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“I love to turn on light bulbs over other people’s heads. You can just see the tumblers spin in their minds. I get a tremendous amount of personal satisfaction from interactions with students and residents learning more about medicine or in helping them crystallize a career path. These interactions are invaluable, a two-way street with information flowing both ways to keep you on the cutting edge. It is almost as much fun for me to make rounds on Saturday morning and see the lights turn on over students’ heads as it is to watch Ohio State beat Michigan,” claims Wright State’s new medical dean and ardent OSU football fan, Howard M. Part, M.D., F.A.C.P. Dr. Part has been selected as the school’s fifth dean, succeeding Kim Goldenberg, M.D., who became president of Wright State University.

Seasoned by several years of administrative experience, Dr. Part has held several positions of leadership within the school. In 1988, he became a full-time faculty member and chief of the General Medicine Consult Service, based at the Dayton VA Medical Center. He became director of the VA medicine residency program and associate program director for Wright State’s integrated medicine residency programs in 1990. In 1993, Dr. Part became vice chair for medical education and clerkship director and served a term as chair in the Department of Medicine before moving to the position of associate dean for faculty and clinical affairs in 1995. He served as acting dean for one year.

John Lindower, M.D., Ph.D., former acting dean and executive associate dean for the school, says that others find Dr. Part a natural leader who leads by example. “He has been sought out as a leader in his field since he was in medical school and is highly regarded by his colleagues,” notes Dr. Lindower. “When dealing with complex issues, Dr. Part listens and is able to sort out the facts and develop solutions that are satisfactory for all concerned. He handles negatives in a statesman-like way. He has the respect and admiration of our community and our partners, and he has the necessary skills to be an ideal leader in medical education.”

“The university made an exceptional decision in naming him dean.”
Thomas Proctor, M.D. (’93), remembers Dr. Part as his attending physician during his third-year clerkship. “Dr. Part was a leader who could make you feel confident in your own abilities and was able to pull out of you your best. That is a unique ability. The university made an exceptional decision in naming him dean.”

Becoming a physician was an apparent, yet delayed, option for Dr. Part, the son of a physician who practiced in an inner-city, underserved community. His father was a natural early role model, altruistic and highly focused on patient care.

Like many of Wright State’s nontraditional students, Dr. Part brought to his medical education enriching life experiences. “I was absolutely fascinated by the biological sciences and read as much as I could about physiology, anatomy, function, and structure. I also enjoyed the communication fields,” notes Dr. Part, “and for a few years I tested several areas to decide which direction I wanted to take.” He was interested in veterinary medicine as well as human medicine. Fields closely related to the human condition, such as clinical psychology and sociology, were also intriguing. He experimented with several things, including professional dog training.

Entering Ohio State University College of Medicine at the age of 29 was “almost unheard of then,” he remembers. “I felt very fortunate to be able to get into medical school because the route I took was strange and because few people over the age of 30 were admitted. Age was clearly a discriminator—I was often called ‘Grandpa.’” Entering the three-year program at OSU was an attempt to make up for “lost time.”

He found mentors at OSU who taught in the Socratic method, asking questions until you discovered the answers, the enlightened methodology he adopted as a clinical faculty member and later as clerkship and residency program director at Wright State. “My role models were humanistic and had an incredible fund of knowledge they applied in a very thoughtful manner. They knew how to get the best out of their students. They would force you to stretch. They would challenge you to take on responsibility. It was and is a great way to learn, much better than sitting back and taking directions.”

Because he so enjoyed the ability to interact about patient care issues in a teaching setting, Dr. Part joined Wright State’s faculty as a clinical assistant professor in 1986 when he entered internal medicine private practice in Dayton, practicing primarily out of Kettering Medical Center. “Internal medicine is a good match for how I think about things,” explains Dr. Part. “Most internists resonate with the discipline because of the breadth and depth of the discipline and the diagnostic hunt. It is like being a medical detective in some ways.”

Dr. Part searches for lights-on switches with patients, too. “I enjoy having a similar impact upon...”

“Others might bark out ‘next!’ or respond harshly. He never did. He made learning fun, not intimidating.”

Bulbs

(From Top) Dean Part participates in the ribbon cutting ceremony for the Charles R. Drew West Dayton Health Center; Dean Howard Part (L–R) visits with students Thanya Chinakarn, Prakash Pandalai, Michele Henley, and Matthew Crowe at a picnic to kick off the third year.
patients. They will tell you what is wrong if you listen carefully and follow up with the right questions. You establish a trusting relationship and try to make the best possible decisions with them regarding their own personal health care. It is truly a privilege to be able to do that. You are entering a realm that is so extraordinarily personal. It is part of my core and it is for purely selfish reasons that I still see patients.”

