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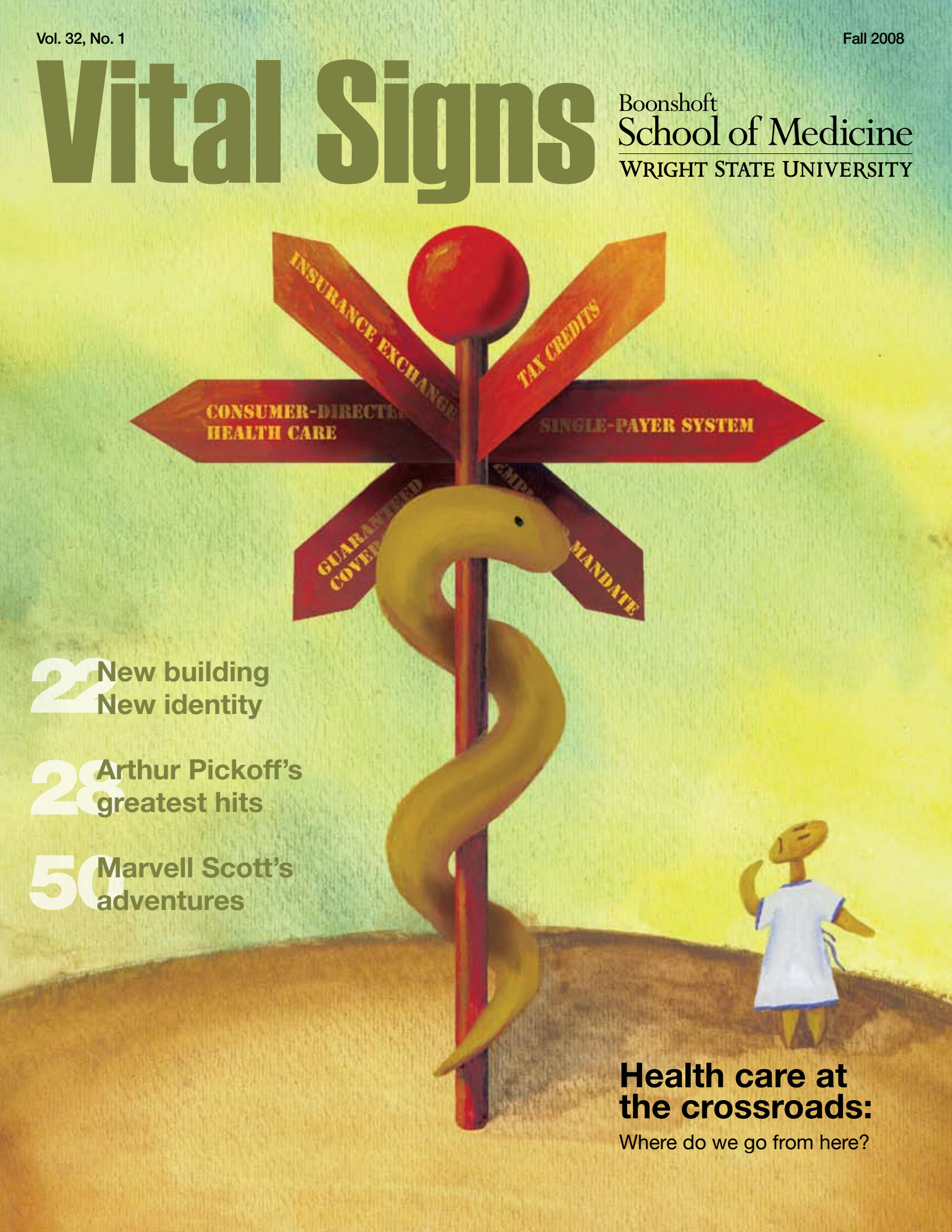
Vital Signs

Boonshoft School of Medicine
WRIGHT STATE UNIVERSITY



Health care at the crossroads:

Where do we go from here?

Issues and Insights:

The Dean's Perspective

Heath care in America: Framing the debate

Many issues have captured the attention of the presidential campaigns during this election year, including a faltering economy, the war in Iraq, rising fuel costs, the growing numbers Americans without health insurance, and rising health care costs.

As physicians, we see the effects of the health care crisis every day in our practices — from declining reimbursement and increasing paperwork, to patients with no insurance or not enough insurance to cover their medical needs.

More than 15 percent of all Americans, nearly 46 million people, lack health insurance, and an additional 25 million are underinsured. Locally, according to a recent report released by the Montgomery County Healthcare Safety Net Task Force, 11 percent of county residents, or 60,300 people, are without health insurance.

This edition of *Vital Signs* tackles the health care crisis head on, looking at the issue from all sides — from the perspective of patients, hospitals, physicians, businesses, economists, and our own Center for Global Health Systems Management and Policy. As you'll see, there are no easy answers. But as physicians armed with information, we can begin to help frame the debate.

Howard Part, M.D.

Howard M. Part, M.D.
Dean

Back to What's Inside

What's Inside

Health care at the crossroads
Health care, rightly or wrongly, doesn't follow any rational economic model.

New building New identity
Just one glance at the front door tells you you're about to enter a new world.

Arthur Pickoff's greatest hits
We were just playing, and those sounds were echoing through the tall buildings of the New York skyline.

Debra Sudan's invisible art
The odds weren't appealing, but for patients facing certain death without treatment... the risk was justified.

From the Editor

Welcome to the new *Vital Signs.* I hope you like what you see here.

In upcoming issues, hope to bring you enlightening articles and keep you abreast of all the great things going on in the Wright State University Boonshoft School of Medicine. We also want to put you in touch with your fellow alumni and introduce you to the students and faculty of today's Boonshoft School of Medicine.

We asked our readers what they wanted through focus groups and Web surveys, and we pored over award-winning alumni and mass-market magazines to see what works and what doesn't. The result of our research is in your hands.

We want to hear from you. Tell us what you like and what you don't. Give us your opinions about the stories you find here. We'll print highlights from the letters we receive in upcoming issues of *Vital Signs.*

In coming months, look for our new publication, *Vital Updates,* that will keep you in touch with the medical school between the two issues of *Vital Signs* you receive each year.

And, please, stay in touch. We want to hear your stories so we can share them with our readers.

Cindy Young

Cindy Young
Editor
cindy.young@wright.edu

Vital Signs

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Editor
Cindy Young

Art Director
Emily Wallace

Assistant Editor
Phil Neal

Contributing Writers
Larry Lawhorne, M.D.
Phil Neal
Sue Rytel
Robin Suits
Cindy Young

Photography
William Jones
Roberta Bowers
Chris Snyder
Emily Wallace
Jeff Robinson
Jonathan Slaughter
David Dale, David Dale Photography
Steve Wright, AGI Photography

Illustration
Emily Wallace

How to contact us:
Editor, *Vital Signs*
Wright State University
Boonshoft School of Medicine
3640 Col. Glenn Hwy.
Dayton Ohio 45435

Phone: (937) 775-2951
Fax: (937) 775-3366

som_pr@wright.edu
www.med.wright.edu

To submit Class Notes:

som_adv@wright.edu

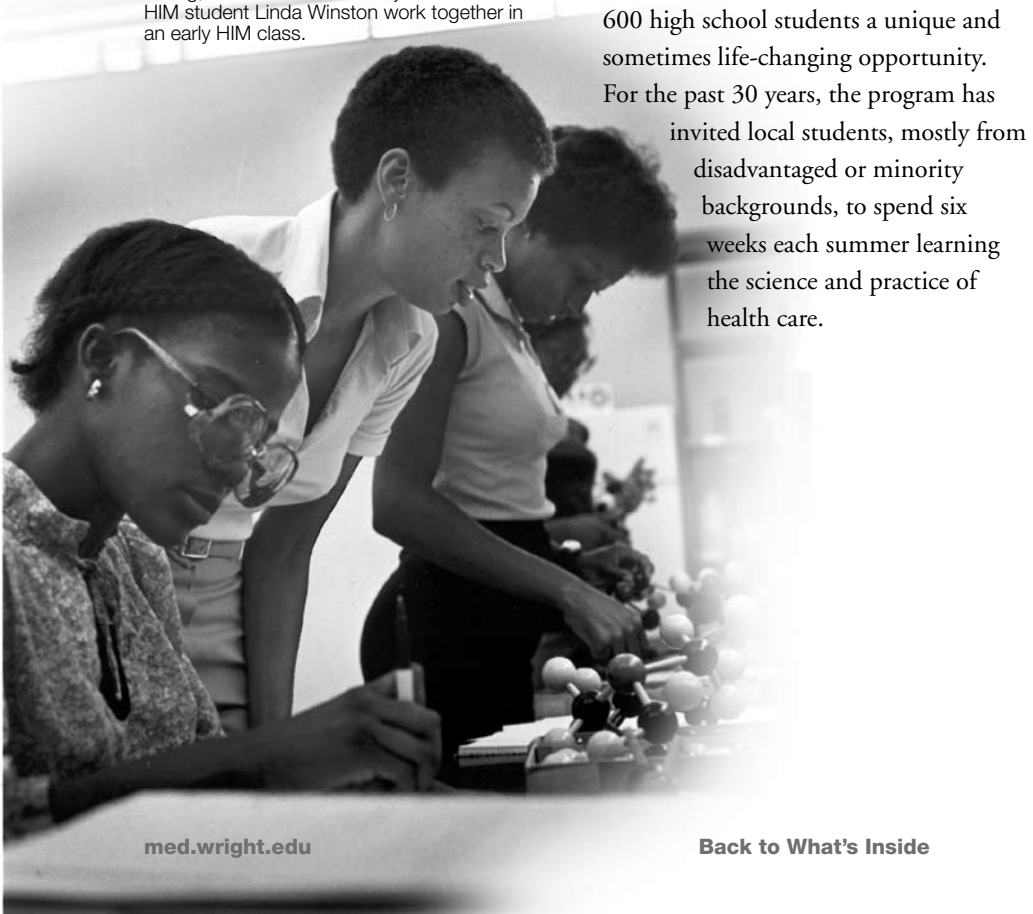
Phone: (937) 775-2972

Vital Signs is published twice a year for alumni, faculty, staff, and friends of Wright State University Boonshoft School of Medicine.

Snapshots

Thirty years of opportunity: Horizons in Medicine inspires generations of health care professionals

above: 2008 Horizons in Medicine class.
below: Horizons in Medicine student Doreen Young, medical student Cheryl Madison and HIM student Linda Winston work together in an early HIM class.



Since its creation in 1978, the Horizons in Medicine program has given nearly 600 high school students a unique and sometimes life-changing opportunity. For the past 30 years, the program has invited local students, mostly from disadvantaged or minority backgrounds, to spend six weeks each summer learning the science and practice of health care.

The intensive, full-time program consists of classes and lab activities in the morning to explore medical subjects such as anatomy, biochemistry, and physiology. In the afternoon, students apply their knowledge through clinical experiences in a hospital, physician's office, clinic, or other health care site. The students also participate in weekly special activities such as tours of local medical facilities, presentations by health care professionals, and training in first aid and CPR. At the end of the program, students must present a group research paper or project.

In addition to receiving a nominal wage for their clinical work, students who complete the program are eligible for a one-year tuition scholarship to Wright State, and one student per year receives a four-year scholarship.

The first-hand experience and financial support have encouraged many Horizons graduates to pursue careers in medicine. Over the years, every one of the program's alumni graduated from high school, nearly 80 percent earned a college degree (85 percent in a health-related major), and 8 percent went on to complete medical school and become practicing physicians.

Several — including Alonzo Patterson III, M.D., a member of the charter Horizons class — have come full circle by returning to Wright State as faculty. Patterson is a clinical assistant professor of pediatrics and former assistant dean for minority affairs with the medical school.

Snapshots

After four decades, a continued passion for service

Mark Hess, M.D.

"There will never be 'enough time,' and it is fruitless to wait for that magic day," B. Mark Hess, M.D., FACP, often advises medical students and young physicians. "Begin early in your career with involvement in some type of volunteer service."

Heeding his own advice didn't slow the inevitable rush of time for Hess, a charter member of the medical school faculty who recently retired but continues to serve as a clinical associate professor in internal medicine. However, it has allowed him to look back on a distinguished medical career spanning four decades of service to his country, community, and profession.

In recognition of this service, the Ohio chapter of the American College of Physicians honored Hess with the 2007 Volunteerism and Community Service Award.

After graduating from medical school, Hess spent two years in Honduras with the Peace Corps. Hess moved to Troy in the mid-1970s, and nearly 25 years ago, he served as chair of the steering committee that established Hospice of Miami County. He has supported the organization ever since, serving as board chair for six years, medical director for 11 years, and assistant medical director for the past 13 years.

Ten years ago, Hess helped create the Health Partners Free Clinic. He served as board chair for four years and has been medical director for the past 10 years.

Throughout his career, Hess has enjoyed teaching medical students and residents, holding leadership roles with local and statewide professional organizations, and, most of all, working with patients. He has always considered the volunteer work that now occupies much of his time especially rewarding.

"Volunteer service provides a perspective, a grasp of reality, an understanding of humans that simply cannot be obtained in the typical medical office," he said. "The experience of volunteering even a few hours makes a better, more compassionate physician during the remainder of his/her professional life."

Hess helped create Health Partners of Miami Couny and has served as its medical director for 10 years.

Time in the sun: new department ready for the spotlight

Heffernan and his colleagues have taken the program to the next level, earning full accreditation and opening several satellite offices.

Dermatologists often warn against excessive exposure to sunlight, but sometimes a little more exposure is just what the doctor ordered.

Michael Heffernan, M.D., chair of the Department of Dermatology, is eager to shine a spotlight on the work of his colleagues and gain some positive exposure for their many accomplishments.

> "Dermatologists throughout the region send us some of their most difficult dermatology patients."

"We have a lot to be proud of as a department," Heffernan said. "We've been in existence for 30 years. We have graduates practicing all over the country. "We believe that we have a faculty that can measure up to any program in Ohio or the Midwest and would rival most of the top programs in the country. Our nine full-time and five part-time faculty are leaders in adult, pediatric, surgical, and cosmetic dermatology and dermatopathology."

Heffernan can make these claims with some authority, as a frequent presenter at national meetings and a principal investigator for many multi-center studies. He joined the medical school faculty in late 2005, bringing an outsider's appreciation for the program based on his experiences at Washington University in St. Louis, the University of Michigan Medical School, and Stanford University Medical Center.

"I came here with the goal of converting our division into a standalone department," Heffernan said. "What I saw in this program was a diamond in the rough, that by and large wasn't getting credit for what it was already doing, and that had opportunities to do more things than it realized."

With a little more than two years of focused effort, Heffernan and his colleagues were able to take the program to the next level.

"We expanded the size of the teaching faculty," he said. "We obtained full accreditation from the residency research council, a branch of the ACGME (Accreditation Council for Graduate Medical Education). We expanded our academic activities... In the last three years, publications and presentations have increased by 600 percent... We have expanded our clinical activities... We opened satellite offices" in multiple cities to complement our offices in Dayton.

