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Meet the Class of 2000

Except for that turn-of-the-century number, the Class of 2000 is much like those that have gone before.

Its members, like the four profiled, are highly motivated individuals, eagerly pursuing a life's dream—to become a physician. They are caring, compassionate individuals who sought out a medical school that will provide them with the knowledge and skills they need to become physicians.

Although they are admitted solely on the basis of individual qualifications, it is a diverse group, reflecting ethnic, racial, social, age, and gender differences. The Class of 2000 is 56 percent female and 44 percent male (Nationally, about 42 percent of medical students are women). Ninety percent are Ohio residents and approximately one-third of them will remain in the greater Dayton area to practice.

Like its predecessors, the Class of 2000 is composed of 90 talented individuals who bring a wealth of knowledge, life experiences, and values to the medical profession. They excel in many areas—intellectual pursuits, the arts, and athletics.

Life's experiences have led them to medical school. Perhaps it was a Peace Corps stint in a third-world country, or a family health crisis. For most, becoming a doctor has been a lifelong ambition; for others, a moment of epiphany. Some have been temporarily diverted from their dream by

life's quirks while others have just followed a circuitous route to this point in their lives. Many come from other professions—law, nursing, or public health. Many more are juggling family responsibilities with the rigorous academic schedule that begins on day one. But all are dedicated to fulfilling the dream.

Becoming part of the group was a competitive process. They were selected on the evidence of their intellectual ability, maturity, motivation, interpersonal communication skills, dedication to human concerns, and potential for service. To enter Wright State's School of Medicine, their academic credentials, demonstration of service, and work experiences were carefully evaluated. And, interviews probed for evidence that they could and would succeed.

Once accepted, they receive individualized attention from the school's professional staff, 290 full-time faculty and 1,250 voluntary faculty. Although the atmosphere during the next four years is one of cooperation rather than competition, the curriculum is intense. Basic science knowledge and clinical competency skills must be mastered to pass national exams.

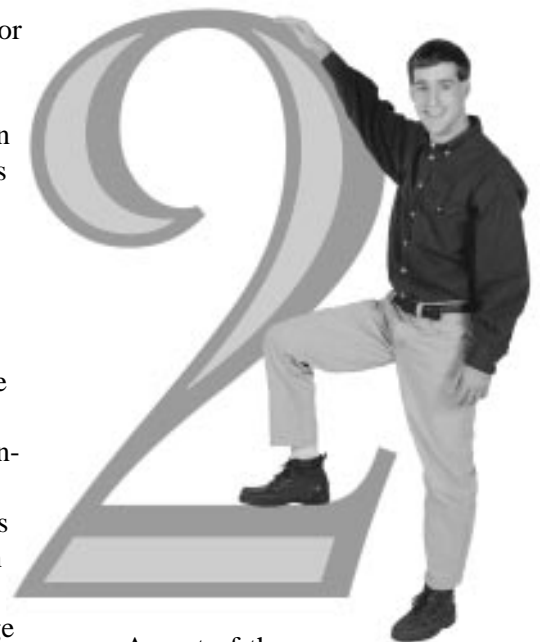
After graduating with their M.D., the group's members will be accepted at some of the most prestigious residency programs in the country. (Eighty-seven percent of Wright State's graduates in the Class of 1997 received one of their

first three choices for residency training.) They will enter a full range of specialties with a strong, primary care foundation. Longitudinal studies indicate that their new employers will rank them as equal to or better than their peers 95 percent of the time.

Above all, the members of the Class of 2000 will be the caring, compassionate physicians for the new millennium.

—Judith Engle

Nathan Piovesan



An out-of-the-norm upbringing steered 24-year-old Nathan Piovesan toward the discipline of medicine. At age three, Nathan and his family moved to Papua, New Guinea, to begin lives in the missionary realm. The Piovesans settled with the Wuzarumbia tribe in the Owen-Stanley range, which runs

down the center of the island. Here, Nathan lived in a bamboo house on stilts with no electricity, took bucket showers, and collected firewood from the jungle for cooking and heating. He received his “call” in this habitat.

Nathan remembers that his father, a reverend, also served out of necessity as the tribe’s physician. Using medical books and intuition, Rev. Piovesan treated the ailments and traumas of the villagers and cared for infants whose mortality rate was so high they weren’t named until the age of two.

When Nathan was 16, his friend was injured when a tree he was chopping in the jungle fell improperly and struck his head. The boy needed clinical care beyond Nathan’s father’s abilities. A government emergency plane was called in, but was unable to reach the hospital in time to save the boy’s life. Nathan also recalls other friends dying of tuberculosis, pneumonia, and other diseases because no treatment was available. “Situations such as these could have been prevented,” remarked Nathan. “That made the click for me to go into the field of medicine.”

“I haven’t found a negative yet.”

Nathan plans to continue in his father’s footsteps. After fulfilling the military service associated with his Air Force scholarship, he doesn’t plan to “stay in the states.” He intends to

travel to an area of the world that desperately needs physicians and continue the lifestyle of service he grew up in and loves.

Nathan chose WSU-SOM because he felt its community-based system would better prepare him for the many cultures he intends to treat. He knows he will meet a variety of people in his missionary endeavors; therefore, the school’s program was most conducive to his future. When asked about his feeling of medical school thus far, Nathan replied, “I haven’t found a negative yet.” He enjoys the diversity and openness of his class, was surprised at its great support system, and is thankful for the early clinical exposure.

— Kara Levri

Sherri Morgan



Sherri Morgan, future doc of the class of 2000, has an infectious enthusiasm. A native of Columbus, Ohio, Sherri’s path to a medical career began in 1987 in Pittsburgh where she was a young graduate with a master’s degree in public health administration. In this steel mill town, Sherri witnessed the vicious cycle of young teens becoming parents, dropping out of school, and going on welfare. The effects of what she saw there remain with her today.

“Before, I looked at Wright State as ‘It’s going to be a good school.’ And now I call it home.”

Sherri’s next stop was New York City, where she was the assistant administrator for the Urban Resource Institute. This center used an interdisciplinary approach of incorporating primary and preventive medical services into a program designed to treat HIV-infected, intravenous drug abusing patients. Sherri’s emphasis was on health care provision and education. Sherri enjoyed her time there because she had the opportunity to participate in the “real world,” but experiences like this fueled her dream to become a physician.