“His patient skills are incredible,” says Dr. Proctor. “On rounds he would describe the case in intricate detail. When we saw the patient, he would, with a gentle smile, explain to the patient exactly what was going on and answer any questions. He was able to change his vernacular to fit both patient and student, not talking down or above us but with us.”

Married while in medical school to Kristine Kunesh, a classmate who now practices ophthalmology with her father and brothers, Dr. Part connects with Wright State’s students. “As an older student with a family,” remarks Katherine Wingate, M.D. (’91), a local pediatrician, “I felt an instant camaraderie with Dr. Part. He encouraged me when others had not. By his example I felt I could be a good doctor and still maintain a good family relationship.” Dr. Wingate remembers that she “never felt as though he disapproved of a wrong answer. He would rephrase in a way that helped you understand where you had gone wrong. Others might bark out ‘next!’ or respond harshly. He never did. He made learning fun, not intimidating.”

Gary Conley, M.D. (’91), concurs. “Dr. Part had a caring, patient-focused attitude and was always available. He wouldn’t give answers, but helped you come up with them.” Dr. Part has received nine awards for teaching excellence.

Sharing experiences and relationships are important to Dr. Part. “When I was an intern on a hematology/oncology service, where everyone had a life-threatening disease, I became very close with a patient and her husband. After a heroic fight, she succumbed to a rare cancer. Her death and the grief of her family had a substantial impact on me. I discovered that opening up and feeling the impact of her death was humanizing for me. That was important, because in residency you can depersonalize. I remain grateful for this experience.”

Sharing these kinds of personal learning experiences with others is part of the profession, notes Dr. Part. “When you share who you are with residents and students,
it becomes part of them in some way. And they pass that on. It is amazing how we touch other people and aren’t even aware of it sometimes. You have to be very careful and thoughtful in imparting information so students take the best of you with them. As a physician this is an unbelievable legacy.”

Jennifer Schweitzer, M.D. (’93), remembers that Dr. Part’s “quiet presence made an immediate impression. He obviously liked to teach, and he was always caring and compassionate. He was genuinely interested in my career choice and wrote a letter of support for my residency in family practice.” He also helped Damian Lebamoff, M.D. (’92), with his career choice of surgery. “Dr. Part was very understanding and encouraged you to make the right decisions for you,” says Dr. Lebamoff.

Dr. Part has noticed that his penchant for finding light bulbs in interactions with students, residents, and patients is “directly transportable” to faculty. “Over the years, I have been most impressed with the faculty and staff here. It is an extraordinary group of people. They are highly motivated and I’m continually awed by how much they care about the well-being of the school and our students and alumni.” His management style encourages inclusiveness, creative thinking, and teamwork, and Dr. Part “likes to allow good people to work without a lot of micromanagement,” preferring to delegate duties to collaborative teams. This collaborative style has already been put to good use in dealing with national and local health care issues.

Wright State President Kim Goldenberg notes that “Dr. Part is skilled at listening and communication, which has enabled him to excel as a master teacher, clinician, and administrator. He is committed to the school’s missions of teaching, research, and service and will address crucial issues, such as the professional development of women and minorities.”

Outside of the roles of physician, teacher, and leader, Dr. Part is a self-professed audiophile, photography buff, and exercise enthusiast. He seeks out “right brain” activities through the arts and nature. He “recharges his batteries” by attending art galleries and theatre productions, and through time spent with his family (wife Kristine, 12-year old daughter Sarah, and a barely trained golden retriever named Sam).

Let there be light.

— Judith Engle

Howard M. Part, M.D.

Key Highlights

Education:
1978: Ohio University, B.S. (Cum Laude)
1982: Ohio State University, M.D.
1982–85: Ohio State University, Residency (Internal Medicine)

Professional Memberships:
Alpha Omega Alpha (AOA)
American College of Physicians—American Society of Internal Medicine
American College of Physician Executives
American Medical Association
Association of American Medical Colleges, Council of Deans
Montgomery County Medical Society
Ohio State Medical Association
Wright State University Academy of Medicine

Recent Awards:
Community Service Award, National Association for the Advancement of Colored People, Greene County, OH
ACP Ohio Chapter, Governor’s Award
Class of 1996 Top Ten Distinguished Teaching Award
Class of 1995 Teaching Excellence Award
Department of Medicine Appreciation Award
Excellence in Medical Education Award
Class of 1992 Teaching Excellence Award
Dayton VAMC Award for Excellence in Medical Education
A. Robert Davies, M.D., Teaching Excellence Award (Twice)

Areas of Professional Interest:
Innovations in primary care education and research
Faculty professional development
Medical organizational theory and administration
Consultative medicine
Medical decision making

Areas of Research Activity:
Diabetes mellitus
Hypertension
Medical education
Osteoporosis in postmenopausal women
Prevention and health promotion for adolescents
Transitional treatment for psychiatric patients

Areas of Authorship:
Clinical decision making
Community partnerships in medical education
Medical education
Hypertension
The history of psychiatry, in many but not all countries, has been secular. It has viewed religion as something to be interpreted, a neurotic defense mechanism,” says David M. Rube, M.D., associate director of child and adolescent psychiatry at the School of Medicine and director of psychiatry at Children’s Medical Center. Indeed, for most of the century since Sigmund Freud developed his psychoanalytic theory, conventional psychiatrists were more likely to view religious activity as a symptom of mental illness than as a possible aid to mental health.

