Contents

Page 2

Page 6

Page 8

Page 10

Page 12

Developing Tomorrow's Doctors

by Judith Engle

We expect a great deal of our physicians. They must be experts in their chosen field, highly skilled clinicians, compassionate caretakers . . . But, training tomorrow's doctors is an intricate, lengthy process.

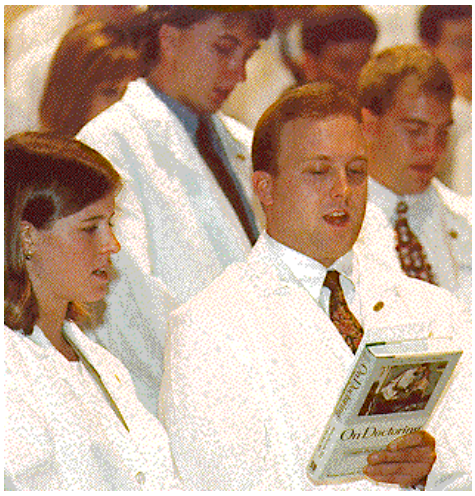
Selecting the Best

The first challenge is choosing the 90 outstanding students, from approximately 3,500 applicants, who will become the entering class. Each must have proven academic credentials, of course, but less obvious variables affect the final selection. Work experience, community service activities, and the capacity to care about others are also considered carefully. "We look at the choices applicants have made until now," explains Paul Carlson, Ph.D., associate dean for student affairs and admissions. "Have they volunteered their time and energy toward helping others? Do they possess the humanistic characteristics needed for tomorrow's doctors? Can they relate well to all kinds of people? The Admissions Committee asks these kinds of questions and more as it reviews applications."

Setting the Foundation

Once selected, students can expect four years of intense training in both the basic sciences and clinical care, beginning with an orientation. Besides securing financial aid, making housing arrangements, and becoming acquainted with the campus and the region, the 90 diverse students become a team. The Class of 2001 participated in an outdoor education course at Camp Joy, a Fun Run/Walk, and several sessions designed to build trust. "I think the best thing was the team-building exercises because they showed, even though you come from different backgrounds, you can still work together to create a solution," notes Tami Prince, Year I student. Team building prepares the class for Wright State's small-group learning environment

(continued on page 4)



Top: Incoming students recite the medical student oath at Convocation.

Middle: Rita Hanna receives her white coat from John Pearson, Ph.D., associate professor of anatomy.

Bottom: Part of orientation includes a Fun Run/Walk for students, faculty, and staff.

. . . A Personal Story

Anup Patel (Year II student — 4th from L) is surrounded by his "heroes."

"These children are my heroes in this world."

Editor's Note:
Anup Patel, now a second-year medical student, chronicled his seven-week summer selective at a camp for children with cancer. Under the tutelage of a physician and other health care professionals, Anup honed his clinical skills and learned much about becoming a caring physician. Excerpts of his story follow.

On my very first day at camp, I had to use my Introduction to Clinical Medicine skills. Ironically, one of the counselors jammed his thumb. I assessed the injury, which appeared to be a bad sprain. I thought we should go to the emergency department for x-rays, and I was excited because the physician there did the same tests that I performed earlier and made the same diagnosis.

Once the children arrived, I collected medications, took notes on any special instructions from the parents, and helped give each child a physical. As the summer progressed, we treated cuts, bloody noses, bruises, and a couple of broken bones — the typical run-of-the-mill camp stuff. However, any of those things with these children could be serious and we took all precautions.

I got to know many of the children well. I remember one who was paralyzed on one half of his body and couldn't get around very well. I gave him rides on the golf cart and took him in the pool to do leg exercises. I pushed him to work on using his bad leg more. At the end of the week, he danced at the camp dance, and he did it without his walker for the first time in seven years.

Another child came in with complaints of numbness and weakness in the left side of his face. I ran him through the cranial nerve examinations, specifically VII. I determined, based on my findings, that he had Bell's palsy. Sure enough, the doctor agreed with my diagnosis.

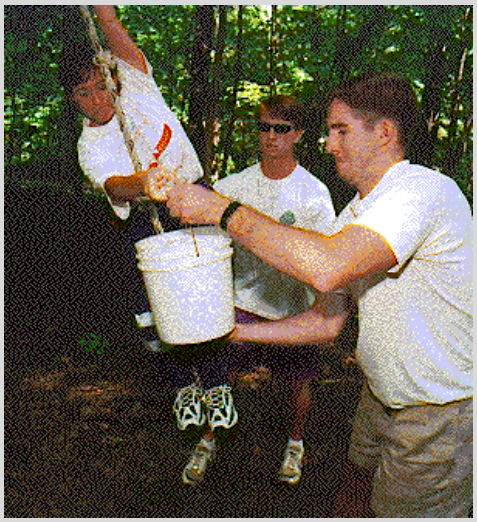
One child, a diabetic, went into insulin shock. It was the first emergency I have ever been involved with. I rushed to get the IV and dextrose, but nobody panicked. I was so impressed with the doctor and nurses as they saved his life. I know now I can handle an emergency situation.

The doctor and I had a lot of good talks on what it takes to make it in the cancer field, especially when treating children. The field is very appealing and challenging, but emotionally very difficult. I found that kids with cancer grow up so much more quickly. They all have had friends close to them die from this disease. They live their life for today because that is all they know.

One girl had demyelination and her condition worsened at camp. I gave her a variety of neuro exams, and she failed the cerebellar part. We took her to the hospital where she later lapsed into a coma. It was hard because I knew there was little that could be done. Another boy went home for an MRI to determine if surgery fully removed a brain tumor caused by glioblastoma. It had not, or the tumor was returning. He was real depressed and talked about killing himself. It is hard emotionally to deal with kids with cancer.

The summer ended quickly. I saw an enormous amount of relevant medical treatments, procedures, cases, and patients. I also got to contribute so much. I do have confidence in my current medical training and feel great with what I was able to retain.

Camp was the single best experience of my life. I have never been a part of something so special and wonderful. These kids have given me countless memories and great experiences. They are a special part of my heart and I will never forget them. I realize, in the back of my mind, that they are not going to see the things I have seen or experience what I have experienced. These children are my heroes in this world; they are the ones I look up to and admire.



The Class of 2001 spent a day team building at an outdoor education center.

Top: Rita Hanna directs her blindfolded classmate through a rope maze.

Middle: Joseph Okolo trusts his classmates to keep him from falling.