In 1990, Sherri returned to Columbus to work at the Ohio Department of Human Services under the Medicaid Administration Program. Her job was to design and administer programs

that combined managed care with Medicaid so low-income individuals could receive necessary medical services in Ohio.

In 1995, she began to seriously pursue her dream to become a doctor and, in the spirit of the Nike commercials and fueled by the encouragement of the doctors she had worked with, she decided to “just do it.” Sherri chose Wright State University because she liked the smaller size and its emphasis on primary care. She felt it had an excellent reputation, and the doctors she had worked with spoke highly of it. The decision was a good one. Sherri explains, “Before, I looked at Wright State as ‘It’s going to be a good school.’ And now I call it home.”

Sherri likes her classmates and the way people of various backgrounds work together. She also appreciates the climate of the open-door policy where you can talk directly to your professors without having to go through “middle men.”

Sherri’s past experiences afforded her the opportunity to see health care from both the administrative and programmatic perspectives. Now she feels she is able to do more at the scientific and medical levels. She is happy to see real-life role models at WSU because she firmly maintains that true happiness is not about money, but sincerely serving others.

Sherri’s future plans include going into family practice with an emphasis on geriatrics. She envisions herself in a community-

based family practice in a high-need area somewhere in the Miami Valley where she would volunteer her time and services to her community.

—*Naila Arshad*

Janice Bach



“I wanted to know how doctors made their decisions. I wanted to know more about my patients’ disease processes,” reflects Janice Bach as she recalls how her experiences as an LPN motivated her to choose medicine as a career goal. Jan received her LPN degree while serving five years in the Army reserve after three years of active duty. “I enjoyed nursing but knew I’d rather be a physician,” states Jan, who later completed an under-

graduate degree in chemistry and worked as a chemical analyst for the state of Wyoming.

During her first pregnancy, Jan found herself in the Neonatal Intensive Care Unit “for months” where she “learned a lot about humanity.” States Jan, “The premature birth of my girls was a big part of applying to medical school again.” Jan and her husband, an Air Force aircraft maintenance officer, are parents to two eight year-old daughters and a five year-old son. Although she feels that at times family responsibilities have prevented her from participating in as many extracurricular activities as she would like, she believes that her family keeps her focused on what is important. She also appreciates the schedule adjustments her husband has made for her education, volunteering “to go overseas by himself for 14 months so the family could stay in Dayton” and so she could start medical school.

“I learned that Wright State would do everything they could to help me succeed.”

The constant shuffle of military life has moved the Bach family between Washington, Wyoming, Oklahoma, and Germany before coming to Dayton five years ago. This “wide variety of experiences” contributes to her comfort in “relating to many different people,” she says. Jan enjoys Wright State for its “open-

ness to people of varied backgrounds. Wright State is a school I can contribute to,” says Jan.

The summer prematriculation program “set the tone for the year,” she remembers. “I learned that Wright State would do everything they could to help me succeed.” Wright State’s effort to bring clinical aspects into the basic science years to help “make it real” has impressed Jan, because “that’s why I’m here,” she affirms.

“I’m very open-minded about the future,” says Jan, who envisions entering primary care. However, she enjoys knowing that “group settings, flexibility, and reduced hours exist” for physicians today, allowing for both a fulfilling career and a rewarding family life.

—Julie Levensgood

Christopher Madison



Chris Madison had always known that he wanted to be a doctor. He and his family lived in a rural area in Liberia, Africa, where his mom practiced as a nurse midwife. “Mom was the only medical person for all around, so she not only delivered babies but also provided primary care to those who needed it,” explains Chris.

It seemed like his dream of being a doctor had come true when he was accepted into medical school in his homeland. During the 1980s, unrest in Liberia later turned into a civil war. “At the time I started medical school it wasn’t that bad yet,” says Chris. However, during his second year, the unrest became alarming and the medical students had to leave school. Chris decided to leave his homeland as a political refugee.

Chris left Liberia on foot. “We walked for three days at triple speed for the border of Sierra Leone, a neighboring country. We had to walk fast since there was a country-wide curfew at night.” Three months later he heard that the country of Ghana was repatriating former residents who were in Liberia. “Since I had the physical features of a person from Ghana, they allowed me to cross the border and then I told them that I was a political refugee,” explains Chris.

Chris was placed in a refugee camp where he stayed for more than two years. One day, by chance, he learned that a boat from Liberia was to arrive. He went to the ship-port and as he related,

“There they were — my family — just sitting there. And they were even more surprised to see me, for they had heard that I was killed by the army in Liberia.”

In the refugee camp, Chris worked to screen and sometimes diagnose “simple” diseases such as cholera and malaria. He knew there that he still wanted to pursue his dream of being a doctor.

“It teaches you that patients bring more than just a disease to your office. They bring all of their experiences also.”

Chris entered the United States in 1993 and completed a bachelor’s degree in biology. He wanted to go to a medical school with a strong basis in primary care; so he chose Wright State. Chris values all of his classes but especially the Introduction to Clinical Medicine and the Community Health class because, “It teaches you that patients bring more than just a disease to your office. They bring all of their experiences also.” He found the Introduction to Clinical Medicine class a bonus because in Liberia, “You didn’t touch a patient for two and half years.” Chris also appreciated the prematriculation program, which smoothed his transition to an American medical school.

Chris hopes to practice in the field of internal medicine in a rural area once he graduates.

—Timothy Rak

Trauma Training: Surgical Critical Care Selective

by Kevin Frank, Mary Lou Graham, and Deborah Vetter



Drs. Gary Lemmon and Mary McCarthy at the CareFlight launch pad.

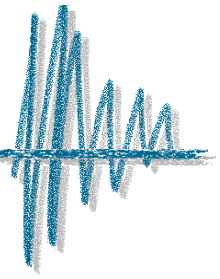
The 911 operator dispatched the CareFlight Air Ambulance when 16-year-old Pat was critically injured in a farm accident. Enroute to the hospital, two flight nurses with extensive training in aeromedical operations communicate the nature of Pat's injuries to the hospital's trauma team. By the time the helicopter arrives at the hospital, a select team of specialists from the Miami Valley Hospital Trauma Center is waiting to respond to their patient's

multiple injuries. A medical student from Wright State University's fourth-year class is a part of Pat's trauma team.

