

WRIGHT STATE UNIVERSITY

SCHOOL OF MEDICINE

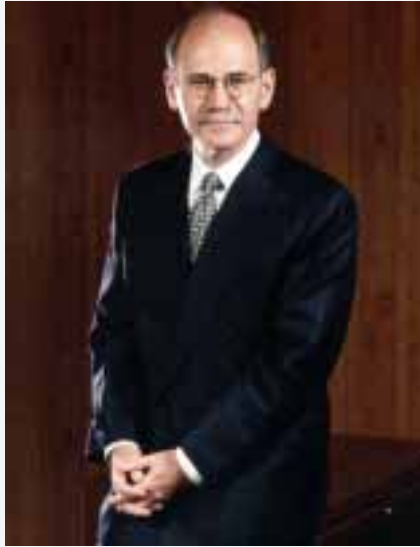
VITAL SIGNS

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Dean's Message



One of the bittersweet joys of being a dean is the annual Match Day ceremony. As we celebrate the achievement of each student, we recognize that he or she will soon leave the school and enter residency. This issue highlights three local alumni who share what their lives are like after graduation. Their experiences may resonate with our 1,300 voluntary physicians and 1,716 alumni.

A new, exciting research area for the school is in the field of hyperbarics. The Office of Naval Research is funding a study on oxygen toxicity that has clinical relevance as well as application for the elite Navy SEALs military unit.

In other areas, the school has established the Division of Health Systems Management through the generous philanthropy of local businessman Oscar Boonshoft. This issue examines the division's innovative fourth-year elective designed to better prepare our students for the current practice environment.

In the area of community service, this issue highlights a relatively new fellowship program in forensic psychiatry. It is one of three such programs in Ohio, and faculty in the Division of Forensic Psychiatry provide immeasurable community service to the Miami Valley and the state.

These initiatives underscore a hallmark of Wright State University School of Medicine—dynamic innovation.

Front Cover:

Rita M. Hadley, M.D. ('97), Ph.D., a fourth-year resident in general surgery, scrubs for surgery at Kettering Medical Center. (Photo courtesy of Kevin Lavoie, Community Affairs and Advancement, Kettering Medical Center.)

Back Cover:

Miguel Parilo, M.D. ('97), just completed his three-year internal medicine residency and is a general internist in private practice. Here he reviews the chart with patient Janet Harrison.

Sincerely,

A handwritten signature in black ink that reads "Howard M. Part, MD". The signature is written in a cursive, slightly slanted style.

Howard M. Part, M.D.
Dean

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After the M.D.

Graduation ceremonies usually mark the end of an educational program, but after the M.D. comes another phase—residency. A resident physician is both a learner and provider of medical care under the supervision of more experienced physicians. This doctor-in-training is completing a medical specialty through Graduate Medical Education (GME).

GME develops the clinical skills and professional competencies needed to prepare a physician to be certified in a particular area for independent practice. Most programs are between three and five years long. After residency, some physicians seek more specialized training in a particular area by completing a one- to two-year fellowship.

According to the Dayton Area Graduate Medical Education Consortium (DAGMEC), there are 25 allopathic training programs with more than 460 residents, and 18 osteopathic training programs with 92 residents in the Dayton area. Some train in one Dayton-area hospital, while other programs use as many as six to train their residents. Each program has a director and its own set of accreditation criteria.

DAGMEC coordinates education programs, conducts internal accreditation reviews, maintains data on all residents, and provides guidance and oversight to one large GME network. “Many medical educators in the area think of themselves as one GME community, regardless of the institution they work at,” according to Albert F. Painter, Psy.D., associate professor of family medicine and executive director of DAGMEC.

GME programs consist of two major components, education and patient care. Educational programs include hours of conferences, assigned readings, and one-on-one teaching provided by faculty members. Clinical teaching with real patients is an absolute necessity in residency education. Margaret M. Dunn, M.D., associate dean for faculty and clinical affairs at the School of Medicine, states, “Residents are providing a huge amount of supervised care in the community. These residents, along with the faculty members who are supervising them, provide care to many indigent and underserved patients who otherwise might not have accessible care. Many programs, such as a Level I trauma program, must have residency programs to be certified.” Dr. Painter adds, “Hospitals with residents offer a high level of care, particularly to the underserved population, that is very tough to accomplish without these training programs.”

“Hospitals have outstanding medical staff due in part to the number of residents that stay in the area,” according to Dr. Dunn. These same physicians help train the next generation of doctors as they become active in the undergraduate and graduate teaching programs sponsored by the medical school and community hospitals.

The community-based medical education model that is in place works well for Dayton, according to Painter. “Our system of education is more real world and less ivory tower than more traditional university settings. Our hospitals are fortunate to have residents who work hard to provide outstanding service to patients.”

—Jan Austin

Facts About Dayton Area Graduate Medical Education Consortium

Structured under the Greater Dayton Area Hospital Association (GDAHA), DAGMEC is a collaborative alliance, one of approximately 40 consortia in the U.S. and one of the few that include both allopathic and osteopathic training programs.

Mission:

To improve the system of training residents and fellows by providing a collaborative environment and structure for the member institutions to share information, faculty, and resources.

Member Institutions:

Children’s Medical Center, Good Samaritan Hospital, Grandview Hospital, Kettering Medical Center, Miami

Valley Hospital, the Dayton VA Medical Center, WPAFB Medical Center, and the Wright State University School of Medicine.

Sponsored Programs and Projects:

- Internal reviews of all allopathic residency programs, as required by the Accreditation Council for Graduate Medical Education
- Audit functions to help hospitals maximize funding
- Annual Resident Research Forum
- Annual Chief Resident Workshop
- Awarding of Resident Research Grants, in conjunction with the Wright State University School of Medicine

George P. McGhee, M.D.

“Medicine—to have the opportunity to serve in this capacity—is truly a privilege.”

Typical Day:

We see our patients first thing in the morning, often the babies who do not have a pediatrician assigned to them yet. We check the day’s physical exam. We handle the medical management aspect and review the x-rays and lab results. We then present our findings to our attendings who will agree or disagree with our treatment plan. For each patient, from babies to seniors, that we see, we discuss the plan in detail. If someone is being discharged, we need to make sure follow-up care is scheduled for the patient.

I truly like the idea of being able to help people and being there when they need you—especially when you deliver a baby. You see mom-to-be happy one minute and in the anguish of hard labor the next. Finally, everybody is just in joy to see their crying newborn with 10 fingers and 10 toes. And then seeing the baby several weeks or months later developing well—I love that aspect of medicine. Medicine—to have the opportunity to serve in this capacity—is truly a privilege. It is almost a calling because of the dedication it takes to honestly do good patient care. There is never a moment when you are not concerned about your patients; there is never a moment when they aren’t number one in your life. The bleak part is the very long hours required.

Preparation:

I believe that Wright State prepares us very well for residency. The community-based medicine that we learned in our third- and fourth-year clinical clerkships goes far beyond what I thought it was at the time. When I was doing it, I didn’t particularly notice the warm care and excellent teaching. After going through the highly stressful and difficult intern year, I realized how well prepared we were for patient care. Wright State has given us that primary care focus and a warm and fuzzy feeling of taking care of people from infants to seniors. You can’t beat the range of knowledge they prepare you for in providing that kind of care.



George P. McGhee, M.D. ('99), is in his second year of training in the Dayton Community Family Practice Residency and is based at Good Samaritan Hospital. He hopes to practice in the Miami Valley area after completing residency. (Photo courtesy of Rick Berkey, Multimedia Specialist, Good Samaritan Hospital.)

Favorite Patient Story:

My favorite story would be Lady X, a 76-year-old woman who came in just with vague complaints of not feeling well. Tests indicated that the patient had congestive heart failure and anemia. We ran tests on the anemia to determine its origin and discovered rectal cancer. After discussions with her family, the patient underwent surgery for the cancer and was placed on a good regimen for her cardiac condition. It turned out to be a beautiful story because she did well and didn’t require chemotherapy. She just went home with her family and has been doing very well ever since. The family was grateful and we received a card from them stating that they appreciated our care. That was very positive and made me feel as though everything we do is truly worth while.

Rita M. Hadley, M.D., Ph.D.

“Wright State prepares better residents, residents who trust what they know and work well with others.”

Typical Day:

Life is pretty exciting as a surgery resident. Our days are filled with a flurry of activities. And, although we generally keep long hours, we are fulfilled by the variety of successful outcomes that we achieve for our many patients.