Bottom: Kathleen Huth, Joseph Martin, and Brendan Kilbane join in water relay.

(continued from page 2)

and fosters the atmosphere of camaraderie rather than competitiveness.

"One of the things I enjoyed the most was the sensitivity training."

Sensitivity to each other is also emphasized in orientation and becomes a repeated theme throughout the next four years, preparing students to become culturally sensitive doctors. "What we hope to do," explains Alonzo Patterson, M.D., associate director of student affairs, "is positively move people forward to acceptance, and then to appreciation, of differences. Although race and class are two of the major stratifiers in our society, there are dozens of differences that impact our interactions with others."

"One of the things I enjoyed the most," recalls Year I student Michele Henley, "was the sensitivity training. We paired with someone who looked, or for some reason was, different than ourselves, and talked about those differences and the experiences that we've had." Another student noted, "I think this session was very helpful. It is good that we are dealing with these types of issues right at the beginning. It will eliminate a lot of problems and misunderstandings in the future." The school's long-term commitment to diversity has made it a national leader in graduating minority students, women, and nontraditional students.

Becoming the Expert

Built into the four-year curriculum (also see pages 6–7) are innovative selective programs where students can pursue areas of interest. Students serve as counselors and health care providers at summer camps for chronically ill children, as research assistants in faculty-led basic science and clinical projects, and as counselors in substance abuse intervention programs. Countless community service projects are available, and students may participate in overseas opportunities, providing health care in underdeveloped countries. Learning and service opportunities build upon the curriculum's solid knowledge base. Besides small-group learning, the curriculum incorporates problem-based learning and the latest technology, including computer modules developed by faculty. Because of the small class size, faculty are able to give each student personal attention.

Developing the Skilled Clinician

Unlike most other medical schools, clinical training begins the first week of classes at Wright State. In their Introduction to Clinical Medicine (ICM) course, students spend every Friday mastering clinical skills. This innovative course and an integrated curriculum helps students apply what they are learning in the basic sciences to patient care. Jennifer Schuster, Year I, notes, "We have clinical correlations once a week to integrate our material in class to the clinical setting. I wasn't really expecting that, but it's one of the things I like the best."

“We have clinical correlations once a week to integrate our material in class to the clinical setting.”

After two years of ICM, students find that they are well prepared to apply their clinical skills in the third- and fourth-year clerkships and into their residency. Robin Rinehart, Year III, remembers that Wright State’s reputation for developing knowledgeable, highly skilled clinicians was why she chose to come here. She explains, “The stats show about 95 percent of our grads being rated at or above their peers. That’s impressive. I paid attention to how many people got their first- and second-choice residencies. That information is crucial because this means I can go wherever I want when I’m done.”

Creating Compassionate Caretakers

Creating a positive learning environment is important. Help is available for stress management, financial needs, time management, study skills, and subject tutoring. In-depth courses in medical ethics, cultural awareness, and social responsibility help mold the type of physician needed for the future.

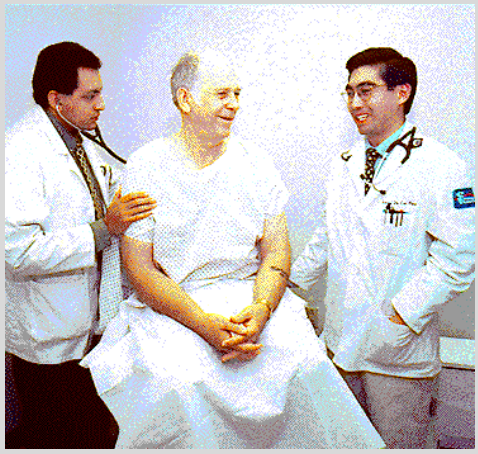
“We can be the role model for everybody else in this nation on how to nurture caring, loving physicians.”

“There have been studies that compare the level of caring when students enter medical school and when they finish medical school and how drastically that drops,” “We can be the role model for everybody else in this nation on how to nurture caring, loving physicians.”asserts Sherry Wheaton (’80). “Because this is a young medical school, we were always caring and compassionate. We can be the role model for everybody else in this nation on how to nurture caring, loving physicians.” Michael J. Kohrman (’84) concurs, “You can spot a Wright State grad. It doesn’t matter whether a surgeon or general practitioner. The Wright State grad really cares about patients.”

It Takes a Community to Raise a Doctor

Wright State’s medical education system would not work without the cooperation of the entire community. More than 1,250 volunteer physicians and scientists complement the work of the school’s full-time faculty. These volunteers serve as mentors and preceptors and freely share their wealth of expertise and knowledge with our students. Area teaching hospitals, nursing homes, and community health centers offer our students excellent sites for clinical instruction. Area churches and schools invite students to present health fairs, screenings, and health education programs. Local residents are the core of this teaching community. As patients, they regularly meet Wright State’s medical students at their physician’s office or in a local hospital.

Together, we shape the doctors our community needs tomorrow.



Top: Maurice Young, Year II, shows a group of students healthy organs during a health education program of Student-to-Student.

Middle: Fourth-year students Harold Guadalupe (L) and Gary de la Pena in clerkship rotation.

Bottom: Joseph Hester (’96) on graduation day.

The Curriculum for Tomorrow

by Deborah Vetter

In the information age — a time when knowledge is expanding at an exponential rate — the educational process must be dynamic. Consequently, Wright State University School of Medicine (WSUSOM) has retailored its undergraduate curriculum, making it more relevant to clinical experience and practice.

Traditionally, U.S. medical schools have separated undergraduate medical education into two years of biomedical sciences followed by two years of clinical experience, called clerkships. WSUSOM broke with tradition 20 years ago by placing medical students in clinical learning experiences the first week of medical school. Five years ago, Wright State instituted an innovative interdisciplinary course in neuroscience that combines elements of anatomy, physiology, neurology, pharmacology, and psychiatry. Today, the new curriculum further integrates, rather than separates, basic and clinical sciences.

Instead of offering courses organized by academic disciplines, WSUSOM's new curriculum is based on structures and systems. Each system course incorporates basic science components, such as normal structure and function, as well as emphasizing relevant pathology and treatment approaches. The goal in using a systems approach is to improve our students' reasoning abilities by learning in clinically relevant situations.

"All of our curriculum changes are geared to better prepare students for the clinical arena. In the past the information tended to be presented in pieces; it was out of synch with the ways physicians apply their knowledge to clinical problem solving," explains Albert Langley, Ph.D., associate dean for academic affairs. "When students encountered a clinical problem in their first clerkship, they had to pull together information learned over a two-year span: anatomical structures, normal physiological processes, biochemical pathways, pathology, and possible drugs treatments. They learned the material in the first two years of medical school but didn't begin to assimilate it until participating in clerkships during their last two years of medical school."

