

# Oklahoma Psychiatry

OKLAHOMA PSYCHIATRIC PHYSICIANS ASSOCIATION  
A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

October, November, December 2022

## Inside

988 Lifeline in Oklahoma	1
Editorials	3,5
Member Spotlights	6,9
Upcoming Events	7
Membership Update	9
OSU COM / Cherokee Nation	11

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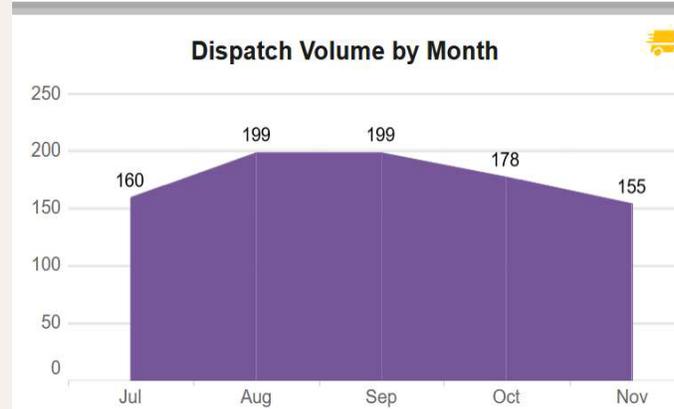
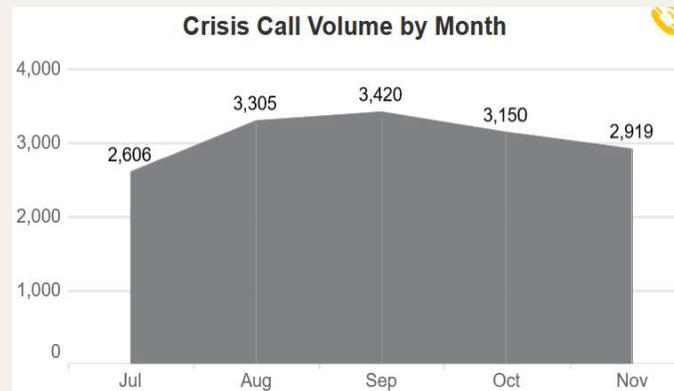
## 988 Mental Health Lifeline in Oklahoma

Nationally, the rate of suicide deaths has steadily increased in the past decade and statewide and regional rates follow this trend, though the rates for individual years show greater variation than the national rate.<sup>1</sup>

Oklahoma's 988 Mental Health Lifeline has been operational since July 5, 2022. 988 is the three-digit phone number to call or text in a mental health crisis including thoughts of suicide, substance abuse, or other mental health problems, such as depression or anxiety. In Oklahoma, calls are being answered by an in-state crisis call center to address and deescalate mental health crises in the moment and serve as an entry point for Oklahomans to get connected with other mental health resources.



The rollout of 988 in Oklahoma coincides with the launch of a comprehensive crisis response system,