The division of dermatology officially became a department in February 2008, but the faculty hasn't slowed down since realizing its initial goal.

"We provide all of the in-patient consultations at the Dayton Veterans Affairs Medical Center, Children's Medical Center of Dayton, Good Samaritan Hospital, and Miami Valley Hospital," Heffernan said. "We provide lectures and hands-on experience to our medical students and to all the primary care residents across the Greater Miami Valley Region. Dermatologists throughout the region send us some of their most difficult dermatology patients." By staying the course and continuing to innovate and expand, Heffernan feels the department's potential is nearly limitless.

Snapshots

2008 a banner year for sponsored fellowships

The medical school is on track to double the number of fellowships it sponsors in 2008. The Accreditation Council for Graduate Medical Education (ACGME) has already approved new programs in geriatric medicine, maternal-fetal medicine, and surgical critical care, and an additional fellowship in hospice and palliative care is likely to be established by the end of the year, bringing the school's total to eight.

Larry W. Lawhorne, M.D., chair and professor in the Department of Geriatrics, will oversee two fellows in the one-year Geriatrics Fellowship program, which was developed under the auspices of the Department of Family Medicine.

The Maternal-Fetal Medicine (MFM) Fellowship program, directed by David S. McKenna, M.D., clinical associate professor of obstetrics and gynecology, features a three-year curriculum consisting of 12 months of clinical rotations and 20 months of protected research time.

Two fellows will enter the one-year Surgical Critical Care (SCC) Fellowship program this year under the guidance of program director Harry L. Anderson III, M.D., FACS, FCCM, professor of surgery.

Why students need to be quick on their feet

Associate deans LeRoy and Parmelee signal the start of "The Running of the Students."

In medical school, students learn to consider the pertinent facts carefully rather than leaping to conclusions.

Leaping over furniture, however, is sometimes perfectly acceptable. In fact, it can lead to personal glory and fabulous prizes.

On June 2 at 8 a.m., medical students converged on White Hall for "The Running of the Students," a special event to commemorate the unofficial opening of the new Medical Education Center. Well in advance of an official grand opening ceremony in September, students were invited to use the center's study areas, computers, and other facilities over the summer.

To celebrate the milestone, the Office of Student Affairs and Admissions and the Office of Academic Affairs asked second-year students Maria Shaker and Melanie Golembiewski to organize a scavenger hunt. Participants grumbled about the early morning physical competition at first, but when Gary LeRoy, M.D., associate dean for student affairs and admissions, and Dean Parmelee, M.D., associate dean for academic affairs, cut ribbons of caution tape marking the starting line, the race was on. Rounding the first corner, second-year student Steve Zitelli stunned the competition by hurdling a lounge chair, clearing the recently installed furniture by inches, and hitting the ground still in stride.

For a frenzied 10 minutes, students raced all over the newly renovated and expanded building, following a trail of cryptic clues and picking up a few prizes along the way. The grand prize, a restaurant gift certificate, ultimately went to Zitelli, whose aerobatic maneuvers kicked off a successful chase for victory.

Brain boosts for the young

Dr. Olson enjoys a moment at the Science Olympiad National Tournament in Washington, D.C., May 2008, with colleagues who helped administer, proctor, and grade the neuroscience test. (L-R): Jay Churchill (NIH), Dr. Olson, Colleen McNerney (Society for Neuroscience), and Patty Palmietto (Science Olympiad volunteer and a critical care nurse from Missouri).

James Olson, Ph.D., doesn't mind "talking shop." A professor with joint appointments in the Department of Emergency Medicine and the Department of Neuroscience, Cell Biology, and Physiology, Olson rarely misses an opportunity to promote the study of neuroscience. In addition to serving as a research mentor for students and residents, he has delivered lectures for general audiences through Wright State's Mini-Medical School program. What he enjoys most, however, is introducing young learners around the country to the wonders of neuroscience through his work with Science Olympiad.

An international nonprofit organization, Science Olympiad strives to interest K-12 students in science and improve science education. Each year, an estimated 150,000 students from more than 14,000 schools participate in Science Olympiad activities. At the middle and high school level, students form teams to compete in 23 fun yet challenging science-based events during local, state, and national tournaments.

As a Science Olympiad coach, Olson has worked with local middle and high school students for several years teaching cell biology and genetics. In addition, he created a program called "Neuroscience (This is your brain)" that was used in regional competitions across Ohio and adopted as a national trial event.

Olson also arranged for the Society for Neuroscience (SfNS) to sponsor two events in the 2007 Science Olympiad National Tournament — where the high school team Olson coaches achieved the highest score in health science, won a special trophy, and earned a trip to the SfNS annual conference in San Diego.

Olson continues to invent imaginative ways to fire up the brain synapses of Science Olympiad students. In March, he organized a clinic at Wright State for Ohio students competing in neuroscience events. In April, he wrote, proctored, and graded the neuroscience event at the Ohio state tournament. In May, he attended the national tournament at George Washington University in Washington, D.C., where he administered and graded a neuroscience exam of his own creation.

Olson loves his work with Science Olympiad and has no plans to slow down. Sheer enjoyment is reason enough to continue; if he can help improve science education in the U.S., and maybe encourage a few promising young scholars to consider a career in neuroscience, so much the better.

Want to learn more about Science Olympiad?

Science Olympiad: http://www.soinc.org/

Ohio Science Olympiad: http://www.continuinged.ohio-state.edu/scioly/

Coming of (old) age in America: Boom or Bust?

Larry Lawhorne, M.D.

Alice is 62 years old and preparing to retire in 2011. She is divorced, paid off her mortgage six years ago, has participated in her company's retirement plan for over 30 years, and calculates that she will be able to live comfortably in her golden years.

She has two daughters who live within an hour's drive and with whom she is very close. Unfortunately, her 87-year-old mother was just admitted to a nursing home in Cleveland following a fall that resulted in a hip fracture. Her mother had been the caregiver for her 89-year-old father, who has Alzheimer's disease. Alice's brother has moved Dad to his home temporarily. Alice has high blood pressure, which she has controlled well with medication, and diabetes, for which she takes one pill twice a day.

Alice's story is not unusual. I work with patients like Alice nearly every day, and I'm seeing more and more every year. They are part of the first big wave of baby boomers turning 65 in 2011, and they will play a role in an unprecedented event: the doubling of the number of Americans over 65, from 36 million today to 72 million by 2030. Alice, like many of my other patients and a large proportion of the baby boom generation, expects to maintain health and function well into her eighties and nineties, but she already has two chronic diseases. Currently, 20 percent of Medicare beneficiaries have five or more chronic diseases. I wonder how Alice will fare when she is 70 or 75. Will she still have access to health care and social service professionals who can balance the effects of her multiple medical and neuropsychiatric conditions with the physiologic changes associated with aging, all the while taking into account her functional status, quality of life, and advance care directive?

A recent report by the Institute of Medicine suggests that Alice and millions of other baby boomers may find the health care system unprepared for what some have called the "silver tsunami." The report, *Retooling for an Aging America: Building the Health Care Workforce,* recommends specific steps we can take to ready ourselves for the coming demographic shift: 1) enhance geriatric competencies; 2) recruit and retain workers who will care for older adults; and 3) redesign models of care delivery.

The medical school is already addressing the first recommendation. The Association of American Medical Colleges (AAMC) recently published a set of geriatric competencies for medical students. These competencies will be incorporated across

our curriculum during the next four years. As for the second recommendation, in collaboration with Premier Health Partners and the Dayton Veterans Affairs Medical Center, and with support from the Oscar Boonshoft family, we now have an accredited fellowship in geriatric medicine. Two fellows started the program on July 1 and will be eligible to take the boards in geriatric medicine in autumn 2009. However, the American Geriatrics Society and others have suggested that there will never be enough geriatricians to care for America's older adults. That is why it is so important to incorporate the principles of geriatric medicine into the medical school curriculum and residency training programs for internists, family physicians, surgeons, and emergency medicine physicians.

The third recommendation is difficult and will require medical schools, physician organizations, and individual physicians to work with policy makers to create change. Simply increasing the number and competence of physicians who care for older adults is not enough. At the same time, we must make a commitment to improve the efficiency and coordination of care delivery. A number of studies suggest that we could do a better job of helping older patients and their families identify and access community resources to help them remain safe and relatively independent in their own homes longer. Alice could use that kind of assistance with her parents right now. And Alice and her daughters will probably need it late in Alice's life as well.

I am encouraged by demonstration projects in progress to test new models of care, but I have to believe there is more we can do right now. For physicians who want to improve the health of their communities as well as provide person-centered care for people like Alice, working locally to redesign care delivery for older adults is one promising approach. County commissions, city councils, and organizations such as the Area Agency on Aging and the local chapter of the Alzheimer's Association need physician input as they plan services. We can also work to incorporate principles of geriatric medicine into our own practices. Many of us will likely care for baby boomers directly, but all of us can expect to work with patients whose older family members may play a significant role in their lives or care.

We, as physicians, have a chance to make a difference as America faces this historic demographic challenge, and I hope we will embrace the opportunity to do so. Alice and millions of people like her are depending on us, and they deserve no less.

Dr. Lawhorne is a professor and chair of the Department of Geriatrics in the Boonshoft School of Medicine.

Health care at the crossroads: Where do we go from here?

Phil Neal

Millions of people lack insurance. Physicians battle increasing bureaucracy. Employers struggle with skyrocketing costs. Is the time finally right for reform?

Petra Musgrove enjoys a rare free moment with husband, Tony, and sons, Eric (left) and Michael. As an army veteran wounded in Iraq, Tony receives medical care through the VA, but Petra and the boys have struggled to obtain insurance and access to needed care.

Access

When Petra Musgrove's husband, Tony, received an honorable discharge from the U.S. Army, she thought the worst of their worries were behind them. After nine years of service as a specialist in the infantry, including an extensive tour of duty in Iraq, Tony would finally be out of harm's way. He would be able to spend more time with the couple's sons, Eric and Michael, making up for all the years of long hours or distant deployments. The family would be together, safe, and ready to focus on the future.

What she didn't count on was confronting the American health care system.

In her native Germany, where she and Tony met while he was stationed there, everyone had health care coverage, usually provided by an employer or the government. In the U.S., she discovered a very different scenario.

As a military veteran, Tony qualified for health care through the VA, a benefit he put to vital use in Dayton, where the family moved to be near Tony's relatives. Having left the war zone a hemisphere away, Tony continued to fight an ongoing battle with post-traumatic stress disorder and a traumatic brain injury caused by an improvised explosive device (IED) in Baghdad.

Tony's temporary disability pay provided enough for the family to get by each month, but very little extra. Petra helped out by holding down multiple part-time jobs, even while taking classes at Sinclair Community College and working toward a degree in chemistry. Together, they made too little to afford private health insurance, but too much to qualify for public programs. With a five-year waiting period before Petra could apply to become a U.S. citizen, she wasn't eligible for Medicaid, and the prospect of renouncing her German citizenship troubled her as well.

Petra tried to enroll her sons in subsidized insurance programs, but they were denied multiple times. The lack of coverage became a more urgent problem in March when her younger son, five-year-old Michael, was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). The relief of learning a specific, treatable condition might be responsible for his developmental issues was undercut by intense anxiety over covering the costs of his care.

"We paid for the doctor visit and the medicine out of our pocket," Petra said, but the family couldn't afford an EEG the doctor recommended to check for brain seizures.

Health care in the 2008 elections: Barack Obama

"We now face an opportunity — and an obligation — to turn the page on the failed politics of yesterday's health care debates. It's time to bring together businesses, the medical community, and members of both parties around a comprehensive solution to this crisis, and it's time to let the drug and insurance industries know that while they'll get a seat at the table, they don't get to buy every chair."

"The very first promise I made on this campaign was that as president, I will sign a universal health care plan into law by the end of my first term in office."

— Iowa City, Iowa, May 29, 2007

Goal: Quality, affordable, and portable coverage for all

Key Proposals:

- Create a **National Health Plan** available to all, including the self-employed and small business owners and employees:
  - Guaranteed eligibility, with no exclusions for pre-existing conditions
  - Comprehensive benefits similar to those members of Congress have, including preventive, maternity, and mental health care
  - Affordable premiums, co-pays, and deductibles
  - Income-based federal subsidies
  - Simplified paperwork, easy enrollment, and portability
  - Required data from insurers on quality, health information technology, and administration
- Create a **National Health Insurance Exchange** to make it easier for consumers to find, compare, and purchase coverage.
- Require many employers to provide benefits or contribute to the national plan, but offer a tax credit for small businesses.
- Require coverage for children, and allow them to remain on parents' plans through age 25.
- Allow states to explore alternative approaches.
- Reimburse employers for some costs of catastrophic care.
- Offer disease management programs for those with chronic conditions, and promote prevention and public health.
- Require hospitals to publish cost and quality data.
- Base some compensation on outcomes rather than activity.
- Reform malpractice laws.

Finally, in June, yet another application for insurance was finally accepted, and the boys gained coverage through CareSource, a statewide public managed care plan.

As usual, Petra herself didn't qualify for the plan.

"I'm willing to take the risk," she said, "but it makes me nervous, because what if something happens to me? Then I'm kind of stranded, and with me the boys, and my husband."

A common story in a time of crisis

Petra Musgrove and her family are unique, but their situation is all too common. According to an August report by the U.S. Census Bureau, 45.7 million people in the U.S., more than 15 percent of the overall population, were uninsured in 2007. When you factor in some 30 million additional people considered underinsured, holding coverage that doesn't provide sufficient protection from high health care costs, according to a Commonwealth Fund report released in July, up to 42 percent of U.S. adults face serious barriers to receiving adequate medical care.

A report published in July by the Montgomery County Healthcare Safety Net Task Force documented similar trends locally. According to the report, 60,300 people in the county, 7,900 of them children, lack health insurance. This amounts to 11 percent of the total population. A large, bipartisan team of community, business, and health care leaders convened by Governor Ted Strickland also reported in July that approximately 1.3 million adults in Ohio, 12 percent of the overall population, have no health insurance, despite the fact that nearly 80 percent of them belong to working families.

These statistics are sobering, but hardly surprising, according to Richard Schuster, M.D., M.M.M., Oscar Boonshoft Chair and Director of the medical school's Center for Global Health Systems, Management, and Policy.

The inescapable realities of an infinite desire for care and limited resources to deliver it — in every population, location, and time period — mean that health care will likely always face crises, Schuster believes. In the U.S., though, a widespread lack of access to adequate care, deep disparities in access and outcomes, and high and rapidly rising costs make our current health care crisis especially serious.

The U.S. also stands out, Schuster adds, as the only developed country that does not offer universal health care for its citizens.

"Universal health care will not solve all the problems of health care in this country," he admitted, "but it is impossible to solve any major problems unless we have universal health care... I'm not just talking about social justice. From an economic and systems perspective, you can't begin to solve the crisis without providing universal health care."

