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ARTICLE DETAIL:

Eric Neilson shares his developing vision as the medical school's new dean

Eric G. Neilson, MD, joined the Northwestern family on September 1. Since that time, he has been meeting with many groups of faculty and administrators, students, and alumni to learn about Feinberg. He recently sat down with Ward Rounds editor Michele Weber to share his perspectives on leadership, as well as a few insights he has gained about the opportunities that exist to move the medical school forward.
What attracted you to becoming Dean at Northwestern University Feinberg School of Medicine?

Dean Neilson: I always thought it would be interesting to lead a research-intensive school of medicine that wanted to be in a better place, stretching its boundaries to do more and, as a result, improve the broad fields of medicine. I often think of Holly Smith, the former dean at UCSF, who reminded American medicine a number of years ago that the real health care problem of today is..."the continued existence of diseases for which we have no answers... we don't have to make any great apologies for the emphasis placed on research in our academic health science centers." Yes, we must deliver health care more effectively, but even when we have done that, there still is the problem of relentless disease.

In coming to Chicago, I think about the enthusiasm, drive, and energy I experienced during the last 35 years at Penn and Vanderbilt, and I sensed these same things about the Feinberg School of Medicine – that it is perched for great things, things we have not yet imagined.

To reach these new heights, you have to have a strong purpose that guides and sustains you when there are many choices on how to invest in the future. With our health care partners we provide superb patient care, but this is a minimal expectation; what else are we going to do for the profession and to improve the health of people? My instinct is that the spirit to improve the quality of education, while conducting research to improve clinical care and outcomes, is very strong at Feinberg. That’s what intrigued me about Northwestern. Evolutions like this require extensive effort – rethinking what we value without giving up what is fundamental. Being dean in the midst of substantial transformation like this is exciting and inspiring.
**Q.2** How do you view leadership and how would you define your leadership style?

**EGN:** Great leadership is all about character. Leaders are not the center of attention; they are facilitators of ideas that have lasting purpose. I have been fortunate in my life to work for many wonderful institutional leaders and I’ve been blessed with fabulous mentors. These people are optimistic, generous with their time, fair in their transactions, and transforming in their objectives. They challenge their environment not for the sake of change but to make real progress.

Because we are all in this together, I like to manage in an environment focused on teamwork. I feel comfortable speaking to a vision for common goals, creating highly functional teams to meet objectives, establishing a safe environment for conversation and disagreement, and delegating to others. Getting faculty and staff to focus on the outcomes of their special role, and rewarding success with aligned incentives, is critical to advancing contentment and preserving traditional academic values. Such an approach is also easier to mentor and reward. Mentorship, of course, is an institutional enterprise, and if done well, produces a broader group of individuals more capable of mentoring others.

In my efforts to give back as a leader, I have tried to support others in much the same ways that my own role models have encouraged and helped me. Mentoring is getting people to a place where they can make the most of their opportunity. I’m very proud of the fact that 17 of my former laboratory students or renal fellows are now professors of medicine, 12 of my former fellows or faculty are department chairs, and 10 are assistant or associate deans, vice chancellors, or provosts.

**Q.3** What do you see as some of the impactful opportunities for Feinberg?

**EGN:** In my world, research informs patient care. Somehow, we have to become better recognized for such efforts. At a minimum, we must double our research enterprise in order to achieve our goal of rising in the competitive pantheon of research-intensive schools, and along the way, improve our national rankings.

How high can we go? I’m not sure, but we will certainly work smart and hard to get there. We need to remember that while we are trying to grow, other medical schools will be doing the same. The reality is we have stiff competition.

Ideally, over the next five to seven years, Feinberg has to expand its research space by 350,000 square feet and Children’s has estimated a need to replace its research space with 250,000 square feet. Part of Feinberg’s immediate growth will be through renovations of existing, fallow space to get us through a 3-year transition. We’re already well into the design work for these initial renovations and have a plan to resource construction. Next, we’ll need to make room for a brand-new research tower and add a second tower on the Lurie Research Building.

To make this expansion possible, over time Feinberg will need philanthropy and financing in the neighborhood of $450 million for construction and program development. We will also need at least 10 transformative ideas that we can act upon. I want to create a vision of the future so attractive that donors want to leave their mark, one that creates a high-impact opportunity for Northwestern Medicine®.

**Q.4** You’ve said that Northwestern Medicine will be a catalyst for change. Can you share any specifics?

**EGN:** We increasingly operate in a large and dynamic environment we call “Northwestern Medicine,” which provides a unified identity and purpose across our academic medical center. Through our partners at Northwestern Memorial Hospital (NMH), Northwestern Medical Faculty Foundation (NMFF), and various other physician practices, we offer spectacular clinical programs and superb, high-quality patient care for which we are well known throughout Chicago and the region. Northwestern
Lake Forest Hospital and any other new partners will expand the reach and influence of Northwestern Medicine as our long-term strategy for growth. We are committed to spreading high-quality care strategically across the region. Because of our quality, this will provide great community benefit.

If we aspire to grow as a top-tier academic medical center, our name recognition as Northwestern Medicine will require national branding and marketing, as well as a 5-year financial plan that creates strategic efficiencies and better-aligned programs between the medical school and the clinical enterprise. Over the past 6 months, we have been working together to optimize our efforts, examining how we can use communication and IT resources more effectively.

We also are trying to better align philanthropy to the school or the hospital as Northwestern Medicine gifts. This will allow us to act together with a united sense of purpose for our civic friends and donors.

**Q.5 What can you tell us about our education direction and the new curriculum efforts?**

**EGN:** My first impressions of education at Feinberg are that we are already doing many things very well. This year we received nearly 7,000 applications for 170 spots in next year’s medical school class and 1,600 applications for 30 spots in the Physician Assistant program, so we’re clearly a prime destination for new students. Increasingly, our students and trainees are seeking second degrees in our many masters and PhD programs, programs that increasingly align with our colleagues on the Evanston campus. These students are our germline for the future. We are looking for learners with great intellectual curiosity, those who want to make a difference in the world of health care, and individuals who have a great desire to improve and enhance the profession. To do this the way we want, we have to focus on scholarship support, an area where our alumni and health care partners continue to be great contributors.

The medical school’s new curriculum is nearing its launch, a launch that holds great promise for the future. We have long been a leader in innovative curriculum development. Other medical schools emulate our current teaching model, and today, along with a handful of other schools, we are reexamining how the current generation of students prefers to learn. Special emphasis on simulation, information technology, team-based learning, and medical “homes” (see pilot story on pages 8 and 9) will break the mold again. With a rapidly changing health care environment, we have to be nimble and responsive to the presentation of vast amounts of new knowledge. You’ll be reading more about the changes in *Ward Rounds* and *My Northwestern Medicine* in the coming months as we prepare to roll out the first phase of the new curriculum in the 2012-13 academic year.
**Faculty Awards and Achievements**

The American College of Rheumatology honored three Northwestern University physician-scientists during its annual scientific meeting in Chicago. Calvin R. Brown, Jr., (second from left) professor of medicine, praised the efforts of Shawn Rose, MD, PhD, Driskill Foundation Rheumatology Fellow, who received the Distinguished Fellow Award for his work on the ACR Fellows Subcommittee; Thomas J. Schnitzer, MD, PhD, professor of physical medicine and rehabilitation, and professor of internal medicine, who was named Master of the American College of Rheumatology, one of the society’s highest honors; Richard M. Pope, MD, Mabel Greene Myers Professor of Medicine and chief of the Division of Rheumatology, who was honored with the ACR Master title. Dr. Pope was the first to describe the molecular basis of IgG rheumatoid factor, along with Martin Mannik, MD, now emeritus professor of medicine at UW Medicine in Seattle.

American Physical Therapy Association. David A. Brown, PT, PhD, was honored with the Marian Williams Award for Physical Therapy Research, given to those who demonstrate outstanding basic clinical and/or educational research that is sustained for at least 10 years and makes a meaningful contribution. James Elliott, PT, PhD, received the Eugene Michels New Investigator Award, which recognizes an individual within five years of completing his or her highest degree who has developed a line of research that has had or is expected to have a significant impact.

In collaboration with four radiologists, Larry Cochard, PhD, assistant professor of medical education and faculty development, along with Lori Goodhartz, MD, associate professor of radiology, and Carla Harmath, MD, assistant professor of radiology, all at the Feinberg School of Medicine, helped create “Netter’s Introduction to Imaging,” a resource for first- and second-year medical students that answers basic radiology questions.