"All of our curriculum changes are geared to better prepare students for the clinical arena."

Wendy Cipriani, Year III, learned gross anatomy with help from "Beyond Vesalius," a software program designed by WSUSOM faculty.

The school's new first-year curriculum features three interdisciplinary courses organized by structure. Human Structures (fall quarter) is taught by both anatomy and clinical faculty. Molecular, Cell, and Tissue Biology (winter) incorporates biochemistry, anatomy, physiology, and pharmacology. Principles of Disease (spring) covers microbiology, immunology, pathology, and pharmacology. In addition, students take three concurrent courses: Human Development (fall); Social and Ethical Issues in Medicine (winter); and Introduction to Evidence-Based Medicine (spring). "Now," Dr. Langley emphasizes, "students are expected to learn and assimilate this information at the same time.

We want them to be better able to see the big picture from the beginning of their medical training."

Building on the foundation acquired in Year I, the new Year II curriculum begins with an infectious disease course and continues with 10 systems-based courses. All 10 have been completely integrated across disciplines. The systems — cardiovascular, respiratory, renal, endocrine, reproduction, musculoskeletal, gastrointestinal, blood, integument, and neuroscience — vary in length from one to seven weeks.

Year I medical students seem enthusiastic about the new curriculum. "I think it does help as far as retaining material, to have all the different areas come together at once," says Demond Scott. According to Matt Crowe, "It's a really great way to learn . . . it really helps you appreciate how they [the systems] are related." "The integrated curriculum is one of the reasons I was so excited to come here," adds David Cree. "When you're a doctor, you're not going to sit there and think about the anatomy, then the physiology, then the biochemistry. You're going to integrate it all . . . that's the way you practice medicine."

Throughout the first two years, WSU medical students will continue to take Introduction to Clinical Medicine (ICM), a course that gives students opportunities to interact with both physicians and patients in the community, to assimilate professional values, and to understand the importance of wellness for themselves and their patients. According to Dr. Langley, ICM will be more "experience oriented rather than academic," with evaluations based on the students' ability to demonstrate clinical skills.

The accrediting body for medical schools, the Liaison Committee on Medical Education, supports the need for curricular change. According to Dr. Langley, medical schools across the country are beginning to reorganize their curricula. In addition, the U.S. Medical Licensing Examination recently adopted an integrated rather than discipline-based format for the Step 1 exam. "We see the new curriculum as an ongoing process rather than a finished product," observes Margaret Dunn, M.D., professor of surgery and chair of the Faculty Curriculum Committee. "The faculty put in a huge effort, and they developed a lot of new working relationships."

"With the explosion of medical knowledge, medical schools can't teach students everything. Even if we could, students wouldn't remember all of it," Dr. Langley says. "We need to give them skills and tools they can use to find the information themselves. It's a learning process more than a teaching process. We are preparing students to learn throughout their medical careers."

	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	J
Year I	Orientation	**I** Human Structure; Human Development; ICM* I			**II** Molecular, Cellular, Tissue Biology; Social & Ethical Issues in Medicine; ICM I				Electives	**III** Principles of Disease; Evidence-Based Medicine; ICM I		
Year II		**IV** Organ Systems**; Infectious Disease; ICM* II		Electives	**V** Organ Systems; ICM II		Electives	**VI** Organ Systems; ICM II		Board Prep Time	USMLE	ICM II
Year III	**Clerkships:** Family Medicine, Internal Medicine, Pediatrics, Psychiatry, Surgery, Women's Health											
Year IV	USMLE Prep	USMLE	**Clerkships and Electives:** Clinical Neuroscience, Emergency Medicine, Orthopedic Surgery, Primary Care Junior Internship, Five Electives, Senior Seminars								Graduation	

ICM* = Introduction to Clinical Medicine Organ Systems** = Blood, Cardiology, Endocrine, GI, Integument, Musculo-skeletal, Neuroscience, Renal, Reproductive, Respiratory

USMLE = United States Medical Licensing Examination = Vacation

Compounding the Interest on Our National Sleep Debt

by Mark Willis

If you had to choose a poster boy for insomnia, whom would it be? Sleep researcher Michael Bonnet, Ph.D., thinks of Don Knotts, the hyperkinetic comedian who played Deputy Barney Fife on television's "Andy Griffith Show." He was always in motion. His "arousal controller" was set a little bit higher than normal.

Dr. Michael Bonnet prepares a patient for tests.

Dr. Bonnet believes that insomnia involves more complex processes than just the inability to sleep. He theorizes that we all have an "arousal controller" that enables us to maintain wakefulness. For most of us, the wakeful process balances a related process that lets us fall asleep. For chronic insomniacs, the processes are out of order.

Dr. Bonnet's recent research supports his theory. His experiments found that people with chronic insomnia have a higher whole body metabolic rate — 24 hours a day — than those who sleep normally. The insomniacs had faster heart rates and higher body temperatures. "They're burning up more calories, using more oxygen, whether they're sleeping or awake," he explains. "Like Don Knotts, they're getting more input from the waking system than the sleeping system."

A professor of neurology at Wright State University School of Medicine, Dr. Bonnet runs the sleep disorder clinic at the Dayton VA Medical Center. In addition to evaluating VA patients for clinical sleep problems, his research explores the physiological and behavioral mechanisms that put us to sleep and keep us awake. Over the past 20 years, he has been actively involved in the transformation of sleep disorder medicine from basic science research to a full-fledged medical specialty. Today most major hospitals have a sleep disorder clinic.

"Everyone can relate to sleep," Dr. Bonnet says. "We spend a third of our lives doing it. But we still do not understand fully why we sleep, or what happens when we have problems sleeping.

"Most of us can identify with the common problems associated with sleep," he continues. "Once in a while we've all experienced insomnia. Maybe we've had the experience of almost falling asleep at the wheel while driving, but we haven't had a car accident."

Sleep disorders take common problems to a chronic level that can have serious consequences for an individual's health and the public's safety. In addition to investigating causes and cures for insomnia, sleep disorder research also involves studies of sleep apnea and the consequences of sleep deprivation.

Sleep apnea is a pattern of sleep disturbance resulting from respiratory problems that can occur as frequently as once a minute, all night long, every night. People who experience sleep apnea do not notice that their sleep is disturbed. They say they sleep well at night, yet during the day they feel fatigued.