Although three out of four Americans reported in a recent Gallup Poll that some form of prayer is an important part of their daily lives, few psychiatrists are trained to understand how faith might play a significant role in helping patients deal with illness. As a result, some of his colleagues “squirm in their seats” when issues involving spirituality or religion arise in therapy. Dr. Rube hopes to make a contribution toward a growing movement to change that reaction.

His proposal for incorporating spirituality and religiosity into the child and adolescent psychiatry residency training program was one of seven winners of a John G. Templeton Spirituality and Medicine Award for Psychiatric Residency Training Programs. This is the second year that the National Institute for Healthcare Research (NIHR), a nonprofit organization that focuses on the relationship of spirituality to physical, mental, and social health, has presented the Templeton Awards to medical schools. Dr. Rube is using Wright State’s $15,000 award to implement his new course with five residents this year.

“Modern child and adolescent psychiatrists should be aware of and sensitive to the spiritual needs and religious obligations of their patients and families,” Dr. Rube says. “If, as a psychiatrist, I’m comfortable talking with kids about drugs, sex, and VD, I should feel comfortable talking to them about spirituality. Medical illnesses are universal, but one’s faith is not. It’s incumbent on physicians to learn about their patients, not vice versa.”

The purpose of this program is not to teach residents to be religious themselves, but to teach them to understand the spiritual dimensions of their patients’ lives.”

The Child and Adolescent Psychiatry Fellowship/Residency Training Program, under the direction of William M. Klykylo, M.D., is a two-year program beginning in post-graduate year four or five. Dr. Rube’s course will be taught in two stages, with both the didactic and experiential portion taught in the winter and spring.

The didactic portion of the course will cover spirituality and religiosity in children in both medical and school settings. Hospital chaplains, religious school principals and teachers, and pastoral counselors representing Catholic, Protestant, Jewish, and Islamic faiths will serve as faculty. Topics will include spirituality in children and the spiritual needs of families with medically ill children; the role of pastoral care; the fundamental religious tenets and practices of Catholicism, Protestantism, Judaism, and Islam; and school consultation in the religious educational setting.

During the second half of the course, residents will visit the schools and hospitals with which the faculty are associated to assess firsthand how they deal with spirituality, religiosity, mental health, and academic issues.

“Working in conjunction with various religious schools will allow course participants firsthand experience in developing the expertise necessary to work through religious and spiritual issues with their patients,” says Dr. Rube, who also serves as a school consultant for the Regional Institute for Torah and Secular Studies in Cincinnati. He hopes not only to reduce common biases resident physicians might have against discussing religion but also to help them understand the biases religious people sometimes have against psychiatry.
“Church is clearly an important part of life for the community, in this part of the country in particular. The purpose of this program is not to teach residents to be religious themselves, but to teach them to understand the spiritual dimensions of their patients’ lives. We all need to understand the importance of being sensitive to a belief system. Whether it’s Jewish or Catholic or whatever, a lot of people find some sort of spiritual grounding helpful. As psychiatrists, we need to know how we can work within that belief system without being judgmental,” he says.

“Being an Orthodox Jew myself, I know people in my community who would prefer to discuss their problems with someone from their own faith. Sometimes a problem is not so much a mental health problem as it is a spiritual one. In that case, I may tell a patient, ‘Throw in a few prayers if you believe that will help,’ or even say, ‘You’d be better off talking to your priest or rabbi about this.’”

In his own practice, Dr. Rube has found that helping children discuss and deal with spiritual issues and religious obligations can give them a greater sense of belonging to the larger community. “There is an innate human need to belong,” he says.

“In our culture, we see movement away from family and family values and a move toward greater secularism. So many kids we see in the clinic seem to have a pervasive sense of rootlessness. Although their homes are full of televisions and Nintendo games, so much of their environment is unstructured or based upon materialistic acquisitions. Children and adolescents need to feel attached and close to others. If they don’t, they resort to negative behaviors. Being able to tap into spiritual knowledge may provide a basis to set down roots.”

Dr. Rube believes the program he has developed is well matched to the mission of Wright State University School of Medicine, which emphasizes a patient-centered approach to health care delivery, rather than a disease-centered approach. In the first years of undergraduate medical education, students in the required course “Social and Ethical Issues in Medicine” complete a section on spirituality and medicine.