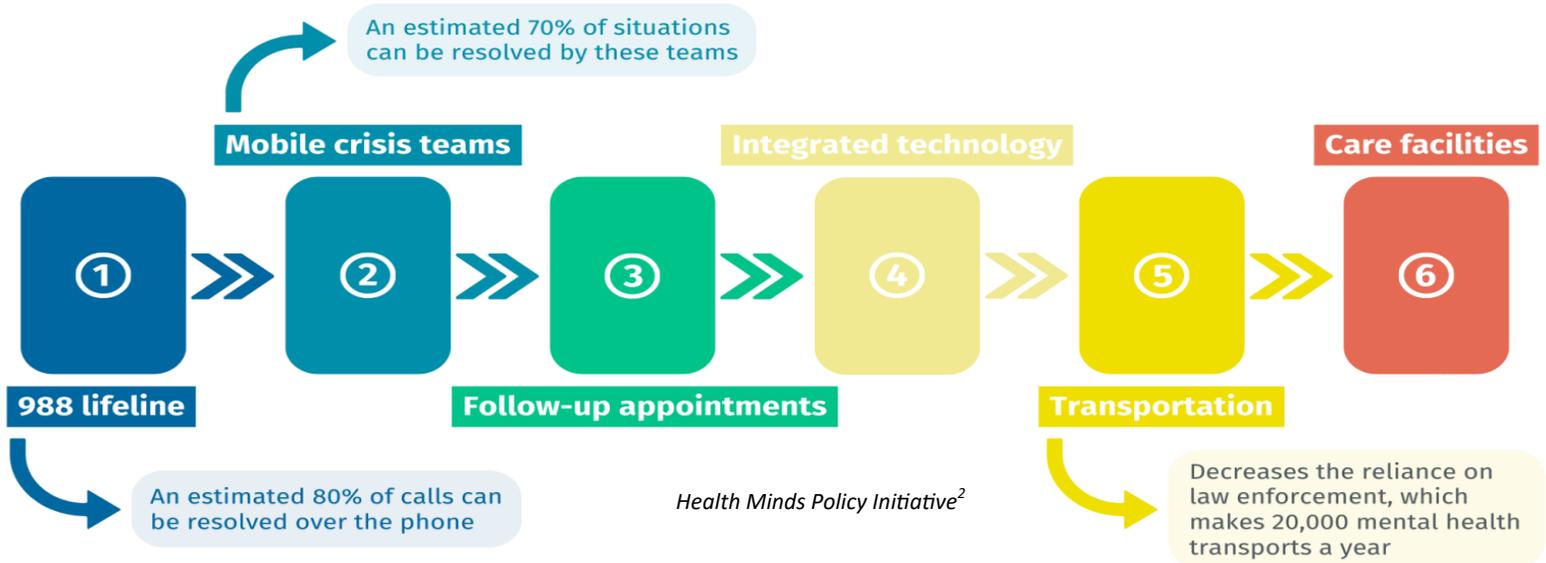


an array of services that include mobile crisis responders and in-person emergency centers with the goal of saving lives, connecting people to resources, limiting unnecessary interactions with law enforcement, and reducing the use of emergency medical services.<sup>2</sup>

The Oklahoma Department of Mental Health and Substance Services data provides statistics on the crisis call volume by month and dispatch volume by month, with the below graph current as of December 3, 2022.<sup>4,5</sup> The top five reasons for calling 988 are self-harm/suicidal thoughts (25%), coordination of care (18%), depression (16%), anxiety (11%), social concerns (9%), followed by follow-up issues (7%), psychosis (6%), aggression (3%), substance abuse (2%), housing problems (2%), and medical or medication issues (1%).

## 988 in Oklahoma (continued from Page 1)

The OPPA 988 Partnership Committee, chaired by Dr. Jenny Boyer, has brought together members and other stakeholders, including the Oklahoma Department of Mental Health and Substance Abuse Services, the Healthy Minds Policy Initiative, the American Psychiatric Association, the Oklahoma State Medical Association, and the National Alliance of Mental Illness of Oklahoma, to look at ways that OPPA may be able to help facilitate all aspects of the 988 initiative including funding, access, health insurer issues, and operations.



### References and Further Information

1. Healthy Minds Policy Initiative. Trends over time. Retrieved December 4, 2022 from <https://www.healthymindspolicy.org/data/>
  2. Healthy Minds Policy Initiative (2022, August). A Primer on 988 in Oklahoma. <https://www.healthymindspolicy.org/?s=988>
  3. Oklahoma Department of Mental Health and Substance Abuse Services. (n.d.). *Comprehensive Crisis Response Dashboard*. <https://public.tableau.com/app/profile/crisis.network/viz/OKPublicDashboard/OKDashboard>
- Branham, D., and Hayes, J. (2022, July 16). Ahead of national 988 launch, here's how the new crisis line works in Oklahoma. <https://www.oklahoman.com/story/news/healthcare/2022/07/16/988-crisis-line-mental-health-how-it-works-oklahoma/65374658007/>
- Substance Abuse & Mental Health Services Administration (2022). The LifeLine 988: State Reports. <https://988lifeline.org/lifeline-state-reports/> ♦

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HEADLINES

in affiliation with  
BulletinHealthcare

A daily news briefing on psychiatry and mental health, prepared by the editors at BulletinHealthcare, exclusively for members of the APA

## Telehealth Interventions Appear As Effective As In-Person Treatment For Reducing Anxiety, Depressive Symptoms, Study Indicates

[Healio](#) (12/22, Foster) reports, "Telehealth interventions were as effective as in-person treatment for reducing anxiety and depressive symptoms," researchers concluded after analyzing "data from 17 grantees and 95 associated sites that were funded by the Evidence-Based Telebehavioral Health Network Program and the Substance Abuse Treatment Telehealth Network Grant Program." The [findings](#) of the 1,514-patient study were published online Dec. 10 in the journal *BMC Psychiatry*.