Dr. Bonnet simulated sleep apnea in experiments with college

"We need to pay attention to the alertness function of sleep and the consequences of sleep deprivation with the same vigor that we now pay attention to the social consequences of alcohol abuse."

Dr. Michael Bonnet reviews test results.

students who had normal sleep patterns. While they slept in laboratory bedrooms, their sleep was disturbed at varying time intervals throughout the night. Disturbance every 20 minutes had little effect on the students' alertness the next day. Disturbance every 10 minutes had a mild effect. Disturbance at 1-5 minute intervals had a significant effect on alertness.

"Sleep is a process which restores us," Dr. Bonnet explains. "If the process is frequently disturbed, sleep will not do what it's supposed to do. Sleep disturbance once a minute would occur in severe sleep apnea. It would leave you feeling just as sleepy as if you had not slept at all."

Sleep deprivation may sound like a form of psychological torture, but actually it's something many of us do every day — voluntarily. As the pace of life accelerates, people do more and sleep less. As a nation we are chronically sleep deprived, according to Dr. Bonnet, who says we are racking up a "national sleep debt" that has significant consequences for society.

"A hundred years ago there weren't many choices for things to do at night. Once it got dark, people went to bed," Dr. Bonnet says. "Today there are more choices. Sleep is a priority, but for most of us it's not the top priority. For some it's a very low priority. At some level we choose how much sleepiness we are willing to tolerate."

He cites some sobering facts. His own laboratory studies indicate that cutting normal nighttime sleep periods by 1.5 hours can reduce daytime alertness by one-third. Other studies have shown that up to one-third of normal adults experience sleep loss. Fatigue is a significant factor in 57 percent of accidents involving truck drivers and 10 percent of all fatal car crashes. The resulting cost to the economy exceeds $56 billion per year.

Public awareness about the consequences of voluntary sleep deprivation is growing, according to Dr. Bonnet. Support groups have been organized by people who have lost loved ones to sleep-related accidents. Federal and state transportation departments are beginning to fund more sleep-related research. "We need to pay attention to the alertness function of sleep and the consequences of sleep deprivation with the same vigor that we now pay attention to the social consequences of alcohol abuse," he says.

A Passage to India: "It will make you a better doctor"

by Mark Willis

Dr. Banerjee (R) with patients from the leper colony in Koderma, India.

The first time Partha Banerjee, M.D., touched the shoulder of a man who had leprosy, the patient shuddered with shock. The man had been so isolated, living in a leprosy colony in Bihar, India, that he had forgotten what it felt like, the solace of human touch. But he liked it. The next time Dr. Banerjee made medical rounds in the colony, the patient stood closer. He wanted to be touched again.

"Soon everyone in the colony wanted to be touched. Everyone wants that contact which is so normal to human beings. Under the skin, we humans are all the same, after all," says Dr. Banerjee, a member of the voluntary faculty at Wright State University School of Medicine.

Several years ago Dr. Banerjee took a month off from his general internal medicine practice in Dayton. He wanted to "give something back" to his native land. His journey was inspired by a question posed to him by his childhood mentor, John Moore, S.J., a Jesuit educator in India. After hearing about Banerjee's successful career in Dayton, Moore asked, "What are you doing for the poor people of India?"

Typical street scene.

Dr. Banerjee was no stranger to the needs of poor people in India. As a medical student in Calcutta in the early 1960s, he worked with Mother Teresa at the Home for Destitute Dying. "I worked with Mother Teresa before the rest of the world learned about her," he explains. "With Mother Teresa, of course, you did not just sit and talk with her. It was always, 'Run, run… you, do this… you, do that.'"

"I worked with Mother Teresa before the rest of the world learned about her."

His job involved driving through the teeming city in a pickup truck to find people who were dying on the streets. "We brought them to the Home, a large shed-like building," he continues. "We bathed them, fed them, sometimes we had medicine for them. We did it so they could die more peacefully."

Two years ago Dr. Banerjee arranged for his son Rahul to work with Mother Teresa before entering medical school at the University of Chicago. He told his son, "It will make you a better doctor to know the joy of serving people who need your help." He gives the same advice to Wright State medical students, who have honored Dr. Banerjee twice with their Teaching Excellence Award.

The nuns of Koderma welcomed Dr. Banerjee's medical expertise.

Returning to India, according to Dr. Banerjee, meant renewing the convictions that led him into the medical profession. He undertook the journey at his own expense and made all the arrangements himself, without the assistance or sponsorship of international humanitarian organizations. His mentor put him in contact with nuns who run the Holy Family Hospital in Koderma, a town in central Bihar. The nuns also provide humanitarian aid to a nearby colony of about 50 people who have leprosy.

The journey almost came to an abrupt end before it ever began. After gathering a large supply of medicines donated by U.S. pharmaceutical companies, Dr. Banerjee learned that he would have to pay customs tax to import the drugs into India. No amount of negotiating with the Indian government and international agencies could resolve the impasse.

"I am an internist," Dr. Banerjee says. "Without medicines, the range of what I can do for people is severely limited. I nearly canceled my trip."

Dr. Banerjee found a solution with former U.S. Senator Howard Metzenbaum, who sent the shipment of drugs to India duty-free as diplomatic mail. Dr. Banerjee retrieved it from the U.S. consulate in Calcutta when he reached India.

"I'm not an expert on leprosy," he is quick to acknowledge. As a medical student in India he saw only one case of the disease, which remains uncommon but not rare in the world's tropical and subtropical regions. The World Health Organization (WHO) reports more than a million registered cases worldwide, with half a million in India.

The disease is caused by a bacillus type of bacteria. Infection causes lesions of the skin and peripheral nerves. Destruction of peripheral nerves often leads to a loss of sensation in the hands, feet, and other infected parts of the body.

"Pain is your friend," Dr. Banerjee explains. "If you have a needle sticking into your shoe, it will hurt and you will take care of it." A person with leprosy would not feel the needle at all. Minor cuts and abrasions go unnoticed and untreated, leading to further infection and tissue degeneration. The final result is often loss of fingers and toes.

Today's drug therapies for leprosy can stop the spread of infection and result in improvement in some cases. In the 1980s, however, health officials worldwide noted an increase in resistance to Dapsone, the most commonly used drug. While the disease is not transmitted by casual contact, isolating infected persons remains the most effective way to prevent leprosy.