The trauma center, under the direction of Mary McCarthy, M.D., professor of surgery, meets the stringent standards of a Level One facility. Trauma units of this caliber are able to coordinate the care of the trauma patient from arrival at the hospital through rehabilitation. Specialized surgeons and other health care professionals as well as life-

support equipment are available around the clock to care for patients like Pat. When time is a critical factor for the patient's survival, the trauma center partners with area hospitals to provide expert, high-quality medical care to a wide range of critically ill and injured patients.

In addition to offering top-quality patient care, the trauma center is a training ground for future physicians. During year four of the Wright State University School of Medicine curricu-



lum, students participate in apprenticeship-type learning experiences called selectives. The Surgical Critical Care selective, housed at the trauma center, is a relatively new offering. “There are only a dozen or so Level One trauma centers with surgical critical care staff in the state, so the kind of training we are able to provide is rather unique,” explains Dr. McCarthy. “Students learn invasive procedures, how to manage different types of shock, and the aggressive approaches needed for our patient population, usually young people.”

To give students interested in surgery a more intensive experience in the Surgical Intensive Care Unit, Gary Lemmon, M.D., designed and directs the Surgical Critical Care training selective. “This selective offers a wide exposure to the management of the critically ill surgical patient within the intensive care unit,” commented Dr. Lemmon, associate professor of surgery. “The student will become an integrated member of the surgical team and will gain experience in the multidisciplinary management of the critically ill surgical patient.”

Since its inception, students have shown great interest in this selective. Many who take this training are interested in surgical residencies after graduation. Bill McDonald, a fourth-year medical student currently enrolled, is looking forward to a residency in orthopedic surgery. “When you are a third-year medical student,

you don’t really get exposed to critical care medicine,” McDonald said. “A month of critical care medicine or surgical critical care during the fourth year of medical school is a good experience. It gives you a different perspective and understanding.” Wright State University School of Medicine’s affiliation with local hospitals offers medical students several opportunities for critical care training. (See box.)

The Surgical Critical Care selective is open to all students, including those interested in primary care residencies as well as those interested in surgical specialties. “Even if students don’t plan to specialize in critical care, someday they will have patients who need critical care,” stated McDonald.

This training experience incorporates intensive patient contact, as well as interaction with family members and other medical professionals. As a member of Pat’s trauma team, Wright State’s selective student follows Pat from the trauma room of the emergency department, to appropriate areas for diagnostic tests and procedures, and then up to the Surgical Intensive Care Unit suite where Pat is admitted.

Under the supervision of the attending surgical physician, the student makes clinical assessments, suggests medical and/or surgical management, and performs bedside procedures. The student accompanies Pat into the operating room and assists on the

surgical team. The student, in a 50-hour week, will also attend all surgical and trauma conferences, surgical grand rounds, and the daily ICU attending rounds.

Prompt response to Pat’s medical emergency changed the odds in favor of a complete recovery. Patient care and physician training—the dual mission of the partnership between Wright State University School of Medicine and local hospitals—responds to today and prepares for tomorrow.



Critical Care Selectives at Affiliated Clinical Facilities:

Emergency Medicine Critical Care

Greene Memorial Hospital
Timothy Janz, M.D.

Internal Medicine Critical Care

Good Samaritan Hospital
Martin Ambrose, M.D.

Kettering Medical Center
Robert Barker, M.D.

Miami Valley Hospital
Eduardo Casalmir, M.D.

Veterans Affairs Medical
Center
Jeff Schnader, M.D.

Surgical Critical Care

Miami Valley Hospital
Gary Lemmon, M.D.

Middle Ear Implants Restore Hearing

by Mark Willis



Dr. Robert Goldenberg with models of the implant system.

Concern about the spread of AIDS and other infectious diseases led doctors in the 1980s to look for alternatives to various transplantable human tissues, from corneas to knee bones, saved in hospitable tissue banks. When Robert Goldenberg, M.D., considered the implications for reconstructive ear surgery, he began to design a new type of implant to restore hearing in the middle ear. The result was the Goldenberg Implant System, now manufactured and marketed worldwide by the British health-care giant Smith & Nephew ENT, Inc.

The Goldenberg system includes prostheses in several

basic shapes that can be used to reconstruct the bones of hearing (the hammer, anvil, and stirrup) in the middle ear. Also known as ossicles, these bones transmit sound vibrations from the eardrum to the nerve-lined cochlea in the inner ear. The ossicles can be damaged permanently by repeated middle ear infections, a condition known as chronic otitis media. If left untreated, the condition also can lead to perforated eardrums and nerve damage to the inner ear. When significant hearing loss results, the bones of hearing can be replaced with prostheses that can transmit sound

from outer to inner ear.

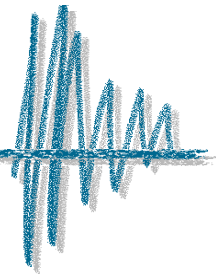
“Middle ear implants restore hearing mechanically with sound vibration,” explains Dr. Goldenberg, professor and chair of otolaryngology at Wright State University School of Medicine. “Hearing loss in the middle ear, unlike nerve deafness, can be corrected surgically, without requiring hearing aids.”

Over the past 25 years, two types of middle ear implants have been used to replace damaged ossicles. The first type is made from human tissue, including ossicles harvested from deceased donors. The second type, known as bioactive implants, is made from synthetic materials. Both

types yield comparable hearing results, according to Dr. Goldenberg. Human tissue implants have the advantage of less frequent rejection by the body’s immune system, but synthetic implants are less likely to transmit infectious diseases.

As Dr. Goldenberg’s design project evolved from drawings to prototypes, he chose a new synthetic material that had just been approved for use in prostheses by the U.S. Food and Drug Administration (FDA). The material is hydroxylapatite, a type of ceramic that resembles porcelain in its texture and density. Prostheses made from it can be used directly against the eardrum without using any other tissue as a buffer. The synthetic material has the added advantage of being easily trimmed and shaped with a knife, enabling prostheses to be modeled during surgery for an exact and precise fit.