## Report Describes How Telehealth Regulations Vary Between US States

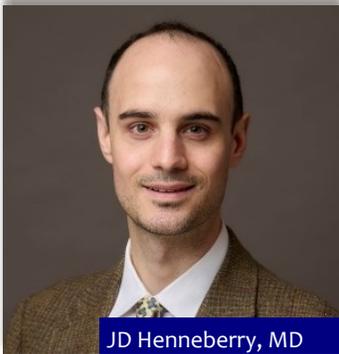
[mHealth Intelligence](#) (12/22, Melchionna) says, "Assessing the ongoing evolution of telehealth policies and regulations, a...report from the Commonwealth Fund described how rules vary between different US states, resulting from states' unique experiences early in the pandemic." The [report](#) "detailed state legislation enacted since March 2021 and reported that many states have taken more nuanced routes with regard to telehealth regulations." It also "indicates that more states permit telephone-only telehealth visits than before the pandemic," and "detailed the positive impact telehealth has on access to behavioral health services."

## GUEST EDITORIAL:

## Working Psychotherapeutically as a Psychiatrist – A Single Clinician Treatment Model

**JD Henneberry, MD***Assistant Clinical Professor, Department of Psychiatry and Behavioral Sciences  
University of Oklahoma College of Medicine and Attending Psychiatrist, OU Health  
Oklahoma City, Oklahoma*

**P**sy psychiatrists who both prescribe and treat patients psychotherapeutically are positioned uniquely compared to those using a split treatment model. Advantages of a single clinician treatment model mostly stem from increased contact and include more nuanced prescribing and diagnosis, deepening of the therapeutic alliance, and more chance to



JD Henneberry, MD

refine the treatment plan as the therapeutic work progresses. Additionally, many people seeking treatment prefer this model. In a single clinician model, prescribing is not only an essential part of biologically framed treatment, but also becomes an integral part of the therapeutic space which warrants reflection throughout the therapeutic process. I hope

to explore some specific issues that may arise in a single clinician treatment model and how they may be addressed therapeutically.

During the assessment phase of treatment, it is optimal to screen for symptoms and syndromes which may respond to medications. Because transference and countertransference dynamics have not had a chance to fully develop, it may be easier to assess symptoms from a more descriptive framework such as a DSM-based diagnosis. Having a baseline understanding of mood, sleep, appetite, impulsivity, suicidality, and so forth can be grounding and help guide adjustments in medications as the treatment progresses. Assessment is the beginning of the therapeutic alliance, and first impressions can carry a significant meaning to both the clinician and patient.

Prescribing and working psychotherapeutically requires a clinician to hold multiple models of the mind simultaneously. Distinguishing a problem that can be helped therapeutically from one that may benefit from pharmacologic interventions requires switching between these frameworks. Taking time to review core symptoms from the assessment and staying objective in prescribing can help clinicians strengthen the treatment alliance through the prescribing component of

treatment. Changing medications or adjusting dosages benefits from not only assessing descriptive symptoms, but also from reviewing therapeutic processes and any contributing interpersonal dynamics. It is important to reflect if any strong countertransference issues may be influencing the prescribing or the prescriber.

Prescribing or denying benzodiazepines can be particularly prone to affecting the therapeutic relationship. Tapering or initiating benzodiazepines requires not only judicious medical evaluation, but also exploration of the meaning of the benzodiazepine to the patient. Successful tapering often requires addressing dependency needs, understanding the meaning of sedation to the patient, and acknowledging the difficulty of the endeavor to decrease / cease the use of medications known to be associated with dependency.