And social isolation may be leprosy's most devastating complication, according to Dr. Banerjee. "There is such a stigma associated with it. One of the hardest things is what to do with children whose parents have leprosy. Eventually they will get it through breast feeding or long-term contact. Ideally, the children should be removed from their mothers. But a mother isn't going to give up her child. She's a mother, after all. And where in India would that child go?"

As a member of a leper colony, this mother's disease will spread to her children.

Dr. Banerjee spent his days treating other patients from Koderma. Many were reluctant to come to the hospital because they knew it was associated with the leprosy colony, so he also visited local schools to offer outreach clinics.

Every evening he returned to the colony to provide an open-air clinic by the side of the road. Some nights he offered a foot clinic. Other nights were just for the children. At the end of each clinic he would visit one person's ramshackle hut. Every person in turn received a home visit, and in the day-to-day lives of people with leprosy, the simple event became as important as the doctor's touch.

Bringing National Recognition Home

by Judith Engle

When the site team from the Association of American Medical Colleges (AAMC) visited Dayton in September, it met about 60 community partners, faculty, students, and staff. The team traveled from Yellow Springs to Dayton, stopping along the way to tour health care centers and research facilities. They heard presentations from students, faculty, and community members. And, they diligently read through a large loose-leaf notebook that described in detail what they would see and hear.

The team was carefully evaluating Wright State's relationship to its community in an effort to select the recipient of the Outstanding Community Service Award for 1997. Strong competitors were nationally acclaimed schools in Chicago and Los Angeles.

"We salute Wright State University for its innovative leadership to instill in new physicians the value of community service."

Dean Goldenberg, M.D. (L), accepts the 1997 Outstanding Community Service Award from AAMC Chair Mitchell Rabkin, M.D., at the national meeting in Washington, D.C.

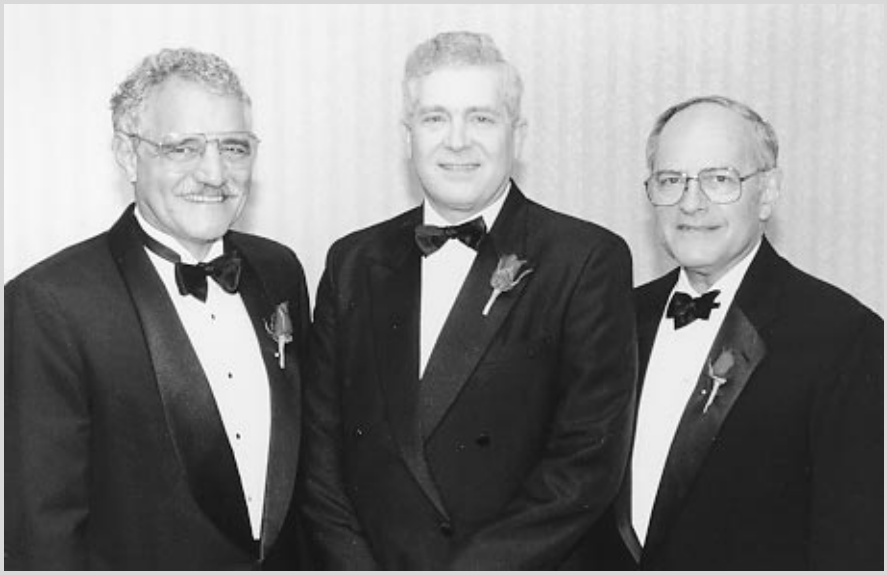
Photos for this story taken by Richard Greenhouse Photography, Inc.

Here is what the AAMC site visit team found:

- programs that recruit talented minority and disadvantaged high school and college students, placing the school in the nation's top 10 percent for minority and women graduates;
- medical students who voluntarily serve their community through more than a dozen programs, including Student-to-Student that presents health information on substance abuse, teen pregnancy, and AIDS prevention to more than 12,000 K–12 students annually;
- community collaborations in the crucial areas of injury prevention, child abuse treatment and prevention, breast cancer and heart disease prevention, and mental health;
- a national model for substance abuse intervention and working effectively with the criminal justice system to treat individuals convicted of drinking while intoxicated;
- nationally recognized research and treatment for individuals with spinal cord injuries and neuromuscular disabilities;
- rural and urban health care centers with outreach programs that address the needs of underserved Appalachian and African American communities;
- the major source of information for the nation's pediatric growth charts and World Health Organization nutrition standards;
- extensive collaborations with community hospitals, the public health sector, VA and WPAFB Medical Centers, and health and human service organizations;
- the Center for Healthy Communities, involving the health professions at Wright State and Sinclair Community College, trains community advocates to help their neighbors get health care and other basic needs;
- a program of volunteer doctors and other providers that delivers free health care to "the working poor."

"This award is the result of almost 25 years of community support and partnership and our deep commitment to be a part of the community we serve."

At the award ceremony, Dean Goldenberg introduced a few of the individuals involved in the school's community service mission: (L to R) Paul Carlson, Ph.D. (associate dean for student affairs); Kate Cauley, Ph.D. (director of Center for Healthy Communities); Mark Clasen, M.D., Ph.D. (chair of family medicine); Albert Langley, Ph.D. (associate dean for academic affairs); Gary LeRoy, M.D. ('88) (medical director of East Dayton Health Center); and Jacqueline McMillan (assistant dean in student affairs).



(L to R) AAMC President Jordan Cohen, M.D., Dean Kim Goldenberg, M.D., and AAMC Chair Mitchell Rabkin, M.D., at the Awards Banquet.

"The AAMC site visit," states Dean Kim Goldenberg, "was a catalyst. It encouraged us to look at the big picture but confirmed that all efforts make a difference. Sharing our mission and outcomes with our peers was a rewarding experience." Dean Goldenberg and several colleagues accepted the award at the national meeting of the AAMC in November.

"I regard the Outstanding Community Service Award as one of our most prestigious and important awards," states Jordon Cohen, M.D., president of the AAMC. "The purpose of this award is to recognize the vitally important service medical schools and teaching hospitals provide to communities across the country. We salute Wright State University for its innovative leadership to instill in new physicians the value of community service and for its highly effective efforts to provide compassionate health care services to the citizens of the Dayton area."

"Rarely do institutions receive such sweeping recognition for their activities," notes Dean Goldenberg. "This award is the result of almost 25 years of community support and partnership and our deep commitment to be a part of the community we serve. On behalf of the school, I wish to thank our community partners, faculty, staff, and students who embody that commitment in a myriad of ways."