A “typical” day usually begins long before the sun comes up. Operations begin at 7:30 in the morning, every morning. Therefore, a 4 a.m. wake-up is not unusual to permit adequate time to round on all of our patients before going to the operating room. Between operations, we check lab results, follow-up on the results of radiology tests or procedures, discharge patients, and evaluate new patient consults in the emergency department or on the wards. Post-operative patients also need to be re-evaluated during the day to ensure their stability. Thus, each day involves a variety of patient care issues, of which operating is only a part.

One of my typical operating days in general surgery looked like this:

- 7:45 a.m. Colon resection
- 9:00 a.m. Modified radical mastectomy
- 10:45 a.m. Repair of incarcerated umbilical hernia
- Noon Laparoscopic cholecystectomy (gallbladder removal)
- 1:00 p.m. Laparoscopic cholecystectomy
- 2:00 p.m. Colon resection
- 3:30 p.m. Ventral hernia repair, open cholecystectomy

Surgery residents are on-call in the hospital every third night. This translates into a tremendous amount of time spent in the hospital taking care of patients. Because of this, we become capable of managing a variety of life-threatening situations, both in our general surgery patients and in our trauma patients. We believe this experience is a strength in our training program and enables us to become good surgeons.



Rita M. Hadley, M.D. ('97), Ph.D., is in her fourth year of Wright State's integrated general surgery residency program. She holds a Ph.D. in neurophysiology and hopes to join a local general surgery practice when she completes her fifth year of training in July 2002. Here she discusses post-surgery recovery with patient Robert Kimble at Kettering Medical Center. (Photo courtesy of Kevin Lavoie, Community Affairs and Advancement, Kettering Medical Center.)

Preparation:

Very well prepared educationally, no question. There was nothing I felt that I needed that I didn't have. Wright State prepares better residents, residents who trust what they know and work well with others. I was encouraged to be a leader, to be independent, to gain confidence in myself and my abilities.

Favorite Patient Story:

Over the past few years, I have met many patients and families that I have warm memories of, but I don't think I have a favorite story. I have been able to develop relationships with many of them over time. I have been most touched by the families and patients with serious, often fatal, conditions.

Miguel Parilo, M.D.

"I like being able to make a difference in someone's life."

Typical Day:

As an intern, I generally began my day at the hospital around 6–6:30 a.m., depending upon how many patients were in the hospital and how early the attending physician made rounds. The intern is the hunter and gatherer. I needed to see all of the patients, take a quick history of the past 24 hours, do a brief physical examination, and check labs and x-rays to be ready for rounds, which usually began about 10:00 a.m. There was also a required Morning Report at

As a medical student, Miguel Parilo, M.D. ('97), was one of the first recipients of the E. W. Kettering Family Scholarship. He just completed his three-year internal medicine residency program and recently joined the Associated Specialists of Internal Medicine practice group. He is a diplomate of the American Board of Internal Medicine and an assistant clinical professor in internal medicine.

7:30 a.m., an educational session led by the chief resident. During rounds, I presented the data I gathered from the morning and fielded questions from the attending physician. After rounds, I would spend time writing progress notes, talking to families and consultants, and addressing all of the concerns that arose during rounds. If on call, a good night involved 2–3 hours of sleep. A great night meant those hours were uninterrupted.

The second and third years emphasize application of knowledge and leadership skills. It was now my job to analyze the information, come up with a list of possible problems and therapies, and to lead the interns. During my time as chief resident, my day was mostly spent preparing presentations for the Morning Report, searching for good cases to discuss, and seeing patients in a variety of subspecialty clinics.

As an internist, I often see people who have complex or elusive diagnoses. It is great to see people feel better because of something I was able to do for them. I like being able to make a difference in someone's life. I dislike insurance companies, voice mail, and lack of sleep.

Preparation:

As a student, I never realized how broad and strong a foundation Wright State was providing me. I had excellent mentors with whom I have stayed in touch. Students from Wright State compete successfully alongside students from larger universities. I felt very prepared for residency.

Favorite Patient Story:

Every month I have a new favorite, so I'll tell you about my latest. I received a handwritten letter from an elderly man whom I had only seen twice. He had what I considered to be two minor complaints, frequent urination and constipation that he had been dealing with for months. After evaluation, I concluded that a medication for an enlarged prostate and a simple laxative were all that he would likely require. In this letter, he said I "saved his life." He compared this to WWII where he was credited for saving two lives. Incredible! Whoever would have thought that something so simple would have such an impact on somebody's life? 📧



THE CHANGING MARKET

Oh, those good old days of medicine! You cared for your patients, and they paid you in cash. You pocketed some of it, paid the secretary, and used the rest to buy dinner or maybe pay a few bills. Today's marketplace of medicine is a far cry from the simple solo practitioner days of the past. Students fresh out of medical school as well as seasoned veteran physicians are faced with what seems like an endless and ever-changing mountain of rules, regulations, businesses, and people, all driving a wedge between the doctor and his or her patient. Today the doctor-patient relationship and the care model that emphasizes one patient-one encounter-one doctor have become only a part of the total process of health care.

Yet arming today's medical students with the tools and knowledge they need to survive in this new world of medicine is surprisingly rare. In fact, Wright State's fourth-year elective in Health Systems Management, offered for the first time last October, is a unique course that teaches students about managing the health care enterprise, population-based health care economics, and business leadership.

"The physician of the future is not going to be a small business person, the traditional solo practitioner," says Richard J. Schuster, M.D., M.M.M., F.A.C.P., Boonshoft Endowed Chair in Health Systems Management and associate professor of community health and medicine. "They are

going to be part of a team working in a large interdisciplinary and multidisciplinary organization."

The two-week elective won strong support from students and faculty alike for its proactive approach to teaching management and business-savvy skills and health economics information—subjects that go far beyond clinical training. Students are taught that they must be leaders and members of large, complex organizations. They learn about process improvements, managing budgets, running meetings, and performing sophisticated data analyses including clinical data, health outcomes data, and financial performance data.

"Our goal is to give students skills so that they're not intimidated by the health care enterprise and, in fact, will have the capability of leading it."

Fourth-year student Michele Henley, who completed the elective in October, agrees that students otherwise receive little training in the business of medicine and managed care. "We were clueless when we'd pick up a newspaper or magazine article about health care, because we didn't understand things like capitation, HMOs, PPOs, billing, and incentives. After just two weeks, I came away with a detailed knowledge about these things and felt more empowered. When you understand what's going on, you can take charge again."

An important aspect of the WSU elective is that students are

taught by an extraordinarily diverse faculty made up of physicians and business leaders who have firsthand knowledge of the health care marketplace. A quick scan of the faculty list shows instructors with master's of business administration, public health, or medical management, in addition to their M.D. or D.O. degree. Many faculty members have received certification by the American College of Physician Executives. The faculty not only are educated in population-based or management skills, but they represent a diverse group of clinical fields, including emergency medicine, internal medicine, pediatrics, and family practice.

Ron Suprenant, M.D., M.B.A., is the chief medical officer of CareSource (formerly Dayton Area Health Plan)

and teaches a class in managed care as applied epidemiology. Students spend time with him at CareSource's headquarters witnessing firsthand how a health plan operates and learning what drives and motivates managed care organizations.

Explains Dr. Suprenant, "We show them how we identify through our data all the patients who have a particular disease, such as asthma, in an entire population. Then we show them how we develop a program around that condition to help those individuals have improved outcomes."

Dr. Suprenant feels the elective is invaluable for today's medical students. "They're going

PLACE OF MEDICINE



A new fourth-year elective teaches students to survive (and thrive) in the changing marketplace of medicine. (L–R) Christopher Barde, M.D., associate professor of internal medicine; Richard Wyderski, M.D., associate clinical professor of internal medicine; Susan Hoge (Year IV); Richard Schuster, M.D., M.M.M.; Michele Henley (Year IV); Robert Pence (Year IV); and Thomas Murphy, M.D., associate clinical professor of pediatrics and vice president for medical affairs at Children’s Medical Center.

to have to deal with health plans and systems all the time when they are physicians. So understanding the business of the HMO and what we are trying to accomplish will help smooth our relationships and help them be more successful when dealing with managed care companies.”

Learning about the health plan perspective of care may encourage students to consider how they can improve the health of groups of patients in their practices. “We want them to ask themselves, ‘Am I getting all of my diabetic and asthma patients their flu shots?’” Dr. Suprenant explains. “It’s a different way of thinking about providing care that they probably haven’t been exposed to before.”