To avoid problematic treatment interactions, it is useful to follow conservative guidelines. I favor Dr. Heather Asthon's Protocol for benzodiazepine tapers (available from (<https://benzo.org.uk/manual/>)). This protocol emphasizes shared decision making, slow tapering, and psychological support throughout the taper. As clinical prescriptive practice habits have changed greatly over time, it is not uncommon for some clinicians to feel anxiety when treating someone who has taken benzodiazepines chronically. The psychodynamics surrounding this can be frustrating for both clinician and patient. Psychological, psychiatric, and emotional support, and empathic attunement while maintaining best practices, can help people feel listened to and supported during difficult tapers.

Working with a patient as the sole clinician can be very isolating. It can be hard to find perspective as symptoms worsen or negative transference builds up. Intense transference/countertransference dynamics may be difficult to contain. To help clinicians working in this model, supervision from a trusted supervisor and personal therapy are valuable resources. Personal therapy can facilitate some psychiatrists understand themselves better, especially when their individual psychological composition may be problematic in their providing treatment to patients with certain clinical presenta-

tions. As an added benefit, personal psychotherapy can assist in preventing ‘burnout’ and increase the psychiatrist's emotional availability and efficacy. Supervision can also help with the emotional processing of difficult clinical presentations and assist in allowing the psychiatrist to feel more grounded and supported in their implementing their treatment plan. Furthermore, psychotherapy can be a space to ‘grow’ and reflect, especially when the psychiatrist feels ‘stuck’ in the treatment process. Those trained in psychoanalytic psychotherapy are familiar with utilizing these resources as psychoanalytic training is composed of the tripartite model of coursework, supervision, and personal therapy.

Despite the challenges, a single clinical psychiatric treatment model can be highly engaging and rewarding. There is little substitute for patient contact and time – a real privilege in psychiatric treatment today. For many people seeking help, this is a model that fosters long term changes that lasts.

## REFERENCES

Ashton H. Benzodiazepines: How they work and how to withdrawal [Internet]. Benzodiazepines: How they work & how to withdraw, Prof C H Ashton DM, FRCP, 2002. [cited 2022 Dec 3]; Available from: <https://www.benzo.org.uk/manual/>

Standards and principles for psychoanalytic education [Internet]. [cited 2022 Dec 4]; Available from: <https://apsa.org/sites/default/files/Standards-PrinciplesForPsaEducation.pdf>



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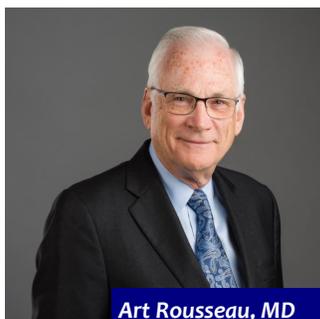


## The History of Oklahoma Psychiatry: Where Is It Going? Past Editorial with a New Perspective

by Arthur Rousseau, MD

*Editor's Note. This editorial was originally published in the Fall, 1998, Oklahoma Psychiatry Newsletter).*

**T**his past month, for whatever reason, I've had a little time to reflect on my practice. It's hard to believe that I've been in the private practice of psychiatry for more than 16 years. That old saying, "Time flies when you're having fun," must be true. During this contemplation of the past I realized that the history of Oklahoma psychiatry is not just something I read about or old stories shared over a cup of coffee. It came to my awareness that now, I am a part of that history and I'm not sure when that happened. I then wondered: do my colleagues realize that they are also a part of this history as well?



Art Rousseau, MD

When I look back at the way I practiced psychiatry in 1982, I am amazed at how much change has occurred. Today, it is difficult to keep up with all the new changes in our medication and treatment approaches. Sixteen years ago my practice was primarily hospital-based. The majority of my patients' hospital stays were measured in weeks not days. The "first line medication" of the 1980s are now only used when I've already tried the "new generation" medications. I utilize a number of medications that only the neurologists used a decade ago. There have certainly been changes and these changes encourage me to look at the future with great optimism and hope.