Editor's Note: *The AAMC represents the accredited 125 U.S. and 16 Canadian medical schools; 400 major teaching hospitals; 86 societies representing 90,000 faculty members; the nation's 67,000 medical students; and 102,000 residents.*

"I love where I live. I love the people. And I know I'm needed." —Cheryl Mann, M.D.

Jackson Center, Ohio, a small rural community about an hour and a half north of Dayton, is the place Cheryl Mann, M.D. ('94), calls home. With her husband and daughter, she lives on the same family farm where she was born and raised. Her parents and three sisters all live within five miles. Soon she will offer her medical services to the area.

Hired in the fall by Logan View, a physicians group in Logan County, Dr. Mann began practicing in temporary offices in Bellefontaine, with office space and staff provided by Logan View. Her patients include people who haven't seen a doctor in 10 years and women who have not maintained annual exams. "If you're in the city, your patients see a dermatologist for a rash. But out here, they come to me for everything," Dr. Mann explained. "I think that's the way family practice was meant to be."

This winter she plans to move into her new office in Jackson Center where she has received lots of good wishes from townsfolk. The land for the new office, a former cornfield, sits on the edge of town. During the six-month process of annexing the land to the town, upkeep was never a worry. "One of the area farmers would say, 'I was going by with my mower the other day and just stopped and mowed it for you,'" recounted Dr. Mann. "Or another neighbor might say, 'I was rinsing out my sprayer so I just sprayed it.' You don't often see that kind of support in the city."

Rural practice has its share of rewards and challenges. Physicians considering rural medicine often anticipate less modern equipment and poor referral systems, and the earnings potential is lower than their city counterparts. But Dr. Mann has been impressed with Mary Rutan Hospital in Bellefontaine where she is on staff. It offers many services found in larger hospitals, including its own MRI.

Dr. Mann spent 15 years as a nurse in Bellefontaine before she started thinking about returning to school. Partly because of its community-based reputation, Wright State was the only medical school she considered. Because she wanted to remain near her family, she commuted every day to medical school and her residency.

People joke about small towns, but Dr. Mann remembers many years ago when her father fell off a grain bin and broke his back. "The next day there were six combines working in our fields. There was never a doubt in my mind that I'd come back home," she said. "I love where I live. I love the people. And I know I'm needed."

—Cynthia Butler

Dr. Mann's new office in rural Jackson Center, Ohio.

"Our vision beyond residency is to combine efforts in the establishment of a health center, to provide health care for underserved populations." —Kelvin and Kalvin Wiley

"Healing both body and soul." This is the motto of Kalvin and Kelvin Wiley, more fondly known as "the twins." Kelvin and Kalvin are faced with the challenge of mastering two professions, as physician and preacher. As an integral part of a large international organization, they have traveled across the country preaching and conducting seminars. These first generation physicians have benefited from the strength and support of their loving parents and family members.

Raised in Staten Island, New York, as members of a large family, Kalvin and Kelvin are identical twins and fourth-year medical students at Wright State. Kelvin is older by three minutes and Kalvin is married with two children. When they look at pictures of themselves, they cannot tell who is who. But ask them if they think they look alike, and they will answer that they look similar, like any other sibling.

They have followed similar paths to arrive at this point in their lives, including college (Wilberforce University), graduate school (Case Western Reserve University), and now medical school. While at Case Western, Kelvin authored a paper on "Immune Complex Mediated Glomerulonephritis," and Kalvin on "Population Doublings of Mesenchymal Stem Cells."

One of the more common questions asked when growing up was, "If one of you gets hit, will the other one feel it?" Kelvin, the humorous one, would always reply, "Yes, hit my twin and see if I feel it." They enjoy music and sports and, in their spare time, can be found on a basketball court or playing piano duets for relaxation.

Kalvin and Kelvin are interested in primary care specialties. "Our vision beyond residency is to combine efforts in the establishment of a health center, to provide health care for underserved populations, as well as seek to enhance the quality of health care in our country." Their favorite quote is: "If the physician attends only to the disease and not the suffering, he may cure but still fail to heal." The medical profession will be twice blessed by these twins.

—Carol Kayden

New Appointments

Joseph E. Kelley, M.D., associate dean for Air Force affairs, has been promoted to Brigadier General. He is the commander of Wright-Patterson AFB Medical Center, one of the Air Force's largest medical centers, which employs over 2,000 personnel and administers 10 graduate medical education programs, many in partnership with area hospitals and Wright State University School of Medicine.

Cynthia Butler, B.A., has been named director of advancement for Wright State University School of Medicine. Ms. Butler was the assistant director for alumni and annual gifts for the School of Medicine and, prior to that, worked in the Center for Healthy Communities and the Office of Academic Affairs in the university.

New Faces

Chad K. Brands, M.D.
Instructor, Medicine and Pediatrics
Assistant Professor, Medicine
M.D.: Baylor College of Medicine
Residency: University Hospital and Children's Hospital Medical Center (internal medicine and pediatrics)

Lannie J. Cation, M.D.

Major, USAF
Assistant Professor, Medicine
M.D.: Baylor College of Medicine
Residency: Wright-Patterson AFB Medical Center (internal medicine)

David R. Cool, Ph.D.

Assistant Professor, Pharmacology and Toxicology
Ph.D.: Medical College of Georgia (biochemistry)

Lori E. Crosby, Psy.D.
Assistant Professor, Community Health
Psy.D.: Wright State University
Residency: Children's Hospital Medical Center (pediatric psychology)

Annual Thelma Pruett Recognition Ceremony

The 1997 scholarship and award recipients honored at the Recognition Ceremony.

The annual Thelma Pruett Recognition Ceremony provided the backdrop for announcing the newly established United HealthCare Scholarship. United HealthCare of Ohio, Inc. presented an initial gift of $15,000 toward the fund that will ultimately provide four scholarships annually. Through this scholarship, United HealthCare hopes to encourage and enable students to obtain their medical education and prepare for a career in primary care.

Many School of Medicine donors and volunteers were honored at the Pruett Ceremony for helping the medical school raise nearly $1.3 million in private funds during 1997. "The school truly appreciates the generosity of the many individuals, corporations, and foundations who support our efforts," said Dean Goldenberg. "These dollars are helping us move our educational programs and the many research activities undertaken by our faculty into the next millennium."

Student scholarship and award recipients received special recognition, too. Sixty-one students received awards based on academic merit, personal qualities, financial need, and specialty interests.