Larger pools of people, he explained, help insurance providers — whether private companies or government agencies — reduce risk. Providing early and consistent care can decrease the incidence and severity of health problems, often avoiding or delaying the need for more expensive, less effective treatments. Eliminating uncompensated care would enable hospitals and insurers to stop passing along additional costs to paying customers.

Although the concept of universal health care does not necessarily imply a single-payer system or increased government involvement, many people resist the idea of sweeping change due

to fears of greater bureaucracy, loss of personal freedom, or even artificial limits on care — the dreaded specter of rationing.

Such anxieties are understandable, Schuster said, but largely unfounded. Most studies simply don't support claims that people in other developed countries face these kinds of problems. Nor is the U.S. free of them today.

"Health care is rationed any way you look at it," Schuster explained. "Here it's rationed by denying health care to populations of people. We deny care to the uninsured. We deny it to minority groups through a variety of barriers they experience. In other developed countries, health care is also limited, but it's done with more social justice."

Cost

One of the most significant barriers to health care access in the U.S. is also a primary concern of many who do have insurance — cost. According to the World Health Organization's *World Health Statistics 2008* report, the U.S. spends more on health care per capita and a larger portion of our gross domestic product (GDP) than any other country in the world. In a 2008 analysis, the Centers for Medicare and Medicaid Services (CMS) reported total health care spending of $2.1 trillion, or $7,026 per person and 16 percent of the GDP, in 2006. These costs are only expected to rise, especially as millions of baby boomers grow older, experience an increased need for services, and qualify for Medicare. The CMS report predicts that health care spending will reach $4.3 trillion annually — more than $13,000 per person — and represent nearly 20 percent of the GDP in less than a decade.

High and steeply increasing prices for health insurance, prescription drugs, and malpractice insurance are frequently cited as key problems with American health care, but they aren't really to blame for the current financial crisis. Although these costs are significant, they are not driving the rapid increase in overall health care spending, according to John McAlearney, Ph.D., a health economist and director of the medical school's Health Care Management Certificate Program.

Instead, he said, "Health economists think health care costs go up every year because of technology. To get the latest and greatest new medicine, it costs a lot of money, and the spirit of invention is alive and well."

In some cases, introducing new technology, ranging from specialized machines and medicines to innovative procedures, clearly results in better health or quality of life. This makes it easy to claim that the associated expense is justified and the investment is delivering a good value.

The problem, McAlearney says, is that new technology is seldom analyzed in terms of value.

"If something comes out and it's enormously more expensive, it may still be sold because of the marketing of the product," he said, even if there's little evidence it yields any additional benefits over existing technology.

Paying more attention to the costs of technology wouldn't require a radical shift away from a free and competitive market, McAlearney said.

"We just need to put a kind of check-and-balance on the system," he explains, "to know that we shouldn't always just embrace the newest thing. It had better have some good benefits for the people who are getting it, because we're all going to be paying for it, given that insurance pays for our access."

Health care in the 2008 elections: John McCain

"The key to real reform is to restore control over our health-care system to the patients themselves... Too much of the system is built on getting paid just for providing services, regardless of whether those services are necessary or produce quality care and outcomes. American families should only pay for getting the right care: care that is intended to improve and safeguard their health."

"When families are informed about medical choices, they are more capable of making their own decisions, less likely to choose the most expensive and often unnecessary options, and are more satisfied with their choices."

— Tampa, Florida, April 29, 2008

Goal: Make health insurance innovative, portable, and affordable; restore control to the patients

Key Proposals:

- Offer a **Tax Credit** of $2,500 per individual or $5,000 per family paid directly to the recipient's insurer of choice. If coverage costs less, consumers can deposit the excess in a health savings account (HSA).
- Work with state governors to create a **Guaranteed Access Plan (GAP)** to ensure coverage, limit premiums, and subsidize coverage for those with lower income.
- Increase competition, quality, and variety by bringing more people into the insurance market and giving them more choices.
- Make insurance more portable.
- Lower prescription drug costs by allowing international purchases and supporting faster introduction of generic drugs.
- Encourage prevention, early intervention, and public health to improve care for those with chronic conditions.
- Reform Medicaid and Medicare compensation to support prevention and care coordination and reduce preventable errors and mismanagement.
- Tax employer contributions to employee health benefits.
- Encourage continued experimentation and innovation by states.
- Reform medical liability laws to protect physicians who follow clinical guidelines and safety protocols.
- Publish more information about costs, quality, and outcomes to help consumers make more informed choices.

A market where the usual rules don't apply

In any case, questions of market integrity really don't apply to health care in the U.S., according to Bryan Bucklew, president and CEO of the Greater Dayton Area Hospital Association (GDAHA). Bucklew served on the staff of the Safety Net Task Force, whose members included medical school dean Howard Part, M.D., and Gary LeRoy, M.D., associate dean of student affairs and admissions, and 17 other business, health care, and government stakeholders. Over the course of nearly two years, the task force studied health care for vulnerable populations, including adults and children without insurance or dependant on Medicare. Among their key findings: most hospitals in the Dayton area receive more than half of their revenue from Medicare and Medicaid.

> **"When you have over 50 percent of your revenue coming in from the state and federal government, it's not a true free market. Health care, rightly or wrongly, doesn't follow any rational economic model."**

"When you have over 50 percent of your revenue coming in from the state and federal government," Bucklew said, "it's not a true free market. Health care, rightly or wrongly, doesn't follow any rational economic model."

Even ignoring the source of the income, health care isn't a commodity governed by strict rules of supply and demand. People in need of care, especially when the situation is urgent or dire, may not make rational economic decisions about health care spending. On the supply side, care providers are often morally or legally obligated to render services to those in need, whether or not they have any expectation of payment.

In Montgomery County alone, the task force found that the cost of uncompensated care by "safety net" providers — area hospitals and the community clinics they operate — amounts to more than $126 million per year. While daunting, this figure also illustrates an important achievement by local care providers.

Unlike most major metropolitan areas, Bucklew said, in Dayton "we don't have a community hospital or a county hospital or a university hospital, so we have to be very innovative in how we meet the needs of the community with fewer resources.

"The level of cooperation and coordination among all of our hospitals is very unique and unprecedented across the country," Bucklew said. It would be a mistake, he believes, "to make it a more competitive hospital market, because you want to continue that collaborative feeling."

Perverse incentives, artificial prices, and missing markets

A competitive market ideally leads to lower prices and higher quality, but in health care the economic incentives are often ineffective or even perverse.

For patients with insurance, even when coverage is quite expensive, McAlearney said, "as consumers, they're isolated from the true cost of things... so people are facing an artificially low price, like a co-pay."

This leads to a phenomenon known as "moral hazard," when consumers make purchasing decisions without regard for cost. Market-based measures such as high-deductible insurance plans, health savings accounts, and subsidies and tax incentives for private insurance — examples of a trend known as

"consumer-directed health care" — attempt to address moral hazard. These innovations aren't a bad idea, McAlearney said, because they make consumers more aware of and responsible for their own spending. Unfortunately, they're more likely to influence the actions of fairly healthy people rather than the 20 percent of patients who account for 80 percent of health care costs.

On the supply side, as strange as it sounds, physicians and hospitals typically don't have an economic incentive to provide more effective care.

"They're reimbursed for doing things," Bucklew said. "For doing treatment. For doing a procedure. They're not rewarded for preventative care or for wellness care."

Compensation based on activity rather than outcomes is problematic, McAlearney agrees. Physicians also face a situation similar to that of patients with insurance, in that they are often isolated from the true costs of providing high-tech treatment.

Cooperation among local hospitals notwithstanding, in general in the U.S., "with technology, it's a medical arms race," McAlearney said. "Hospitals' customers are oftentimes physicians whom the hospital wants to attract to do the surgery there."

Hospitals may install expensive new technology in order to entice more or better-qualified physicians, leading rival institutions to follow suit in an endless cycle, even if a community may not need or benefit from the innovations.

Finally, market forces can't apply if there is no market. For many people in Ohio and around the country, pre-existing conditions and other risk factors mean health insurance is simply not available at any price. Many states attempt to address this issue with guaranteed coverage legislation or subsidized high-risk pools, but results have been varied, and insurance companies have complained of unfairly restricted business practices and warned of inevitable price increases.

While insurance companies are a common scapegoat in discussions of problems with the U.S. health care system, McAlearney can appreciate their contributions. As a private industry, he said, insurance needs a profit motive to spur innovation and efficiency. In addition, radical changes to the industry would affect far more than a handful of large corporations. A vast network of local brokers, agents, administrators, and related independent businesses would feel the repercussions, perhaps with devastating consequences to the economy.

On the other hand, said Richard Schuster, "The health insurance industry is a highly successful business enterprise that virtually does not exist in other developed countries. Studies have shown that if we eliminated the health insurance industry in the U.S., the money saved would match exactly the money needed to provide universal health care to the population."

Businesses and physicians feeling the pressure

Any viable proposal to address health care costs will also have to include the business community. The majority of Americans who have insurance, slightly more than 59 percent, according to the Census Bureau, receive it through an employer. Insurance benefits represent an enormous and growing expense for many companies and can threaten profits, global competitiveness, and even long-term viability. As a result, rates of employer-sponsored insurance (ESI), have declined steadily for several years, resulting in increased pressure on public programs and rising numbers of working adults without insurance.

According to Paul Fronstin of the Employee Benefit Research Institute, between 2000 and 2007, premiums paid by employees increased 107 percent for individual coverage and 98 percent for families. Over the same period, average deductibles and co-pays also increased significantly. Of the 45.7 million uninsured Americans, more than 28 million are small business owners or their employees and dependents, according to Tod Stottlemeyer, president and CEO of the National Federation of Independent Business (NFIB).

Historically, businesses have aggressively argued against broad reform initiatives, wary of expensive government mandates and eager to preserve their role as voluntary providers of employee benefits. Today, the severity of the current crisis has led many to reconsider.

"In 1994, NFIB fought against a comprehensive health care reform package," Stottlemeyer said. "Today is 2008, and the health care situation has gotten much worse, especially for small business. Back then it was enough to 'just say no' to bad policy, but now we have an obligation to these hard-working people to push our nation's leaders to find a solution that works."

Some observers point to high physician fees as another factor in soaring U.S. health care costs. Physicians here tend to be better paid than their counterparts in many other countries, but they are feeling increasing financial pressure. With reimbursement rates falling or holding steady while expenses — including health insurance premiums for employees in a private practice — continue to rise, it can be difficult to keep up, especially for essential but

less lucrative specialties such as family medicine.

The nature of their profession also leaves physicians vulnerable to financial loss through uncompensated or poorly paid care, according to Warren Muth M.D., FACS, a practicing surgeon, associate clinical professor of surgery at Wright State, and current president of the Ohio State Medical Association (OSMA).

> **"The young folks are coming out of medical school with a debt structure of anywhere from $100,000 to $200,000-plus, and then you ask them to go into a rural community in family practice where it costs them to give an immunization shot? It's no surprise, they say 'I'd love to take care of the people, but I won't be able to survive.' It's not greed. It's survival."**

"Our oath is that we will take care of our patients," he said. "We're not going to deny care to a sick person. That violates everything we're about."

Add the fact that new physicians often enter the profession with significant debt from their education, and earning a substantial income can be a long-term prospect, if not flatly unrealistic. This economic reality is also driving many new physicians toward increasing specialization in higher-profit areas and away from primary care fields, especially in smaller markets, a trend that Muth finds alarming but understandable.

"The young folks are coming out of medical school with a debt structure of anywhere from $100,000 to $200,000-plus," he said, "and then you ask them to go into a rural community in family practice where it costs them to give an immunization shot?"

It's no surprise, Muth said, that many respond, "'I'd love to take care of the people, but I won't be able to survive.' It's not greed. It's survival."

Quality

Health care in the U.S. may be extremely expensive and limit access for millions of people, but some see these problems as natural consequences or unfortunate failures, respectively, of a system that largely provides the finest health care in the world. In some ways, this is a fair statement.

"The medical research enterprise in the U.S. leads the world," said Richard Schuster. "I think (other developed countries) are as good as we are, but we put much more money into it, and we get much more out of it... People are living longer everywhere in the world because of the American research enterprise."

The U.S. is home to some of the world's most advanced medical technology, which can provide unmatched care for certain patients with specific, acute needs, such as the ill elderly. Considering the population as a whole and broader measures of public health and care quality, however, the U.S. often falls far short of other countries.

In fact, Schuster said, "there is no measured evidence that health care in the U.S. is actually better than anyplace else in the developed world, and in fact, there is evidence to suggest that in some situations it isn't as good.

"It's counterintuitive," he admitted. "Intuitively, you've got to figure that putting all this money into health care and giving the highest-technology care in the world, the most expensive drugs, is going to make it better."

In reality, though, on many key measures such as infant and maternal mortality, average life expectancy, and outcomes for conditions including ischemic heart

disease and diabetes, the U.S. ranks among the worst of 30 developed countries in the Organisation for Economic Co-operation and Development (OECD), a coalition of governments dedicated to democracy, free markets, and economic development. Despite spending nearly 2.5 times more per capita on health care than the OECD average, using more and newer pharmaceuticals, and performing many advanced procedures more often — and in contrast to some high-profile successes in individual cases — the U.S. health care system as a whole simply isn't achieving world-class results.

Elizabeth McGlynn, Ph.D., M.P.P., associate director of RAND Health for the RAND Corporation, emphasized these quality shortfalls in her June 3 testimony before the U.S. Senate Finance Committee. She cited a 2003 RAND study that found that Americans receive just 55 percent of recommended care (based on 439 quality indicators in 30 clinical areas) for the leading causes of death and disability. Diagnostic, screening, preventive, acute, chronic, and follow-up care rates were all below 60 percent. Perhaps more troubling, another national study by McGlynn and her colleagues, which was published in the New England Journal of Medicine in late 2007 and based on data from 1996-2000, found that children received even less care — some 47 percent of recommended care overall and a mere 41 percent of preventive care. Surprisingly, results for adults and children showed little variation based on region, race, age, gender, or income level. The lack of quality care is a consistent problem for all people throughout the country.

Isolated success and the constant challenges of bureaucracy

The confounding disconnect between advanced medical capabilities and poor public health outcomes can make it difficult for some physicians to perceive serious problems with the status quo. For those who practice in well-funded or high-demand specialties, or who have minimal contact with uninsured or underinsured patients, the system might seem to be working well.

"You see the bureaucracy, and it frustrates you," Schuster said, "but you don't see the issues related to infant mortality or life expectancy or the costs of health care."

The bureaucracy alone can be a significant barrier to quality care, however, according to Warren Muth. With policy and practice decisions often dictated by insurance compensation formulas, coverage details, approval processes, and other external factors, the traditional concept of personalized care can easily get lost.

"The only two elements left out of that decision-making," he said, "are the patients and the physicians... The question becomes for physicians, 'Do I still feel like a doctor treating my patients, or am I just fulfilling a business-insurance algorithm?'"