I will admit that there are frustrations and battles both old and new that wear away on my optimism. For example, the issues of stigma, physician autonomy, and the unfairness of insurance discrimination against mental illnesses. These problems aren't new. These issues have been around as far back as I can remember. They are part of our history as well being alive and well in the present. At least I can say I knew of those battles when I made my decision to choose psychiatry as my specialty. They were there when I started my practice and I will venture to guess they will be there at some level when I retire. But in my pathological optimism, I see positive changes occurring due to the efforts of many of our colleagues both at the state and national levels.

There are some new issues, threats, and frustrations that have arose over the years. For example, the issues of managed care. When I started my practice there was only one HMO in Oklahoma. Psychologists are now wanting prescribing privileges by legislation not education. And, most concerning to me personally, is the statement that the physicians in private practice are a dying breed. As a private practicing psychiatrist I am being told that I am a dinosaur, doomed to extinction.

Well, I am a believer that we have some control of our futures. But to have control we must accept the responsibility that we may possibly be a part of the problem and knowing we can be part of the solution. You can probably guess what my next statement is going to be: "We can make a difference!" There is so much that can be done if we will take the battles on and not hide our heads in the sand.

For those of you who question your role in the history of Oklahoma psychiatry, as Editor of our newsletter, I decided to search through the archives of letters written by our past presidents and publish some of them again. I think many of us will be surprised to find that the issues discussed in these articles are very similar to the issues of today. You may also discover that you wrote one of these letters and that you are a part of the history of Oklahoma already and will be encouraged to stay active in molding the changes of Oklahoma psychiatry for the future.

For those of you who define yourselves as the "new kid on the block," I hope you will realize, like it or not, you are part of the history yet to written.

Remember, we all are part of the history of Oklahoma psychiatry. How will history judge you? Will you be a part of the solution? Will you be a part of what will make a difference? ♦

# MEMBER SPOTLIGHT

## Nemesio E.S. Gutierrez, MD

VA HEALTHCARE SYSTEM  
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Dr. Gutierrez hails originally from the Philippine Islands and was born and raised in the rice granary 60 miles north of Manila, Philippines. He received a Bachelor of Science in Biology degree in Worcester, Massachusetts and his Doctor of Medicine from the Royal Pontifical Catholic University of Santo Tomas Facultad Medicinae et Chirurgia. Dr. Gutierrez graduated from Psychiatry Residency at the University of Missouri-Columbia.

Dr. Gutierrez has been in psychiatry practice since 1988 having served as Medical Director, Biggs Forensic Center, Fulton State Hospital and as a Psychiatry Consultant for the Missouri State Penitentiary. His faculty appointments include Clinical Assistant Professor, University of Missouri Department of Psychiatry and currently as Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the OU Health Sciences Center in Oklahoma City.

Dr. Gutierrez is the Medical Director of the Oklahoma City Veterans Affairs Medical Center Primary Care Mental Health Integration program which provides evaluation, treatment, and follow-up care of US veterans with PTSD, depression, anxiety disorders, substance use disorders, and suicide risk.

As a lifetime Member of APA and of the OPPA, Dr. Gutierrez is married, has one daughter, and lives in Norman, Oklahoma. He speaks Tagalog (Filipino), English, and a little Spanish. He loves music and is an amateur guitarist. He also enjoys fellowship with family, friends, and colleagues.

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## Free December CME Course for Members

*(Click on course name for more information and to access course)*

### [Comparative Effectiveness of Medication Strategies for Treatment Resistant Depression in Late-Life: Results from Optimum Study](#)

Credits CME: 1.25 | Estimated Duration: 75 minutes

This course will provide knowledge and improve skills for treating older adults with difficult-to-treat depression by presenting the results from the OPTIMUM study, the largest-ever clinical trial of TRD in older adults. The study provides information that helps older adults get effective treatment while improving their quality of life and minimizing risks of medications.

Mark Your Calendars!

UPCOMING EVENTS

21  
JAN

EXECUTIVE COUNCIL

10:00-12:00

4

FEB

DEI TASK FORCE

10.00 AM

8

APRIL

EXECUTIVE COUNCIL

10:00-12:00

29

APRIL

ANNUAL CME CONFERENCE

8:00-5:30 PM

13

MAY

ALL MEMBERS MEETING

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## WHO WE ARE

The Oklahoma Psychiatric Physicians Association (OPPA), a district branch of the American Psychiatric Association, is dedicated to meeting the professional needs of its members and promoting quality treatment and prevention of mental illness and substance use disorders. In performing these functions, members of the OPPA are mindful of the unique history and cultural diversity of Oklahoma, and the influence of social determinants on health and outcomes.