Confident of the feasibility of the new implant system, Dr. Goldenberg turned for assistance to Smith & Nephew, a leading manufacturer of medical products used by ear-nose-throat specialists. A computer model of the middle ear developed by the bio-engineering department at Smith & Nephew was used to test the design of each component in the Goldenberg system. The prostheses were refined using CAD/CAM (computer-assisted design/computer-assisted manufacturing) technology. After a year of close collaboration, the Goldenberg



Implant System was ready to test in patients.

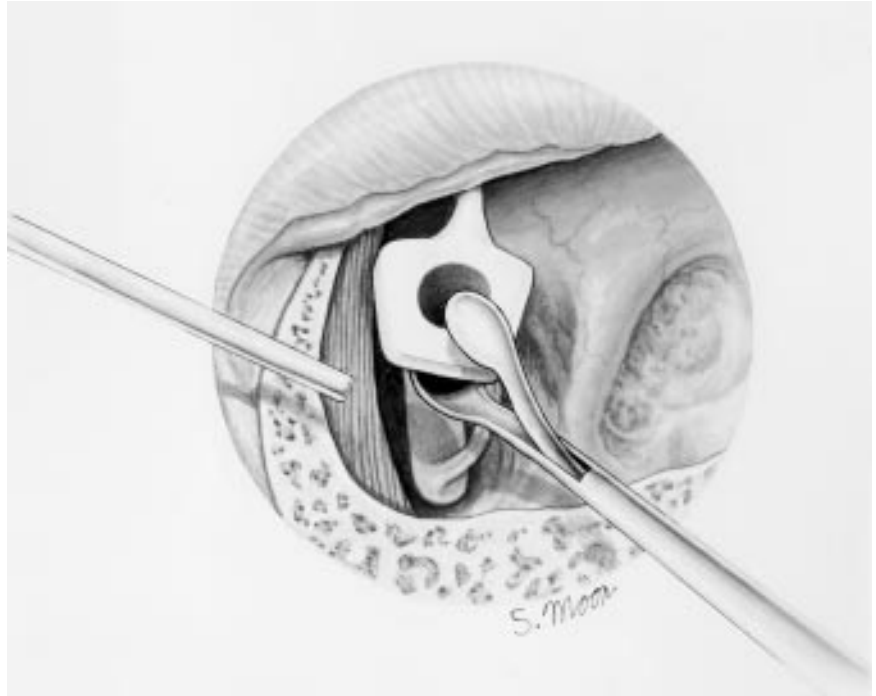
“The very first time we used it, we had good results,” Dr. Goldenberg recalls. “Over time, we have continued to refine the design to get even better results.”

“The hearing results have been great. In many cases, the prostheses restore hearing completely back to normal.”

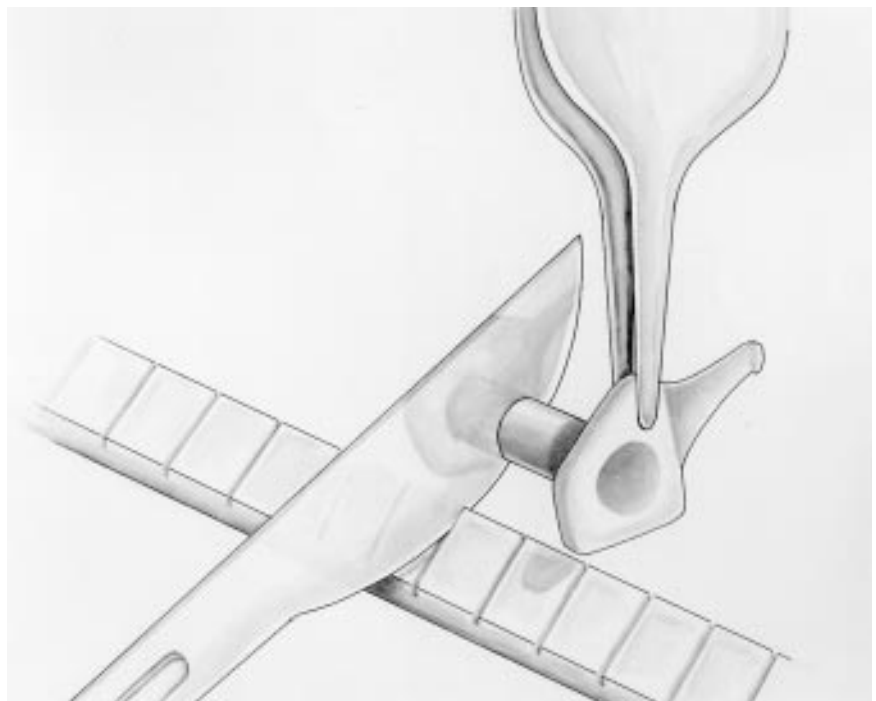
Dr. Goldenberg has used the implant in about 400 of his own patients. “The hearing results have been great,” he says. “In many cases, the prostheses restore hearing completely back to normal. It’s important to note, though, that I don’t use my prostheses for every middle ear reconstruction. There are some cases in which other types of implants work better.”

Simplicity and efficiency have made the Goldenberg Implant System an international leader among middle ear prostheses. Smith & Nephew has sold thousands of the implants worldwide. Ear surgeons report that the ease of selecting and trimming Goldenberg implants can reduce surgery time considerably.

“I’m a perfectionist. My inclination is to continue refining the design,” Dr. Goldenberg says. “Smith & Nephew says ‘no’ for now. Surgeons continue to ask for it because it works fine just as it is.”



Goldenberg incus prosthesis being placed into middle ear.



Cutting the Goldenberg prosthesis to the exact length required.

Legal Issues in Elder Care

by Cynthia Butler

- “I promised Mom I would never put her in a nursing home,” says a worried daughter. “But she no longer recognizes us and she’s becoming violent. How do I decide what to do next?”
- An 80-year-old woman refuses chemotherapy for her bladder cancer. Her family and surgeon call in a psychiatrist to determine her capacity for making this decision. Should she be allowed to refuse treatment?
- Your 90-year-old grandmother lives in a nursing home. As she walks down the hall to her room, she falls and is non-responsive. The nurses call the squad, and your grandmother lands in the emergency room on a ventilator. How do you determine if, and when, to end life support?