Many insurance companies and other health care stakeholders advocate an increased emphasis on evidence-based medicine, studying patient and population data to determine the effectiveness of various treatments. When used properly, as with the information shared among GDAHA hospitals, evidence-based medicine can give care providers a powerful way to improve their practices. Unfortunately, health care data today is often incomplete, inconsistent, and ill-suited to the creation of rigid rules regarding care. This makes abiding by restrictions and requirements imposed by third-party payers frustrating and difficult, Muth said.

"It's really the government, and insurers, and now even the business community," Muth said, "in a sense practicing medicine without a license.

"On the other hand," he admitted, "the physician community has to take some responsibility along the way in what we order."

"The only two elements left out of that decision-making, are the patients and the physicians... The question becomes for physicians, 'Do I still feel like a doctor treating my patients, or am I just fulfilling a business-insurance algorithm?'"

With tort reform in Ohio, physicians probably don't feel as compelled to practice defensive medicine. Even so, it can be tempting to use all of the resources at one's disposal, and patients sometimes clamor for costly tests or treatments that may be unnecessary or inappropriate. Physicians should strive to employ their expertise and judgment, Muth said, to continue to provide the best possible care despite pressure from patients and insurers alike.

"I think we're still a leader in good delivery of our expertise," he said, "despite all the restraints from multiple outside forces."

It is especially important to encourage patients to take more active responsibility for their own health and medical care, Muth feels. Lifestyle factors such as diet, activity level, and specific positive and negative behaviors can have a tremendous impact on overall health. In fact, cultural and lifestyle differences can contribute a great deal to varied health outcomes among different countries.

Muth said, "I think part of this should be our duty as physicians and organized medicine to try to educate the public, to try to nudge them along."

As a patient, Muth said, "You should be expecting the very best of care when you are really sick. And on your part, you should be expected to do everything you can to lead a better, healthy lifestyle."

The Path Ahead

With health care spending, insurance prices, and the ranks of the uninsured and underinsured all at or near record levels, the health care crisis has become an urgent national issue. Media coverage of the crisis and reform efforts is consistently strong, and both major presidential candidates have made health care a key campaign issue and have outlined proposals for reform. The U.S. Senate Finance Committee held a health reform summit in June as part of a year-long effort to prepare to implement changes as early as 2009. Numerous industry and professional groups, broad coalitions of organizations, and citizen activist groups have all joined the call for change, and many have identified specific goals or promoted detailed reform agendas.

The Association of American Medical Colleges (AAMC) and dozens of other organizations, including many related to health care and medical education, have endorsed a "Divided We Fail" platform designed to raise awareness of the issues and to encourage government and private-sector leaders to work toward real solutions. The platform states, among other beliefs, that "all Americans should have access to affordable, quality health care."

Specific reform proposals vary widely in their source, scope, and approach. Some advocate immediate, sweeping overhaul of the current system to reinvent health care in the U.S., while others favor incremental adjustments to build on the strengths of the status quo and ease the transition. Some support a greater government role, ranging from legislation mandating coverage to increased involvement in insurance regulation, or even service as a single payer or sole provider.

Others prefer market-based reforms such as tax incentives, consumer subsidies, or insurance exchanges that emphasize and empower the private sector. Many reform advocates focus on a specific aspect of health care such as information technology, preventive and wellness care, better coordination among providers, evidence-based medicine, or compensation based on quality or outcomes.

One of our greatest strengths, technology and innovation, may also hold significant promise. Most reform plans include a role for health information technology (HIT) as a way to reduce errors, expenses, and inefficiencies caused by the unique, usually incompatible, and often paper-based records still used by medical offices around the country. Some estimates indicate that standardized, national, patient-centered electronic medical records could generate up to nearly $80 billion in savings annually, eliminate thousands of harmful errors such as incorrect or conflicting prescriptions, and even avoid preventable deaths.

Preparing tomorrow's physicians to take the lead

The medical school is working to prepare the future physicians who may one day benefit from HIT. Medical students today face a deeply troubled health care system and the likelihood of dramatic, ongoing changes. To help address these challenges, the school of medicine developed the Boonshoft Leadership Development Program, which provides extensive training in management, business, and political practices to complement a traditional medical education. The school also offers a master's degree program in public health and a certificate program in health care management.

"You can't just be a good doctor anymore and expect to be a leader in the health care system," Schuster said. "All physicians need more sophisticated administrative, management, and systems education. Some physicians need additional specialized training

> **"Maybe it's just idealistic thinking, but it seems like it's come to a breaking point now. That's what's exciting for us as students, that we get to be part of this revolution that I feel is inevitable."**

Second-year student Sandeep Palakodeti welcomes the opportunity to help reform the U.S. health care system to give more people access to effective, affordable care. Among other attempts to make a difference, he often volunteers at Reach Out of Montgomery County, a clinic for underserved and uninsured patients.

in management and leadership. And together, those two levels of education would allow for a much more sophisticated health care system."

Sandeep Palakodeti, a second-year student enrolled in the leadership program, welcomes the challenges and is eager to enter medicine during a time of transition.

"Maybe it's just idealistic thinking," he said, "but it seems like it's come to a breaking point now. That's what's exciting for us as students, that we get to be part of this revolution that I feel is inevitable."

Personally, Palakodeti favors a single-payer system administered by the federal government, or possibly a shift to a non-profit private insurance industry. He also supports increased use of evidence-based medicine and an emphasis on primary and preventive care.

"It's been a goal of mine to modify the system," Palakodeti said, "because this is a great, amazing country, and we're the richest country in the world. We have a lot of amazing thinkers. We have progressive people."

Despite all this talent and potential, Palakodeti believes, people can easily feel complacent, uncertain, or powerless to affect a system so vast and complex. In confronting these obstacles to reform, Palakodeti feels he and his classmates have a unique opportunity — and obligation — to make a difference.

"I feel like as the next generation of physicians we should be taking the lead in that," he said. The leadership program especially, "breeds a sense of responsibility and a sense of duty and purpose. It gives us the confidence to be leaders and to take an active role, to not just sit and let things happen to us, but actually go out and make a change."

In March, Palakodeti and his fellow students organized local events for the national Cover the Uninsured Week, including a free health fair held in downtown Dayton. At least one of the hundreds of people who attended the fair found it potentially life-changing — Petra Musgrove was there with her son Michael, looking for new options following his recent ADHD diagnosis. She met with a representative of CareSource who encouraged her to submit another application for insurance for her sons — an application that was eventually approved. With the new coverage, in June, Michael was finally able to get the EEG his pediatrician had recommended, which fortunately ruled out more serious issues.

Helping people like Petra and her family is a primary reason Palakodeti chose to become a physician. The opportunity to do so, either in spite of the system or as one small step toward reforming it, makes him confident that even in a time of crisis, medicine is and will continue to be among the most vital and fulfilling of all professions.

Phil Neal is senior writer in the medical school's Office of Marketing and Communications. He can be reached at phillip.neal@wright.edu

New building New identity

Cindy Young

It's a brand new day at the Wright State University Boonshoft School of Medicine — in more ways than one. With a new building and a new logo, the medical school is ready to meet the challenges of the 21st century head on.

The new Medical Education Center in White Hall is dedicated solely to the education of medical students.

When the Frederick A. White Ambulatory Care Center opened its doors in 1981, it was a modern clinical site housing family medicine, ophthalmology, internal medicine, dermatology, radiology, and more.

As priorities changed through the years, its function shifted, turning it into a hodgepodge of clinical spaces, classrooms, labs, and administrative offices. By the beginning of the 21st century, it was looking pretty dog-eared. But no more.

The completely renovated and expanded Medical Education Center that fills White Hall is dedicated solely to the education of our medical students, primarily in the first and second year.

"We now have a spacious new state-of-the-art facility for students that combines top-notch educational facilities with extensive study spaces, computer labs, and all the resources students need, conveniently located in one building," said Paul Carlson, Ph.D., strategic planning manager and former associate dean of student affairs and admissions, who helped facilitate the renovation effort.

"It's an all-purpose building that will be the center of student activity on campus for first- and second-year students."

In the past, students traveled to area hospitals for their first and second year. "Now they have everything in one dedicated place," said Carlson. "And they still get the diverse experiences in years three and four at clinical venues around the city."

Just one glance at the new front door tells you you're about to enter a new world. Right angles are forgotten as the doors and windows become trapezoids — one campus wag has aptly dubbed the building 'George Jetson's House.'

The future of medicine

Take one step inside and you've entered the future of medicine. The new 18,000-square-foot addition, which opened in January 2008, houses a 150-seat lecture hall, anatomy and pathology laboratories, faculty offices, and classroom space.

At the other end of the building is the completely renovated Founder's Hall donated by the class of 1980. The new student entrance opens onto this soaring two-story atrium adjacent to the new student affairs and admissions office suite.

"Students get 24-hour access to the building," said Carlson. "There's WiFi throughout, with different kinds of study spaces so students can study quietly as individuals, meet in small groups, or form larger groups to talk and let loose a little bit."

The former Fred White Center has come full circle, now providing Boonshoft School of Medicine students with a modern, specialized facility for learning the science of medicine and the art of healing.

A tour of the new Medical Education Center

Academic Affairs
- Full office suite

Allen W. McGee Auditorium
- Seats 105
- Features large screens and interactive video cameras
- Video link to remote locations
- Student response devices query students and display results on screens

William A. Bernie Anatomy and Surgical Training Facility
- Anatomical Gift Program
- William H. Gasho Conference Room
- Flexible downdraft ventilation system accommodates up to 16 tables
- Three connected rooms can be used individually or for one larger class
- Large screen projection system
- Sound system lets lecturer address everyone from anywhere in the lab
- 112 lockers and changing areas with privacy curtains

Computer labs
- Three computer labs
- More than 100 work stations

Educational Media Development Lab
- High-tech lab and media studio
- For developing medical education software and interactive learning tools

Founders' Hall
- Casual study areas
- Space for events

Ramesh and Saroj Gandhi Auditorium
- Seats 150
- Features three large screens and interactive video cameras
- Video link to remote locations
- Student response devices query students and display results on screens

Interdisciplinary Teaching Lab (IDTL) (5-in-1 lab)
- Five classroom areas connected by sliding wall panels
- Central teaching consoles connected to TV screens throughout
- Team-based learning facility

John C. Gillen Introduction to Clinical Medicine
- Classrooms for small group discussions, clinical demonstrations, and learning procedural skills
- Student study space

Morgue
- Two autopsy tables with surgical lights
- Full-body lockers for cold storage
- Space for up to 160 anatomical gift program donors

Marion and Herbert Morris Laboratory
- Graduate student lecture and laboratory

Pathology Education Center
- Batata Funkhouser Kime Pathology Learning Laboratory
- Full office suite

Student Affairs and Admissions
- Welcome center for prospective students
- Admissions committee work area and conference room
- Small interview rooms that can also be used as study areas
- Full office suite

Student Activity Center
- A place for students to relax, socialize, and rejuvenate
- Features pool table, refrigerator, foosball table, television, two microwaves, chairs, and tables

Study spaces
- Located throughout building
- Accommodate groups of various sizes
- Comfortable furniture with good lighting
- Large quiet study area on second floor

Boonshoft School of Medicine
WRIGHT STATE UNIVERSITY

Wright State Physicians

Revitalized image strengthens connections, consistency

The Wright State University Boonshoft School of Medicine has a new logo and a new look in addition to a new teaching facility. The medical school has just wrapped up a nine-month project to refresh its logo and bring it more in line with both Wright State University and Wright State Physicians, the faculty medical practice.

The medical school and Wright State Physicians have both undergone name changes in the past few years. "The logos for the Boonshoft School of Medicine and Wright State Physicians didn't resemble each other or show much connection to the university," said Howard Part, M.D., dean of the medical school. "As we grow and mature as an integrated entity, a consistent image is critical to align an outstanding medical school with an outstanding university and medical practice."

Following a competitive bidding process, the medical school contracted with a local marketing firm, Turner Effect, to conduct extensive research on its constituencies' perception of the Boonshoft School of Medicine, Wright State Physicians, and Wright State University and how they are connected in the public's mind.

Hundreds of faculty, staff, alumni, current and prospective students, and local business and community leaders participated in numerous focus groups and surveys to develop, refine, and validate the new logo. Based on their input, Turner Effect helped the school develop distinctive, complementary logos for the Boonshoft School of Medicine and Wright State Physicians.

Effective research for a strong identity

"Our goal was to create a strong and consistent identity through effective research with all our constituencies for both the Boonshoft School of Medicine and Wright State Physicians and to better integrate with Wright State University," said Part.

The project also included a revitalized *Vital Signs* and a refresh of the medical school and Wright State Physicians Web sites to include the new color palette and logos. A further redesign of the Web sites will take place during a second phase of the project.

The new logo retains the medical school shield and the rod of Asclepius but adopts the typeface and colors of the Wright State University logo to more closely align it with the university while providing a unique identity for the school and practice.

The new logo was officially unveiled at the White Hall Grand Opening on September 12.

Cindy Young is director of the medical school's Office of Marketing and Communications. She can be reached at cindy.young@wright.edu

1,000 Words

While serving on a mission to the war-ravaged Sudanese region of Darfur, second-year student Jonathan Slaughter was moved to discover that joy, hope, and a childlike sense of wonder can still flourish in the face of intense suffering and the relentless threat of violence.

Photo ©2008 Jonathan Slaughter

Back to What's Inside

Arthur Pickoff's greatest hits:
A musical medical career in six tracks

Phil Neal

Track 1:
Fame, chemistry, and the cultural center of the world

For a bright, artistic child, being born and raised in the heart of New York City is about as good as life gets.

"It's incredible," Pickoff said. "To grow up there with the museums and the theater and the art."

Building on his childhood passion for the arts, as a teenager Pickoff applied to study piano at the High School of Performing Arts. The school was the inspiration for the 1980 movie *Fame,* but unlike the characters in the film (and many of his classmates), Pickoff didn't have a driving determination to succeed as a performer. In fact, his experience at the school inspired him to consider an entirely different field.

"I went there because it seemed like a fun thing to do, and it totally was," he said. "Then I went to chemistry class and sort of liked that... (The teacher) noticed that I was slightly interested in what he was saying, which for him was remarkable, because, clearly, none of the other kids in the class who were four-plus artists could care less about it."

With support and encouragement from his teacher, after graduation Pickoff enrolled in Queens College as a chemistry major. He enjoyed his classes and began pondering careers combining chemistry and mathematics, but medicine didn't strike him as a realistic option.

"I never thought I was smart enough to be a physician," Pickoff said, "and then it dawned on me that I was doing as well in class as everybody else who was clearly thinking they were going to go into medicine, and I said, 'Maybe I could do this.'"