## THROUGH YOUR MEMBERSHIP

Members enjoy discounts on APA and local OPPA branch and chapter CME programs, legislative advocacy on behalf of all psychiatrists in Oklahoma, print and electronic newsletters, and alerts about information you need on all laws, regulations, federal and state healthcare reforms, and more!



### LEGISLATIVE ADVOCACY

OPPA, in conjunction with the Oklahoma State Medical Association, is very engaged in legislative monitoring and advocacy in all matters of interest to the practice of psychiatry in Oklahoma.



### CONTINUING MEDICAL EDUCATION

APA and OPPA serve as the integrated home for all your CME education needs. Attend CME events to network with colleagues, complete educational activities to earn CME credit, meet MOC requirements, learn new skills, and more!



### DIVERSITY, EQUITY AND INCLUSION

OPPA is committed to developing programs and resources to bring awareness to and support the needs of evolving, diverse, and underserved patient populations in Oklahoma, implement strategies to enrich a diverse representation of psychiatrists in Oklahoma and within the OPPA, to reflect the unique, cultural richness of our state, provide an open forum to address issues related to diversity, equity, or inclusion, and foster connections across multiple medical sectors to end mental health inequities.

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# MEMBER SPOTLIGHT



**Peter B. Stanbro, MD, MPH**

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Psychiatrist Peter B. Stanbro, MD, MPH, established Stanbro Healthcare Group in 2011, a psychiatric practice dedicated to children, adolescents and adults. The specific interest of his practice is diagnosing and treating patients with Pervasive Developmental Disorders, Autism, Asperger's Syndrome, Attention Deficit Disorder, mood and anxiety disorders, Post-Traumatic Stress Disorder, Reactive Attachment Disorder and other diagnoses.

Dr. Stanbro formed Stanbro Healthcare Group following practicing at OU Physicians and serving as Clinical Assistant Professor in the Department of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center.

Prior to his experience at the University of Oklahoma, Dr. Stanbro was in private practice in Massachusetts and also served as a staff psychiatrist and consultant with the University of Massachusetts Medical Center and Medical School (UMASS). While in Massachusetts, he earned a Master's Degree in Public Health, Health Administration and Health Policy from Boston University School of Public Health.

Dr. Stanbro completed a child and adolescent fellowship from UMASS and his psychiatry residency at Boston University Medical Center after earning a medical degree from State University of New York School of Medicine at Buffalo. He earned his undergraduate degree from the University of Central Oklahoma.

## OPPA Working for You!

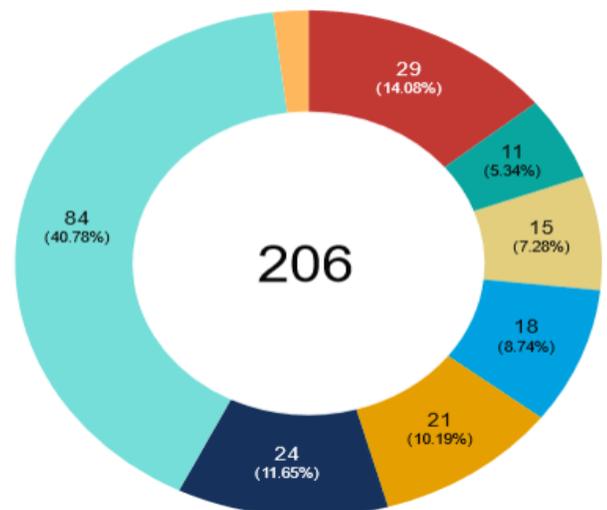
The *Oklahoma Psychiatric Physicians Association*, a district branch of the American Psychiatric Association, works hard to keep up with the role healthcare plays in the lives of every person to maintain their physical and mental health, their means of employment to feed and nurture their family, and their personal safety and freedom. At the core of every organization is membership—recruitment and retention.

**Working** through legislative advocacy this past session, we can continue the fight to protect your profession from scope of practice attacks and governmental encroachment on the practice of medicine.