Now that she has completed the elective, Susan Hoge, Year IV, has a whole new perspective on the industry and a better appreciation for the challenges faced by

managed care organizations, hospitals, and private physician offices. “It raised my awareness of the need for physicians to work with the health system as a team rather than autonomous units,” she says. In particular, she credits the course for teaching her much-needed information about Medicare and Medicaid, and showing her “how they are funded, how they are regulated, who benefits from them, who doesn’t, and what is likely to happen to them in the future.”

For Michele, a National Health Service Corps Scholar who has pledged to serve in an underserved area, the elective was a perfect fit. “I’ll be in an impoverished area, like the inner city, and have limited resources. Now I understand things like reimbursement and financial incentive,” she says. She also plans to get a master’s in medical management. “I feel like my

opportunities have really been broadened by taking this elective,” she says.

Three students took the elective in October, and faculty and students of the program enjoyed the low student-teacher ratio. They hope more students will take the elective in the future. “It doesn’t make sense to get to your fourth year of medical school without being exposed to this kind of information,” says Michele. “I think as many people as possible should take advantage of it.”

Ultimately Dr. Schuster hopes to integrate some of the elective’s material into the mainstream curriculum and expand the elective to include more students, residents, and practicing physicians. “Our goal,” he says, “is to give students skills so that they’re not intimidated by the health care enterprise and, in fact, will have the capability of leading it.” 

—Ann Biswas

New Depths of Understanding

The two U.S. Navy SEALs swim deeper with a burst of speed to avoid detection by an unsuspecting foe. As they exert themselves, they increase the rate at which they are breathing pure oxygen from their closed-circuit Draeger V underwater breathing apparatus. As they swim deeper, the outside water pressure increases along with the oxygen

pressure in their lungs and blood. Suddenly, without warning, one of the Navy divers is overcome by nausea and dizziness, and begins to undergo violent convulsions.

The diver is experiencing central nervous system (CNS) oxygen toxicity caused by the increased partial pressure of oxygen in his blood and brain as he breathes pure oxygen at high barometric pressure (hyperbaric pressure). Paradoxically, while oxygen is needed to sustain life, too much oxygen is dangerous to the CNS, lungs, and retina.

Wright State researchers are exploring how hyperbaric oxygen affects the CNS. Their work in hyperbaric chambers is clinically relevant and particularly applicable for deep-sea divers such as the highly trained military unit, the U.S. Navy SEALs. The Office of Naval Research, Undersea Medicine Program, has committed more than \$700,000 to Jay Dean, Ph.D., associate professor in physiology and biophysics.

Dr. Dean will use these funds to investigate the effects of high-dose oxygen at normobaric and hyperbaric pressures on brain cell function. His research team, Richard Henderson III, M.D., associate clinical professor in community health, doctoral students Daniel Mulkey and Alfredo Garcia III, and master's student Lt. Bryan Best, has two key objectives: to better understand the biochemical and physiological mechanisms involved in central nervous system oxygen toxicity and to develop methods to predict and prevent its onset.

Several military and civilian occupations and standard medical therapies involve intermittent breathing of potentially toxic levels of oxygen. For more than a century, high-dose oxygen has been used for supportive care in a variety of medical and surgical circumstances; the tissue-damaging effect of prolonged oxygen supplementation has been recognized for almost that long. This phenomenon has been perplexing scientists and medical and military experts alike since French researcher Paul Bert discovered the problem in 1878.

Oxygen toxicity is most often encountered in diving and hyperbaric medicine and manifests itself ultimately as grand mal type convulsions. The onset of oxygen seizures is dependent upon the duration of exposure and the level of oxygen. Breathing 100 percent oxygen at hyperbaric pressure increases the likelihood of oxygen



Early divers breathed air through long tethers and wore heavy compression suits. (Photo courtesy of *Views of the Past*, Mackinaw City, Michigan.)

Today's U.S. Navy SEAL breathes 100 percent oxygen during diving operations using a closed-circuit, LAR V Draeger underwater breathing apparatus worn on his chest. (Photo courtesy of Office of Naval Research, Undersea Medicine Program.)

toxicity in both patients and divers. Interestingly, there are individual variations in susceptibility to oxygen seizures, which make it difficult to predict who is particularly vulnerable to oxygen toxicity, when it will occur, and at exactly what level of oxygen pressure.

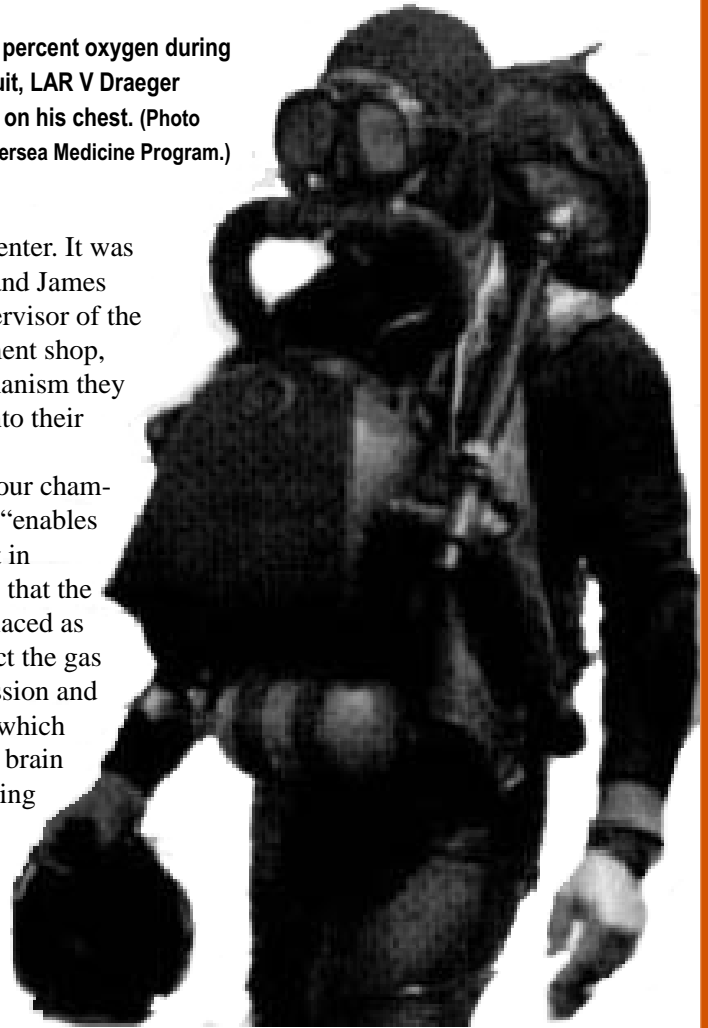
Scientists agree that there is a need to look at how single brain cells react to pressure in order to understand the body's dramatic response to hyperbaric oxygen. Wright State researchers accomplish this by measuring electrical impulses produced by single brain cells during their exposure to hyperbaric oxygen. Electrical recordings are made using a fine-tipped electrode inserted in a thin slice of rat brain. The brain slice is then exposed to various levels of hyperbaric oxygen to identify how brain cell functions change. "The art of these experiments," says Dr. Dean, "is in the electrodes used to measure brain cell activity. These extremely fine electrode recordings from individual mammalian brain cells are impaired by vibration and difficult to make."

In the past, the basic design of hyperbaric chambers prevented making effective electrical recordings of brain cell activity. Learning from problems encountered by other investigators, the school's team redesigned the hyperbaric chamber to improve accessibility to the electrode and recording stability. Dr. Dean explains, "Design features in our chamber have all been used in other chambers, but no one has put together the right combination before." Inspiration for this design came during a visit to the U.S. Naval

Medical Research Center. It was there that Dr. Dean and James Arehart, former supervisor of the Wright State instrument shop, found the door mechanism they would incorporate into their chamber.