There is a growing awareness among medical educators about the need to encourage students to understand and respect their patients’ religious orientations and beliefs. According to an article published last year in the journal Family Medicine, more than 60 U.S. medical schools have begun in recent years to teach students to ask patients questions like: “What aspects of religion/spirituality would you like me to keep in mind as I care for you?” or “How has your religious or spiritual history been helpful in coping with your illness?”

“I see patients with schizophrenia, manic depression, serious diseases,” Dr. Rube says. “If they can find comfort from whatever church, synagogue, or mosque they attend, I encourage it.”

— Robin Suits
Many problems cause the brain to swell. The causes can be as varied as head trauma or chronic liver disease. The effects can be diffuse swelling throughout the brain, as with Reye’s syndrome, or it can be localized in a specific region, as in a stroke. Whatever its origin, brain edema is a function of the same basic ingredient—water.

“In all of these conditions there is an increase in the total water content of the brain,” explains James Olson, Ph.D., professor of emergency medicine and physiology and biophysics at Wright State. He recently received a three-year, $750,000 grant from the National Institutes of Health (NIH) to study how the brain adapts at the cellular and tissue levels to changes in water volume.

Like tissue throughout the body, the brain is mostly water. The brain is softer tissue than skin, muscle, and other internal organs. Evolution has encased the brain in a hard skull and cushioned it in its own hydraulic shock system of cerebral-spinal fluid. This protects the brain from external injury but leaves little room to accommodate changes in brain volume when the threat comes from within.

“If you get hit in the arm with a baseball, it swells. It may be painful, but the swelling itself doesn’t restrict blood flow or impede the use of your arm,” Dr. Olson says. “When tissue swells in the brain, it restricts blood flow. The result is ischemia, one of the worst consequences of brain edema.”

As brain tissue swells, heart rate and blood pressure increase to maintain blood flow to the brain. With severe brain edema, however, swelling can exceed the body’s capacity to compensate. Current medical treatments tend to be generalized and short-lived, treating the edema’s effect rather than its specific cause in the brain.

The brain itself has mechanisms, as yet little understood, that control water volume under normal conditions. Water moves freely across brain cell membranes through the process of osmosis, adjusting the concentration of a host of metabolic substances within cells by changing the cells’ water volume. Water transport in the brain is a subtle yet powerful force.

“There is a normal physiologic range in which the brain is able to adapt to water volume changes,” Dr. Olson says. His research is investigating how brain cells known as astrocytes increase and decrease water volume by transferring the amino acid taurine.

Astrocytes are so named because they resemble stars when stained in living brain tissue and viewed through a microscope. Astrocytes are glial cells, a brain cell type that is more numerous but less familiar than neurons, the cells that transmit nerve signals throughout the body. In the human brain glia outnumber neurons by a ratio of 10 to 1. In frogs, by comparison, the ratio is closer to 1 to 1.

“You might argue that we need to count the number of glial cells in Einstein’s brain, rather than the number of neurons, to correlate brain cells with intelligence,” Dr. Olson says with a laugh. After
When tissue swells in the brain, it restricts blood flow. The result is ischemia, one of the worst consequences of brain edema.

studying glial cell biology for more than 20 years, he believes the glia play an instrumental role in regulating brain metabolism.

In earlier studies funded by a research challenge grant from the Ohio Board of Regents, Dr. Olson found that water volume in neurons remains constant while it fluctuates in glial cells tested under similar experimental conditions. This suggests that neurons and glia interact to maintain neuronal water volume. The movement of taurine between the cells may trigger water transport. A major thrust of the new research will be to study the interaction of neurons and glia in living tissue removed from rat brains. Collaborators in the research include Ann Taylor, Ph.D., and Robert Fyffe, Ph.D., from Wright State’s Department of Anatomy, and Norman Kreisman, Ph.D., from Tulane University.

“When we understand better how brain cells regulate water volume under normal conditions,” Dr. Olson says, “we may be able to devise better treatments for brain edema that treat the cause rather than the effect.”

— Mark Willis
Before delivering the commencement address for Wright State University School of Medicine in June, U.S. Surgeon General David Satcher took time to answer questions from local journalists. Clad in the dress white uniform of the Public Health Service, he looked more like an admiral than a doctor. Both the uniform and title have antecedents traceable to the first Merchant Seaman’s Hospital in Boston more than 200 years ago. The Surgeon General’s role has evolved from health inspector of ships and sailors to America’s leading health advocate, and David Satcher fills the role with moral authority and a detailed command of facts and figures.