New Equipment for Yellow Springs

Richard Gordon, M.D., assistant professor of family medicine and medical director of Yellow Springs Family Health Center, demonstrates the new equipment.

Diagnosing the causes of irregular pap smears recently became a lot easier at the School of Medicine's Yellow Springs Family Health Center. A gift from the Yellow Springs Instruments (YSI) Foundation helped fund the purchase of a Welch Allyn Video Colposcope, which uses video equipment to directly view abnormal tissue.

"YSI is committed to the people of its community and is pleased to have helped expand services at the health center," says Malte VonMatthiessen, president and CEO at YSI, Inc. "Patients will now receive the quality care they need without leaving town." Until now the equipment was unavailable in Yellow Springs, and patients were often referred to Fairborn, Dayton, and Cincinnati for the procedure.

"The new equipment offers obvious benefits to patient care while also enhancing learning opportunities for medical students and residents who rotate through the facility," notes Cynthia Olsen, M.D. ('85), executive vice chair of Family Medicine.

Reunion 1997

A sense of nostalgia filled the air on the warm weekend of October 3–5. School of Medicine alumni from the classes of 1982, 1987, and 1992 returned to campus to reminisce with classmates at the 1997 Reunion Weekend.

The weekend started with class parties held Friday evening where alumni and their families shared old memories and thumbed through pictures and yearbooks. The class of 1992 played a Jeopardy-based game that used clues from classmates and SOM professors. Those classmates who could not attend sent letters and warm wishes to their fellow alums.

The Academy of Medicine sponsored two CME sessions at the Fred A. White Health Center. The first session, "Excelling in a Managed Care Environment" was presented by James Augustine, M.D. ('83). He discussed managed care issues that physicians need to be aware of in their medical practice. "Electronic Medical Records — The Office of the Future" was presented by Mike Howard, Health Territory Representative of IBM Corporation. Mr. Howard demonstrated a simulated electronic medical records system developed by Greater Dayton Area Hospital Association.

After the program the Medical Alumni Association advisory board met for lunch and its annual meeting. Issues discussed included: the format of future reunions, the benefits of joining the alumni association, the formation of a new alumni scholarship, and the School of Medicine's new curriculum.

Later that evening, alumni were joined by faculty for dinner at the Country Club of the North. After dinner, class representatives presented their class with programs and gifts. Reunion weekend ended with brunch on Sunday and promises to stay in touch.

— Alicia Weaver

Robert Turk, M.D., voluntary faculty member, visits with members of the class of 1992.

The Wright Stuff Award

How do you know when you have the right stuff? When you're the student recipient of the School of Medicine class of 1992's Wright Stuff Award. Once the award is endowed, second-year students who are in good academic standing and involved in at least two School of Medicine activities will be eligible. They must be supportive of classmates, perceptive of others' needs, and promote class camaraderie.

Since its establishment in 1992, the award has been slowly building to the needed endowment amount of $5,000. The deadline for reaching the goal, June 30, 1998, is fast approaching. You may designate your 1998 annual appeal gift to this award or contact the Office of Advancement for more information. "We established the award to encourage more students to become engaged in the life of the School of Medicine," remembers Sheila Westendorf, M.D., president of the class of 1992. "Now we need our class members and friends to become engaged in helping us reach our goal."

New Faces

Natalie M. Cullen, M.D.

Assistant Professor, Emergency Medicine
M.D.: Albany Medical College
Residency: Wright State University (emergency medicine)
Fellowship: Allegheny University of Health Sciences (toxicology)

John J. DeGuide, M.D.

Assistant Professor, Medicine
M.D.: Loyola University, Stritch School of Medicine
Residency: Wilford Hall Medical Center, Lackland AFB (internal medicine)
Fellowship: Wilford Hall Medical Center (gastroenterology)

Timothy J. Drehmer, M.D.

Assistant Professor, Medicine
M.D.: Uniformed Services University of Health Sciences, Bethesda
Residency: Wright-Patterson AFB Medical Center (internal medicine)
Fellowship: Oklahoma University (rheumatology and immunology)

New Faces

Stephen P. Kelly, J.D.
Captain, USAF
Assistant Professor, Community Health
J.D.: Boston University School of Law

Cynthia H. Ledford, M.D.
Instructor, Medicine and Pediatrics
M.D.: Ohio State University
Residency: Children's Hospital Medical Center (internal medicine and pediatrics)

Julia W. Madsen, B.S.N.
Colonel, USAF
Instructor, Community Health
B.S.N.: University of Washington

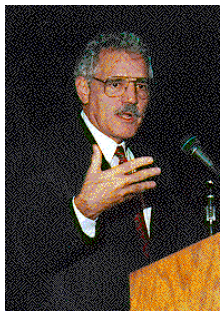
Ernesto Nieto, M.D.

Assistant Professor, Orthopaedic Surgery
M.D.: Autonomus National University of Mexico
Residency: National Medical Center, Mexico (orthopaedic surgery)
Residency: St. Luke's Hospital (orthopaedic surgery)

Mamle Anim Onwudiwe, M.D.

Instructor, Medicine
B.Sc.M.B., Ch.B.: University of Zambia
Residency: Wright State University (internal medicine)

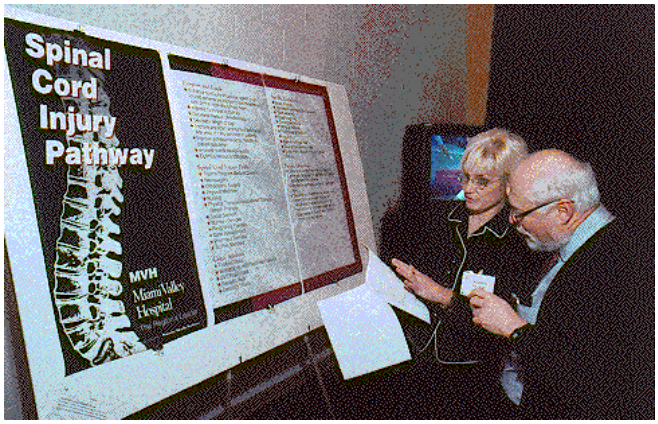
Elisabeth L. Righter, M.D.
Assistant Professor, Family Medicine
M.D.: Wright State University
Residency: Grant Medical Center (family practice)



Jordan Cohen, M.D.

AAMC President Gives Keynote Address

Jordan Cohen, M.D., president of the American Association of Medical Colleges, gave the keynote address for the first National Symposium on Graduate Medical Education Consortia. Sponsored by the Dayton Area Graduate Medical Education Consortium, the symposium brought together national experts to examine how consortia can enrich graduate medical education programs.