The Ken & Ruth Dawee Department of Neurology, along with principal investigator Tanya Simuni, MD, was honored by the National Institutes of Health, National Institute of Neurological Disorders and Stroke for their leadership role in the Network for Excellence in Neuroscience Clinical Trials (NEXT). This award is a highly competitive, national distinction offered only to the most qualified investigators and top-tier clinical research institutions.

Pamela Fiebig, AUD, a senior lecturer in the Department of Otolaryngology-Head and Neck Surgery, received the Clinical Educator Award from the Illinois Academy of Audiology in 2011.

John Flaherty, MD, associate chief in the Division of Infectious Diseases for the Department of Medicine, was elected treasurer for the Association of Specialty Professors. Dr. Flaherty will serve two years, first as treasurer and then as president-elect, before becoming ASP president.

Jay Gottfried, MD, PhD, associate professor in the Ken & Ruth Dawee Department of Neurology, received the 2011 Derek Denny-Brown Award from the American Neurological Association. Dr. Gottfried was one of two individuals recognized for significant stature in neurological research. His focus is on how the human brain transforms odor inputs and how learning, memory, and experiences modulate odor perception.
ARRTICLE TITLE: Cast of In Vivo 2012 Guns Their Way to the Top

Northwestern University Feinberg School of Medicine establishes an elite rotation of the top 1 percent of medical students called “Top Gunner.”

Troublemakers Maverick and Goose slide into the rotation when students Cougar and Merlin fall out. Odds are against the mischievous pair as they try to gun their way to the top.

So opens the action of “Top Gunner,” the theme of the medical school’s 33rd annual comedy sketch show In Vivo, on Jan. 13 and 14.

The show, which spoofed the popular “Top Gun” film, followed Maverick (Tim Cooper, M2) and Goose (Matt Hire, M2) as they worked to pass a series of tests to capture the coveted “Top Gunner” designation, but they always seemed to fall in second place behind their competition, Ice Maiden (Ana Alicia Agarrat, M2) and Slider (Ashima Singal, M2).

Maverick faces numerous obstacles in the race to the top, such as interpreting an X-ray, which he diagnoses as “a possible ostrich in the colon.”

The ultimate test comes when this elite rotation is assigned to cover a shift at the hospital and the lawyers (Arvin Akhavan, M1, and Marysa Leya, M1) watch their every move. Disheartened by Goose’s absence, Maverick lets his peers go ahead. As the shift progresses, the team needs to call in Maverick to save the day.

The cast also featured M2 students Mania Kupershtok, Matt Rowland, and Jasmine Rassiwala, and M1 students Patrick Sweeney, Audrey Sigmund, Mark Kavesh, Shirin Bajaj, and Paul Devlin. The producers included M2 students Ali Habib, Caroline Minkus, Blake Randolph, and David Wang, supported by M1 assistant producers, Frannie Rudolf, Aditya Kanesathasan, Danielle Chun, and Hannan Qureshi.

In Vivo 2012 spotlighted the talents of the following medical student groups throughout the show: DOCappella, the Jugulars, and the Dance Interest Group.

Proceeds from this year’s show went to the Dreamcatcher Foundation, a non-profit that seeks to improve the lives of Chicago’s young women through education, empowerment, and prevention of sexual exploitation.
With this in mind, as part of the broad curriculum renewal that is currently underway at Northwestern University Feinberg School of Medicine, patient interactions are going to be introduced in more substantive ways to students early in their first year of studies.

Enter a new pilot program that began in September 2011 called the Education-Centered Medical Home (ECMH), which is based on the Patient-Centered Medical Home (PCMH) model in healthcare. A PCMH is a team of health professionals, coordinated by a personal physician, which works collaboratively to provide high levels of care to patients, according to the journal *American Family Physicians*.

“Incorporating the PCMH model could be an important first step toward meaningful medical education reform in the Internet age,” says Daniel Evans, MD, a pilot preceptor and assistant professor of medicine at Feinberg, in the November 2011 issue of *Academic Medicine*.

“Recent IT advances allow our students to track patient progress beyond the clinic walls. Medical schools need to create a medical home that empowers our students to take ownership from an early phase and measure their outcomes.”

**PUTTING IT TO THE TEST**

To test the PCMH/ECMH approach, 56 medical students are working with four preceptors at four primary care locations. At each site, eight to 16 trainees (M1 through M4) help manage the care of a group of patients on a continuing basis. The goal is for students to maintain these ties throughout medical school, learning firsthand about care coordination, patient interaction and education, quality improvement, and teamwork and collaboration. Other members of the care team could include nurses, doctors, pharmacists, case managers, discharge planners, and physician assistants.

According to Dr. Evans, 70 high-risk patients have been recruited to participate at his pilot site. The junior students (M1s and M2s) are each following approximately three to five patients, with senior students (M3s and M4s) observing and providing immediate feedback on encounters. In addition to supervising, the senior students, who are each following six to 10 patients, also act as primary care providers.

All students are encouraged to review the electronic medical records of their assignees every few weeks to track progress, and make outreach calls to determine adherence and provide information and encouragement. M3 and M4 trainees are asked to visit their hospitalized patients, helping them form a bond that continues in the clinic.

But the learning doesn’t end there. Each student is expected to measure their patients’ quality of care over time, seeking to improve long-term outcomes. Dr. Evans believes measurement is one of the key features of the ECMH model.

“How can we expect Feinberg graduates to improve public health if we never measure their clinical outcomes?”

Not only will patient care be longitudinal, so will assessments of student progress, which will be linked to the Feinberg competencies, in particular, the areas of professional development and identity formation.
“One preceptor will follow a student from the first day, learning about the individual’s strengths and weaknesses, viewing progress on educational competencies and objectives,” explains Dr. Evans. “This is a departure from the current clerkship model, for example, where students have a different preceptor for each specialty, so assessments are done without any prior history or knowledge about the individual’s capabilities.”

STUDENTS AS TEACHERS

Another component of the pilot, and the reason each group of students is mixed, is the occasions it provides for learners to teach one another. According to early feedback, first- and second-year students are now less intimidated about asking questions of upperclassmen, which is helping them to build important relationships, says Dr. Evans.

“As a third-year student, the medical home gives me an opportunity to work on my role as an educator for the younger students,” explains pilot participant Kelly Walker. “I realized how much I actually do know, and I get lots of feedback on how I interact with my patients and peers.”

Adds Dr. John X. Thomas, Jr., senior associate dean for medical education, “I’ve been a medical school professor since 1977, and I have not seen anything close to the interactions that are happening between our second- and fourth-year students in this pilot. Their exchanges are the most wholesome thing, with students teaching students.”

VALUABLE LESSONS

There are additional benefits to incorporating the education-centered medical home and other patient experiences into the curriculum, including comfort with patient and team interactions and a heightened understanding about primary care.

“We expect that our students will better understand the clinical context for their study of the basic medical sciences, and also be better prepared for the later, more intensive components of their clinical education because they will be working so closely with patients in their first months of study,” says Dr. Raymond Curry, vice dean for education at Feinberg. “In addition, they will be learning to work in teams with doctors, nurses, and physician assistants.”

He continues, “If the ECMH concept is successful, with earlier and more substantive exposure to patients in community-based settings, we expect to see more interest in primary care. And all students, including those headed for subspecialty careers, will benefit from this broader experience.”

One of the upperclassmen participating in the ECMH pilot, Bruce Henschen, M4, sums up the value of this new approach.

“The chance to take ownership of patients early in medical school, to be able to follow them for four years, and to learn in an engaging environment from your patients and peers, is an experience that can’t be obtained in the traditional classroom or clerkship model,” says Henschen. “The ECMH is revolutionary; I wish that I could have had this experience for four years.”

EDUCATION-CENTERED MEDICAL HOME (ECMH) PILOT PROGRAM BY THE NUMBERS

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ECMH PILOT PARTICIPANTS ATTEND MONTHLY GRAND ROUNDS SESSIONS ON DIFFERENT TOPICS. DANIEL EVANS, MD, ASSISTANT PROFESSOR OF MEDICINE, SPEAKS DURING A SESSION ON PATIENT QUALITY AND SAFETY.
New ‘Culprit’ Found in Lou Gehrig’s Disease

ARTICLE TITLE: New ‘Culprit’ Found in Lou Gehrig’s Disease
WRITTEN BY: Marla Paul

Less than three months ago, Northwestern research found that the crucial recycling system for cells in the brain and spinal cord was broken in people with ALS. One mutated gene wasn’t doing its job.

Now, scientists have discovered a second faulty gene in the same recycling pathway, according to findings reported in Archives of Neurology.