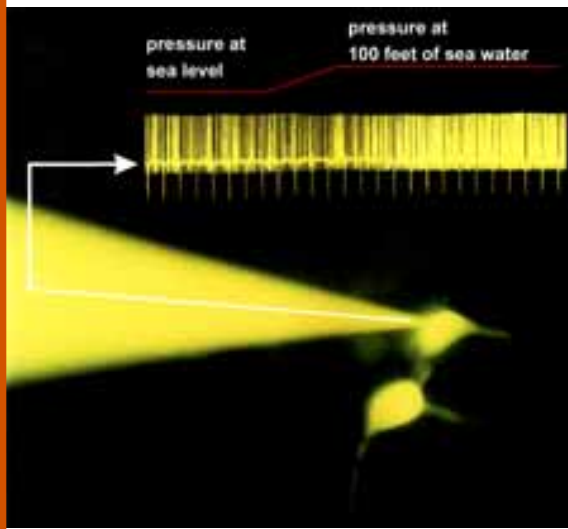
"The design of our chamber," says Dr. Dean, "enables us to open or close it in about 20 seconds, so that the electrode can be replaced as needed. We can direct the gas flow during compression and limit the vibrations, which previously disrupted brain cell recordings. Making electrical measurements in single cells is a basic way to study the nervous system, yet it has not been done during exposure to hyperbaric oxygen prior to this design because it was too hard to accomplish." The *Journal of Applied Physiology* recently published Dr. Dean's paper describing the Wright State hyperbaric chamber under the special designation of "Innovative Techniques," and Daniel Mulkey just received an award for "Outstanding Scientific Presentation" on the topic at a national conference.

"The piece of the puzzle that has been missing," says Dr. Henderson, "is a cellular- and molecular-level understanding of what actually occurs during exposure to high-dose oxygen. This is what has been hindering both clinical and environmental applications of hyperbaric oxygen use."



Clinical treatment continues to be hotly debated. Medical problems commonly treated with hyperbaric oxygen therapy include non-healing wounds, osteoradionecrosis, acute carbon monoxide poisoning, acute gas embolism, burns, and certain infections. Yet, medical use of hyperbaric oxygen must be applied conservatively because of the potential risk of seizure. Advocates see this combination of pressure and oxygen as a promising tool; others in the scientific and medical community are concerned about the risks. There is agreement, however, that a need exists to better understand how the body functions at a cellular and molecular level under hyperbaric conditions.

With the support of department and school administrators,



A microelectrode filled with a fluorescent yellow dye was used to record the electrical signals produced by two brain cells. The top trace (red) shows ambient pressure increasing from sea level to 100 feet of sea water. The bottom trace (yellow) shows that electrical activity produced by a single brain cell increases in frequency during compression over a six-minute period. (Photo courtesy of Dr. Jay Dean.)

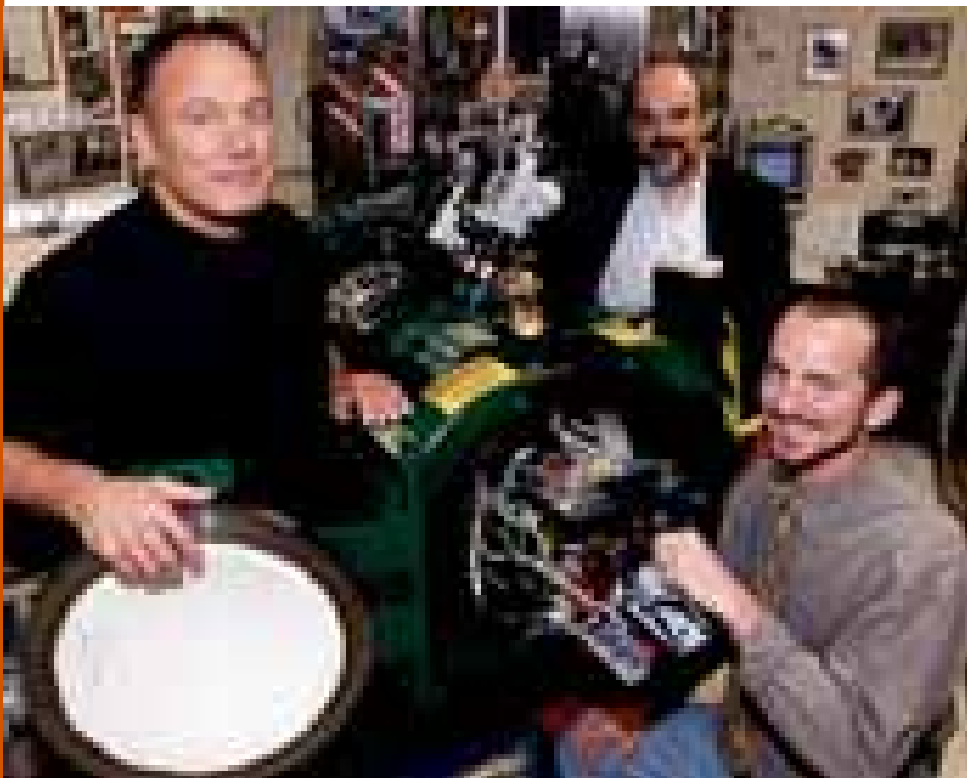
Dr. Dean is establishing an environmental and hyperbaric cell biology multi-user facility at Wright State. While this facility is in an early stage of development, Drs. Dean and Henderson have already acquired four styles of hyperbaric chambers that will allow collaborators to address multiple types of research questions using a wide range of protocols.

Dr. Dean's research has received support through several internal grant programs, including the Medical Innovations Grant Program supported by the

Kettering Fund. "This research project with the U.S. Navy is a nice example," he says, "of how generous and helpful seed grant support from Wright State and the School of Medicine can be used to generate outside funding and success for the researchers involved." Now, as successful competitors for federal research funding, this research team stands with Duke University as one of only two universities to receive this year's ONR Undersea Medicine Program funding. With even more research funds pending, this team has a promising future. 📺

—Nancy Harker and Deborah Vetter

(L-R) Richard Henderson III, M.D., Jay Dean, Ph.D., and doctoral student Daniel Mulkey display one of the hyperbaric chambers.



Hyperbaric History

1662

An English clergyman, Henshaw, builds the first known hyperbaric pressure chamber.

1774

Joseph Priestley discovers oxygen.

1789

Antoine Laurent Lavoisier, French chemist, reports that highly concentrated oxygen is toxic.

1878

Paul Bert, French physiologist, publishes the first results of hyperbaric experiments, considered the cornerstone publication for diving medicine, hyperbaric medicine, and aerospace medicine.

1937

Behnke and Shaw first use hyperbaric oxygen for treatment of decompression sickness.

1943

Mary Alice and Fred Hitchcock, a high-altitude physiologist, translate Paul Bert's findings into English for the Allied scientists during WWII, a major contribution to the war effort.

1967

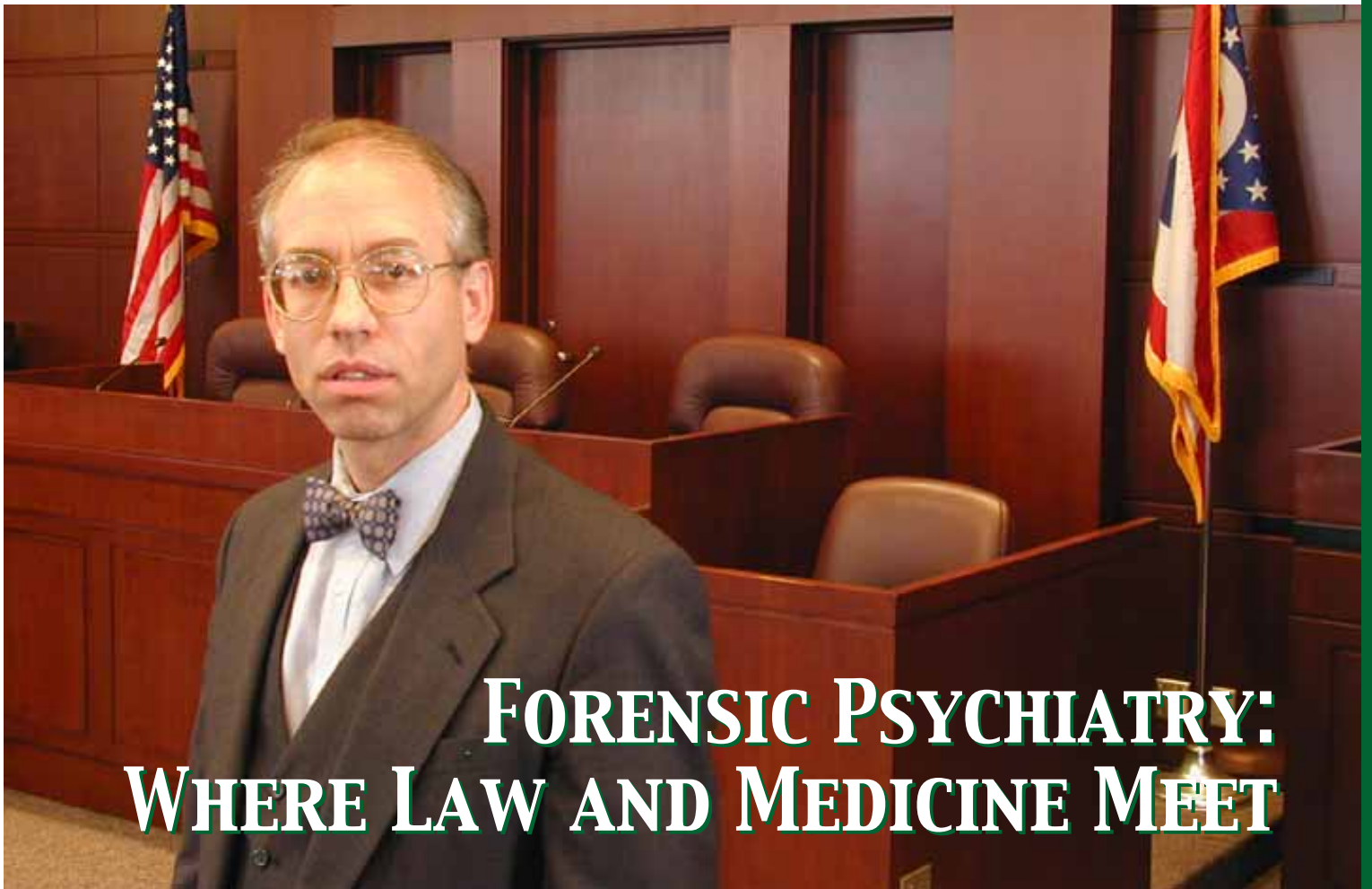
Undersea Medical Society is founded and later renamed Undersea and Hyperbaric Medical Society.