Track 2:
Rock and roll residents wailing on Wall Street

Entering the Albert Einstein College of Medicine of Yeshiva University, also in New York, Pickoff didn't leave his love of music behind. Despite a demanding course of studies, Pickoff and several other students found the time to form a rock band. Pickoff played drums and bass, and he wasn't the only member with serious musical experience. Another band member, the former guitarist for the group Sha Na Na, had played at Woodstock just before Jimi Hendrix.

Arthur Pickoff, M.D., is chair of the Department of Pediatrics and the Department of Community Health for the Wright State University Boonshoft School of Medicine.

"We played all over New York City," Pickoff said. "One of the great parties we played was for the Wall Street crowd. It was on the South Street Pier on a boat, and we were just playing, and those sounds were echoing through the tall buildings of the New York skyline."

In between gigs, Pickoff thrived in medical school and anticipated a specialty in nuclear medicine. Once again, however, his initial plans soon changed.

"Careers evolve dependent upon the people you meet along the way," he said. "I really think if you meet the right mentors... you could be surprised what you can be talked into as an area of interest."

In Pickoff's case, the influence of respected faculty members led him to focus on pediatrics, and then to explore a subspecialty in pediatric cardiology.

"It just fit," Pickoff said of his new focus. It was "something that was intriguing, the kids, their problems, how they're diagnosed, how they're treated."

After graduation, Pickoff stayed in the city as a pediatrics resident at Mt. Sinai Medical Center. Residency made it difficult to fit in concerts, but the band still played occasional gigs. When Pickoff finished his residency and prepared to begin a fellowship at the University of Miami Medical Center, though, his tenure as a rock musician officially ended.

"I didn't know what to do with the drums," he said. "They were at the hospital there, and I said, 'Aw, just give them to some kid.' That was the last I saw of them."

Track 3: "Southern sojourn," or "the comforts of country living"

Pickoff enjoyed his cardiology training so much that he finished his fellowship and accepted an offer to stay on at the University of Miami as a faculty member. Before long, he received his first grant from the National Institutes of Health (NIH), establishing a trend that would continue throughout his career.

"I think the vast majority of my years as a pediatrician/pediatric cardiologist, I've had some degree of NIH funding covering my work," he said. "Maybe all but two or three of my years as an academician... That's not bad."

Miami offered more than an opportunity to develop his clinical practice and follow his research interests, though. It's also where Pickoff met a critical care nurse named Carrell, who was head of the ICU at nearby Jackson Memorial Hospital and would eventually become his wife. Among other shared interests, the couple became certified scuba divers and enjoyed exploring the underwater riches off the southern Florida coast.

In 1987, Pickoff accepted an offer to become the Director of Pediatric Cardiology at Tulane University. He, Carrell, and their daughter, Shana, then just under three years old, left Florida and headed for the excitement of New Orleans.

> **"I really didn't know what a community-based medical school was. It was very interesting to me, because I come from traditional academic health science centers. The attraction here was the children's hospital (and) this young medical school, which is very different than the ancient ones I came from."**

At Tulane, Pickoff and his colleagues set and steadily achieved several very ambitious goals.

"We established a strong clinical program," Pickoff said, strengthened the "research programs, and we developed the first training program in pediatric cardiology ever to exist in the state of Louisiana."

After six years in New Orleans, Carrell decided she was eager for a change of scenery, and Pickoff, despite being a lifelong city dweller, was willing to give it a try.

"We moved about an hour away out to a farm," he said. "The going bet was that I was going to be miserable out there, and I loved it. The country, the darkness, the lack of noise, the fishing pond where you could catch bass — it's just extremely relaxing."

Carrell embraced the country lifestyle and began raising and breeding quarter horses, a pastime she was able to share with Shana. Once again, Pickoff and his family had found the perfect fit.

"From then on," he said, "I decided I would never live in a normal neighborhood where you're right next to the people. I've done my city time."

Track 4: Discovering the delights of a dark, dirty town

Although happy at Tulane, Pickoff was open to other opportunities, and in 1998 he heard about a medical school in Dayton, Ohio, seeking a new chair of pediatrics.

"I decided to take a look," Pickoff said, "really not thinking I would consider it a fit.

"I didn't know what to expect really. I had a mental picture of this... dark, dirty, steel-producing, automobile-producing town."

Happily surprised on all counts, Pickoff said, "I came back from a first visit saying, 'I like the people, and I like the place.'"

Some colleagues suggested he look into more established programs at larger schools, but Pickoff felt that at Wright State he "could make a dent here and do something constructive."

Among many other hobbies, Pickoff is an avid digital photographer. In this image, a girl flies a kite at Omaha Beach in Normandy, France, where Allied forces attacked on D-Day (June 6, 1944), in a costly but vital battle that served as a turning point of World War II.

"I really didn't know what a community-based medical school was," Pickoff admitted. "It was very interesting to me, because I come from traditional academic health science centers. The attraction here was the children's hospital (and) this young medical school, which is very different than the ancient ones I came from."

With the support of his wife and daughter, Pickoff accepted the position. His appointment began in January, just in time to experience the worst a Midwestern winter has to offer.

Pickoff came to Ohio by himself at first, with Carrell and Shana planning to follow six months later. He arrived during an intense snowstorm, he said, "which was culture shock coming from the south. It was a cruel introduction."

Since that first trial by ice, Pickoff has found the Dayton area much more enjoyable.

"It's turned out to be a completely delightful place to be and to live," he said. "Personally a great move, and professionally a great move too... I'm very happy here."

"I took a chance here, and I'm not disappointed," he added. "I have no regrets."

Track 5: Good people gearing up for growth

As the new chair of pediatrics, it didn't take Pickoff long to "make a dent" and begin helping the program evolve. Over the course of nine years, Pickoff and his colleagues have expanded the size of the faculty, strengthened numerous specialties, and created a hospitalist group.

In addition, he said, "From a research point of view, we've gone from a department that almost never published an abstract or a paper, into a department that is very well represented at national meetings and is publishing well."

"When I got here," he added, "there was basically no federal grant support, and we now have about $3 million of external federal support, both from the Department of Defense and from the National Institutes of Health."

Pickoff has also enjoyed assuming a leadership role with the Children's Medical Center of Dayton, strengthening the connections between the school and the hospital.

"I have become a member of the board of trustees of this hospital," he said, "a member of the senior management team, and a member of the executive committee of the hospital.

"It's been fun watching the institution evolve. It's grown by leaps and bounds."

His initial impressions about the medical school and its faculty have also proven true.

"What I have enjoyed at Wright State is the teaching culture," he said, "the culture of education as a primary mission, the evolving culture of research. And the quality of the people here has been second to none."

Track 6: Musical chairs and crystal balls

A few years ago, while playing tennis with Robert Reece, Ph.D., then chair of the Department of Community Health, Pickoff learned of his friend's upcoming retirement. Attracted by the department's research and educational programs, Pickoff applied — and was eventually selected for — the position.

The department was in solid shape, but Pickoff worked to build on Reece's accomplishments by forging a stronger sense of community among the faculty, enhancing several of the programs, and charting a clear course for the future.

Serving as the chair of two departments, in addition to his clinical duties and role in hospital administration, keeps Pickoff busy, but he still makes time to stay involved with the American Heart Association. In fact, he just finished a term as president of the Great Rivers affiliate, which encompasses five states. Somehow, he also manages to fit in volunteer work at Reach Out of Montgomery County, a clinic for underserved and uninsured patients.

"I'd like to do more of everything," he admitted. " I'd like to work more with the students and the residents... (and) there are lighter times during the academic year when I think I might have just one more NIH grant in me that wants to come out."

The time crunch has also taken its toll on his hobbies. After more than a decade, he said, "I have stopped riding motorcycles. I have decided that I will certainly stop after I get hurt, so why not stop before I get hurt? ... I just thought I could sort of look into a crystal ball and say, 'You know what? Let's quit while we're ahead on this here.'"

He won't entirely rule out another ride or two out west, where he and Carrell are building a home in Colorado, but for now, his motorcycle is up for sale.

Pickoff still plays piano, although he focuses on Beethoven sonatas rather than rock anthems these days. It's difficult to find more than a few hours to practice each week, but he can't quite bring himself to rule out a return to the stage. He quickly dismisses the idea, but it's easy to see a hint of the old rock and roll spirit lingering in his eyes.

"Well," he finally admitted, "You know what? It would be fun to have a faculty or student-faculty band."

Research Spotlight

Lasers, explosions, and a new patent on precision

Laser blasters and ion explosions are no longer relegated to video games and science fiction movies. In fact, thanks to two professors in the Department of Pharmacology and Toxicology, they could soon revolutionize the way many diseases are diagnosed and treated.

In February, Khalid M. Elased, R.Ph., Ph.D., assistant professor of pharmacology and toxicology, and Mariana Morris, Ph.D., professor and chair of pharmacology and toxicology, received a patent for a new enzyme assay they developed based on Surface Enhanced Laser Desorption/ Ionization Time-of-Flight Mass Spectrometry (SELDI-TOF-MS). Essentially, SELDI-TOF-MS involves placing a minute biological sample onto a protein chip, blasting it with a laser, and measuring how quickly the various types of ionized molecules fly.

Elased and Morris created an assay that uses the technology to measure the activity of specific enzymes, such as those involved in the renin-angiotensin system (RAS), which plays a key role in conditions such as hypertension and diabetes. The assay represents a significant improvement over existing methods, because it requires a much smaller sample, uses natural substrates (which are more accurate than artificial ones), provides very precise numerical measurements rather than relying on coloration, and supports multiplexing — screening for more than one enzyme at a time.

In developing the assay, Elased and Morris have earned a place at the forefront of an exciting movement exploring the use of proteomics to identify biomarkers for various diseases. Biomarkers are generating widespread interest in the scientific community, because precisely measuring minute quantities of proteins linked to specific diseases makes it possible to diagnose and treat many conditions much earlier and more effectively.

> **"We are becoming known for this now. This is the gold standard assay for measurement of the enzymes we've studied."**

Elased and Morris began work on the assay as a precursor to the opening of the department's new Proteomics Analysis Lab (PAL), a dedicated facility with advanced, specialized equipment. After several years of work, the patent award and several publications and presentations are helping to spread the word about this remarkable new assay.

"No one else is doing this," Elased said. "It's something very unique.

"We are becoming known for this now," he added. "This is the gold standard assay for measurement of the enzymes we've studied."

Award lets students, patients experience the power of pointed questions

Medical care would be remarkably straightforward if all patients followed physicians' recommendations to the letter, but human nature makes this prospect little more than a daydream. In reality, patients often struggle to recognize their problems, accept help, and commit to follow through with treatment. Fortunately, physicians can learn effective ways to help patients meet these challenges, and a new award-winning program developed by faculty in the Department of Psychiatry is designed to help them do so.

"Smoking Cessation Groups Led by Medical Students in Inpatient and Outpatient Settings," a program developed by Brenda Roman, M.D., professor of psychiatry, director of medical student education, and medical director of the psychotherapy clinic; Ann Morrison, M.D., associate professor of psychiatry and director of the Division of Community Psychiatry; and former faculty member Marie Rueve, M.D., won a prestigious American Psychiatric Association Innovative Teaching Award for 2008.

The award, one of just five given throughout North America, recognizes the program's value and impact on medical student education, innovation and uniqueness, and achievable and measurable results, among other qualities. Other award recipients include the Columbia University College of Physicians and Surgeons and the Johns Hopkins School of Medicine.

The program, which will be conducted by Morrison, Roman, and Nicole Borges, Ph.D., director of medical education research for the Office of Academic Affairs, will provide basic training in motivational interviewing for all third-year medical students in the psychiatry clerkship. Students will then apply the training by leading smoking cessation groups at the Samaritan Homeless Clinic or more informally through their interactions with patients in other settings. Questionnaires will gauge students' confidence levels with the techniques before and after the program.

"Our goal is not to create experts in motivational interviewing," Roman said, "but to have students feel a certain comfort level with some of the basic techniques... that they can use in almost all patient encounters... (and) that can be of value in strengthening the doctor-patient relationship."

A passion for research

Finding great research opportunities takes... research.

Third-year student Jessica Hoying, who holds an M.S. degree in anatomy from Wright State, honed her appetite for research through her thesis work on keloid fibroblasts. As a medical student, she wanted to continue doing research and suspected she might not be the only one.

After surveying the class of 2010, Hoying was pleased to discover that 30 percent of her fellow students had research experience, and most wanted to continue doing research during medical school. Inspired by this widespread interest, she founded the Medical Research Club to identify research opportunities and help connect students with faculty mentors.

"I find research to be a vital part of medicine," Hoying said. "It shapes the way we practice and allows us to better serve our patients."

Hoying worked with Mark Willis, M.A., research coordinator for the Office of Research Affairs, to create an online form students can complete to indicate their research experience and interests. They also created a list of faculty members and their research concentrations, along with student research opportunities and club news.

All of this information, Hoying hopes, will allow interested students to devote their time and energy to research rather than searching for projects.

Several department chairs and program directors have delivered presentations on their current research at club meetings. The meetings also give students an opportunity to discuss their experiences and share advice on posters, conferences, and even data interpretation.

As the club enters its second year, Hoying has enlisted a leadership team including representatives from each class, as well as several postgraduate members. Potential student researchers can learn more at www.med.wright.edu/ra/student/.

Research Spotlight

Research takes fourth-year student from Syria to Stanford

Many undergraduates opt to study abroad, but Rania Awaad wanted to do more than explore a foreign culture and take a handful of classes. Instead, she decided to earn a law degree in Syria.

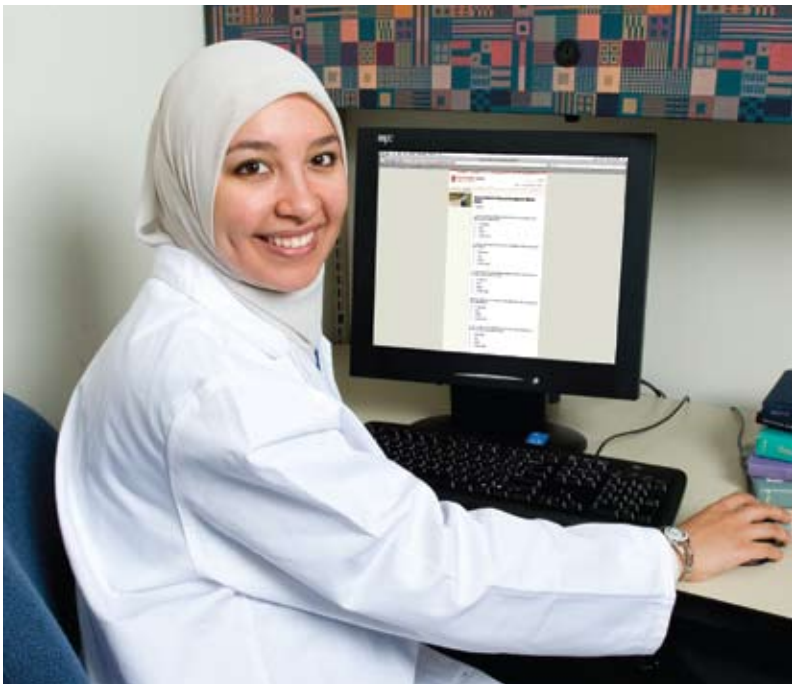
"At first it was just exploration," Awaad said, a kind of follow-up to her experience studying abroad in Damascus during high school, when she first became intrigued with women's issues within Muslim culture. "Then I got really serious about doing the degree."