“Now that we have two bad players, it shines more light on this broken pathway,” said senior author Teepu Siddique, MD, the Les Turner ALS Foundation/Herbert C. Wenske Professor of the Davee Department of Neurology and Clinical Neurosciences at Northwestern University Feinberg School of Medicine and a neurologist at Northwestern Memorial Hospital. “This gives us a clear target to develop drug therapies to try to fix this problem. It strengthens our belief that this broken system is at the heart of ALS.”

The new “bad player” is called sequestosome1. The previously identified mutated gene is ubiquilin2. Because these two genes aren’t doing their jobs, damaged proteins – as well as sequestosome1 and ubiquilin2 – accumulate abnormally in the motor neurons in the spinal cord and cortical and hippocampal neurons in the brain. The protein accumulations resemble twisted skeins of yarn and cause neuron degeneration.

The breakdown in protein recycling may also have a wider role in other neurodegenerative diseases, including Alzheimer’s disease and frontotemporal dementia as well as Parkinson’s disease, all of which are characterized by aggregations of proteins, Siddique said.

The removal of damaged or misfolded proteins is critical for optimal cell functioning, he noted.

Today’s Teens Will Die Younger of Heart Disease

ARTICLE TITLE: Today’s Teens Will Die Younger of Heart Disease
WRITTEN BY: Marla Paul

A new Northwestern Medicine® study reveals that teens are likely to die of heart disease at a younger age than adults do today.

“We are all born with ideal cardiovascular health, but right now we are looking at the loss of that health in youth,” said Donald Lloyd-Jones, MD, chair and associate professor of preventive medicine at Northwestern University Feinberg School of Medicine and a physician at Northwestern Memorial Hospital. “Their future is bleak.”

The alarming health profiles of 5,547 children and adolescents, ages 12 to 19, reveal many have high blood sugar levels, are obese or overweight, have a lousy diet, don’t get enough physical activity, and even smoke, the study reports. These youth are a representative sample of 33.1 million U.S. children and adolescents from the 2003 to 2008 National Health and Nutrition Examination Surveys.

The effect of this worsening teen health is already being seen in young adults. For the first time, there is an increase in cardiovascular mortality rates in younger adults ages 35 to 44, particularly women, Lloyd-Jones said.

“Cardiovascular disease is a lifelong process,” he said. “The plaques that kill us in our 40s and 50s start to form in adolescence and young adulthood. These risk factors really matter. After four decades of declining deaths from heart disease, we are starting to lose the battle again.”

“What was most alarming about the findings of this study is that zero children or adolescents surveyed met the criteria for ideal cardiovascular health,” said lead study author Christina Shay, who did the research while she was a postdoctoral fellow in preventive medicine at Feinberg.

“These data indicate ideal cardiovascular health is being lost as early as, if not earlier than, the teenage years.”

WRITTEN BY: Marla Paul
Neuromuscular Warm-Up Reduces Girls’ Sports Injuries

Today’s athletic high school girls “got game” on the basketball court and soccer field, but they are at a greater risk for sports-related knee injuries than their male counterparts.

In a new study from Northwestern Medicine, focused on predominantly low-income, urban female athletes in Chicago Public Schools (CPS), researchers were able to significantly reduce common non-contact, sports-related injuries by implementing a coach-led neuromuscular warm-up before practices and games.

The study, published in the Nov. 7 issue of the Archives of Pediatrics & Adolescent Medicine, found that the neuromuscular warm-up, designed to strengthen targeted muscle groups and improve motor control of lower extremities, led to a 38 percent reduction in ankle sprains, a 30 percent reduction in knee sprains, and a 20 percent reduction in ACL injuries in female soccer and basketball players.

“Chicago public high schools don’t have athletic trainers to evaluate injuries and advise coaches about proper warm-up techniques,” said Cynthia LaBella, MD, associate professor of pediatrics at Northwestern University Feinberg School of Medicine and medical director at the Institute for Sports Medicine at Children’s Memorial Hospital. “The athletes tend to have limited access to medical care, too, so that’s another reason why it’s so important to train these coaches and try to prevent injuries in this population.”

Coaches from the intervention groups attended a two-hour training session on how to implement the full warm-up at team practices and an abbreviated version before games.
Ann & Robert H. Lurie Children's Hospital of Chicago will become part of Northwestern University's Chicago campus later this spring with the goal to provide world-class pediatric care.

When it officially opens in early June, it will create an exceptional continuum of patient care and research with the Feinberg School of Medicine, Northwestern Memorial Hospital (NMH), and the Rehabilitation Institute of Chicago – all located within steps of each other.

Operating independently from Northwestern, Lurie Children's will bring unprecedented opportunity at both institutions.

ARTICLE DETAIL:
Children's Memorial Hospital will soon move to the Chicago campus and change its name.

WRITTEN BY:
Martha O'Connell

PHOTOGRAPHY BY:
Nick Merrick, Hedrich Blessing

ONLINE EXTRAS:
A slideshow, videos, and more information about the new hospital are available at wardroundsonline.com
Ann & Robert H. Lurie Children’s Hospital of Chicago will become part of Northwestern University’s Chicago campus later this spring with the goal to provide world-class pediatric care.

When it officially opens in early June, it will create an exceptional continuum of patient care and research with the Feinberg School of Medicine, Northwestern Memorial Hospital (NMH), and the Rehabilitation Institute of Chicago—all located within steps of each other.

Operating independently from Northwestern, Lurie Children’s will bring unprecedented opportunity at both institutions for research collaboration and the ability to follow disease progression across a lifespan.

The new hospital is the transformation of Children’s Memorial Hospital in Chicago’s Lincoln Park neighborhood, which will close when Lurie Children’s opens.

The celebration is bittersweet. Patients, families, physicians, and staff have shed tears of heartbreak and joy at Children’s Memorial. For them, the move represents more than a brand-new building. It’s transferring their culture, which earned the hospital No. 1 regional ranking, to an extraordinary new building in Streeterville.
A VERTICAL HOSPITAL

Due to space constraints in this prime spot, the building is 23 stories high and is widely recognized as the world's tallest pediatric hospital.

That claim to fame presented challenges as well as advantages.

"I have never worked on a building where I have been more proud of what we have done," says Bruce Komiske, MHA, FACHE, chief of new hospital design and construction at Lurie Children's. "It is such a spectacular building." Komiske brings a wealth of international experience building hospitals to his role, including leading the early design process for Sidra Medical and Research Centre in Doha, Qatar, site of Northwestern's Middle East campus.

Infection control and optimum use of space heavily influenced the layout, materials, and mechanical systems. All 288 patient rooms are private with living space for patients and families plus ample room for caregivers. A sophisticated HEPA filter system traverses the sensitive surgical and oncology areas to keep air purity high, aiding healing.

The hospital is split into two main sections. Procedure rooms, outpatient facilities, and the Kenneth and Anne Griffin Emergency Care Center occupy the bottom half. Inpatient rooms are on the top floors. (The emergency center will include 45 exam rooms, compared to the previous 25.)

There are 1.25 million square feet to cover at Lurie Children's, but it won't feel like crossing football fields. Three banks of elevators, each serving different groups—patients, visitors, and staff—will eliminate much of the walking.

A bridge will connect the second levels between Lurie Children's, Prentice Women's Hospital, Feinberg School of Medicine, and the parking garage.

Location
225 E. Chicago Ave. on Northwestern University’s downtown campus

Cost
$915 million design & construction costs

Opening
June 9, 2012

Features
- 1.25 million square feet
- 23 floors
- Level I Trauma Center, 45 exam rooms
- Level III NICU
- 288 private rooms
- Licensed for 288 beds
- 400-seat auditorium

A bridge will connect Lurie Children's, Prentice Women's Hospital, Feinberg School of Medicine, and the parking garage.
Supporting aspirations to be an acclaimed academic-medical center, technological capabilities will link the hospital with medical professionals across the world for education, research, and patient care. They will be able to view surgeries in progress and conferences on the Web from the hospital’s 400-seat conference center and in more than 80 other conference rooms.

For Lurie Children’s, access to the medical school and the rest of Northwestern’s downtown campus is key. Every year, members of the McGaw Center for Graduate Medical Education and the pediatric hospital train about 200 physicians, including pediatric residents and fellows in pediatric sub-specialties.

Thomas Green, MD, chair of the Department of Pediatrics and professor of pediatrics, notes that physicians and staff have been able to hop on a shuttle between Children’s Memorial and Feinberg, “but it’s just not the same as working next door to each other. I am expecting a much higher number, and more intense, collaborations between physicians and researchers.”

Lurie Children’s hopes its grand plan will attract more top talent. John Costello, MD, MPH, medical director of the Regenstein Cardiac Care Unit at Lurie Children’s, and associate professor of pediatrics, recently came from Boston Children’s Hospital and Harvard University. In addition, 40 more pediatric sub-specialists have come to Children’s Memorial in the last three years in part because of the new hospital on Northwestern’s campus.