1987

The Oxygen Society is organized for scientists with an interest in the field of oxygen free radical biology, chemistry, and medicine.

1988

The International Society of Hyperbaric Medicine is formed.



FORENSIC PSYCHIATRY: WHERE LAW AND MEDICINE MEET

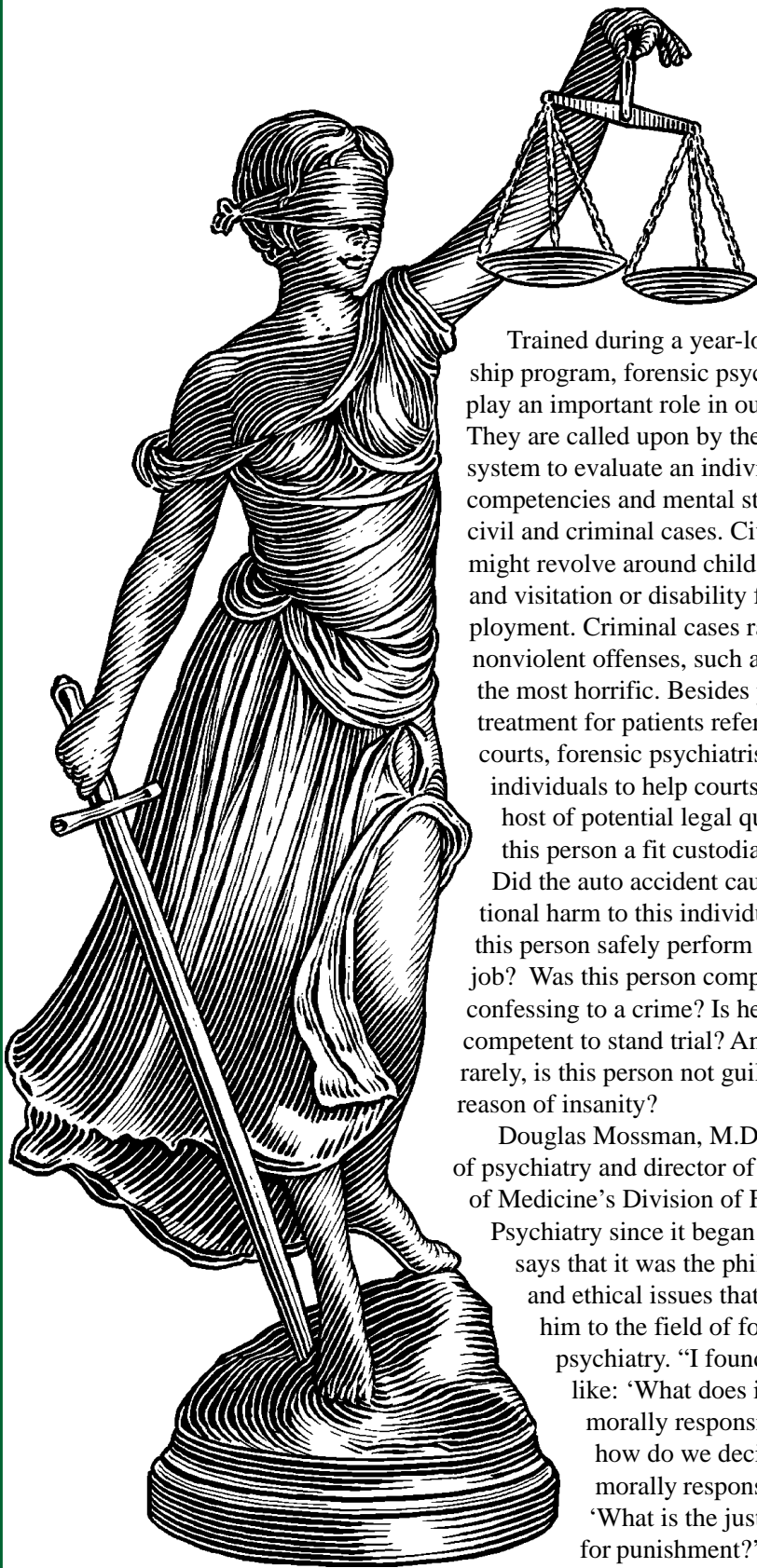
Douglas Mossman, M.D., professor of psychiatry and director of the School of Medicine's Division of Forensic Psychiatry, is a frequent court expert for legal decision makers. (Photo courtesy of *Dayton Business Journal*/Ray McCoy.)

A Case in Point: The Revolving Door

A 31-year-old homeless man lands in the county jail, the 14th incarceration within the past year. His most serious charge is for felony drug possession; the remainder for misdemeanor charges like criminal trespassing. He has no history of violence. He has been in and out of treatment for 15 years, diagnosed as having paranoid schizophrenia with polysubstance abuse and borderline mental retardation. Most recently, he was refused treatment at the community mental health center when he appeared under the obvious influence of cocaine. Referred to a public drug treatment program, he was evaluated as too ill for treatment. Soon after, his public behavior became an issue, and the police were called. Concerned about the potential for self-harm, police escorted him to the hospital emergency department, but were advised that his problems were mostly cocaine related. This young man's most recent incarceration has become an unsatisfactory way to protect him from harm and to temporarily remove him from a community that finds his behavior bizarre.

"This case study," says Jerry Kay, M.D., professor and chair of psychiatry, "demonstrates how people can fall through the cracks in our mental health system. We need systems that can deal with complex cases with elements of mental illness, substance abuse, and mental retardation. The system needs to provide integrated treatment, easy transition between facilities, and better access. It is unconscionable to rely upon the criminal justice system to care for disenfranchised individuals who desperately need treatment, not incarceration."

The case study also demonstrates how the mental health and legal systems can, and frequently do, meet. Forensic psychiatry is a subspecialty that works specifically where these systems interact.



Trained during a year-long fellowship program, forensic psychiatrists play an important role in our society. They are called upon by the court system to evaluate an individual's competencies and mental state in both civil and criminal cases. Civil cases might revolve around child custody and visitation or disability for employment. Criminal cases range from nonviolent offenses, such as theft, to the most horrific. Besides providing treatment for patients referred by the courts, forensic psychiatrists evaluate individuals to help courts answer a host of potential legal questions: Is this person a fit custodial parent? Did the auto accident cause emotional harm to this individual? Can this person safely perform his or her job? Was this person competent when confessing to a crime? Is he or she competent to stand trial? And more rarely, is this person not guilty by reason of insanity?

Douglas Mossman, M.D., professor of psychiatry and director of the School of Medicine's Division of Forensic Psychiatry since it began in 1993, says that it was the philosophical and ethical issues that attracted him to the field of forensic psychiatry. "I found questions like: 'What does it take to be morally responsible and how do we decide who is morally responsible?' and 'What is the justification for punishment?' fascinating. I think there are few people who want to contribute and improve the world by assisting individuals with mental disability; it sounds trite, but that's why I'm here."