The tragedy of mass shootings at Columbine High School in Colorado was still fresh in the public’s mind, and reporters asked the Surgeon General for his thoughts about youth violence. “The problem is worse than it seems, because it happens every day,” Dr. Satcher said. “Every day 13–15 children die from youth violence—as many as died at Columbine High School.”

Only about 1 percent of youth violence takes place in schools, he explained, but it is the second leading cause of death for Americans age 10–24. For African American and Hispanic youth, it is the leading cause.

“We have to see youth violence as a public health problem,” he continued. “It is mostly preventable. We shouldn’t wait to intervene until people show up in the emergency room.”

The next question came not from a reporter, but from one of those American youth, age 15. In the middle of the news conference the Surgeon General’s countenance changed visibly from government official to supportive elder.

“Dr. Satcher, why do cigarette packs have warning labels that many people don’t understand? The warning labels say that cigarettes contain carbon monoxide. If smokers don’t know about the dangers of carbon monoxide, why should they be concerned?” asked Langston D. Burgess, a member of the Teen Waves Wellness Coalition who is now a sophomore at Dunbar High School in Dayton.

“Dr. Satcher, I have a follow-up question,” said Brian Selman. “What methods do you use to monitor the impact of warning labels on cigarette packs?”

Larry Black had a follow-up, too. “What group has cut back on cigarette smoking the most as a result of the warning labels?”

Teen Waves spokesperson poses a question to Dr. Satcher.

That’s a very good question,” Dr. Satcher replied. “In 1964 . . . I don’t know if you remember what happened in 1964. . . .” The room burst into laughter. Dr. Satcher added with a warm smile, “I know, I know. I’m only kidding him.”

In 1964, when Luther Terry issued the first Surgeon General’s report on smoking and health, more than 50 percent of American adults were smokers. Today, about 25 percent smoke. A few days before the news conference, Dr. Satcher had published an editorial in the Journal of the American Medical Association calling for warning labels on cigars. More work needs to be done, according to the Surgeon General. “Some of the labels need to be improved and made clearer.”

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Brian and Larry also represent Teen Waves. Both are eighth-graders at Dayton’s Fairview Middle School. More than one journalist in the room was impressed with the professionalism of their questions.

The federal government surveys children and adults to gauge the effectiveness of anti-tobacco campaigns, the Surgeon General explained, and the number of smokers is monitored year by
year. Two years ago, African American teens had the lowest smoking rate among groups surveyed. Since then their percentage of smokers has risen from 12 to 23 percent, compared to 34 percent for white teens.

“Our concern is that the curve is going in the wrong direction for African American youth,” Dr. Satcher said. Then he turned to the Teen Waves representatives and asked a follow-up question of his own. “What do you think the warning labels should say? Think about it and write to me with your ideas.”

Asking young people what they think about health messages directed to them was the inspiration behind the Teen Waves Wellness Coalition, a collaboration between the School of Medicine’s Office of Public Relations, the Center for Healthy Communities, and the Alliance for Research in Community Health (ARCH). The project combines health education with media training so that Dayton-area teens can develop communication skills and confidence needed to talk about health issues with their peers and the news media.

Last year Teen Waves organized a community forum called “Teens Against Violence” at St. Agnes Church in Dayton. It brought together more than 60 youth from both east and west Dayton as well as community leaders and several Dayton city commissioners. The event made headline news on all three Dayton TV stations. A month later Teen Waves members recorded “Toward the Solution,” a one-hour documentary on youth violence broadcast on public radio station WYSO FM.

This year the coalition’s attention turned to tobacco. Teen Waves members learned how to write and record their own “stop smoking” messages in the studios of WDPS FM, a public radio station operated by Dayton Public Schools. They participated in compliance checks sponsored by the Combined Health District of Montgomery County to determine how local vendors comply with laws restricting cigarette sales to minors. Given the opportunity to attend the Surgeon General’s news conference, the topic they chose to pursue was cigarette warning labels. They prepared and rehearsed their questions with guidance from Joy Burgess (director of community health relations for the Alliance for Research in Community Health—ARCH), Wright State undergraduate Annette Caskey, and Dayton Impact Weekly reporter Kristen Wicker.

What’s the next project on Teen Waves’ horizon? Meeting the Surgeon General’s challenge to devise better warnings for cigarette packs.

— Mark Willis
Almost 200 people, including at least 50 children under 14, attended the School of Medicine’s first Mini-Med School on May 15. The Saturday afternoon program featured faculty researchers, an interactive computer lab to explore human anatomy, activities that demonstrated brain functions, CPR demonstrations, and classes taught by medical students in the Student-to-Student program. Student-to-Student presented three classes for K–12 children: “The Human Body,” “The Dangers of Smoking,” and “How 2 B an M.D.”