"There are very few women who actually study Islamic jurisprudence, for a variety of reasons," she said. "I think I was a little bit of an anomaly over there in a field that was predominantly men, and older men. And since I was a young woman who was American on top of it all, (that) was kind of odd to them."

Awaad earned the equivalent of a J.D. from a private legal university in Damascus while pursuing a double bachelor's degree in biological anthropology and Islamic studies at the University of Michigan. Now, as a fourth-year medical student at Wright State, she is combining all of her interests in a research project that earned her a prestigious grant funded by the National Institute of Mental Health (NIMH).

"Muslim women in particular don't really access mental health care as they should," Awaad said. "I thought it would be interesting to study the perceptions that women have, perceived barriers — what it is that really keeps them from getting mental health care."

When Awaad applied for the grant she ultimately received through the American Psychiatric Association (APA), she didn't realize it would make her one of a select few medical students to be named a full research fellow of the American Psychiatric Institute for Research and Education (APIRE). In fact, she was the only one in 2008.



Fourth-year student Rania Awaad won a prestigious NIMH grant to study Muslim women's perceptions of mental health services and the barriers that may keep many from receiving needed care.

For her research, Awaad adapted and combined three psychological survey instruments to create a tool to gauge perceptions about mental health care among Muslim women in the U.S. Using specialized databases and resources of the Stanford School of Medicine, Awaad contacted potential participants and invited them to take an anonymous online survey. She was hoping to collect a few hundred responses in total; with several weeks left before the survey closed, she had received more than 1,200.

Comments volunteered by many survey-takers gave Awaad an indication of why the survey might have struck a chord.

"People are saying that they realize it's a huge problem" that Muslim women are hesitant to seek mental health care, Awaad said. "And they really feel that they can't reach out to people who may not understand them."

If it holds true, the finding will likely reinforce her determination to specialize in psychiatry, build on her background in Islamic law and culture, and offer Muslim women new and better options to get the treatment they need.

Future Docs

From rowdy to respected: AOA initiates extend 100-year tradition

At the beginning of the last century, medical students in America had a reputation for "rowdyism, boorishness, immorality, and low educational ideals," according to the Web site of the Alpha Omega Alpha honor medical society. Founded in Chicago in 1902, the society hoped to improve that reputation by working to "foster honesty and formulate higher ideals of scholastic achievement" in a time when fewer than 15 percent of medical students held college degrees, and classes often took place in storefronts or warehouses.

More than 100 years later, AOA student members must be in the top 25 percent of their class and demonstrate strong leadership, professionalism, ethics, potential for professional success, and dedication to service. Sixteen Boonshoft School of Medicine students were recognized in 2008 for meeting these high standards and were elected to the Wright State chapter by AOA members among the faculty. Three residents and two faculty members were inducted along with the students at a ceremony on May 6.

2008 AOA Initiates

Students

Deborah M. Amann
Tyler M. Angelos
Julia O. Burrow
William K. Cornwell
Beth R. Davis
Jason R. Faber
Daniel B. Flora
Richard N. Greene
Bryan S. Jewell
Sonal Kishore
Scott T. Leffler
Jacob S. McAfee
David W. Morris
Dipika M. Patel
Kyle L. Randall
Sarah B. VonLehmden

Residents

David J. Dalstrom, M.D.
Jason T. Hedrick, M.D.
Charles Brock Miller, M.D.

Faculty

Dean X. Parmelee, M.D.
Jerome J. Schulte Jr., M.D.

Golfing for a good cause

On a beautiful Friday in May, many medical students took a rare afternoon off from their studies to enjoy some recreation — and support a pair of important causes.

The fifth annual Drive for a Difference charity golf scramble brought together more than 80 students, faculty, and friends for a luncheon and 18 holes of golf at the Beavercreek Golf Club.

As in past years, proceeds from the event benefited Reach Out of Montgomery County, an organization that provides free health care for uninsured and underserved patients. Throughout their years at Wright State, medical students often volunteer at the organization's clinic in Dayton.

The event also supported the Jacob P. Deerhake, M.D., Memorial Scholarship Fund. Deerhake ('00), died at the age of 30 from a rare form of brain cancer. His fellow alumni from the class of 2000 established the scholarship to honor his memory and support current students who share Deerhake's strong values and moral character.

Students shine spotlight on important issues with annual events

Early in their medical education, many Wright State students are already demonstrating a strong commitment to public service. Despite the demands of their workload and class schedule, students are often eager to step up to support a good cause, and this spring offered two perfect opportunities when second-year students organized a pair of special events in the city of Dayton.

AIDS Benefit Walk

On March 29, the Wright State chapter of the American Medical Students Association (AMSA) hosted the third annual AIDS Benefit Walk. The 5K race took place in Wegerzyn Gardens MetroPark, a 1,000-acre park in north Dayton known for its numerous formal gardens and scenic nature trails.

The race drew more participants and raised more money than in years past, according to Megan Chambers, a co-organizer of the event.

"It was a huge success, and such a beautiful location," Chambers said.

She had worried that moving the race away from campus might diminish its appeal, but medical students and faculty still turned out in strength. In fact, student Josh Ordway won the race with a time of 15:53, while associate professor of physiology and biophysics Dan Halm, Ph.D., came in 14th overall and took first place in his age group.

Donations from community sponsors covered the costs of hosting the race, which enabled AMSA to give the bulk of the proceeds to Miami Valley Positives 4 Positives and AIDS Resource Center Ohio, local organizations dedicated to HIV/AIDS prevention, education, counseling, and advocacy.

Students tend to embrace the event to support a worthwhile cause, Chambers believes, but they also see it as a way to show gratitude for the opportunity to work with HIV/AIDS patients in the community as part of their education.

"The reason why we do this every year," she said, "is to raise HIV awareness, show our support, and give back to a population we train with."

Global Health Symposium

Just over a week later, on April 7, students of the Global Health Initiative (GHI) hosted the third annual Global Health Symposium, which also took place off-campus for the first time and drew a record number of participants.

More than 100 people attended the evening program at the historic Old Court House in the heart of downtown Dayton. Guest alumna speaker Katharine Conway, M.D. ('05), who is chief resident in family medicine at Case Medical Center/University Hospitals, described some of her experiences working in Guatemala.

The keynote speaker for the event, Victor W. Sidel, M.D., among many other distinctions, is a founder and past co-president of International Physicians for the Prevention of Nuclear War (IPPNW), an organization that received the Nobel Peace Prize in 1985. Sidel based his presentation in part on GHI's mission to expose students to medical issues facing people in other countries and to inspire greater compassion, social justice, and empathy.

The symposium also highlighted the experiences of Wright State students who have served and learned abroad with the support of GHI. In 2007 alone, the group helped send more than 40 students to 14 countries. Many returned with items they donated for a silent auction to raise funds for future GHI trips. Popular items included handcrafted necklaces made by widows in Swaziland, bottles of Lebanese wine, and pillows from India.

Students shared images from their travels for a photo contest, with winners announced at the symposium. Jeff Robinson's "Fishermen at Sunset" was selected as the top landscape photo, while Jonathan Slaughter's "Darfur" earned first place in the people category (see pages 26-27).

"I think GHI is just a great opportunity for students to see what medicine is really about," said Mada Helou, a GHI board member and co-chair of the symposium. "It's definitely about having accurate scientific knowledge, but it's also about making a strong connection with the person you're treating, not only on a personal level, but a cultural level."

Match Day

On Thursday, March 20, fourth-year medical students participated in an annual rite of passage that determined the next three to five years of their lives. On Match Day, more than 15,000 medical students around the country learned where they would begin their residency training after graduation.

Wright State students are bound for prestigious programs in the Dayton region, across Ohio, and throughout the U.S. More than half planned to enter primary care fields, while the rest looked forward to studying one of 14 specialty areas.

Deborah Amann
Psychiatry
University Hospital
Cincinnati, OH

Jill Aston
Emergency Medicine
WSU Boonshoft School of Medicine
Dayton, OH

Nicole Bair
Family Medicine
UCLA Medical Center
Los Angeles, CA

Sindhura Bandi
Internal Medicine
Rush University Medical Center
Chicago, IL

Carmen Baxter
Obstetrics/Gynecology
Wright-Patterson USAF Medical Center
Fairborn, OH

Todd Bialowas
Emergency Medicine
SAUSHEC-Brooke Army Medical Center
San Antonio, TX

Gary Bixler
Pediatrics
Nationwide Children's Hospital
Columbus, OH

Creagh Boulger
Emergency Medicine
Ohio State University Medical Center
Columbus, OH

Nathan Buck
Anesthesiology
University of Utah Affiliated Hospitals
Salt Lake City, UT

Julia Burrow
Psychiatry
University of Michigan Hospitals
Ann Arbor, MI

Michael Campbell
Family Medicine
Trident Medical Center
Charleston, SC

Elena Caraman
Emergency Medicine
University of Illinois College of Medicine
Chicago, IL

Anindita Chakrabarti
Internal Medicine
University of Illinois College of Medicine
Chicago, IL

Kuang Chang
Internal Medicine
Keesler USAF Medical Center
Biloxi, MS

Erica Corcoran
Surgery-General
WSU Boonshoft School of Medicine
Dayton, OH

William Cornwell
Internal Medicine
University of Michigan Hospitals
Ann Arbor, MI

Kelly Crawford
Physical Medicine/Rehabilitation
University Hospital
Cincinnati, OH

Beth Davis
Obstetrics/Gynecology
Case Western/MetroHealth
Cleveland, OH

Megan Dines
Emergency Medicine
WSU Boonshoft School of Medicine
Dayton, OH

Matthew Doepker
Surgery-General
Good Samaritan Hospital
Cincinnati, OH

Melissa Downing
Emergency Medicine
Palmetto Health Richland
Columbia, SC

Nadia Ebrahim
Pediatrics
New York Presbyterian-Columbia University Medical Center
New York, NY

Howard Edwards
Internal Medicine
Kettering Medical Center
Kettering, OH

Jason Faber
Internal Medicine
Kettering Medical Center
Kettering, OH

Pooia Fattahi
Internal Medicine
Jewish Hospital
Cincinnati, OH

Daniel Flora
Internal Medicine
University Hospital
Cincinnati, OH

Courtney Florenzano
Emergency Medicine
WSU Boonshoft School of Medicine
Dayton, OH

Janna Girardi
Obstetrics/Gynecology
University of Iowa Hospitals and Clinics
Iowa City, IA

Ryan Gnandt
Orthopaedic Surgery
Naval Medical Center
San Diego, CA

Richard Greene
Urology
Madigan Army Medical Center
Tacoma, WA

Melissa Grilliot
Pathology
Cleveland Clinic Foundation
Cleveland, OH

Michael Guy
Obstetrics/Gynecology
Akron General Medical Center/NEOUCOM
Akron, OH

Earl Haley
Family Medicine
Grant Medical Center
Columbus, OH

Matthew Hall
Family Medicine
University of Minnesota
Minneapolis, MN

Benjamin Hartshorn
Emergency Medicine
University of Wisconsin Hospital & Clinics
Madison, WI

Karah Harvey
Psychiatry
Ohio State University Medical Center
Columbus, OH

Jonathan Heflin
Surgery-General
WSU Boonshoft School of Medicine
Dayton, OH

Roman Hill
Emergency Medicine
Synergy Medical Education Alliance
Saginaw, MI

Tyler Hoppes
Emergency Medicine
Ohio State University Medical Center
Columbus, OH



Kyle Horton
Internal Medicine
Virginia Commonwealth University Health System
Richmond, VA

Andrew Jakubowicz
Pediatrics
Rush University Medical Center
Chicago, IL

Bryan Jewell
Obstetrics/Gynecology
WSU Boonshoft School of Medicine
Dayton, OH

Elijah Jordan
Internal Medicine
White Memorial Medical Center
Los Angeles, CA

Aris Kalnins
Anesthesiology
Indiana University School of Medicine
Indianapolis, IN

Erin King
Pediatrics
University of Minnesota
Minneapolis, MN

Diana Kocar
Pediatrics
Cincinnati Children's Hospital
Cincinnati, OH

Benjamin Kohnen
Family Medicine
David Grant USAF Medical Center
Travis Air Force Base, CA

Benjamin Kotinsley
Radiology-Diagnostic
Allegheny General Hospital
Pittsburgh, PA

Katherine Kotinsley
Radiation Oncology
Allegheny General Hospital
Pittsburgh, PA

Emily Kraft
Emergency Medicine
St. Vincent Mercy Medical Center
Toledo, OH

Kavita Kuchipudi
Otolaryngology
University of Pittsburgh Medical Center
Pittsburgh, PA

Catherine Law
Internal Medicine
University of South Florida College of Medicine
Tampa, FL

Ashlee Liggett
Internal Medicine/Pediatrics
WSU Boonshoft School of Medicine
Dayton, OH

Sheryl Mascarenhas
Internal Medicine
Indiana University School of Medicine
Indianapolis, IN

Thomas Masters
Emergency Medicine
WSU Boonshoft School of Medicine
Dayton, OH

Jacob McAfee
Otolaryngology
Eastern Virginia Medical School
Norfolk, VA

Joseph Meranda
Radiology-Diagnostic
Cleveland Clinic Foundation
Cleveland, OH

Matthew Merves
Pediatrics
Johns Hopkins Hospital
Baltimore, MD

Jessica Meyers
Anesthesiology
Duke University Medical Center
Durham, NC

Nessa Miller
Surgery-General
Memorial University Medical Center
Savannah, GA

Ronald Mistovich
Orthopaedic Surgery
Allegheny General Hospital
Pittsburgh, PA

Christopher Morgan
Neurology
Loyola University Medical Center
Maywood, IL

Mary Murphy
Obstetrics/Gynecology
St. Joseph Hospital
Chicago, IL

Lisa Nicholson
Obstetrics/Gynecology
SAUSHEC-Lackland Air Force Base
San Antonio, TX

Irina Overman
Internal Medicine
WSU Boonshoft School of Medicine
Dayton, OH

Himani Pandya
Internal Medicine
University of Southern California
Los Angeles, CA

Robin Parihar
Pediatrics
Cleveland Clinic Foundation
Cleveland, OH

Dipika Patel
Radiology-Diagnostic
Cleveland Clinic Foundation
Cleveland, OH

Gayatri Patel
Internal Medicine
UC Davis Medical Center
Sacramento, CA

Susan Paul
Internal Medicine
University of Tennessee Graduate School of Medicine
Knoxville, TN

Christine Pham
Ophthalmology
Boston University
Boston, MA

Kyle Randall
Orthopaedic Surgery
Medical College of Wisconsin Affiliated Hospitals
Milwaukee, WI

Audra Rouster
Pediatrics
University of Tennessee College of Medicine
Memphis, TN

Sheila Santa
Family Medicine
Oregon Health & Science University
Portland, OR

Jennifer Schroeder
Family Medicine
Fort Wayne Medical Education Program
Fort Wayne, IN

Santokh Sidhu
Psychiatry
Northwestern McGaw/NMH
Chicago, IL

Jenell Smith Wade
Surgery-General
Harbor-UCLA Medical Center
Torrance, CA

Shumaila Sultan
Neurology
Baylor College of Medicine
Houston, TX

Alysha Taxter
Pediatrics
University of Minnesota
Minneapolis, MN

Susan Tober
Emergency Medicine
Pitt County Memorial Hospital/Brody School of Medicine
Greenville, NC

Mindy Van Buren
Pediatrics
University of Tennessee College of Medicine
Memphis, TN

Sarah Von Lehmden
Family Medicine
St. Elizabeth Medical Center
Edgewood, KY

Lindsey Westerfield
Anesthesiology
Indiana University School of Medicine
Indianapolis, IN

Jenna Wheeler
Pediatrics
University Hospitals Case Medical Center
Cleveland, OH

Virginia York
Family Medicine
Mount Carmel
Columbus, OH

Amanda Young
Family Medicine
Miami Valley Hospital
Dayton, OH

Heidi Yount
Family Medicine
University of Illinois-Methodist Medical Center
Peoria, IL

Graduation

Ninety-two students received their M.D.s during the medical school's 28th annual graduation ceremony.