“The hospital’s proximity to Prentice is a major advantage,” Dr. Costello says. “This location will enhance our ability to care for newborns with serious heart conditions who need urgent cardiac care. Northwestern Memorial will also facilitate our ability to transition care of our patients as they grow into adults with congenital heart disease.”

**JOINT OWNERSHIP**

Komiske stresses that a bunch of guys huddled over blueprints are not making all the decisions.

Physicians, nurses, staff, patients, and families have had considerable input into the design and operation of clinical units and public areas. Kids even tested the patient furniture and rejected some of the artwork.

Ann Lurie, the hospital’s major benefactor, knows how a pediatric facility should work. A former critical care nurse at Children’s Memorial, Lurie donated $100 million for the new facility. She serves on the hospital board’s oversight committee for the new facility and visits the site frequently, even for the “bend-and-stretch” exercise breaks, when patients lead hundreds of construction workers.

The new hospital will improve workflows by condensing clinical units into one floor, instead of spreading patients around as Children’s Memorial is forced to do because space is tight, particularly in cardiac care.

Marleta Reynolds, MD, Children’s Memorial surgeon-in-chief and professor of surgery, is ecstatic. Lurie Children’s will have 21 suites for minimally invasive procedures, compared to two at Children’s Memorial. At 600 to 700 square feet each, they will be considerably larger than the current operating rooms. Each suite has its own equipment including monitors, lights, cameras, and anesthesia gases that lowers from the ceiling, freeing up the floor so teams can move around unencumbered.

To help design the suites, Reynolds and her team reviewed operating rooms at NMH’s Olson Pavilion, as well as surgical rooms at other institutions with the latest technology. Lurie Children’s rooms are adapted for young patients: kids being wheeled into surgery will be distracted by wall murals.

“The advantages in this larger space are astronomical from all perspectives, and the capability to create real-time educational materials is phenomenal,” she says.

With video integration in each suite, residents and fellows will be able to watch procedures live. Different surgeries can be streamed simultaneously for different courses.

The hospital added imaging equipment with improved capabilities including three MRIs, three CTs, one PET/CT, and two nuclear medicine imaging rooms. The new equipment will be housed on the floors below surgery so patients can be moved from imaging up to procedure rooms, and from there up to inpatient rooms.

“The advantages are astronomical from all perspectives, and the ability to create real-time educational materials is phenomenal.”
The latest technology that will support these state-of-the-art units is also integrated into building systems. These include remote patient monitoring, security, and climate control. Implemented in 2006, electronic medical records at the current hospital will be enhanced in the new location.

Since no building style dominates the campus, a lot of thought went into choosing a design that would integrate with other buildings, yet still identify the facility as a pediatric hospital. The university’s Architectural Committee worked with the pediatric hospital to create a look that incorporates the disparate building styles on campus. The result is a contemporary-style facade with windows resembling blocks, distinguishing the structure as a pediatric hospital, adding of course that trademark tiny child’s hand in the window.

To avoid potential problems and keep construction rolling, the hospital is being built using Building Information Modeling (BIM), a sophisticated system that creates a real-time 3-D computer construction model including ventilation, plumbing, steel and other systems. It is one of the largest projects of this complexity that has been constructed using BIM technology and it has paid off; the project is estimated to come in $60 million under budget and six weeks ahead of schedule, according to Komiske.

THE EXODUS HAS BEGUN
It’s a once-in-a-lifetime event to physically move a hospital. Lurie Children’s begins accepting patients as an officially licensed hospital at 6 a.m. on June 9, but the move has already begun.

In March and April, physicians and staff will revisit their departments and train on workflow processes, including equipment and code simulations.

“Our people will have gotten very good exposure to this building prior to opening, and they should because they know their business better than we do,” says Maureen Mahoney, RN, chief of transition and occupancy planning for Lurie Children’s.

The hospital is also utilizing a computer program, Virtual Path to the Future, to orient its 4,000 physicians and staff. It uses avatars to guide viewers through the new hospital in 3D—from nurses’ stations, procedure rooms, hallways, safety features, computer stations, and patient areas.

Staff will take additional online courses for department-specific training.

Some faculty members have already relocated downtown. Physicians from the divisions of orthopaedic surgery, endocrinology, dermatology, allergy, plastic surgery, and nephrology moved their offices to 155 E. Superior St., the former Catholic Archdiocese building. They will serve at Lurie Children’s when it opens as a clinic in May, before the building is licensed as a hospital.
As the big day draws near, a carefully crafted schedule of equipment and supply deliveries orchestrated down to the hour continues. Only 15 percent of equipment at Children’s Memorial will be used at the new hospital.

**OPENING DAY: JUNE 9, 2012**

Anticipating the transition a few years ago, staff at Children’s Memorial observed moves of 13 other hospitals across the country, including Prentice Women’s Hospital, Elmhurst Memorial Hospital, Texas Children’s Hospital, and New York-Presbyterian Morgan Stanley Children’s Hospital.

“The biggest lesson we learned was to involve as many people as possible so everyone knows what they are doing,” says Mahoney. “That has cost us more time, but it is going to serve us well in the future.”

Staff will participate in several mock moves where both hospitals, streets, and toy ambulances are laid out on a tabletop, and transport and command teams must direct the action. Trial runs will include best- and worst-case scenarios.

The three-mile route from the old to the new hospital is plotted to move as quickly as possible and minimize stress for the estimated 160 patients who will be transported. Fullerton Avenue in Lincoln Park will be closed up to Lake Shore Drive, where ambulances will head south to Lurie Children’s on Chicago Avenue.

Immuno-compromised children will be moved first to reduce risk for infection. One parent, at least one nurse, and possibly a physician will accompany the medical team in each ambulance.

Command centers at Lurie Children’s and Children’s Memorial will oversee the entire move, expected to take between 10 to 18 hours. Thanks to early and extensive planning, Mahoney hopes the day will be uneventful because caregivers will be ready for anything that happens.

However, Lurie Children’s will be in the spotlight on June 9 for other reasons as a new era of pediatric healthcare begins.

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1. Due to open June 9, Lurie Children’s will qualify for LEED (Leadership in Energy and Environmental Design) certification. To reduce water and energy usage, they included a green roof, a storm water management system, and low-emission indoor products.
2. This fire truck cab, featuring fun educational activities for kids of all abilities, was built and donated by Pierce Manufacturing in recognition of the hospital’s longstanding partnership with the Chicago Fire Department.
3. To help control infection and reduce noise, all 288 licensed inpatient beds will be private, including the Neonatal Intensive Care Unit.
4. This surgical waiting room in the shape of a trailer showcases photos from Africa in tribute to donor Ann Lurie’s work there.
ADVANCES TAKE DEPARTMENT OF SURGERY TO THE TOP

The Department of Surgery at Northwestern University Feinberg School of Medicine is embracing a vision of “Safer Surgery Today, Better Surgery Tomorrow” to drive its advances and is making remarkable progress.
The first surgical cut may not always be the deepest but any incision through skin poses potential health risks. Surgeons cut – to treat injuries and cure diseases – and they have done so for eons. From drilling holes in the skull to relieve migraines in prehistoric times to excising tumors with high-tech lasers in the modern world, the art and science of surgery has continued to evolve to become, thankfully for patients, increasingly sophisticated. Today, the surgeon’s proverbial knife still sees a lot of action but in innovative ways that maximize safety and minimize complications.

“We’ve come a long way even over the past 20 years,” says Nathaniel J. Soper, MD, Loyal and Edith Davis Professor and chair of surgery at Northwestern University Feinberg School of Medicine. “We’ve gone from traditional, large ‘open’ incisions to minimally invasive surgery, which may be a bridge to operations without incisions.” Yet surgical procedures are only one part of the equation for achieving optimal patient safety and outcomes. Everything that comes before, in-between, and after surgery has much to do with its success. Embracing a vision of “Safer Surgery Today, Better Surgery Tomorrow” to describe its clinical as well as academic activities, the Department of Surgery has been using the theme liberally to drive advances.

‘OPEN-ING’ SURGERY
Why create an opening, when one already exists? The natural orifices of the human body have recently become a new frontier for further dialing down the invasiveness of surgical procedures such as gallbladder removal. Back in the day, surgeons typically took out the small bile-storing organ by cutting into the abdomen, increasing the possibility of pain and infection. Most patients now routinely undergo laparoscopic procedures. Surgeons insert a laparoscope, a slender lighted tube, through one of several small cuts made on the belly to take out the gallbladder. In the future, the mouth or the vagina may become popular gateways for this and other common surgical procedures, with no exterior incisions required.