Participants ranged from parents of medical students to adults who came to hear about a specific research project, from high school and college students interested in pursuing medical careers to elementary school children fascinated by a human brain. In their evaluations, participants of all ages expressed appreciation for the opportunity to interact with medical students and faculty and gain insight into the nature of medical school.

One father who brought his 16-year-old wrote in his evaluation, “Thank you for a wonderful opportunity to learn. My daughter would like to be a doctor and this was a terrific opportunity for her—especially to talk to and listen to the first-
and second-year students. Her school and state science fair project was on DNA so the lecture by Dr. Berberich was perfect for her. Thanks again for your generosity.”

One young participant especially enjoyed a talk about genetics “because it is pretty amazing how everything works together and how you can clone things.” Others were impressed with Student-to-Student’s session on the human body in which they donned plastic gloves and handled real human organs because, as one wrote, “it had fun things to touch.” Another liked it because “you physically had the chance to see what you are really made of.” But one youngster added a suggestion: “Get some air fresheners around those organs!”

Another Mini-Med School for adults and children is tentatively planned for spring. A non-credit mini-med course for adults is planned for fall. The adult program will take the form of a four-week evening series with faculty talks followed by participatory experiences in the lab.

— Robin Suits

“"This was an outstanding opportunity for my son and I. I recommend this for all school-age kids. We had fun and learned a lot.”
“I am the product of three continents,” explains Al Batata, M.D., long-term chair and professor of pathology. “I bring the best of some of the greatest institutions on three continents to this city, to this medical school.”

Dr. Batata attended Egypt’s first medical school and teaching hospital, established by Napoleon in 1812. “When I was in medical school, I hated the basic sciences,” he recalls. “They were taught eight hours a day for three years. I passed it, but hated it. I wanted to be a doctor and I thought it was a waste of my time. The basic science side of it, I didn’t understand and I couldn’t get it. I thought it was my fault, that I wasn’t good enough. What I did at Wright State is because of my experience as a medical student.”

After completing a residency in internal medicine, Dr. Batata served two years in a small town as mandated by Egyptian law. Soon, his practice was flourishing, with more than 100 patients a day. Concern for patients with common, hard-to-treat illnesses sent him back to school, where he studied hematology, clinical pathology, and anatomic pathology. He then became head of a laboratory in Cairo where he “realized that the laboratory was everything, that there is nothing called good medicine without a good laboratory.” Collaborations with colleagues in England led to a move to Oxford University and later the Postgraduate School of London and its associated National Hospi-tal, a complex of highly specialized hospitals. Here, Dr. Batata headed hematology research and patient care, where 18-hour days were commonplace and tedious methods of measuring and counting red blood cells were done with the eye, not by machine.

An invitation from Dr. Sidney Farber, renowned physician and researcher from Harvard who developed chemotherapy for leukemic children, brought Dr. Batata to the United States. He remembers this experience as “a revelation. Here were the best, the brightest, the most serious scientists in the world, but they didn’t know it. In England, there was a great deal of pride, even conceit; here there was not. It was an intense experience with long hours.”

After seven years, Dr. Batata moved to Marquette University in Milwaukee. From there, Dr. John Beljan, the medical school’s founding dean, enticed him to come to Wright State to lead the pathology department in 1977. “What we did was not done anywhere else in the world,” says Dr. Batata. “It was absolutely a new teaching program that we

“Teaching is the master of all professions. It is a great reward to see the pleasure in students’ eyes; there is nothing better.”
worked on 20 hours a day. We developed a museum of gross specimens and hundreds of slides and purchased the best audiovisual equipment from the start.” Dr. Batata brought together the community’s pathologists to form a core of dedicated clinical faculty. Later, he invented a unique 20-headed microscope so that students and instructor could view the same slide simultaneously.

Dr. Batata’s teaching philosophy has made him a popular faculty member. “Teaching is the master of all professions. It is a great reward to see the pleasure in students’ eyes; there is nothing better. It is not the fault of the student if he or she does not understand; it is the fault of the teacher.” For years, he and his wife Julia invited groups of students to their home for “high tea,” a social interaction that bonded them to many alumni.

This summer, Dr. Batata retired as chair of pathology and as director of the Lymphology Research Lab, a longstanding diagnostic laboratory that brought pioneering technology to the Miami Valley.

He does not plan to be bored, however. A passionate opera and classical music aficionado, he hopes to listen to his collection of 1,000-plus CDs, read great literature, and study history. And, kilted in the family’s plaid, he will dance to the mournful sound of bagpipes; he hopes to dance in St. Andrews, Scotland.

— Judith Engle

What does it take to be director of the Interdisciplinary Teaching Laboratories (IDTL)? Deb Hendershot quickly answers, “Flexibility!” After 10 years as director, Deb knows that being prepared for the unexpected is normal at IDTL. Behind the scenes Deb Hendershot and her staff support courses—both on and off campus—by setting up supplies for labs, filming classes, and supervising computer labs. With the integration of computers into the curriculum, IDTL is providing more computer support for both students and faculty.