On May 30, the 2008 class of the Wright State University Boonshoft School of Medicine concluded four intense years of training and officially entered the medical profession. At a graduation ceremony held in the Benjamin and Marian Schuster Performing Arts Center in downtown Dayton, 92 graduates received their degrees, donned their hoods, signed their names as medical doctors for the first time, and renewed the oath that will guide their practice throughout their careers.

Following remarks by WSU president David R. Hopkins, P.E.D.; Dean Howard M. Part, M.D.; and G. Michael Bixler, president of the class of 2008; guest speaker Reed Tuckson, M.D., FACP, executive vice president and chief of medical affairs at United Health Group, delivered a stirring commencement address.

Among numerous awards and honors conferred during the ceremony, the following students and faculty members received special recognition:

Dean's Award – Kavita (Kavi) Kuchipudi

AAMC Humanism in Medicine Award – Roger Pacholka, M.D.

Arnold P. Gold Foundation's Leonard Tow Humanism in Medicine Award – Bryan S. Jewell (student) and Sherman J. Alter, M.D., associate professor of pediatrics (faculty)

Teaching Excellence Award – Gregory J. Toussaint, M.D., associate professor of pediatrics

Convocation

On Sunday, August 3, 100 new students took the first step of their medical education during the thirty-third annual Convocation and White Coat Ceremony. Before an audience of family members, faculty, and other supporters in the Schuster Performing Arts Center in Dayton, the students received the symbol of their chosen profession — the white coat — and took their first oath of professional medical ethics.

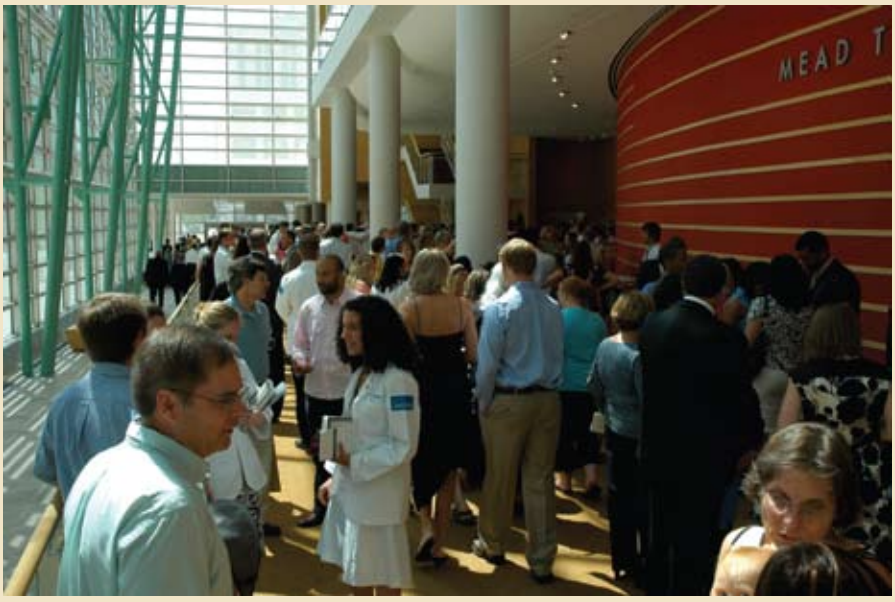
Carefully selected from a competitive group of more than 3,097 applicants, the class of 2012 will be the first to enjoy full use of the new, state-of-the-art Medical Education Center in White Hall.

"We have a very diverse class this year with students from all walks of life and different undergraduate backgrounds," said Gary L. LeRoy, M.D., associate dean of student affairs and admissions. "This makes for a very inclusive group of students who have the potential to become excellent, caring, patient-centered physicians of the future."

Dr. LeRoy addresses the class of 2012.







Clockwise from top: 1. Laura Hamilton, class of 2009, conducted the oath for the incoming class. 2. One hundred new students meet for the first time. 3. Students, family and friends chat outside Mead Theatre. 4. All new students received a copy of *On Doctoring,* a collection of stories, poems, and essays on the healing art.

New Faces

Steven J. Berberich, Ph.D.
Interim Chair and Professor, Department of Biochemistry and Molecular Biology

For more than 15 years, Steven J. Berberich, Ph.D., has pursued a passion for genomics research that has kept his laboratory on the cutting edge of scientific investigation and funded by more than $6.5 million in external grants, including a current competitive five-year grant from the National Institutes of Health. A member of the university faculty since 1994, Berberich was the founding director of the medical school's Center for Genomics Research. Berberich is a regular contributor and reviewer for numerous scientific journals and has frequently served as an appointed reviewer for the National Institutes of Health, the National Science Foundation, and the American Cancer Society. Berberich holds a B.S. in biology and a Ph.D. in biomedical science from Wright State and completed a postdoctoral fellowship in molecular biology at Princeton University.

Molly J. Hall, M.D.
Associate Dean, Premier

Molly J. Hall, M.D., brings 25 years' experience in medical education and 21 years of active duty in the U.S. Air Force to the new positions of Associate Dean for Premier and Vice President of Academic Affairs for Premier Health. During a distinguished military medical career, Hall has earned national recognition as a scholar, author, speaker, and leader. She has served as Dean of Graduate Medical Education for the Air Force, Assistant Chair of the Department of Psychiatry for the Uniformed Services University, and Director of Air Force Medical Consultants in the Office of the Air Force Surgeon General. Hall has published and presented nationally and has served as a reviewer and examiner for numerous journals and professional organizations. She received a B.S. from Yale and an M.D. from Cornell University Medical College before completing a psychiatry residency at The New York Hospital.

Michael P. Heffernan, M.D.
Chair, Department of Dermatology

Michael P. Heffernan, M.D., joined the medical school faculty in 2005 with the express goal of converting the division of dermatology into a standalone department, which he and his colleagues achieved in February 2008. Drawing on his extensive experience as an author of 52 articles and book chapters, principal investigator for 83 research and clinical pharmacological studies, regular reviewer for several journals and medical societies, featured speaker at more than 105 lectures and presentations, and medical dermatologist with the faculty of Washington University in St. Louis for seven years, Heffernan has greatly expanded the department's academic and clinical activities. He received a B.S. from the University of Notre Dame and an M.D. from the University of Michigan Medical School before completing a dermatology residency and serving as chief resident at Stanford University Medical Center.

Richard T. Laughlin, M.D.

Chair, Department of Orthopaedic Surgery, Sports Medicine, and Rehabilitation

A faculty member since 1994, Richard T. Laughlin, M.D., also serves as director of medical education for the department and as the orthopaedic surgery residency program director. He is certified by the American Board of Orthopaedic Surgery, is a fellow of the American College of Surgeons, and is an active member of numerous professional organizations, including the American College of Surgeons. He also serves on the Trauma Committee at Miami Valley Hospital and directs the Dayton Orthopaedic Society. Laughlin holds a B.A. from the University of Notre Dame, an M.S. in sports medicine from Texas Tech University, and an M.D. from the Texas Tech University Health Sciences Center. He completed an orthopaedic surgery residency at Southern Illinois University and foot and ankle fellowships (one in reconstruction) at the University of Texas Medical Branch and the University of Washington Harborview Medical Center.

Gary L. LeRoy, M.D.

Associate Dean, Student Affairs and Admissions

Gary L. LeRoy, M.D., is widely recognized and admired for his commitment to students, patients, and compassionate, humanistic care. Among many honors, LeRoy has been named Physician of the Year by the Miami Valley Academy of Family Physicians and received the Arnold P. Gold Foundation Leonard Tow Humanism in Medicine Award. He has served as president of the Ohio Academy of Family Physicians; held leadership positions in the American Academy of Family Physicians; sat on the boards of numerous area hospitals, physician associations, and non-profit health care organizations; and been personally recognized by the Ohio House of Representatives and the Ohio Senate. LeRoy earned a B.S. and M.D. from Wright State University and completed his residency in family practice at Miami Valley Hospital.

Glen D. Solomon, M.D., FACP

Professor and Chair, Department of Internal Medicine

Glen D. Solomon, M.D., FACP, comes to the university from Advocate Lutheran General Hospital outside Chicago, where he served as chair of the Department of Medicine and director of the internal medicine residency program. Previously, Solomon was senior medical director for medical and scientific affairs with Merck and Co. Inc. and director of the headache clinic and headache medicine fellowship program for the Cleveland Clinic. He is the author of two textbooks, more than 100 peer-reviewed papers, and 35 book chapters on the subject of headache and migraine, and is a fellow of the American College of Physicians and the American Headache Society. Solomon earned a B.A. from Northwestern University and an M.D. from Rush Medical College before completing an internal medicine residency at the U.S. Air Force Medical Center and an executive program in practice management through the Cleveland Clinic Foundation/Case Western Reserve University.

In Good Company

Quietly leading the world: Debra Sudan and the invisible art of organ transplants

Alumna Debra Sudan is slated to become chief of Abdominal Organ Transplant at Duke University this fall.

Sometimes the surest sign of success is having your work go completely unnoticed.

When Debra Sudan, M.D., FACS ('89), began a fellowship in transplant surgery at the University of Nebraska Medical Center (UNMC) in Omaha, she spent the first week or so working with hospitalized, severely ill patients. Following this sobering introduction, she attended a reunion picnic for transplant recipients.

"As I was walking around and I would meet families," Sudan said, "I couldn't tell which (person) had had the transplant. All of them looked healthy. It was fabulous."

Seeing the difference an organ transplant can make, enabling gravely ill patients to return to full health, convinced Sudan she'd chosen the right specialty.

"I was sold that this was the field for me," she said. "I absolutely knew that this was the right thing."

A big name in small bowel surgery

Sudan first became interested in transplant surgery as a resident (also at Wright State), when she completed a six-month transplant research fellowship at New York University. With her career path confirmed through the two-year fellowship at UNMC, Sudan accepted a faculty position at the medical center,

where she has served for the past 12 years and attained the rank of full professor in 2004.

As a surgeon, Sudan's primary focus is small bowel transplants.

"We actually were the busiest program in the United States in 2007," she said, and the procedure is "a big part of my identity nationally. When I go to meetings, people know me for the small bowel transplant work that I've done, research I've done, the things that I've published."

Research reveals the extent of success

Ironically, Sudan has also gained recognition for helping patients avoid the procedures in which she specializes. As director of the medical center's Intestinal Rehabilitation Program (IRP) she oversees a dedicated team focused on helping transplant candidates through other forms of treatment.

In 2007, Sudan presented a paper on the IRP and its experience treating short bowel syndrome at a meeting of the American Surgical Association, earning additional attention and prestige for the program. In reviewing the medical literature to prepare for her presentation, Sudan also made some surprising discoveries.

"Our program has done more than any single institution anywhere in world," she said. In fact, the program accounts for nearly half of all bowel-lengthening surgeries worldwide.

> **"As I was walking around and I would meet families, I couldn't tell which (person) had had the transplant. All of them looked healthy. It was fabulous."**

"It was really quite an eye-opener. I guess in some sense, when you're working in the midst of it, you don't recognize that you're doing something unique."

Sudan fully appreciates the impact she and her colleagues are having on patients' lives, though.

When Sudan began her fellowship in 1994, fewer than 50 percent of patients undergoing bowel-lengthening surgery survived more than a year. The odds weren't appealing, but for patients facing certain death without treatment — and often too sick to wait for or tolerate transplant surgery — the risk was justified.

"Now," Sudan said, "it's about 85 to 90 percent one-year patient survival, so it's very close to isolated liver transplant."

"It is wonderful to see patients that are out living a normal life," she said. "It's certainly very, very satisfying."

Opportunities leading back east

In addition to her clinical and research accomplishments, Sudan recently completed a two-year term as president of the Nebraska Chapter of the American College of Surgeons. The positive leadership experience contributed to her decision to leave the program she helped to build and the colleagues she respects to accept a position as chief of Abdominal Organ Transplant at Duke University beginning this fall.

Her husband, also a surgeon, will become vice-chair of surgical education at Duke. With their two children, 11-year-old Reena and 9-year-old Neil, also excited about the upcoming move, Sudan expects the transition to be positive for the whole family.

Looking back, Sudan has no regrets about her career path, including her years in Dayton.

"I think that Wright State gave us a tremendous foundation," she said. "I got excellent training in medical school, very strong basic sciences, excellent clinical skills... The enthusiasm for teaching that the Wright State faculty had was just overwhelming.

"I certainly would like to have that kind of impact on residents and fellows that I train."

The part that has to dream: Marvell Scott's adventures on the field, on the air, and on call

Alumnus Marvell Scott combines passion for medicine, sports, and broadcasting into a successful career in the Big Apple.

For Marvell Scott, M.D. ('01), there is no light at the end of the tunnel.

Scott isn't a pessimist — quite the opposite, actually. Instead, for more than a decade he has maintained a consistently exhausting schedule, and far from looking forward to a break, he is eager to keep up the pace.

While attending medical school, Scott worked as a sports anchor for WDTN-TV in Dayton. Balancing his education and a budding career in broadcast journalism was challenging enough, but he also decided to pile on a stint as a pro athlete. For two seasons, Scott was the top running back for the Dayton Skyhawks, a professional indoor football team that called the city home until 2000.

"I would practice at night," Scott said, and "then Friday would come around, and I would anchor broadcasts from the studio, sportscast the news from the game beforehand in my uniform, (and then) play in the game... It was quite a scream."