Dr. Mossman says that the forensic psychiatrist's chief task is to convey complex clinical information to legal decision makers in both oral and written form. "Most cases, whether they are civil or criminal, don't go to trial," he explains. "So the main information that the lawyers and the judge have about the individual is what's in the written report. A good forensic psychiatrist has to have superior writing skills."

The division established a Forensic Psychiatry Fellowship Program in 1998. This past June, it graduated its first fellow, Neal W. Dunsieath, M.D., who is now an assistant professor of psychiatry. Darshan Singh, M.D., entered the fellowship in July following completion of his psychiatry residency through Wright State. There are only three such fellowship programs in Ohio, and slightly more than 2,000 board certified forensic psychiatrists in the nation.

Wright State's program is a one-year program full time or a two-year program half time. Fellows learn to conduct requisite court evaluations under faculty supervision, attend a series of lectures and a University of Dayton law class, spend time working with patients and prison inmates, and conduct research. "A forensic fellowship," says Douglas Lehrer, M.D., director of psychiatric education and Chief Clinical Officer for Twin Valley Psychiatric System—Dayton Campus (TVPS-DC), "is distinguished by its

“The division provides an enormous community service to the Greater Dayton Area. Its research examines how treatment plans can prevent recidivism, and it brings the highest of ethical standards to community mental health issues while its consultations and testimony protect the indigent and disenfranchised from being denied legal rights.”

scope. Most subspecialties narrow the scope from the parent specialty by looking at a certain population or a particular subset of a disease or organ system. Forensic psychiatry doesn’t involve any narrowing of one’s clinical skills and expertise. It requires specialized knowledge of the legal system and applies one’s medical knowledge to answer legal questions.”

The primary teaching site for the fellowship is TVPS-DC. Formerly known as the Dayton Mental Health Center, TVPS-DC is a public sector hospital operated by the Ohio Department of Mental Health. There are five state hospital systems in Ohio which operate on nine separate campuses. The system treats about 1,300 patients on average. About half of those are forensic patients—those referred by the criminal justice system—and the other half, civil patients.

TVPS-DC treats approximately 180–200 patients. Civil patients come from a 13-county region surrounding Dayton. The facility has a maximum-security unit (one of two in Ohio) that serves 44 counties. The two maximum security units average about 100 patients who are there by “virtue of some combination of the severity of the crime they have been alleged to have committed and their current level of illness,” says Dr. Lehrer.

All fourth-year residents in psychiatry complete a one-month forensic psychiatry rotation at the TVPS-DC. “Generalist psychiatrists are often called upon to serve in the role of the forensic psychiatrist by providing testimony to the courts,” notes Dr. Kay. “They are receiving excellent training here.” Medical students, too, complete clerkship rotations at TVPS-DC.

The link between the public sector and academe in the area of forensic psychiatry is unique,

especially for a community-based medical school, according to Dr. Kay. “The division,” says Dr. Kay, “provides an enormous community service to the Greater Dayton Area. Its research examines how treatment plans can prevent recidivism, and it brings the highest of ethical standards to community mental health issues while its consultations and testimony protect the indigent and disenfranchised from being denied legal rights.”

— Judith Engle



(L–R) Maria Mathias, M.D., fellow instructor of psychiatry; Timothy Todd, M.D., resident instructor of psychiatry; and Darshan Singh, M.D., assistant professor of psychiatry, review a case with (Center) Douglas Mossman, M.D., professor of psychiatry and director, Division of Forensic Psychiatry.

WRIGHT STATE UNIVERSITY SCHOOL OF MEDICINE
REUNION₂₀₀₀
 W E E K E N D



From Top: Jeffrey Wigand, Ph.D., at CME for alumni; “CME for Kids,” featuring Chuck Gastineau from the Boonshoft Museum of Discovery; face painting by LuLu Bell the Clown at the Alumni Picnic.

School of Medicine alumni classes '80, '85, '90, and '95 returned to their alma mater on October 6–8 for Reunion Weekend 2000. The weekend's festivities kicked off Friday evening at the Engineers Club with individual class parties, lasting well into the night.

Saturday morning, alumni arrived on campus for a special CME presented by Jeffrey Wigand, Ph.D.: “Halting Addiction: Smoking and Health.” Dr. Wigand is the former tobacco executive who exposed the industry’s disregard for public health and safety; his story was featured in the award-winning motion picture *The Insider*. The recipient of many awards and much recognition for his efforts to reveal tobacco company research and marketing practices, he is now focused on reducing teen tobacco use through his own nonprofit organization, SMOKE-FREE KIDS, Inc.

Children of alumni were treated to “CME for Kids” presented by Dayton’s own Boonshoft Museum of Discovery. During hands-on workshops, “Slimy Science” and “No Bones About It,” the children enjoyed making slime and learning about the importance of bones. After the CME sessions, everyone attended the Reunion Picnic, where kids enjoyed balloon animals and face painting courtesy of Zilcho and LuLu Bell the Clown.

Saturday evening, alumni joined more than 200 School of Medicine friends, faculty, students, and staff for the inaugural Medicine Gala, a special event to raise medical student scholarship funds and to recognize some special friends.

Sunday morning, Reunion Weekend came to a close with the School of Medicine Golf Outing, presented by the Wright State University AMA student organization at the Beavercreek Golf Club. Alumni and students met at the crack of dawn for a friendly, and slightly chilly, round of 18 holes. David Roer, M.D. ('84), had the day’s longest drive and lowest score, while Robert Fyffe, Ph.D., made it closest to the pin.

Annual Fund 2001

This year’s Annual Fund is now under way. On the heels of last year’s record-breaking appeal, the School of Medicine is again calling on alumni, parents, and friends to support the school’s community mission of education, research, and service. The Dean’s Excellence Fund is the primary focus of this year’s annual fund. With new technological advances and opportunities constantly arising, donations to this fund allow the school to meet pressing challenges for which no other funding is available. Other areas include technology, faculty support, scholarships, fellowships, and research. For more information on how you can support the School of Medicine, log on to www.med.wright.edu/giving/ or call the Office of Advancement at (937) 775-2972.

Inaugural Medicine Gala a Tremendous Success

Last October, the School of Medicine held its inaugural Medicine Gala to raise scholarship support for medical students.

The Medicine Gala began late Saturday afternoon with the annual Pruett Recognition Ceremony, which awards medical student scholarships and recognizes community partners. This event brings students and donors together.



After the ceremony, guests mingled at a reception where many of the school's founders were able to see each other for the first time in years. After the reception, guests were ushered into the Student Union Multipurpose Room, which had been transformed into an elegant dining room.

After a delicious four-course meal, the school recognized two individuals who have been instrumental in our success. Fourth-year medical student Jill Waibel presented the first award to Mrs. Virginia Kettering, honoring her gracious support and friendship of the school since its inception. Mr. Al Leland accepted the award on Mrs. Kettering's behalf and sent her best wishes to those in attendance.

Dr. Robert Brandt, president of the Class of 1980, presented the second award to John R. Beljan, M.D., the founding dean, and his wife Bernadette, who were instrumental in establishing the School of Medicine and developing its unique community mission. The Beljans, who recently moved to Chicago to be closer to their family, returned to Wright State for the first time in several years to accept this award. Needless to say, there was a long line of friendly faces waiting to talk to them.

The School of Medicine also recognized its partnership with the Montgomery County Medical Society Alliance, as Dean Howard Part presented Mrs. Diana Gilliotte, president of the Alliance, with a token of appreciation for their long-term support and their help in planning the Gala.

With the music of the Hauer Swing Band livening up the dance floor, guests spent the rest of the evening partaking in an assortment of delicious desserts and Seattle East coffee. The evening was a great success, and the school extends its thanks to everyone who contributed their time, effort, and support.

—Rob Boley



From Top: John R. Beljan, M.D., founding dean, and his wife Bernadette were among the guests of honor at the Gala. They chat with Michael Krier, Year I, and the recipient of the scholarship in their name; Dr. Beljan greets old friend, Al Batata, M.D., professor emeritus of pathology; the Beljans with Howard Part, M.D., current dean; and a glimpse of the Gala Reception.

Student Profile: It's a Family Affair

As children, Soozan and William Abouhassan both wanted to be doctors. What these siblings did not know is that they would enter the same medical school at the same time.

William Jr. knew at an early age that he wanted to be a doctor. His mother encouraged this goal by calling him “my little doctor.” After attending a high school career fair, William says, “I was convinced that I could handle the blood.” He entered the School of Medicine directly after graduating from the University of Dayton with degrees in chemistry and pre-med.