Though an extensive traveler, Deb loves Wright State University and has made it her professional home. She likes her work because it provides interaction with students. In her words, she has “the ideal job. I work with students and faculty. I get to see both sides.”

Deb received her bachelor of science and master of science degrees in biology. Before joining IDTL in 1989, she worked in biomedical research for 10 years. She loved her work in spinal cord research.

According to Deb, one advantage of working at Wright State University is “other duties as assigned.” For her, that has been involvement with the Anatomical Gift Program. At the annual interment service, families are shown how their gifts contribute to the medical education of our students. Deb has been touched by the appreciation of these families.

There have been many changes during her tenure, including increased emphasis on community service for IDTL. For IDTL, this means providing CPR classes and facilitating Basic Life Support and Advanced Clinical Life Support training for local hospitals. With the increased responsibilities at IDTL, the addition of community service, and the integration of computer usage, Deb contends that communication is the key. When course or scheduling changes are made, Deb needs to know so that IDTL staff can ensure that faculty have the supplies they need and that students receive the appropriate information.

— Gwen Sloas
Stephen Bernardon, M.D., practices emergency medicine in the outer Cincinnati suburbs in northern Kentucky. After recently transitioning to a new hospital, Dr. Bernardon says he is “not only content but much happier.” He is happily married with two adopted sons, and his family enjoys a trip to the beach each summer.

Looking back at his education at Wright State School of Medicine, Dr. Bernardon values the superb teaching and attention given by the teachers, the friendships with both students and professors, and the administration’s caring nature. He offers this advice to prospective medical students: “Excel in anatomy and physiology because you will be using this knowledge for the rest of your clinical career. Remember to be an advocate for the patient no matter what any HMO/insurance company tells you to do.” In addition, he offers this observation for all our readers: “If you are truthful with yourself and family, then taking care of patients and your career will be a more rewarding experience.”

Rob Mascia, M.D., is the medical director of a 350-physician PHO, executive director of a 30-provider primary care practice, and active in the clinical practice of family medicine. He lives in Brookfield, Connecticut, and is married with a daughter and son.

Recently, the Mascia family traveled through Italy, England, and France. Currently, Dr. Mascia is pursuing a master’s degree in medical management through the American College of Physician Executives.

He offers this advice to prospective students: “In spite of rapid change, the health care profession remains rewarding for those who are committed to the principles of the profession. Young, energetic physician leaders are needed from our students and new graduates. Wright State University School of Medicine is positioned to turn out leaders with clinical excellence and a humanistic mindset. It was this combination that made it the correct choice of school for me personally.”

Robert Mathes, M.D., is a family practice physician in Wolfeboro, New Hampshire, a small town with approximately 5,000 residents. The last 20 years have been adventurous for Dr. Mathes: he is married, has two sons, and is a very active hiker. He has hiked to the top of all 48 peaks over 4,000 feet in New Hampshire and has trekked to the Annapurna Sanctuary in Nepal. In addition, Dr. Mathes “barely” completed the 1988 “Sea to Summit” triathlon, which consists of kayaking 12 miles, bicycling 90 miles, and hiking 8.5 miles to the top of Mt. Washington.

Along with his accomplishments, Dr. Mathes says he also faces disappointments: “Enlightenment still eludes me; in fact, my self-flagellation amazes me. When patients switch to other doctors, I wonder what I did wrong, even if they move out of state!”

His advice to new medical students is to “keep priorities straight. Quality, appropriate, cost-effective medicine is the goal.”
Gift Will Create New Division

A major gift to the Wright State University School of Medicine will endow the head of a new division in health systems management within the Department of Community Health. Oscar Boonshoft, a retired project engineer from Wright-Patterson Air Force Base and community philanthropist, has given $2.5 million to stimulate the development of health policy and systems that would simplify the process and delivery of health care.

“This extraordinary gift provides another link between school resources and community needs,” notes Dean Howard Part. “The new division will be a collaborative center charged with educating future physicians, researching regional health care issues, and enhancing patient care.”

Alumni Note

Duraldo Brooks, M.D. ('82), has been selected as a fellow of Commonwealth Fund/Harvard University Fellows in Minority Health Policy. Established in 1995, the program prepares physicians, particularly those from racial and ethnic minority groups, for leadership positions in minority health policy. The fellowships provide a one-year course of study at the Harvard School of Public Health. Dr. Brooks is currently associate medical director in the Community-Oriented Primary Care Program at Parkland Memorial Hospital, Dallas, Texas.
Nothing brings partners together better than a party, and a yearlong celebration of the school’s 25th anniversary accomplished this and more. During the past year, Wright State University School of Medicine reflected on its history, thanked its founders, and reconnected with its friends.