Robert Weisman, Ph.D. (R), associate dean for biomedical sciences, at neuroscience poster session.

National Neuroscience Symposium

Wright State University School of Medicine recently hosted a symposium on "Spinal Cord and Nerve Injury: Models and Mechanisms." Lorne Mendell, Ph.D., current president of the Society for Neuroscience, gave the plenary lecture to more than 90 scientists from across the country. The forum was dedicated to Roger M. Glaser, Ph.D., current director of the Institute for Rehabilitation Research and Medicine, who pioneered research in this area.

Joy Burgess (L), director of the Division of Health Promotion for the Center for Healthy Communities, at diabetes screening.

West Dayton Diabetes Day

The recent West Dayton Diabetes Day, held at the Charles R. Drew Health Center, was a resounding success with more than 300 attendees. The event offered free health screenings; informative sessions on the importance of nutrition, exercise, and stress management; and a Soul Food Fest Luncheon. West Dayton Diabetes Day was sponsored by Good Samaritan Hospital, the Center for Healthy Communities, the Diabetes Association of the Dayton Area, and WDAO Radio.

Primary Health Care Day

Melissa Maunz, Year II, was this year's coordinator for Primary Health Care Day. She hoped to accomplish two goals: provide health professions faculty, staff, and students the opportunity to learn more about alternative medicine and how to enhance learning through community service activities.

Working with the Center for Healthy Communities, Melissa and her committee brought together more than 130 individuals from several health professions programs at both Wright State and Sinclair Community College.

Vera Franco Dahm, Ph.D., presented basic information on alternative therapies, and the Learning Through Service Opportunities Fair allowed students and faculty to talk directly to community organizations about potential service-learning projects.

In Memoriam

Joseph D. Alter, M.D., the founding chair and professor of the Department of Community Medicine, died November 16 at the age of 74. He was the author of several books on medicine and health care. Dr. Alter retired as chair and was named professor emeritus in 1990.

Items of Note

Manuel H. Castillo, M.D., associate professor of surgery, has been named to the National Cancer Institute's first Director's Consumer Liaison Group. Dr. Castillo is among 15 consumer advocates named to this group.

Howard M. Part, M.D., associate dean for faculty and clinical affairs, received a special Governor's Award at the state American College of Physicians meeting. The award recognized his past efforts in developing programs for medical students.

Marshall B. Kapp, J.D., M.P.H., received the 1997 Award for Writing Excellence as Author of the Year from the American Society for Healthcare Risk Management.

Al Batata, M.D., director of the Lymphology and Cancer Immunology Research Lab, recently received notice that the laboratory at Wright State University School of Medicine has been awarded accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists. Dr. Batata is also chair and professor of pathology.

Region-V SNMA Meeting

WSUSOM hosted the regional Student National Medical Association, Inc. for the first time this fall, according to Rhonda Washington, this year's chair and a Year III student at Wright State.

Approximately 75 attended informative workshops designed for high school, pre-med, and medical students.

The keynote speaker, Vernellia R. Randall, J.D., professor of law from the University of Dayton, spoke on the importance of diversity in medicine and its impact on public health issues.

Jacqueline McMillan, assistant dean in student affairs, was the recipient of the President's Special Recognition Award for "extraordinary service to Wright State University." Ms. McMillan is responsible for recruitment, minority affairs, and financial aid for medical students.

New Faces

Randy A. Sansone, M.D.

Associate Professor, Psychiatry
M.D.: Ohio State University
Residency: Ohio State University (psychiatry)

George W. Seignious IV, M.S.
Colonel, USAF
Instructor, Community Health
M.S.: Virginia Polytechnic Institute (biochemistry)

Jon M. Sweet, M.D.

Captain, USAF
Assistant Professor, Medicine
M.D.: University of Virginia
Residency: Wright-Patterson AFB Medical Center (internal medicine)

Ann M. Gilbert, M.D.

Captain, USAF
Assistant Professor, Medicine
M.D.: University of Virginia
Residency: David Grant Medical Center, Travis AFB (internal medicine)

Maria Wright, M.D.

Instructor, Medicine
M.D.: Washington University
Residency: University of Cincinnati (internal medicine)

Discovering Tomorrow's Cures

Each summer, students are selected for a 10-week summer fellowship designed to encourage participation in biomedical research. Student researchers work closely with faculty mentors on their projects, and the funding sources include the American Heart Association, the Department of Family Medicine Division of Research, the Cancer Association, and the OAFP Foundation.

Dr. Norma Adragna, associate professor of pharmacology and toxicology, mentors Hina Ahmed, Year II.

Student	*Mentor*	*Project Title*
Hina Ahmed	Norma Adragna, Ph.D.	Role of K-Cl Co-transport in the Mechanism of Action of Vasodilators
Christopher Darus	Michael Baumann, M.D., and Cassandra Paul, Ph.D.	Transcriptional Activation of the GM-CSF Promoter
Gary Davenport	John Rudisill, Ph.D.	Predictors of Outplacement Outcomes
Amanda Denney	Thomas Lockwood, Ph.D.	Autonomic Control of Myocardial Vascular Resistance
Lee Ann Donohue	Gretchen Zimmerman, Psy.D.	Problem Patients in the Family Practice Center: Implications for Resident-Office Staff Partnerships
David Ellison and Theodore Slater	Steven Berberich, Ph.D.	Mdm-2 Overexpression Blocks Muscle Cell Differentiation
Anthony Finizia	Robert Putnam, Ph.D.	Effect of Anoxia and Hypoxia on Neuronal Cell pH
Patricia Haynes	Syed Ahmed, M.D.	Comparison of Health Status of Patients at the East Dayton Health Center with the General Population Using SF-12 Outcomes Questionnaire
Timothy Hilty	Roxanne Cech, M.D.	Determining Incidence and Local Physician Involvement with Cancer in Darke County, OH
Richard Kennedy	Philip Whitecar, M.D.	Evaluation Changes in Office Visit Coding Practices of Academic Family Physicians over Time
Elizabeth Leman	Robert Fyffe, Ph.D.	Metabotropic Receptor Expression in Sympathetic Preganglionic Neurons
Melissa Maunz	Robert White, Ph.D.	The Effect of Steroid Hormones on the Coronary Circulation
Heather Pfeffer	Cynthia Olsen, M.D.	Patient and Family Desires for Preventative Health Measures in the Nursing Home