Soozan took a different path. After graduating from Case Western Reserve University with a bachelor's degree in nursing, she worked for three years at University Hospitals in Cleveland in the cardio-thoracic intensive care unit.

*“Our strengths
complement each other.”*

Soozan and William acknowledge that the key to their success is their parents' support and encouragement. William Sr. and



Siblings Soozan and William Abouhassan enter the Class of 2004 together.

Soud Abouhassan are Lebanese immigrants who operate a successful downtown restaurant in Cleveland. They never doubted that their five children would earn professional degrees. “It was an expectation,” said William. This strong belief is evident in their children's accomplishments. Their oldest daughter Patricia Abboud, M.D., is a 2000 alumna of Wright State University School of Medicine. Their next daughter, Evelyn Abouhassan, is a lawyer and graduate of the University of Dayton School of Law.

Unlike some siblings, competition is not a problem. In fact, William and Soozan push each other to do well. When they study together, Soozan's clinical experience as a nurse and William's background in the sciences help them better understand the mate-

rial. According to Soozan, “Our strengths complement each other.”

Soozan and William balance medical school with outside activities. They look forward to playing cards a couple of times a month with their sister Patricia and brother-in-law George. William relaxes by playing basketball and lifting weights. Soozan enjoys visits with family and friends from Cleveland.

Neither Soozan nor William knows yet what kind of medicine they want to practice. What they do know is that at graduation in 2004, the doctor who hoods them will be their sister Patricia. Their mother is looking forward to this event with much anticipation. A tradition may continue because their younger sister Lora, who is 13, says she wants to be a doctor as well. 📖

—Angela MacLellan

'80

Carol A. LaCroix, M.D., has been happily married for 21 years. She practices family medicine with University Medical Associates at Clarkson West Nebraska Health System. Her husband Michael is a librarian at Creighton University. The couple has two children: Andrew and Rachel.

'83

Stuart Zakem, M.D., works with GEROS Medical Group, an expert team specializing in geriatrics. He regularly presents his knowledge of dementia and Alzheimer's disease to professional groups both locally and internationally. He was recently featured in a Cincinnati newspaper for sharing his expertise during a free seminar for families and caregivers.

'85

Cynthia Olsen, M.D., currently practices medicine at the Yellow Springs Family Health Center in Yellow Springs, Ohio. She considers her greatest accomplishment since graduating, "Staying at WSU in the Family Practice Department and seeing to its continued quality, humanistic, and practical education that turns out great clinicians, of all specialties."

Frances Owen, M.D., practices pediatrics and adolescent medicine at Pediatrics of Glynn in Brunswick, Georgia. She says her greatest accomplishment is, "Raising four beautiful children as a single parent while evolving into a full-time child advocate." Her children's names are Shanda, Jason, Noah, and Raven.

Anthony Titus, M.D., practices emergency medicine at the Bluefield Regional Medical Center in Bluefield, West Virginia. He is the proud father of three sons: Nicholas, Graham, and Gabriel, ages 14, 10, and 6, respectively.

Connie Warren, M.D., is the clinic chief of staff at the University of Utah Health Network in Stansbury, Utah. She and her husband, Richard L. Warren, Ph.D., have raised three children, Richard, Shawn, and Elizabeth, and now have two grandchildren, Kathryn and Christopher.

CLASS NOTES

'86

James North, M.D., enjoys working at the Westgate Medical Group in Toledo, Ohio. He is president-elect of the Ohio Academy of Family Physicians. He is happily married to his wife Ann and has three children: Matthew, 9; Katie, 6; and Melissa, 5.

Robert S. Schaefer, M.D., practices orthopaedic surgery at Baw Beese Sports Medicine and Joint Care in Hillsdale, Michigan. He is happily married to his wife Jennifer. The couple has three children: Lauren, 9; Lindsey, 8; and Cami, 1.

'90

Drs. James D. Moore and Lori Kuehne-Moore opened a new family practice, Regional Medical Care, Inc., Dover, Ohio, in 1994; it is growing and very busy. That same year, the couple tied the knot. They both practice family medicine, and Jim also practices sports medicine.

Drs. Marc and Lisa Norris practice medicine in West Springfield, Massachusetts. Marc is a vascular surgeon at Vascular Services of Western New England and Lisa is a pediatrician at Pediatric Associates of Hampden County. The couple recently celebrated their 10th wedding anniversary.

M. Catherine Vukovich-Cook, M.D., is currently doing consultant work. She is happily married with one son, Andrew, who was born last March. She says her greatest accomplishment since graduation is "achieving balance in life."

Randell K. Wexler, M.D., was recently featured in the *Gahanna News*. He has joined the Ohio State University Family Medicine and Comprehensive Health in downtown Columbus.

'95

Theresa J. Blachly-Flanagan, M.D., works for TCN Behavioral Health Care, Inc., a nonprofit community mental health center in Xenia, Ohio. She also holds a clinical appointment in Wright State's Department of Psychiatry. She finished her residency and fellowship at the University of North Carolina last year.

Michael L. Cairns, M.D., practices dermatology at the Arnett Clinic Dermatology in Lafayette, Indiana. He is happily married with two children: Matthew and Emily, ages 3 and 1. His fondest memory of medical school is the end of third year surgery rotation.

Stephen Dominy, M.D., works at St. Mary's Medical Center in San Francisco, California. He helped found a biopharmaceutical company to develop treatments for autism, HIV, diabetes, and breast cancer. He has three children: Erin, Mitsuo, and Spencer, ages 21, 13, and 6.

'00

Janelle Fairchild Pool, M.D., was recently featured in the *Mount Vernon News* in Mount Vernon, Ohio, recognizing her graduation from the School of Medicine. She has started a three-year residency in pediatrics at Children's Medical Center in Dayton. She is married to Charles D. Pool, and the couple lives in Dayton.

Attention All Alumni!

Submit your news online at www.med.wright.edu/alumni/alumnotes.html or mail to **Judi Engle, Vital Signs Editor, School of Medicine Public Relations, Wright State University, 3640 Col. Glenn Hwy., Dayton, Ohio 45435-0001.**

Of Primary

Additional Funds to Study Gulf War Syndrome

The U.S. Department of Defense awarded the school an additional \$1.4 million for the second phase of the Gulf War Syndrome study that received \$5.8 million earlier this year. Mariana Morris, Ph.D., chair and professor of pharmacology and toxicology, and Daniel Organisciak, Ph.D., chair and professor of biochemistry and molecular biology, will lead the three-year project for both phases.

Phase II adds research techniques, such as functional hearing tests, magnetic resonance imaging, and traditional measurements of energy metabolism. Three additional biochemistry faculty members, Drs. Ina Bicknell, Lawrence Prochaska, and Nicholas Reo, join the large research team already assembled. The team includes experts ranging from cellular toxicologists to clinical scientists.

The project received the strong support of U.S. Representative David Hobson and Mary Petticrew, a local philanthropist, who saw the need for this type of research and the potential of linking Wright State into national research programs through the Department of Defense.



Mariana Morris, Ph.D., and Daniel Organisciak, Ph.D., lead the research team for the Department of Defense grant.

Hittners Endow Lectureship

Dr. Robert and Zoe Hittner, two long-time residents of Dayton and supporters of the School of Medicine, recently contributed a major gift to the Division of Health Systems Management, Department of Community Health. The Zoe and Bob Hittner Community Health Fund will sponsor an annual community event or lectureship to be held at Shiloh Church. The events will address issues of health care as they interface with faith, culture, social, or public policy concerns.

The first Shiloh Health Lectureship brought John Santa, M.D., administrator of the Oregon Health Plan Policy and Research, to Dayton to discuss the controversial Oregon Health Plan. Dr. Santa examined the roles and responsibilities of government, business, and individuals in our country's health care. The event was open to the public, and a reception was held afterwards.

Through their gracious giving, Bob and Zoe Hittner have provided a valuable, lasting educational resource for the entire Miami Valley.



John Santa, M.D., speaker for the inaugural Shiloh Health Lectureship, is flanked by Zoe and Robert Hittner, M.D.

Spinal Cord Injury Research

Robert E.W. Fyffe, Ph.D., director of the new Center for Brain Research and professor of anatomy, will be the principal investigator for a \$1.46 million grant to investigate spinal cord injury. Wright State researchers join a handful of select international teams in a new grant program from the National Institute of Neurological Disorders and Stroke. The five-year grant is a collaboration between Wright State University School of Medicine and Queen's University, Ontario, Canada.