Jorden Cohen, M.D., president of the Association of American Medical Colleges, kicked off the celebration at the 1998 graduation keynote address. Since then, the school has hosted alumni and founders reunions, staff and faculty receptions, research forums, a student convocation, and donor recognition events.

The school designed an anniversary logo and emblazoned it everywhere, including on souvenir coasters that were widely distributed. The first video for the school was produced and mailed to all alumni. An historical trivia quiz was developed to stump alumni and founders, and a large pictorial display of 25 years of Dayton’s academic medicine traveled to all events.

The legendary group, The Temptations, performed for 2,000 in April as a thank you to the school’s many partners—voluntary faculty, corporate representatives, and community supporters.

In May, the school opened its doors for a Mini-Med School. Spaces filled so quickly, a list of
more than 100 await the next opportunity to visit the school (See more on pages 12–13). Founders’ Weekend brought together a core group of alumni, faculty, and staff who helped establish a new medical school. Exhaustive searches located “lost” founders across the nation, and local media highlighted the school’s origins.

In June, U.S. Surgeon General David Satcher was the guest of honor and keynote speaker for Wright State University School of Medicine’s 20th graduation ceremony. He advised the 96 graduates to “make the American dream come true” and commended the school’s “longstanding commitment to community and attention to ensuring diversity” as “the ingredients that make a difference in the lives of the American people.” He continued, “Wright State is known as a model for building successful community partnerships. Your commitment to health has not just positioned you in the community, you have made yourself a part of the community—working together with it to care for underserved populations.”

As all of this activity subsides, it is obvious that some intangibles remain—a sense of pride and accomplishment; a renewed energy for our missions; and anticipation of continued progress toward becoming a preeminent community-based medical school.

— Judith Engle
Margaret M. Dunn, M.D., F.A.C.S., professor of surgery, has been appointed associate dean for faculty and clinical affairs at Wright State University School of Medicine. She served as acting associate dean since April 1998, and as associate program director of Wright State’s Integrated Surgical Residency and co-director of surgical education at Miami Valley Hospital. She joined Wright State’s faculty in 1982 and is a 1995 graduate of the prestigious Executive Leadership in Academic Medicine fellowship.

In addition, Dr. Dunn has been elected president of the Ohio Chapter of the American College of Surgeons. She has held leadership roles in the chapter since 1989. She is a past president of the Association of Women Surgeons and the Dayton Surgical Society and was elected Ohio Governor-at-Large of the American College of Surgeons in 1998 for a two-year term. She is a graduate of Jefferson Medical College and completed her internship and general surgery training in the Einstein Montefiore Integrated Surgical Residency in the Bronx, New York.

Oluwatope A. Mabogunje, M.D., Professor, Surgery M.D.: Harvard Medical School Residency: New York University–Bellevue Hospital (general surgery) Fellowship: Memorial-Sloan Kettering Hospital (oncology) Fellowship: Children’s Hospital of Los Angeles

John J. Halki, M.D., Ph.D., has been appointed acting chair of the Department of Obstetrics and Gynecology for a 12-month term, effective August 1. He succeeds Stephen Cruikshank, M.D., who accepted the position of chair of obstetrics and gynecology at the University of South Carolina. Dr. Halki served as department chair from 1982 to 1989, when he was appointed professor emeritus of obstetrics and gynecology. He joined Wright State’s faculty in 1975 and was assistant dean for Air Force Affairs from 1976 to 1979.

L. David Mirkin, M.D., has been appointed acting chair of the Department of Pathology, effective September 1. He succeeds Al Batata, M.D., who retired in August. Dr. Mirkin has served as a professor of pathology and pediatrics at Wright State since 1987. He is director of pathology and the clinical laboratory at Dayton’s Children’s Medical Center.

Jerald Kay, M.D., professor and chair of psychiatry, was named Wright State University’s Outstanding Faculty Member of the Year. Dr. Kay was commended for his excellence in a variety of roles—teacher, researcher, administrator, clinician, and scholar. He is a prolific author, and his 1997 two-volume text on psychiatry was reviewed in the prestigious New England Journal of Medicine as “the best in its field.” Dr. Kay received his M.D. from the University of Maryland and completed general and child psychiatry residencies at the University of Cincinnati.

John Bullock, M.D., professor and chair of ophthalmology, was named the Brage Golding Distinguished Professor of Research. His clinical research efforts have developed improved procedures for cataract removal, documented complications for a type of glaucoma eyedrops, and explained how improper administration of anesthesia can damage the eye. His research also includes historical evaluation of famous blind individuals, including St. Paul and Dom Perignon. Dr. Bullock received his M.D. from Harvard and completed his residency in ophthalmology and ocular plastic surgery at Yale.