Helping Seniors and Their Families

Families in the Dayton area are facing these issues every day. Often these families are referred to Marshall Kapp, J.D., M.P.H., director of the Office of Geriatric Medicine and Gerontology. Mr. Kapp has many years of experience in dealing with the legal and ethical issues that arise in the health care of older people.

“Our mission is to act as a clearinghouse of information on resources on aging and help make this information available to the community,” explains Mr. Kapp. “We are housed in the Department of Community Health and coordinate education, research, and service activities within the School of Medicine that relate to the issues surrounding aging in our society today.

“I receive calls daily from people who have family members experiencing problems and who

need advice,” says Mr. Kapp. “The best advice I can give to families and older people is to plan ahead. People know to go to a doctor for an acute medical problem, but it’s the aftermath of the medical problems that can deplete a family’s resources and exhaust caregivers.”

“Our mission is to act as a clearinghouse of information on resources on aging and help make this information available to the community.”

Who Makes the Decisions

Many older people encounter problems involving mental and physical impairments. Because of various forms of depression, dementia, and other forms of cognitive impairments, many

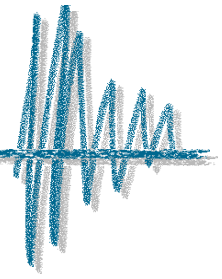
seniors are unable to make their own decisions. Families often must seek various levels of guardianship or other surrogate decision-making arrangements.

David Bienenfeld, M.D., maintains a practice in geriatric psychiatry and serves as the residency training director for the Department of Psychiatry. Dr. Bienenfeld is sometimes called on to assist people in making clinical decisions and to assist health care providers in determining a patient’s capacity. “Capacity defines the person’s ability to make decisions,” explains Dr. Bienenfeld.

The courts have requested Dr. Bienenfeld’s evaluations of capacity to help in the determination of competency. Once the legal system finds a person incompetent, a guardian is appointed to make medical and legal decisions.

End-of-Life Directives

Initiation, continuation, withholding, or withdrawal of life-sustaining treatment are decisions that affect people of any age, but are much more likely to affect older people. Advance directives like living wills and durable powers of attorney assist families and health care providers once a crisis exists. The Office of Geriatric Medicine and Gerontology provides suggestions for establishing orders for limited treatment like “do not resuscitate” and “do not hospitalize.”



Students Getting Involved

Third-year medical students are learning to complete geriatric assessments by doing home visits with patients in the community. Students conduct the assessments, in multiprofessional teams supervised by Cynthia Olsen, M.D. ('85). Assessment components include environmental, nutritional, and medical aspects. Students also look at physical functionality and assess for depression and cognitive abilities.

In addition, students offer information on nonmedical topics such as developing advance directives. Students also assess for financial problems. All data gathered become a part of the patient's file and allow the physician an opportunity to follow up on deficiencies discovered.

Planning for the Future

Sherry Stanley, M.D. ('80), is medical director of Senior Care at Miami Valley Hospital and performs geriatric assessments for seniors and their families. Each assessment takes three to four hours. Dr. Stanley reviews the medical records and helps families plan for the future, including end-of-life decisions and financial options.

Dr. Stanley often sees patients in their mid-80's with multiple medical problems, multiple doctors, and their children living outside of the Dayton area. Many times there are communication




Dr. Sherry Stanley ('80) (right) chats with a patient.

"I think Wright State does a good job of training medical students as translators. Today's medical students will be able to explain medical options in a manner that patients will understand."

problems between the patient, family, and health care professionals. In this situation, the family is out of the information loop and unable to help their family member.

"Probably 85 percent of the people we see are memory impaired," explains Dr. Stanley. "We talk with the children, neighbors, fellow church members, and sometimes ministers, so we can get the whole picture of the patient's life." Most families are advised to retain an attorney, are strongly encouraged to develop a living will, and are advised to review their long-term care insurance.

"I think Wright State does a good job of training medical students as translators. Today's medical students will be able to explain medical options in a manner that patients will understand. If given all the information available, most patients can make their own decisions," Dr. Stanley believes. "When family members, doctors, and the health care system get involved with a patient's decision making, the patient often loses control. That's why it's so very important to plan and make your wishes known for whatever the future holds." 

Health Risk Assessment

by Mark Willis

When Joe Smith came to the Charles R. Drew West Dayton Health Center, he needed relief from the rumbling chest cold and sore throat that was going around this spring. In addition to diagnosing and treating his acute symptoms, the doctor also noted his history of high blood pressure and asked about his progress with smoking cessation.

Hypertension and smoking weren't the reasons that brought Joe to the clinic, but the office visit presented his doctor with an opportunity to ask timely questions about lifestyle choices Joe could make to reduce his risk for future health problems such as heart disease, stroke, and cancer. The doctor knew the right questions to ask because Joe's chart included the results of a health risk appraisal (HRA) that he received last February during Men's Health Week at the Drew center.

Joe Smith is a hypothetical patient, but the health risk appraisal in his story is making a real impact on the health of people like him, thanks to the efforts of the Center for Healthy Communities' Division of Health Promotion. The HRA has become an effective tool for linking wellness activities with day-to-day patient care at Drew and the East Dayton Health Center. Information gathered during HRAs enables health educators to target wellness programs to meet specific community needs. For medical students at Wright State University School of



Staff for Men's Health Week at Charles R. Drew West Dayton Health Center.

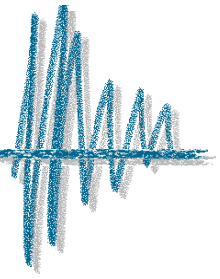
Medicine, the HRA provides an introduction to focused patient education. It also gives medical students insight about their own health risks and lifestyle choices.

The HRA includes the components of a typical health screening — measurements of height and weight, tests for blood pressure, cholesterol, and blood sugar. It also surveys health concerns such as smoking, diet, and exercise. Participants receive health counseling during the HRA, and when necessary, they get referrals to doctors and other wellness programs to follow up on health risks identified by the HRA.

Follow-up is the distinguishing feature of the HRA. When people receive HRAs at the Drew and East Dayton health centers, the information goes into their

permanent patient records. HRA data is flagged in patient charts so that physicians at both centers can follow up and reinforce HRA recommendations during patient visits for other health problems.