“Laparoscopic procedures have greatly improved patient outcomes but they still involve incisions on the skin and potential time off work,” says Eric S. Hungness, MD, GME’05, assistant professor of surgery, who specializes in advanced minimally invasive gastrointestinal procedures. “Over the last five years, efforts have been made to move minimally invasive endoscopic...
Over the last five years, efforts have been made to move minimally invasive endoscopic surgery to the next level so we can do more complicated procedures.

That’s when NOTES came about. Natural Orifice Transluminal Endoscopic Surgery, or NOTES, encompasses unique “scarless” procedures that employ natural pathways into the human body such as the mouth, vagina, and rectum. About four years ago, Dr. Hungness and colleagues launched the department’s first experience with NOTES by performing down the mouth, transgastric – or through the stomach – gallbladder surgery. The mouth serves as both the entrance and exit for organ removal. And the only incisions are made internally. While the four patients who underwent this procedure at Northwestern Memorial Hospital experienced less pain compared with standard laparoscopic surgery, the novel approach proved quite difficult.

“These techniques are so new that we don’t have access to equipment specifically designed for them,” explains Dr. Hungness. “Also, because the gallbladder sits in the upper right hand corner of the abdomen, you almost have to do a U-turn to target it.”

Continuing to explore what surgical improvements NOTES can offer gallbladder patients, Dr. Hungness has shifted his focus to a different orifice: the vagina. Working with gynecologist Magdy P. Milad, MD, professor of obstetrics and gynecology at the Feinberg School, the Department of Surgery has started performing transvaginal gallbladder surgeries in women. The procedure results in fewer incisions, less pain, and a more rapid return to everyday activities.

In addition to NOTES, another surgical acronym has recently entered the department’s vernacular: POEM or Per-Oral Endoscopic Myotomy for esophageal achalasia. A severe swallowing disorder, achalasia occurs when the muscle at the bottom of the esophagus refuses to relax and inhibits the passage of food and liquids. While laparoscopic procedures are the current standard of care, POEM offers an incision-free alternative. Surgeons insert instruments down the mouth and then tunnel through the esophageal wall to cut the muscle bundle causing problems. This past October, Northwestern became only the second medical center in the nation to perform POEM.

“POEM is true NOTES,” says Dr. Hungness, one of a handful of U.S. surgeons trained in the procedure. “There are no incisions on the skin, which means there should be less pain. The procedure is also 30 to 60 minutes faster than the traditional Heller myotomy.”

SAFETY IN NUMBERS
In 2006 the Northwestern University Feinberg School of Medicine’s Department of Surgery ranked 56th in NIH research funding. In five short years, the department’s stature and success in securing federal grant dollars has catapulted it to number 15. Give her another five to 10 years and Melina R. Kibbe, MD, GME ’03, the department’s new vice chair of research, hopes to have that ranking in the single digits.

“Before I accepted this position, I did my due diligence and interviewed six vice chairs of research at the top 10 institutions,” shares Dr. Kibbe, Edward G. Elcock Professor of Surgical Research and associate professor of surgery in the Division of Vascular Surgery. “It gave me a great perspective on what we need to do as a department to get ourselves into the top 10.”

An accomplished surgeon-scientist, Dr. Kibbe views the department as well situated for future growth in the five key areas of research: basic, translational, health services, education, and outcomes. Patient safety and surgical outcomes research, in particular, contribute a great deal to the department’s overarching vision to improve surgical safety. Medicine in general has focused on “do no harm” initiatives in the last
decade since the Institute of Medicine released its scathing 1999 report on medical errors running rampant in the U.S. health system. However, the invasive nature of surgery and the complications that can arise from it provide much room for improvement. The complexity of transplant surgery, for example, stresses health care resources like no other surgical procedure. This characteristic actually provides a rich resource for studying patient safety.

“Transplant surgery is a perfect training ground for researching safety issues,” says transplant surgeon Daniela P. Ladner, MD, MPH, director of the Northwestern University Transplant Outcomes Research Collaborative (NUTORC). The inter-school, multidepartment, trans-disciplinary NUTORC investigates all aspects of the transplant experience related to health services and outcomes. “The complexity of transplantation offers observations to vulnerabilities of systems and processes of care that would be difficult to observe in other specialties without studying very large patient numbers, but the significance of our findings goes beyond our area.”

Further strengthening its emphasis on enhancing quality and safety, in August the department launched a major initiative: the Surgical Outcomes Research and Quality Improvement Center (QIC). Headed by surgical oncologist Karl Y. Bilimoria, MD, MS, GME ’10, assistant professor of surgery, the center works locally to improve the quality and safety of surgery at NMH, conducts both scientific and practical outcomes research, and collaborates at the national level with the American College of Surgeons (ACS).

A research fellow at the professional association while completing his residency training, Dr. Bilimoria worked extensively on the ACS’s National Surgical Quality Improvement Program (NSQIP). Analyzing outcomes data from participating hospitals nationwide, including Northwestern Memorial, NSQIP provides outcomes feedback to improve surgical care. With the new center, says Dr. Bilimoria, who holds a dual appointment at the ACS, “We at Northwestern are uniquely positioned to translate our quality and safety research studies to the national level.”

As vision statements go, the one chosen by the Department of Surgery has provided a roadmap to excellence that can’t be disputed. “It does weave a good story,” says Dr. Soper. “It’s a vision that pulls together all the seemingly disparate things we do in this department. We measure what we are doing and strive to improve outcomes. We innovate new operative procedures to positively impact the individual patient’s experience. We teach our medical students and surgical trainees what we have learned along this pathway. All of these efforts ultimately converge on these two aspects: safety and quality improvements in the surgical care of patients.”

“I did my due diligence and interviewed six vice chairs of research at the top 10 institutions. It gave me a great perspective on what we need to do as a department to get ourselves into the top 10.”

Melina R. Kibbe, MD, GME ’03, the Department of Surgery’s Vice Chair of Research, Hopes to Further Improve Their Rankings in NIH Research Funding.
During a busy year that was punctuated by significant research discoveries, progress on the development of a new curricular model, and continuing efforts to collaborate under Northwestern Medicine®, there were a number of leadership transitions as Northwestern University Feinberg School of Medicine welcomed five new department chairs/division chiefs and experienced a number of changes after J. Larry Jameson, MD, PhD, announced his departure from the dean’s office.

Medical School Roundup
Information Update for Alumni on 2011 activities

TOPIC:
Medical Education

WRITTEN BY:
Michele Weber

PHOTOGRAPHY BY:
Randy Belice,
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Medical Education

For the 2011-12 academic year, the Feinberg School of Medicine received 6,538 applications for 129 positions, or one out of every eight applicants to U.S. medical schools. The Class of 2015 lists more than 90 undergraduate majors and represents one of the school’s most diverse groups.

Physician Assistant (PA) Program

Northwestern welcomed its second class of 30 Physician Assistant students into its two-year Masters of Medical Sciences (MMS) program. Students can choose from three clinical tracks: primary care, hospital medicine, and surgery.

In June, the Lewis Landsberg Society was created to give PA students a voice at the program, local, state and national levels, as well as provide opportunities to network and socialize. The Society hosts monthly all-class meetings and has introduced partnerships with the Howard Brown Health Center, a Chicago clinic where students can help care for the underserved.

Student Indebtedness

For Class of 2010 graduates, the average level of indebtedness dropped 4.2% from 2009, to a current low of $149,626. Decreases were due to a focus on financial counseling and a nearly 7% increase in grants/scholarships.

Scholarship Giving

More than 700 alumni and friends of the medical school donated $2.6 million in fiscal 2011 for scholarships that help recruit and support an exceptional student body.

NMH Ranking in Clinical Specialties

Northwestern Memorial Hospital (NMH) is rated No. 1 in the Chicago metro area and among America’s best hospitals in 13 clinical specialties as part of U.S. News & World Report’s 2011 America’s Best Hospital rankings.

NMH is rated in the following specialties: cancer (21), diabetes and endocrine disorders (18), ear, nose and throat (28), gastroenterology (18), geriatrics (29), gynecology (16), cardiology and heart surgery (16), nephrology (31), neurology and neurosurgery (12), orthopaedics (17), pulmonology (30), rheumatology (18) and urology (20).

Continuing Medical Education

In 2010, the Office of Continuing Medical Education offered 174 conferences, regularly scheduled series, and distance learning activities, awarding nearly 37,000 credits to physician and non-physician participants. The Accreditation Council for Continuing Medical Education gave Feinberg its highest ranking, Accreditation with Commendation, which carries with it a six-year accreditation.