If at first you don't succeed, try 70 more times

Sports have always been an important part of Scott's life. As a high school senior, he was ranked as the country's second-best running back. In college, despite a series of injuries, he played football at the University of Illinois and the University of Delaware. After graduation, with his injuries ruling out an NFL career, Scott applied for jobs in sports broadcasting.

"I got rejected by about 70 stations," he admitted. "They said everything from my voice didn't sound right, I needed to lose weight, I didn't carry a presence on camera."

The rejections didn't deter him, though: "Part of you has to remain realistic, but the other part has to just dream," he said. "Don't be the person who sets your own limits, and definitely don't let someone else stump your potential."

Scott's persistence finally earned him a television job in Chicago, which led to the opportunity in Dayton. In applying to medical school a year later, Scott was following a very specific dream, again facing long odds — until he interviewed with Wright State.

"Wright State really did its best to make sure you could pursue the great field of medicine but retain your individuality," Scott said. "I had a goal of opening up these multi-purpose sports medicine/ fitness-rehab centers.

"They said basically from the beginning, 'We'll support you as long as you show that you're committed to helping people and to the field of medicine, and keep your grades up and so forth. The sky's the limit.'"

A big break in the big city

Scott's hard work paid off in his fourth year with a job offer from WABC-TV in New York City, one of the top local television stations in the country. For a very hectic few months, he shuttled between New York and Dayton to finish up his clerkships, but after graduation he relocated permanently to the city and began covering the Yankees, Mets, Giants, Jets, and everything else in local professional sports, from the Belmont Stakes to the PGA.

"I'm graced that one of my main hobbies pays my bills," Scott said. "I get paid to go to games, paid to talk about sports... I can't lie. I get to live a little bit vicariously through a bunch of athletes I cover."

All the while, Scott knew he wasn't finished with medicine. Before long, he began applying to residency programs, where he faced a familiar uphill climb to find a program willing to accommodate his television career. Eventually, he became an internal medicine resident at Cabrini Medical Center in Manhattan. Scott would often cover the early morning and evening news broadcasts, spend all day at the hospital in between, and then be on call at night.

"I actually had problems. I had to put Post-It® notes everywhere around the apartment," he said. "It was hard for me to keep track of not only what day it was, but when I looked at the clock a lot of times, I didn't know if it was five o'clock p.m. or five a.m., because I was running so much."

Good things happening

In addition to completing his residency, Scott achieved another longstanding goal by creating a unique program integrating sports and rehabilitative medicine, and non-medical fitness, nutrition, and therapeutic services. With facilities on Madison Avenue and a Web site at drmarvellph.com, the program realizes the dream that first inspired him to enter medical school.

For now, Scott sees patients in off-hours on a case-by-case basis, largely because he just began a sports medicine fellowship created for him by the University of Medicine and Dentistry of New Jersey (UMDNJ). Flexible as it is, the fellowship accounts for the two days each week not already devoted to his work with WABC-TV.

Scott recently moved to Harlem with his girlfriend, and a niece has relocated to the city to work as his personal assistant. After so many years of doggedly pursuing his goals in relative isolation, Scott finds the support and companionship a welcome change. Even so, he has no plans to slow down — or start looking toward the end of the tunnel — anytime soon.

"Ultimately, you're only on this Earth for so long," he said. "You might as well get as much from it as you can. If you have the right attitude and your heart's in the right place, good things will happen."

In Good Company

We're proud of our alumni and want to spread the word about your achievements. If you have professional news or personal updates to share — or simply want to stay in touch — please contact the Office of Advancement at som_adv@med.wright.edu or (937) 775-2972.

1983

David G. Babbitt, M.D.
is an interventional cardiologist with a large private practice in Cincinnati, Ohio. He and his wife Christine have four children: David, Jennifer, Michael, and John.

Michael C. Keefer, M.D.
is professor of medicine at University of Rochester School of Medicine and Denistry (Infectious Diseases Division), where he is also director of the HIV Vaccine Trials Unit. He also serves as associate director of HIV Vaccine Trials Network, based at Fred Hutchinson Cancer Research Center in Seattle. He and his wife, Anna, a nurse practitioner, have a nine-year-old daughter named Olvia.

Richard P. Milligan, M.D.
practices internal medicine in Woodstock, Virginia. He and his wife, Laurel, have three children: Andrea, Mason, and Daniel.

Michael S. Oleksyk, M.D.
is in private practice in internal medicine in Pensacola, Flordia. He is also assistant clinical professor for Florida State University School of Medicine. He almost died from pulmonary emboli in 1993, and as a result, became a national speaker on the subject. As well, he has served as an expert witness in medical malpractice cases. He is married to Suzette Oleksysk, CRNA.

Jeffrey W. Petry, M.D.
is director of Hospitalist Programs at Good Samaritan Hospital in Dayton. He and his wife, Margie, have three children: Jay, Jenny, and Jon, ages 21, 19, and 17, respectively.

Donald W. Pohlman, M.D.
joined a multispecialty group in Greenville, Ohio, two years ago, after being in solo practice for 20 years. He enjoys tennis and bicycling. He and his wife, Pam, have five children: Kevin, Eric, Alexander, Sarah, and Ryan.

Paul A. Strodtbeck, M.D.
practices internal medicine with South County Medical Associates in Laguna Hills, California. He and his wife, Melissa, have three children: Natasha, Jason, and Amanda, ages 15, 5, and 6 months.

James R. Thomsen, M.D.
is a pediatric otolaryngologist with Children's Health Care of Atlanta. He is also a professionally trained tenor and sings actively in Atlanta. He and his wife, Beth, have two children: Elizabeth and Margaret.

Craig A. Wolfe, M.D.
practices internal medicine with Marshfield Medical Center in Marshfield, Wisconsin, where he splits his time between critical care, inpatient pulmonary, outpatient pulmonary, and teaching internal medicine residents. He and his wife, Lori J. Remeika, M.D. ('82), have four children: Adam, Taylor, Kevin, and Emily.

1988

Tari S. Anderson, M.D.
is a part-time gynecologist with Christ Hospital in Cincinnati, Ohio. She and her husband, Greg, have three children: Sam, Paige, and Grant, ages 14, 12, and 9, respectively.

James P. Epure, M.D.
is medical director at VA Pacific Islands Healthcare System in Honolulu, Hawaii. He is also clinical faculty at University of Hawaii and is involved in clinical research. He is married to Chikako Epure.

David E. Hanpeter, M.D.
practices trauma surgery and critical care in Los Angeles, California. he and his wife, Rosalie, have one child: Benjamin.

Bradley S. Jackson, M.D.
is co-founder and partner of Premier Pediatric Group in Mason, Ohio. He is also voluntary assistant professor of pediatrics with the University of Cincinnati College of Medicine. He was the first African American president of the medical staff at Cincinnati Children's Hospital Medical Center, and has completed medical missions to Tanzania in 2006 and 2007. His son, Nicholas Jackson, is 10 years old.

Diane M. LeMay, M.D.
is a community pediatrician in Newark, Ohio. She has run 13 marathons, including twice in Boston.

Alice Onady, M.D., D.D.S.
practices with Comprehensive Counseling Services in Middletown, Ohio. She and her husband, Gary Onady, M.D. ('87), have two children: Dia and Rena.

Sharon L. Petitjean, M.D.
has been in academic medicine in a community setting for 15 years. She is a family practice geriatrician in Hampton, Virginia. She has three children: Nicholas, Wesley, and Ryan.

1993

Julia A. Bowlin, M.D.
practices family medicine at Versailles Medical Center in Versailles, Ohio. She and her husband, Rick Bowlin, M.D. ('92), have two children: Josie and Britton.

Douglas M. Ehrler, M.D.
is a spinal surgeon at Crystal Clinic in Akron, Ohio. He is faculty at Akron General Medical Center and Summa Medical Center. He and his wife, Tracy Mclean Ehrler, DVM, have one son, Pierce, born in April 2008.

James W. Jarvis, M.D., FAAFP
lives in Bangor, Maine, with his wife, Diane, and their children, Nicole, age 11, and Alexa, age 7. He recently accepted the position of director for the Eastern Maine Medical Center Family Residency Program.

Laurence J. Martin, M.D.
practices with Gulfside Surgical Associates in Hudson, Flordia. He is also chief of the department of surgery at Regional Medical Center Bayonet Point. He and his wife, Tamara, have two sons: Laurence John II and Matthew.

Thomas J. Rogers, M.D.
is moving to Fort Carlson, Colorado, where he will be practicing at Evans Army Community Hospital. There, he will be serving as a family physician and service chief for three large clinics servicing soldiers and families. He and his wife, Michelle Kuster, have four children: Jason, Joshua, Jacob, and Jordan, ages 15, 14 13, and 12.

David P. Sharp, M.D.
practices emergency medicine in Cincinnati, Ohio. He and his wife, Laura, M.D. ('96), have four children: Andrew, Alaina, Evan, and Patrick.

1998

Sarah Prince Carlson, M.D.
is a partner at Davidson Family Medicine in Davidson, North Carolina. She practices outpatient medicine and is a student health physician at Davidson College. She and her husband, Glenn, have a son named Benjamin, 21 months old.

Timothy J. Linker, M.D.
practices with Healthlink Family Practice and Sports Medicine in Mason, Ohio. He and his wife, Heather, have two children: Jessica and Luke, ages 10 and 7.

Gary J. Palmer, M.D.
is owner and founder of Clyo Internal Medicine in Dayton, a geriatrics practice that has grown to include seven physicians and practitioners. He and his wife, Brenda, a dentist, have three children: Renee, A.J., and Nick.

Pamela W. vonMatthiessen, M.D.
practices at Gunnison Family Medical Center in Gunnison, Colorado, where she is the sole internist in the entire county.

2001

Priya B. Maseelall, M.D.
will be joining a reproductive endocrinology and infertility practice in Akron, Ohio, in August 2008. She is currently finishing a fellowship at the New Jersey Medical School. She and her husband, Stephen Archer, an investment analyst, have one child: Willakenzie, age three months.

2003

Matthew A. Bakos, M.D.
practices general and procedural dermatology at Dermatologists of Southwest Ohio in Dayton. He and his wife, Nicole, have one child, Braeden, and another on the way.

Casey R. Boyce, M.D.
practices at Hilltop OB/GYN in Middletown, Ohio. She and her husband, Scott, will have their first baby in August.

Christopher L. Hager, M.D.
is an employee of Lancaster General Medical Group, working as a family physician at a new start-up practice. He and his wife, Rebecca, have a son, Christopher Jr., born in June 2006.

Jacob B. Jones, M.D.
practices with Van Wert Family Physicians in Van Wert, Ohio. He and his wife, Rebecca, have two children: Jackson and Deborah, ages 3 and 2.

Meredith N. Mucha, M.D.
is a geriatric specialist in Columbus, Ohio. She and her husband, James, have one child, Dominic.

Anna H. Rohrbacher, M.D.
is working to establish an outpatient private practice in downtown Chicago. She is married to Chris.

Samantha L. Wiegand, M.D.
is on staff at Wright-Patterson Air Force Base, on the faculty at Wright State's Department of Obstetrics/Gynecology, and clerkship director for OB/GYN at WPAFB. She and her husband, Robb, have two daughters, Ashley and Sofia.

Reunion Weekend

The Wright State University Boonshoft School of Medicine Alumni Association organized a number of special events for Reunion Weekend 2008, held July 18-20 in Cincinnati. Members of the classes of 1983, 1988, 1993, 1998, and 2003 gathered for three unforgettable days to reminisce, renew old friendships, and reflect on the unique rewards and rich traditions of the medical profession.

Highlights from Reunion Weekend 2008 include:

An exclusive evening at The Newport Aquarium, including a private dinner in the Currents Ballroom and after-hours access to the aquarium and its 11,000 marine animals.

An elegant, evening cruise on the Ohio River, including dinner and fellowship on a chartered yacht with the lights of Cincinnati skyscrapers and stadiums reflected in the rippling waters.

A CME event featuring presentations by Mark Gebhart, M.D., assistant professor of emergency medicine and director of EMS/Medical Readiness and the H.E.L.P. Center, and Thomas Koroscil, M.D., Ph.D., associate professor of medicine and chief of endocrinology. Gebhart spoke about the response efforts following Hurricane Katrina, while Koroscil described his unique experiences serving as a presidential physician.

A creative "Kids' CME" event presented by the Cincinnati Zoo and featuring interactive presentations, creative activities, and a unique chance to get up close and personal with some of the zoo's more exotic animals.

Boonshoft School of Medicine Day at Kings Island, including a private lunch buffet and unlimited access to 80 rides, shows, and attractions, as well as the 15-acre Boomerang Bay water park.

Save the Date

April 23, 2009

Academy of Medicine Distinguished Guest Lecture and Awards Dinner

Each year, the Academy of Medicine Distinguished Guest Lecture and Awards Dinner offers a unique opportunity to honor outstanding students, residents, and faculty; to gratefully recognize the noble work of academy members; and to share an unforgettable evening of camaraderie and celebration. The high point of the event is inevitably the presentation by the keynote speaker, a luminary in the field of medicine, arts, or entertainment.

For 2009 the academy is privileged to host Rachel Naomi Remen, M.D., a renowned pioneer in the mind/body holistic health movement, bestselling author, and nationally recognized medical reformer and educator. On April 23 Dr. Remen will deliver a presentation entitled **"Becoming a Blessing: Remembering Your Power to Make a Difference"** at the Ponitz Sinclair Center in Dayton.

Dr. Remen is Clinical Professor of Family and Community Medicine at the UCSF School of Medicine, where she developed the curriculum for *The Healer's Art,* an elective course that the Boonshoft School of Medicine adopted in 2005. *The Healer's Art,* which is currently used by more than 50 medical schools nationwide, emphasizes humanism, personal discovery and awareness, supportive relationships, and service to help aspiring physicians nurture a sustaining sense of meaning and purpose in their chosen profession.

Medical-Spirituality Conference

Earlier the same day, Dr. Remen will participate in another groundbreaking event as the featured presenter for the medical school's first annual Medical-Spirituality Conference, "The Heart and Soul of Medicine," also to be held at the Ponitz Sinclair Center. Proceeds from the event will benefit the school's Healer's Art Fund.

For more information on either event, contact Robert Copeland, Associate Vice President for Advancement, at (937) 775-2972 or robert.copeland@wright.edu.

Team-building, trust, and triumph

Members of the entering class of 2012 got an interesting introduction to medical school during a day on the WSU Challenge Course on Achilles Hill. The students worked together to complete a low ropes course, conquer climbing walls, and rappel down a 50-foot tower.

The experience helped students get to know and trust one another quickly during the first week of school. For more than a few who don't especially enjoy heights, heat, or extreme sports, the course also offered an unexpected benefit — a newfound appreciation for their intensive introductory classes, which take place in the air-conditioned comfort of White Hall.

Boonshoft
School of Medicine
WRIGHT STATE UNIVERSITY

3640 Col. Glenn Hwy., Dayton, OH 45435-0001

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