The Division of Health Promotion also follows up on HRA recommendations, according to Julie Uptmor, B.S.N., R.N., health assessment coordinator. "If someone has high cholesterol, for example, I follow up with a phone call two months later to ask if they went to the doctor and did something about it. I'll call back at six months and a year later to follow up, and I'll let them know about future health screenings where they could get their cholesterol checked again. We've found that people follow through on referrals when the problem really matters to



them — that’s especially true in cases of high blood sugar.”

In 1996, 615 people participated in the Division of Health Promotion’s HRAs in east and west Dayton. Among that number, 242 (39 percent) were male and 373 (61 percent) female; 261 (42 percent) were Caucasian, 227 (55 percent) African American, and 17 (3 percent) were from other racial groups.

Among the people screened, 339 (55 percent) needed to follow up on a range of potential health risks:

- 185 (30 percent) had high blood pressure;
- 228 (37 percent) had high cholesterol;
- 101 (16 percent) had high blood sugar.

Other health concerns by the HRAs indicated:

- 343 (56 percent) were overweight (greater than 20 percent of normal body weight)
- 161 (26 percent) were smokers;
- 173 (28 percent) were under a lot of stress;
- 42 percent reported that they exercised less than once a week.

Part of the mission of the Center for Healthy Communities is acting as a force for change in the health of Dayton’s east (predominantly white Appalachian) and inner west (predominantly African American) neighborhoods. This means designing health promotion programs that are responsive to the social, cultural, economic, and wellness needs of each community. HRAs

indicated a more frequent risk for diabetes in West Dayton; as a result, the Drew health center sponsors a bi-monthly diabetes clinic where diabetic clients receive individual and group education from a certified diabetic nurse educator and dietician. Also, West Dayton Diabetes Day is held in November to focus attention on diabetes screening and lifestyle management.

Obesity and lack of exercise are health risks in both communities. The Division of Health Promotion has launched *Movin’ in the East* and *Movin’ in the West*, low-impact aerobic exercise programs scheduled twice a week at both health centers. Participants in these programs are monitored quarterly for changes in weight, body measurement, body mass index, cholesterol, blood glucose, and blood pressure.

“The HRA has been an integral part of our health promotion curriculum.”

Another part of the Center for Healthy Communities’ mission is innovative training of health professions students in community settings. Wright State medical students learn about the HRA process at the East Dayton Health Center. All 90 of Wright State’s second-year medical students receive personal HRAs during a fall rotation at East Dayton. “The HRA has been an integral part of



Stephanie Garrett, Year III, with LaDonna Barnes ('91), medical director at Drew Health Center.

our health promotion curriculum,” explains Albert Langley, Ph.D., associate dean for academic affairs at the School of Medicine.

In addition to learning how to use HRAs and counsel patients about lifestyle choices, the medical students get information about their own health issues, notably diet and stress, that can help them cope with the pressures of medical school. Beginning this August, all incoming medical students at Wright State will get HRAs during student orientation, and they will repeat the process periodically during medical school to monitor how their health risk profiles change over time.





Profile

Linda M. Barney, M.D.



“Students are really refreshing. They ask questions. They want to learn. They’re young and impressionable and they keep you on your toes by making you continually learn yourself.”

“When students are in the operating room, they’re right up front—not five rows back using binoculars,” notes Linda Barney, M.D. (’85), assistant professor and undergraduate curriculum director in the Department of Surgery at Wright State University School of Medicine. She believes students get an excellent experience at Wright State and that they receive individual attention from faculty and residents.

Dr. Barney was born and raised in Lancaster, Ohio. She went to George Washington University where she played intercollegiate volleyball for four years and earned her bachelor of science degree. She then came to Wright State University, graduating from the School of Medicine in 1985 and from the Surgical Residency program in 1990.

Joining a group practice, she worked in Norwalk, Connecticut, for the next four years. She

enjoyed the New Englanders who are . . . “the ‘salt of the earth’ type of people,” she says. She taught surgical physician assistants affiliated with Yale, but she missed teaching and interacting with students and residents. A mere 40 miles from New York City, the fast-paced competition there also interfered with how she liked to practice medicine.

Role models from her hometown influenced Dr. Barney. She explains, “Deep down inside me there is probably this primary care type person who really enjoys taking time with patients.” Back at Wright State now, she’s doing everything that she likes to do.

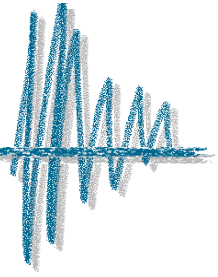
Students in the surgery clerkship are assigned to Dr. Barney and other preceptors. They rotate through several institutions, and she particularly enjoys the opportunity to go to the Veterans Affairs Medical Center to teach. “Students are really refreshing.

They ask questions. They want to learn. They’re young and impressionable and they keep you on your toes by making you continually learn yourself. That’s important!”

When she’s not busy teaching students and residents, Dr. Barney sees patients with general surgical problems. She also participates on the Trauma Service, and the Surgical Intensive Care Unit at Miami Valley Hospital. In addition, Dr. Barney is an academic advisor to third- and fourth-year students, and she serves on many School of Medicine committees, including the Biennium II Curriculum Committee, Student Promotions Committee, and ICM Advisory Committee.

Dr. Barney enjoys bicycling and cross-country skiing. And New England? Well, she returns there for vacations.

— Carol Kayden



Academy of Medicine

The Academy of Medicine, a premier support organization for the School of Medicine, celebrated its 20th Annual Dinner on April 23. David Holmes, chairman, CEO, and president of The Reynolds and Reynolds Company in Dayton served as the distinguished guest lecturer. “Managing Care in an Increasingly Managed Care Environment” was his topic.

The academy recognized its founders, Drs. John Beljan, Richard DeWall, Raymond Kahn, Frank Shively Jr., Sylvan Weinberg, and charter members. Dr. Beljan, founding dean of the WSU School of Medicine, said in a videotaped message, “This is a heartwarming event for me because the history and genesis of the academy are closely tied to the development of the school.”

Drs. Beljan and Shively conceived the idea for the Academy of Medicine on a fishing trip. Dr. Beljan explained, “We discussed how to break down the barriers among the university, community, and medical school and how to unify them into a cohesive force to benefit the people of this region. The result was the academy. It was created in the spirit of something special that spoke to the excellence of our



Barrett H. Bolton, M.D., and wife Mary review a pictorial history (left); Raymond M. Kahn, M.D., Frank L. Shively Jr., M.D., and Richard A. DeWall, M.D., Founders (right).

institution and the quality of the people involved.”