**Connect** with your peers to increase knowledge, decrease isolation, and maintain relationships with colleagues working for issues benefiting Oklahomans.

**Learn** by participating in scientific webinars, seminars, and CME conferences from the comfort of your home or office.

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## Oklahoma Psychiatry

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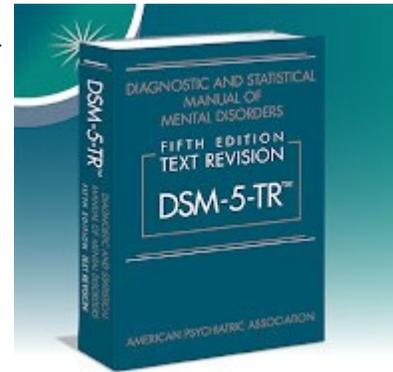
*Oklahoma Psychiatry is a publication of the Oklahoma Psychiatric Physicians Association (OPPA). OPPA, a district branch of the American Psychiatric Association, is a medical specialty society specializing in the diagnosis and treatment of mental and emotional illnesses and substance abuse disorders.*

## Researchers Outline *DSM-5-TR* Changes, Rationale Behind Changes

When [DSM-5-TR was released last March](#), it marked the first revised edition since the publication of *DSM-5* in 2013. In an [article](#) in *Psychiatric Services*, Michael B. First, MD, of Columbia University and colleagues provide an overview of notable changes in *DSM-5-TR*, the rationale for these changes, and the process by which these changes were made.

First is co-chair of the Revision Subcommittee and *DSM-5-TR* editor, a member of the *DSM* Steering Committee, and the chief technical and editorial consultant on the World Health Organization's ICD-11 revision project. Other authors of the article include researchers from APA, Johns Hopkins, and the New York State Psychiatric Institute. The authors first describe the process used to revise and update *DSM*, including the review of the 21 disorder chapters by content experts and vetting the entire text by the Ethnoracial Equity and Inclusion Work Group to ensure appropriate attention to risk factors such as the experience of racism and discrimination.

Click [HERE](#) to continue article on APA website.



## The Nation's Only Tribally Affiliated Medical School: OSU COM at the Cherokee Nation

Since its official opening a year ago, the OSU College of Osteopathic Medicine at the Cherokee Nation has not only been training new doctors, but engaged the local community in hopes of inspiring a new generation. Oklahoma State University Center for Health Sciences and the Cherokee Nation have partnered together to establish the nation's only tribally affiliated medical school. The medical school is located in the capital of the Cherokee Nation in Tahlequah, OK. The historic town of Tahlequah was established by the Cherokee people before Oklahoma statehood. It is the oldest municipality in the state by virtue of an incorporation act by the Cherokee National Council of 1843. Today, the Cherokee Nation is one of the largest tribes in the United States with more than 413,000 tribal citizens worldwide. With 140,000 Cherokee Nation citizens residing within the tribe's reservation in northeastern Oklahoma, it's more important than ever to educate future doctors in the area.

The importance of education has been a guiding philosophy of the Cherokees in Tahlequah since the establishment of the Cherokee Male and Female Seminaries in 1851. Since that time, the Cherokee Nation has made a deep investment in educating the next generation of educators and is now furthering that investment to better the health of all on the Cherokee Reservation. Training in Tahlequah provides the perfect incubator for primary care physicians to practice in rural Oklahoma. With a significant rural and tribal population in the state, understanding the unique social determinants of health that exist in Tahlequah translates into better care for all Oklahomans and members of all Oklahoma tribal members.

The 85,000-square-foot medical school includes anatomy, clinical skills, osteopathic manipulative medicine and standardized patient labs. It also features a simulation center with computer programmable manikins. The facility also includes lecture halls, classrooms, faculty offices, study carrels, break room and a wellness center. The Tribal Medical Track prepares medical students for a primary care residency at tribal facilities and a successful practice in tribal, rural and underserved Oklahoma. The tribal medical track offers unique learning opportunities for motivated students to fully develop their skills, knowledge and abilities to succeed in a challenging practice environment while learning about the rich cultures of American Indians. ♦