37k

CREDITS AWARDED

$2.6

MILLION DONATED

-4.2%

INDEBTEDNESS DROP

No.1
NEW CENTERS
The new Center for Behavioral Intervention Technologies (CBITs) is supported by the medical school in collaboration with: preventive medicine, general internal medicine, psychiatry, and medical social sciences. The multidisciplinary group promotes physical and mental health by integrating behavioral science, information and communications technologies, and clinical intervention research to develop and evaluate BITs.

Residency Program Trainees
In 2011, the McGaw Medical Center for Graduate Medical Education filled 208 residency positions through the Match, with 13 percent from underrepresented minorities. Emergency medicine residents began training at Northwestern Lake Forest Hospital.

KEY LEADERSHIP APPOINTMENTS
Eric G. Neilson, MD, was appointed Lewis Landsberg Dean of Northwestern University Feinberg School of Medicine and vice president for medical affairs, as well as chair of the Northwestern Medical Faculty Foundation board, effective Sept. 1. Dr. Neilson succeeds Jeff Glassroth, MD, who had been appointed interim dean.

Dr. Neilson chaired the Department of Medicine at Vanderbilt University from 1998 to 2010 and was the Thomas Fearn Frist Senior Professor of Medicine at the School of Medicine. He led Vanderbilt’s largest department through a growth strategy that helped triple the size of the medical center into a $2.4 billion enterprise.

Craig Johnson, MBA, was promoted to vice dean for budget and finance for Northwestern University Feinberg School of Medicine. His responsibilities include financial planning, reporting, accounting, budgeting, performance monitoring, and special modeling and analysis. Johnson also advises leadership on financial policy and performance. Working across the University, he represents the school in financial matters pertaining to Northwestern Medicine, Northwestern Medical Faculty Foundation, and other entities.

Gregory A. Dumanian, MD, was named chief of the Division of Plastic and Reconstructive Surgery at Northwestern University Feinberg School of Medicine and Northwestern Memorial Hospital. Dr. Dumanian, professor of plastic and reconstructive surgery, neurological and orthopaedic surgery, has been a Feinberg faculty member since 1996.

Clyde W. Yancy, MD, was named the Magerstadt Professor and chief of the Division of Cardiology at Northwestern Memorial Hospital and the Feinberg School of Medicine. He also serves as the Bluhm Cardiovascular Institute’s (BCVI) associate director of clinical programs. Yancy succeeds Robert Bonow, MD, who helped establish the BCVI, dedicating his career to outstanding patient care and research.

Terrance D. Peabody, MD, a renowned expert in the surgical treatment of bone and soft-tissue tumors, was named Edwin Warner Ryerson Professor of Orthopaedic Surgery and chair of the Department of Orthopaedics at Feinberg. Dr. Peabody also serves as chair of the Department of Orthopaedic Surgery at Northwestern Memorial Hospital. He succeeds Michael F. Schafer, MD, who retired after serving as Ryerson Professor and department chair for more than 30 years.

Joseph T. Bass, MD, PhD, Kettering Professor of Medicine, was appointed chief of the Division of Endocrinology, Metabolism, and Molecular Medicine. He joined Feinberg in 2000 and became an associate professor in 2009. Over the past decade, his research group has focused on the interconnections between molecular clocks, sleep, feeding, and metabolism.

Joshua Goldstein, MD, was named associate dean for graduate medical education at the Feinberg School of Medicine and vice president and ACGME Designated Institutional Official for the McGaw Medical Center of Northwestern University. These roles constitute the primary leadership position for graduate medical education. Dr. Goldstein had been serving in an interim capacity since January 2011, succeeding Sharon Dooley, MD, MPH, who provided exemplary leadership for a decade.

As pediatric neurology residency program director, associate program director of the pediatrics residency, and a member of the McGaw Graduate Medical Education Committee, Dr. Goldstein has been actively involved in GME throughout his career.
MAJOR FACULTY ACHIEVEMENTS

Mayor Rahm Emanuel proclaimed November 9, 2011, Steven T. Rosen in honor of his contributions to the field of oncology. Rosen, MD ’76, FACP, is the Genevieve Teuton Professor of Medicine at Feinberg and the director of Cancer Programs at Northwestern Memorial Hospital. He has served as director of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University since 1989, bringing it to national prominence and attaining the highly competitive “comprehensive” National Cancer Institute designation. A rigorous scientist, Dr. Rosen’s research focuses on experimental therapeutics and hematologic malignancies. Liang Zhou, MD, PhD, assistant professor of pathology and microbiology and immunology, was awarded the prestigious Pew Scholars Award. He was one of only 22 national award winners. His research interests include immunology and how immune responses are modulated to allow robust responses to fight pathogens but not lead to autoimmunity.

Carla Pugh, MD, a Northwestern researcher, inventor and surgeon, was awarded the Presidential Early Career Award for Scientists and Engineers (PECASE) for her research to develop the first physical test measuring medical students’ and physicians’ ability to perform a breast exam and diagnose cancer. The PECASE is the highest honor bestowed by the U.S. government on science and engineering professionals in the early stages of their independent research careers.

Dr. Pugh, an associate professor of surgery and director of the Center for Advanced Surgical Education at the Feinberg School of Medicine, was recently named to lead the new Clinical Simulation Program for the School of Medicine and Public Health at the University of Wisconsin-Madison.

Teresa Woodruff, PhD, the Thomas J. Watkins Professor of Obstetrics and Gynecology at Northwestern, received the prestigious Presidential Award for Excellence in Science, Mathematics and Engineering Mentoring at the White House from President Barack Obama Monday, December 12.

The award was for the Women’s Health Science Program for High School Girls and Beyond, which mentors urban minority high-school girls for college and careers in science and health. The four-year-old program targets primarily African American and Latina girls from disadvantaged backgrounds; ninety students have participated from the Young Women’s Leadership Charter School in Chicago. The young women can study at four different Northwestern academies: cardiology, physical science, infectious disease, and oncofertility.

Tom Hope, PhD, professor of cell and molecular biology, devised a new strategy for HIV vaccines, using a mucosal antibody approach that could alter the ability of the virus to reach the immune cells they infect. Dr. Hope was awarded a $5.5 million grant from the Bill and Melinda Gates Foundation to join the Collaboration for AIDS Vaccine Discovery (CAVD), an international network of scientists dedicated to finding promising vaccine candidates and fast tracking them to clinical trials. He is among the new breed of investigators who will test different mechanisms that could lead to protective antibody responses.

STATE AND NATIONAL RANKINGS

Northwestern University Feinberg School of Medicine is ranked among the top 20 medical schools in the country. Despite a considerably smaller research portfolio than higher ranked schools, we are making tremendous headway with important discoveries such as identifying a new gene involved in ALS (Teepu Siddique, MD, professor of neurology) and tricking the immune system into turning off a peanut allergy (Paul Bryce, PhD, assistant professor of medicine; and Stephan Miller, PhD, professor of microbiology-immunology). In addition, the quality of our programs and students is outstanding.

RESEARCH AWARDS

In FY11, Northwestern University Feinberg School of Medicine was listed 23rd among all medical schools in the NIH rankings for research awards. This ranking, excluding ARRA funding, indicates a 15-year high, up from 26th in FY10 and 41 in 1997. In 2011, five of Feinberg’s research departments ranked in the top 10, including physical therapy (2); preventive medicine (4); urology (4); obstetrics and gynecology (6); cell and molecular biology (6).

A Research Administration Services team was launched to manage grants for departments with smaller portfolios. The group, which started with two employees in October 2010 and increased to six by August 2011, is realizing significant budget savings due to centralized services.
President’s Message

“EVERYBODY CAN BE GREAT.
BECAUSE ANYBODY CAN SERVE.”
-Dr. Martin Luther King, Jr.

I recently was driving home after a marvelous day at work. Sitting in the car, my thoughts wandered to first why I was so happy after a long day at Northwestern. The answer came quickly; I was blessed to be performing a vocation which I dreamed about as a child and initially thought was unobtainable. And secondly, I had the pleasure to help people overcome and deal with medical illnesses. But more importantly, I spent the whole day interacting with staff, nurses, residents, medical students, and colleagues who were altruistic in their dedication to serving their fellow man.

As I was rounding the bend on Lake Shore Drive at Hollywood, the sun was setting. My mind then wandered to the thought – What is the sun, or our most cherished jewel in the purple sky of the Northwestern Feinberg School of Medicine? It did not take me long to answer the question. In my opinion, it is not the buildings, research enterprises, or faculty. Beyond a shadow of a doubt, it is the medical students. Feinberg medical students are extremely intelligent, exemplified by their entering undergraduate GPA averaging 3.76 and extensive research experience. But more importantly, they have a moral compass which definitely bends toward equity and equality. Every alumnus/a should go to the Medical Alumni Association home page and sign up for the student newsletter, Friends of Feinberg. You will be amazed to read how the medical students are giving back to the medically impoverished locally, nationally, and internationally. I am proud of my alma mater and I think the medical students are great.