Formation of the group was instrumental in building support from community physicians and starting a philanthropic heritage at the School of Medicine. Its loan program has one of the lowest interest rates (5 percent) and longest deferrals of payment (four years after graduation) nationally. Since 1985 more than \$1,000,000 has been generated and over 400 medical students have received simple interest loans, saving over \$500,000 in interest payments.

Recognition of medical excellence is a hallmark of the academy. Outstanding teachers, students, and clinicians are acknowledged annually, and leaders in medicine are acclaimed by their peers.

In 1989, Dr. Mary Lou Zwiesler ('86) received the Outstanding Resident Award when she was the chief resident in family practice at then St. Elizabeth's Medical Center. She relates,

“Receiving the Outstanding Resident Award was a great honor because all the residents in Dayton were eligible. I really appreciated the monetary award which helped me purchase textbooks to establish my practice here in Dayton. The academy provides great service to the community. I am a

member today because of the academy's impact on my career as a resident.”

Two recent developments indicate that the future of the organization is promising. Virginia Wood, M.D., the academy's 14th chair, organized a fall retreat to assess the academy's direction. The result was affirmation of the current mission with an expansion in the areas of education and service. Secondly, investments by Drs. Stephen Cruikshank, Roger Glaser, and Enrique Pantoja have helped the academy broaden its impact through the establishment of an endowed scholarship, a research fund, and a history of medicine award, respectively.

Twenty years ago the founders envisioned a committed group that would make Wright State University a source of outstanding physicians. Today, the Academy of Medicine can boast of a goal accomplished and be confident of its positive influence upon future generations of physicians.

Phonathon



Tom Conti, Year IV, with classmates at the Phonathon.

Fourth-year medical students gathered this past February in the Press Room of the Nutter Center to participate in the annual School of Medicine Phonathon. Students contacted nearly 500 alumni during the three-night effort.

“I really enjoyed talking with our alumni,” commented Jeff Dean, fourth-year class president. “They were very willing to talk with us about the Phonathon and our plans for residency and beyond. They also liked getting updates from us about Wright State.”

Alumni pledged more than \$19,000 toward School of Medicine

merit- and need-based scholarships and will provide program support to several designated departments. Thank you to all alumni for your generous support.

Campus Scholarship Campaign

What are things that happen in the spring? May flowers bloom, Year II students study for boards, and the Wright State University Campus Scholarship Campaign (CSC) is held to support student scholarships.

Shirley Foreman, administrative assistant for finance in emergency medicine, believes strongly in CSC. A CSC volunteer for three years, Shirley says, “The student you help today may some day do great things in life, and you’ll know that you played a part in that.”

Clinical faculty also participate in CSC. David Small, M.D., clinical professor of surgery, believes, “It’s very important to not only support medical education, but to help students overcome financial obstacles that may interfere with the attainment of that education.”

“Running a successful campaign reflects well upon the image of the School,” says John Bale, associate dean for business affairs and CSC volunteer. “It shows that our employees want to see students succeed. It demonstrates to current and prospective students that the School of Medicine is a caring and supportive place.”

During the 1996 campaign, gifts from School of Medicine employees totaled nearly \$60,000. Since 1977, university employees have given more than \$1 million.

Items of Note

Jerald Kay, M.D., professor and chair of psychiatry, has been appointed as the Civilian National Consultant for Psychiatry to the Air Force Medical Service.

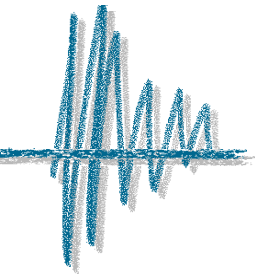
As a national consultant, Dr. Kay will examine how advancements in psychiatry may have an impact on delivery of health care for the Air Force. In addition, Dr. Kay will teach at key Air Force medical facilities and military medical societies both nationally and internationally.

Barbara L. Schuster, M.D., professor and chair of internal medicine, has been appointed as a member of the United States Medical Licensing Examination (USMLE) Step 3 Computer-based Case Simulation Test Material Development Committee.

The distinguished corps of examination committees for the USMLE Program is composed of representatives of the academic, practice, and licensing communities.

USMLE, a joint program of the National Board of Medical Examiners and the Federation of State Medical Boards, provides a common evaluation system for medical licensure in the United States. Results of USMLE are reported to state medical licensing authorities for use in granting the initial license to practice medicine.

Of Primary Interest



Dr. Robert Carlson Receives Steven Polgar Award

Robert G. Carlson, Ph.D., associate professor of community health, received the Steven Polgar Award in Medical Anthropology at the annual American Anthropological Association meeting. The award is given to recognize “state-of-the-art” excellence in medical anthropology. Dr. Carlson received this award in recognition of his article, “The Political Economy of AIDS among Drug Users in the United States: Beyond Blaming the Victim or Powerful Others,” that was published in the *American Anthropologist* in 1996. Dr. Carlson is the director of ethnography in the Division of Substance Abuse Intervention Programs and studies drug use and abuse and associated HIV/AIDS risk behaviors.



Robert Carlson, Ph.D.

Dr. Roger Glaser Receives Outstanding Engineer and Scientist Award

Roger M. Glaser, Ph.D., professor of physiology and biophysics and of rehabilitation medicine and restorative care at Wright State University School of Medicine, recently was awarded the 1996 Outstanding Engineer and Scientist Award by the Affiliate Societies Council (ASC) of the Engineering and Science Foundation of Dayton.

According to ASC guidelines, final selections were based on engineering or scientific merit that distinguished the nominees from the average worker in his or her field through their innovation, originality, creativity, and significance. Other criteria included evidence of technical accomplishments, society activities, and a sustained pattern of contributions.

Dr. Glaser received the award for his impressive career accomplishments, particularly in the areas of health, fitness, and rehabilitation of individuals with spinal cord injury and other neuromuscular disorders. A faculty member since 1972, Dr. Glaser is director of WSU’s Institute for Rehabilitation Research and Medicine. He has studied the use of functional electrical stimulation (FES) to induce contractions in paralyzed muscles, allowing individuals with spinal cord injury to exercise. Dr. Glaser holds seven patents, and his work is internationally recognized.