Announcement

Family Medicine's Division of Applied Psychology has moved to new headquarters at 1020 Woodman Drive, Suite 225, at the corner of Woodman and US 35. Their new phone number is (937) 254-9210.

Interest

Faculty Awards

Syed Ahmed, M.D., M.P.H., Dr. P.H., associate professor of family medicine and community health, was recently awarded the Ohio State Quality of Care Award for 2000. The award is sponsored by Pfizer, Inc., and recognizes health care professionals who have set outstanding examples of leadership and community service. Dr. Ahmed also received the Appalachian Unsung Hero Award for Health Care Service for his contributions made within the Miami Valley Appalachian community.

Al Batata, M.D., professor emeritus of pathology, led a People to People delegation of pathology specialists and health care leaders to Egypt. The group explored blood and tissue banking, quality control, technology and instrumentation, histochemistry, immunopathology, molecular pathology, and the organization of academic pathology departments.

Gary LeRoy, M.D., associate professor of family medicine, was nominated as one of 47 physicians nationwide for the Humanism in Medicine Award. Dr. LeRoy was nominated by our medical students as a "positive and caring role model."

Ron Markert, Ph.D., received one of four teaching awards presented by the medical honor society, Alpha Omega Alpha (AOA), at the annual meeting of the AAMC. After a 20-year career at Wright State, he is now professor and director of the Center of Medical Education at Creighton University School of Medicine.

Sidney Miller, M.D., professor of surgery, was recently appointed by Governor Bob Taft to serve on the newly established EMS Trauma Committee for Ohio. He will also serve on the American College of Surgeons Committee on Trauma.



Syed Ahmed, M.D.



Al Batata, M.D.



Gary LeRoy, M.D.



Sidney Miller, M.D.

Lawrence Prochaska, Ph.D., professor of biochemistry and molecular biology, received this year's Distinguished Service Award from the American Heart Association, Ohio Valley Affiliate.

Robert Weisman, Ph.D., associate dean for biomedical sciences, and **Gary LeRoy, M.D.**, associate professor of family medicine, have been appointed to the Biomedical Research and Technology Transfer Trust Fund Board, a state-wide committee formed to oversee the distribution of Ohio's tobacco settlement funds for research.

Awards for Teaching Excellence

Students selected their favorite teachers and presented these awards at the fall Student Award Ceremony.

Ronald J. Markert, Ph.D., former professor of internal medicine;
Timothy G. Janz, M.D., associate professor of emergency medicine and internal medicine;
Stuart Nelson, Ph.D., associate professor of biochemistry and molecular biology, and pathology;
Robert Turk, M.D., clinical professor of surgery and emergency medicine.

Clinical Faculty Mentor Award:

H. Bradford Hawley, M.D., professor emeritus of internal medicine

Basic Science Faculty Mentor Award:

Robert E.W. Fyffe, Ph.D., professor of anatomy

Excellence in Medical Education Award:

Susan H. Allen, M.D., Ph.D., associate professor of internal medicine

New Faces

Ina Bicknell, Ph.D.

Assistant Professor, Biochemistry and Molecular Biology

Ph.D.: Ohio State University (speech and hearing)

Fellowship: Department of Veterans Affairs (audiology)



Jordan Brooks, M.D.

Assistant Professor, Neurology

M.D.: Hahnemann Medical School

Residency: Case Western Reserve University (neurology)

Fellowship: University of Alabama at Birmingham (EMG and neuromuscular diseases)

James French II, M.D.

Assistant Professor, Pediatrics

M.D.: Medical College of Virginia

Residency: USAF Medical Center Keesler, Biloxi (pediatrics)

Fellowship: Medical College of Wisconsin (pediatric hematology/oncology)



Subhash Mitra, M.D., M.P.H.

Associate Professor, Obstetrics and Gynecology

M.B.B.S.: Medical College, University of Calcutta

M.D.: Post Graduate Institute of Medical Education and Research, India (obstetrics and gynecology)

M.P.H.: Columbia University School of Public Health (health policy and management)

Kenny Peterson, M.D.

Captain, USAFMC

Instructor, Obstetrics and Gynecology

M.D.: Uniformed Services University of the Health Sciences

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



Student Awards

At the annual Student Award Ceremony held in October, the following were presented:

Pediatrics Clerkship Award

Jill S. Waibel

John C. Gillen Award for Family Medicine

Sherri L. Martinez

Medicine Clerkship Award

Kristina J. Thompson

Obstetrics and Gynecology Gold Speculum Award

Jennifer A. Dickerson

Silver Scalpel Award

Shannon M. Hale

Abraham Heller Psychiatry Clerkship Award

Amy B. Hoisington-Stabile

Department of Anatomy Andreas Vesalius Award

Melissa A. Bagley

Outstanding Achievement Award in ICM I

Carolyn M. Long

Outstanding Achievement Award in ICM II

Stacy Schmotzer

Edward Jenner Award for Excellence in Microbiology and Immunology

Kimberly L. Rueve

McGraw-Hill Appleton and Lange Award

Jacob B. Jones

Marlo N. Oyster



At the Annual School of Medicine/VA Mixer, Howard Part, M.D., and Steven Cohen, M.D., director of the Dayton Veterans Affairs Medical Center, present an Exceptionally Meritorious Service Award to Arthur J. Craig, M.D., assistant clinical professor of internal medicine. The other two awardees were Jack Bernstein, M.D. professor of internal medicine, and Ricardo De Guzman, M.D., assistant professor of internal medicine.

Calendar of Events

NRMP Match Day

March 22, 2001
NOON
SOM Amphitheater
For more information, contact:
(937) 775-2934

Alpha Omega Alpha

April 10, 2001
Country Club of the North
For more information, contact:
(937) 775-2934

Second Annual DAGMEC Resident Research Forum

April 16, 2001
5:00–7:00 P.M.
Award presentation at 6:30 P.M.
Multipurpose Room, Wright
State University Student Union
For more information, contact:
(937) 775-3806

Academy of Medicine 24th Annual Distinguished Guest Lecture and Dinner

Further details pending
For more information, contact:
(937) 775-2972

Faculty Meeting

May 17, 2001
4:30 P.M.
035 Medical Sciences
For more information, contact:
(937) 775-3010

Medicine Ball

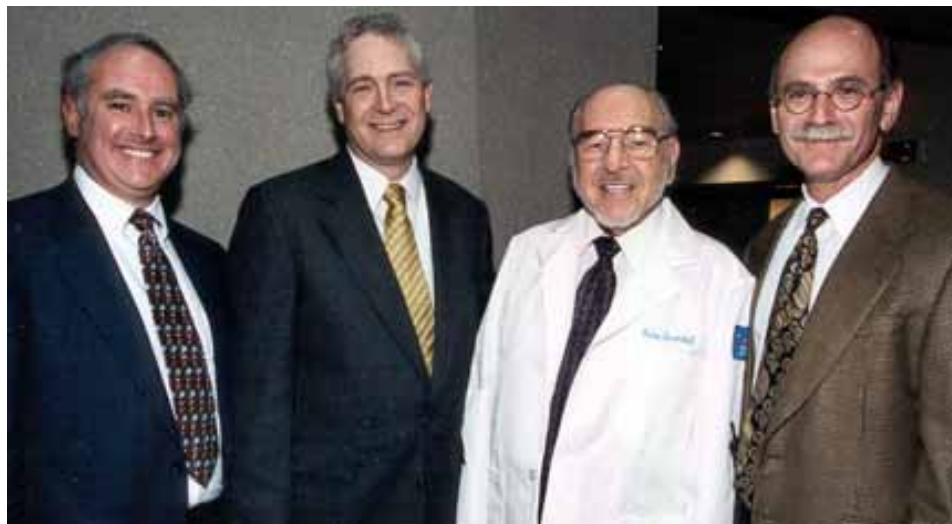
June 6, 2001
For more information, contact:
(937) 775-2934

Student National Medical Association Banquet

June 7, 2001
Multipurpose Room, Wright
State University Student Union
For more information, contact:
(937) 775-2934

Graduation

June 8, 2001
6:30 P.M.
Memorial Hall
For more information, contact:
(937) 775-2934



Last fall, the new Division of Health Systems Management held an Open House and presented philanthropist Oscar Boonshoft with his White Coat. (L-R) Boonshoft Chair Richard Schuster, Wright State President Kim Goldenberg, Oscar Boonshoft, and Dean Howard Part.

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