I look forward to seeing you at Alumni Weekend, April 27-28. Until then, have a fantastic winter.

Carpe diem,

Jimmy Hill
President, Alumni Association
j-hill2@northwestern.edu

Teresa Woodruff
Spotlights Women’s Health at Fall Board Meeting

During the Medical Alumni Association board meeting in November, Rex L. Chisholm, PhD, vice dean for scientific affairs and graduate studies, provided an update on the medical school, preceding a presentation by Teresa K. Woodruff, PhD, entitled “Improving Women’s Health through Technology Innovation and Application.”

Dr. Woodruff, director of the Institute for Women’s Health Research, recently received the prestigious Presidential Award for Excellence in Science, Mathematics, and Engineering Mentoring, recognizing the work of the Women’s Health Science Program for High School Girls and Beyond. She says it is her goal that Northwestern become the vanguard medical center internationally renowned for its work in women’s health research, scholarship, education, policy, and clinical practice.

Naming sexually dimorphic presentations in atherosclerosis and joint replacement, Woodruff shared some gender-specific approaches to new technology that necessitate studying and considering gender differences in medical research.

“Before we get to individualized medicine, we need sex- and gender-based medicine,” she explains.

To make Northwestern the “epicenter of women’s health research and care,” Woodruff believes it is important to foster basic research in the cutting-edge, interdisciplinary areas of imaging technologies, biomaterial design, nanodiagnostics application, inorganic physiology, regenerative medicine, and informatics and information technologies.

During the business portion of the meeting, the board approved the Young Alumni Initiative to increase the engagement of younger graduates (those who have completed medical school within the last 10 years). It was decided to include two representatives, one from the Chicago area and another at least 75 miles outside of Chicago, to act on behalf of this important group. Paloma Toledo, MD/MPH ’03, and Arjun Venkatesh, MD/MBA ’08, were appointed. In 2013, young alumni will be asked to nominate two new young alumni representatives.
Progress Notes

Glen Hait, MD '65, of Paradise Valley, Ariz., retired from his plastic surgery practice after 38 years and made a career change. He is now the medical director of NudgeRx, a company that provides intensive post-discharge patient follow-up and support with a focus on preventing hospital readmission.

Fred Levin, MD '68, of Chicago, associate professor of clinical psychiatry and behavioral sciences at the Feinberg School of Medicine, continues publishing books and articles bridging neuroscience and psychoanalysis. “Collaborating between neuroscientists and psychoanalysts is helping both fields develop better treatments for illness,” he writes. Levin lectures around the world and also teaches at various institutes for psychoanalysis. He sends “warm regards” to his Northwestern friends and medical school classmates.

Robert Kloner, PhD, MD '75, is a professor of medicine in the cardiovascular division, Keck School of Medicine, at the University of Southern California in Los Angeles. He is also director of research at the Heart Institute of Good Samaritan Hospital in Los Angeles and an attending cardiologist at Los Angeles County University of Southern California Medical Center. Dr. Kloner has made major contributions to the understanding of such concepts as no-reflow phenomenon, stunned myocardium, limitation of myocardial infarct size, post-reperfusion apoptosis, reperfusion phenomena and triggers of cardiovascular events. Other major research interests include cardiac cell transplantation, the effect of toxins on the heart, preventative cardiology, hypertension, and PDE5 inhibition. He has served on the NIH Cardiovascular Study Section A and has participated in a number of NIH workshops.

Michael Shannon, MD '70, of San Clemente, Calif., is the president of Sea View Pediatrics, now a four-office, 12-provider practice in southern Orange County. Dr. Shannon writes, “I am now in my 38th year of practice and enjoy seeing babies of my babies. Our practice is converting to computer charting, so the old dog is learning another new trick.” Dr. Shannon’s wife, Vera, is a retired lawyer, while their son Michael, 39, is a pediatric dentist and daughter, Vanessa, 35, is an associate professor of sports psychology.

James Nickelsen, MD '72, and Julie Nickelsen, MD '72, are both still working and keeping busy with five grandchildren in Berkeley, Calif. Julie writes, “I’m in the process of relocating my private practice as a family physician. Jim is busy with photography and...”

1950s

James Rouman, MD ’53, of Hartford, Conn., published his second novel, “Uncertain Journey.” It has garnered favorable critical acclaim including a coveted Starred Kirkus Review. “By spinning a fateful love story of two people, each attempting to loosen rigid ties of culture and society, I’ve attempted to put a human face on the pervasive problem of illegal immigration as our nation struggles with a burgeoning population of illegal aliens.”

Herbert J. "Tim" Louis, MD ’54, is retired and living in Phoenix, Ariz. He has six children, 22 grandchildren, and four great grandchildren who help keep him young!

Cliff Stiles, MD ’57, and wife Carol, of Foley Minn., are enjoying retirement with a tour of the national parks. Dr. Stiles writes, “Next comes a plan for our class of ’57’s 55th reunion in April. Our class always has the biggest turnout for reunions; we are planning for a new record for the 55th.”

Ernest Wollin, MD ’58, of Siesta Key, Fla., presented a paper on his invention, Magnetic Resonance Electrical Impedance Mammography, at the Radiological Society of North America’s 97th Scientific Assembly and Annual Meeting at McCormick Place in Chicago. His wife, Joan, is the former legal counsel to the Florida Radiological Society and served when he was president. They have two children and two grandchildren and celebrated their 59th wedding anniversary in December.

1960s

James Bellenger, MD ’60, of Clarksville, Tenn., and his wife Joyce have enjoyed a 55-year marriage. They have four children and six grandchildren, three of whom are in college. They enjoy taking cruises and recently traveled to Greece and Israel.

1970s

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computers. We love being in California where we never have to shovel snow or chip ice off the windshield in the morning.”


Ernest Nitka, MD ’81, GME ’82, ’85, of Wheat Ridge, Colo., is a private practice neurologist on staff at St. Anthony Hospital. He has started a new photography blog, theironicphotographer.tumblr.com. Dr. Nitka writes, “It is a combination of my own photography, pictures of really cool cameras, and articles about photographers on the national and international scene. I started it as a creative outlet, but also with the hopes of connecting with other photographers.”

Michael Benson, MD ’82, GME ’87, writes that his research into the mechanism of amniotic fluid embolism has been moving forward, albeit in fits and starts. He has had two papers accepted for publication concerning the immunology of late pregnancy. They will be posted on his website, www.afefund.org along with a link to a new YouTube video describing his work. Dr. Benson enjoys life as an OB-GYN and teaches occasionally at the Feinberg School of Medicine. Three of his four children are attending the University of Illinois at Champaign-Urbana studying law, speech pathology, and engineering. Dr. Benson writes, “This maximizes efficiency when we want to visit. Who knows? Our fourth child may yet become a Wildcat.”

Amy Wishner Steinberg, MD ’83, of Stony Brook, N.Y., is in private practice in dermatology and teaches at SUNY Stony Brook. She writes, “I just celebrated my 25-year wedding anniversary, and have three high school graduates! Where does the time go?”

Steve Evans, MD ’84, and wife Suzanne, of Buffalo, N.Y., are happily adjusting as their children start to leave home for school and their own work. Dr. Evans, CEO of Elder Medical Services, writes, “My work as admin lead of a group of geriatric providers, CMO of a Medicare I-SNP, and recent research work on the effect of the mathematics of disability in acutely ill elderly all continue to interest me.”

After 22 years in large and small group family practice and a very successful career, Gary Blume, MD ’85, PhD, of Bothell, Wash., decided to start an entirely new and revolutionary practice, Canyon Creek Clinic PLLC, using the direct practice/concierge medicine model. Dr. Blume writes, “I was hesitant that this was just ‘medicine for the rich’ with substance. I have found otherwise! This model allows true innovation and delivers world-class, remarkable primary medicine health care at an affordable cost. Our little practice has been recognized by the executive director of the American Academy of Private Physicians as having one of the best preventive medicine practices in the country. We are taking the best approaches in prevention straight from publication to practice.”

Christina Clay, MD ’85, was selected a Top Doc in Mainline Today for the ninth year. Her daughter, Ellen, is a sophomore at Northwestern studying music and English. Her younger daughter, Charlotte, is a junior in high school and starting the college search.