Roger Glaser, Ph.D.

Interdisciplinary Teaching Lab in New Area

In late 1996, the Interdisciplinary Teaching Lab (IDTL) switched locations with another School of Medicine department.

According to IDTL Director Debra Hendershot, the Department of Pharmacology and Toxicology is now more accessible on campus, and IDTL has a more desirable lab structure in the Frederick A. White Health Center.

“IDTL continues to support the School of Medicine curriculum, and our program and leadership have remained the same,” Hendershot explains. “However, now we have an improved design to enhance our learning environment.” Enhancements include new, state-of-the-art audiovisual equipment, hard-wired labs, and computerized teaching equipment.



Debra Hendershot, director of IDTL, in new lab.

Central Research Forum Features Dr. Alex Roche



Alex Roche,
M.D., Ph.D.

Approximately 40 Wright State University School of Medicine faculty members attended the February Central Research Forum featuring Fels Professor Alex Roche, M.D., Ph.D. Dr. Roche's presentation, titled *Opportunities and Challenges in Long-Term*

Serial Studies: Melbourne Growth Study and Fels Longitudinal Study, reviewed establishing and managing a long-term study on human growth.

In 1954, Dr. Roche initiated the Melbourne Growth Study, a longitudinal study of child growth that included more than 1,200 children in Melbourne, Australia. He moved to the United States in 1968 to direct the Fels Longitudinal Study in Yellow Springs, Ohio. There Dr. Roche managed the existing human growth program and expanded it to include body composition and risk factors for

heart disease. The Fels Study is recognized as the world's largest and longest-running study of its kind and has helped set international standards in anthropometry, statistical analysis, genetic epidemiology, risk factors, and assessment of growth and skeletal maturation.

In addition to recognizing Dr. Roche's prestigious career, the forum highlighted the Fels Longitudinal Study, introduced faculty participants to potential opportunities to collaborate with Fels researchers, and provided faculty with a platform for discussing common interests.

The Ugandan Connection

In early December, a trade delegation headed by U.S. Rep. Tony Hall spent seven days in Uganda, Africa, as guest of President Yoweri Kaguta Museveni. Among them was Mark Clasen, M.D., Ph.D., associate professor and chair of family medicine.

"The experience," explains Dr. Clasen, "was incredible. I learned so much in a short amount of time. I thoroughly enjoyed learning about Ugandan history, music, and food. And I was impressed by the Ugandans, who are tackling major environmental and health issues. President Museveni explained that his people are fairly satisfied with their lives. With the country at

peace, the Ugandans are safe, well fed, and sheltered, basic needs that were unmet during Idi Amin's dictatorship."

The delegation held meetings and toured several facilities and areas of the country. One tour included the Makerere Hospital, a 750-bed hospital with 1,500 patients. "With an infant mortality rate of 12 percent, the HIV prevalence rate at 21 percent, and the average life expectancy 42 years," explained Dr. Clasen, "I came to understand how illnesses, so treatable in many countries, can be regarded as a part of life."

Dr. Clasen remembers that a "meeting of the minds" occurred at Makerere University when the dean of the medical school asked

him if he knew what a community-based medical school was. "I responded that I would share my understanding," notes Dr. Clasen. "We were in close agreement and discovered that our mission and goals are very similar."

As a result of the delegation, Wright State University signed a memorandum of understanding with Makerere University and Nkumba University to develop a faculty and student exchange program. The most tangible result for the School of Medicine was an agreement to use satellite communications for educational exchange programs. Slated first is a tropical medicine and communicable diseases program taught by Ugandan faculty.



Scott D. Brown, M.D.

Major, USAF, Medical Corps

Instructor, Obstetrics and Gynecology

M.D.: St. Louis University School of Medicine

Residency: David Grant Medical Center, Travis AFB, CA (obstetrics and gynecology)

Joseph A. Buzogany, M.D.

Assistant Professor, Psychiatry

M.D.: The Ohio State University College of Medicine

Residency: Wilford Hall Medical Center, Lackland AFB, TX (psychiatry)



John F. Donnelly, M.D.

Associate Professor, Family Medicine

M.D.: University of Texas, Houston Medical School

Residency: University of Texas, Houston Medical School, and Memorial Hospital Southwest (family practice)



Joseph D. Dye, M.D.

Lt. Colonel, USAF, Medical Corps

Assistant Professor, Psychiatry

M.D.: West Virginia University School of Medicine, Morgantown

Residency: West Virginia University School of Medicine, Charleston (psychiatry)

Alfreda I. Maller, M.D., Ph.D.

Assistant Professor, Neurology (primary) and Pediatrics (secondary)

M.D.: Pomeranian Academy of Medicine, Poland

Ph.D.: Pomeranian Academy of Medicine, Poland (pathology)

Residency: University of Texas Health Science Center, Houston (pediatrics)

Fellowships: University of Texas Health Science Center, Houston (child neurology and clinical neurophysiology/epilepsy)

Robyn R. Miller, M.D.

Assistant Professor, Psychiatry

M.D.: The Johns Hopkins University School of Medicine

Residency: Walter Reed Army Medical Center (psychiatry)

Simran K. Sehbi, M.D.

Assistant Professor, Psychiatry

M.D.: Patna University, India

Residency: Finch University of Health Sciences, Chicago (psychiatry)

Douglas Songer, M.D.

Assistant Professor, Psychiatry

M.D.: University of Cincinnati, College of Medicine

Residency: Wright State University (psychiatry)

James P. Sutherland Jr., M.D.

Major, USAF, Medical Corps

Assistant Professor, Orthopedic Surgery

M.D.: University of Louisville School of Medicine

Residency: Wilford Hall Medical Center, Lackland AFB, TX (orthopaedic surgery)



Gregory R. Wise, M.D., F.A.C.P.

Associate Professor, Medicine

M.D.: Loma Linda University, CA

Residency: Loma Linda University (internal medicine)

Jerome L. Yaklic, M.D.

Instructor, Obstetrics and Gynecology

M.D.: Wayne State University School of Medicine

Residency: Wayne State University School of Medicine (obstetrics and gynecology)
