Oklahoma Telemedicine Act) expands the definitions and standards for telemedicine within Oklahoma, is on the House floor and we support this bill; and **Senate Bill 674** (requires health care plans to provide coverage for telemedicine and remote care services) passed the Senate, passed the House Insurance Committee as amended, to the House floor and we support. Dr. Beaman added this would provide 100% parity for telemedicine by behavioral health which is huge for psychiatry.

Membership – The first quarter membership report includes 14 members who did not pay dues for 2021 and were dropped on March 31st plus two SSP (credit card payment plan) drops. Since the first of the year, the OPPO has gained five new members; two members have reinstated; four members have transferred to other district branches; and eight members have had a change of status. Currently the OPPO has 191 members.

Resident Program Directors – Dr. Ashley Walker reported for the OU Tulsa program. The program did well on the match this year. Incoming residents include two from Oklahoma, two from Kansas, and one from Texas. It was an extremely competitive year for all the programs. Great feedback from applicants regarding interview questions focused on diversity and inclusion efforts.

Dr. Beaman reported for OSU Tulsa program. OSU also matched 100%. 50% were from Oklahoma and the other 50% from Arkansas and Kansas, but they have ties to Oklahoma. Incredibly competitive for psychiatry this year around the country. Dr. Cowperthwaite reported for the OU Oklahoma City program. OU match six each year and three are OU Oklahoma City student, one from Arkansas and two additional. Dr. Beaman reported one OSU student went to the Griffin program and they did fill their program.

TPA (Dr. Tara Buck) – Dr. Buck reported she has become President, Dr. Beaman is Vice President and Dr. Kristy Griffith is Treasurer. TPA is recruiting for the position of Secretary. Looking forward to reconnecting in a post Covid world. Prior to Covid, TPA was highly active with quarterly dinner meetings at great locations around Tulsa. Community psychiatrists were attending the programs and enjoying the socialization. Looking forward to in person meetings and would appreciate ideas from TPA members and COPS members on going forward in the coming months.

Donahue-Shadid Psychiatric Alumni Society (Dr. Jimmie McAdams) – Dr. McAdams reported DSPAS will again be providing financial assistance for the Griffin residency training graduation program and a memorial for Dr. Ernest Shadid is still being considered by the family. ♦

OPPA Membership Update June, July, August, 2021

Welcome New Members!

Deval, Nikita, DO, RFM (Tulsa)
Donnelly, Jacy, DO, RFM (Tulsa)
Hall, Preston, DO, RFM (Tulsa)
Olcott, Melissa, DO, RFM (Tulsa)
Sanders, Jeffrey, MD, RFM (Tulsa)

Reinstatements: Welcome Back!

Forshee, Judith, MD, GM, Oklahoma City
Holsey, Mark, MD, GM, Oklahoma City

Goodbye and Good Luck!

Kovelamudi, Asha, MD, RFM (to Texas)



Resident-Fellow Members: Your Feedback Will Guide Future APA Courses

APA wants to ensure it is offering residents and fellows the best information and courses for transitioning to practice. Please take this two-minute survey to assist in our planning for future free courses. *This survey should be completed by resident-fellow members only.* [Take Survey](#)

APA Dues Adjustment to Come

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For more information, please contact membership@psych.org.

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Lynn Montgomery, Executive Director

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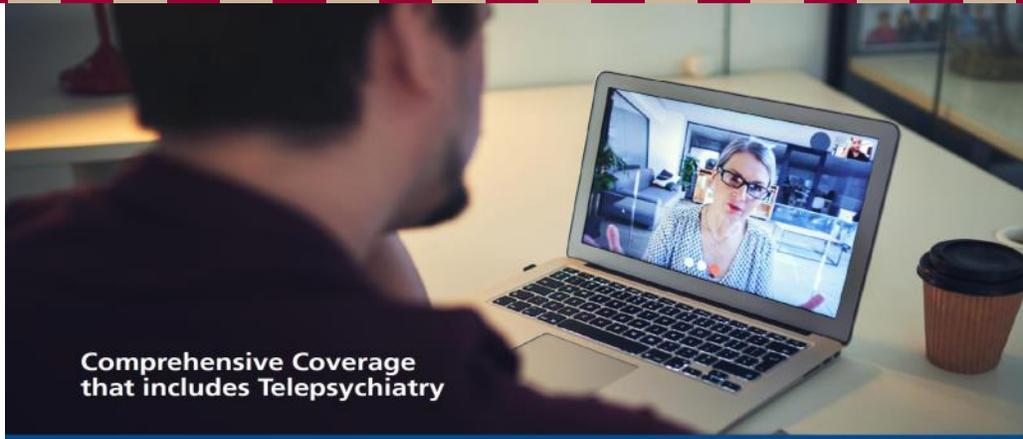


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