Jeffrey Goldberg, MD ’90, of Prospect, Ky., pursued a long-standing interest in patient safety by enrolling in the Feinberg School of Medicine’s Institute for Healthcare Studies’ master’s degree in healthcare quality and patient safety. Dr. Goldberg writes that, “It was a great experience to be back on campus 25 years after I started medical school. While the medical center may look very different, I was able to enjoy visiting with some old friends while appreciating all the improvements. I also saw former classmates Cathleen Melton, MD ’90, and Larry Greenblatt, MD ’90, when we were all vacationing on the Outer Banks of North Carolina last summer.”

Judith Lin, MD ’96, of Burr Ridge, Ill., welcomed her first child, Alexander Lee, on October 4.
Jeffrey Goldberg, MD ’90, of Burr Ridge, Ill., welcomed his first child, Judith Lin, MD ’96, after 22 years in large and small group family practice and a service career. He writes, “My work as admin lead of a group of geriatric and wife Suzanne, of Buffalo, N.Y., are Christina Clay, MD ’85, was selected a Top Doc in Mainline Today school and their own work. Dr. Evans, CEO of Elder Medical started medical school. While the medical center may look very different, I was able to enjoy visiting with some old friends while a world-class, remarkable primary medicine health care at an old medical center. We had a great time and the best colleague and friend.”

Amy Wishner Steinberg, MD ’83, of Stony Brook, N.Y., is in private practice in dermatology and teaches at SUNY Stony Brook. She writes, “I just celebrated my 25-year wedding anniversary, and have three high school graduates! Where does the time go?”

Mark Lingen, MD ’96, of Oak Park, Ill., was named editor in chief of the journal Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontology. For the past four years he was section editor for the oral and maxillofacial pathology section of the journal. He is also director of the Division of Oral and Maxillofacial Pathology at the University of Chicago Medical Center and serves on a number of committees for the American Academy of Oral & Maxillofacial Pathology.

Amy Tan, MD ’98, is enjoying a rural general surgery practice in Hancock, Maine. Dr. Tan writes, “I am finding time for family and fun.” Pictured is her recent trek up Mount Katahdin, the highest mountain in Maine, with half of her outpatient surgery department staff.

Laszlo Kiraly, MD ’02, completed a residency in general surgery and fellowship in surgical critical care at Oregon Health and Science University in Portland, Ore. in 2009. After residency, he started as assistant professor of surgery in the Division of Trauma, Critical Care, and Acute Care Surgery at OHSU and was recently named surgery clerkship director. Dr. Kiraly and his wife, Kelly, recently welcomed their first child, Adeline.

Seth Krantz, MD ’06, of Chicago, and wife Stephanie Linn, a senior manager at Deloitte, welcomed a son, Samuel Linn Krantz, on April 18, 2011.

Amos Yang, MD ’05, GME ’06, completed his residency in anesthesiology in 2009 at Harbor-UCLA Medical Center. Now working full-time as an anesthesiologist at California Hospital Medical Center, Dr. Yang graduated in December 2011 with a Masters of Divinity from the Masters Seminary in Sun Valley, Calif. He is planning to pursue a Masters of Theology degree from Talbot School of Theology in 2012.

Maria Monge, MD ’07, of Brookline, Mass., started an adolescent fellowship at Children’s Hospital Boston and will be Getting married in 2012.

Robert Hoogstra, MD, GME ’88, of North Muskegon, Mich., is the president of West Michigan Emergency Health Services at Mercy Health. Dr. Hoogstra’s oldest son, Jonathan, graduated from Marquette University Law School; son David got married in July 2011 and is studying at Georgetown Law School; and his youngest son, Chris, is in his senior year at Calvin College.

Mark D’Agostino, MD, GME ’91, ’94, of Madison, Conn., an otolaryngologist with Southern New England Ear, Nose, Throat & Facial Plastic Surgery Group in New Haven, is now board certified in sleep medicine. He was the first physician in Connecticut to perform transoral surgery for the treatment of snoring and sleep apnea using the da Vinci Surgical System. Recently he was appointed as a clinical instructor in the otolaryngology department at the Yale School of Medicine.

W. Brooks Gentry, MD, GME ’92, of Little Rock, Ark., professor of anesthesiology at the University of Arkansas for Medical Sciences, recently received a grant from the National Institute on Drug Abuse to initiate the first Phase 1 study of an anti-methamphetamine antibody. This first-of-its-kind medicine is designed to reduce or prevent relapse for methamphetamine users who want to quit.

Sapna Patel Vaghani, MD, GME ’07, completed a pediatrics residency in 2007 at Children’s Memorial Hospital in Chicago. She is currently in her last year of dermatology residency at Northwestern and will start her fellowship in pediatric dermatology at Children’s Memorial Hospital in July 2012. She lives in downtown Chicago with her husband, Ankur, and two-year-old daughter, Avni.

Blake Barker, MD, GME ’10, and Kim Do, MD, GME ’11, are engaged and plan to marry in October 2012 in Santa Fe, N.M. They both started new positions at University of Texas Southwestern Medical Center at Dallas as assistant professors in the division of general internal medicine and department of physical medicine and rehabilitation, respectively. Blake will largely be an outpatient clinician educator while Kim will have a similar focus in the inpatient setting. They write, “Please look us up if you come through Dallas!”
When the Food and Drug Administration approved the HPV vaccine, Gardasil, in 2006, Dr. C. Richard Schlegel not only contributed to the prevention of a disease that annually kills a quarter of a million women worldwide but also protected his loved ones.

“My two daughters, Jennifer and Kimberly, both got the full course of HPV vaccinations,” says the chair and professor of pathology at Georgetown University. “There often aren’t many opportunities when a scientist can see concrete applications of his or her research. I was fortunate to be working on the right virus at the right time. The unexpected outcome is that it can protect our daughters, granddaughters, and grandsons from cancer.”

More than 40 of the some 150 strains of HPV are spread via sexual activity. Some of these viruses cause benign genital warts, while other high-risk strains account for almost all cervical cancers in women, as well as the majority of anal and a growing number of oral cancers in men. One of the most common sexually transmitted diseases, HPV will infect as many as 80 percent of Americans. For 20 years, Dr.
And while vying for the Republican "I don't understand the rationale about In October, the Centers for Disease 2 low-risk varieties. Schlegel and his research team studied and subsequent development of Gardasil, manufactured by Merck. The original formulation blocks two strains of the virus that cause up to 75 percent of cervical cancer cases and two others that lead to about 50 percent of genital warts. Merck plans to unveil a next-generation vaccine that will protect against 9 HPV strains: 7 high-risk and 2 low-risk varieties.

In October, the Centers for Disease Control (CDC) and Prevention’s Advisory Committee on Immunization Practices endorsed the routine use of the HPV vaccine for boys, ages 11 and 12. It also suggested that males, 13 to 21, be inoculated if they missed the initial vaccination. This most recent announcement follows the federal panel’s recommendation made six years ago that girls and young women, between the ages of 11 to 26, be immunized – a suggestion that quickly sparked controversy on both moral and political grounds. Most notably: some opponents believe that preventing HPV infection might actually encourage girls to engage in or increase their sexual activity. And while vying for the Republican presidential candidacy last fall, Gov. Rick Perry of Texas came under fire for proposing a mandate that girls in the Lone Star State be vaccinated.

"I don’t understand the rationale about the vaccine promoting promiscuity as there isn’t any evidence to support it," says Dr. Schlegel. “The social climate could change, however, with the recent recommendation. If boys join girls in being inoculated, the HPV vaccine may gain more credibility as an effective way to prevent an infection that can cause a variety of cancers.”

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THE ACCIDENTAL SCIENTIST

An Internet search a few years ago led Dr. Schlegel to his very first mentor: high school biology teacher Wayne Moyer. “He taught an experimental biology course during an exciting era in molecular biology: scientists were just figuring out how RNA made proteins,” remarks Dr. Schlegel, who grew up in East Brunswick, New Jersey. “I tracked him down to thank him for inspiring me to go into biology and then medicine.”

After graduating from Rutgers University in 1968, Dr. Schlegel came to Northwestern. The medical school’s strong clinical reputation appealed to him as he had planned on becoming a pediatrician. Then after his first year, a summer stint in a microbiology lab at the medical school changed everything. He discovered a passion for research and promptly applied for the combined MD/PhD program. And he also met his future wife, Susan Banks-Schlegel, PhD ’73, who was a graduate student in microbiology.

In 1975 the couple moved to Boston, where Dr. Schlegel completed a residency and postdoctoral fellowship in pathology at Harvard. Following his specialty training, both Dr. Schlegel and his wife found positions at the National Institutes of Health (NIH). There in the National Cancer Institute’s Laboratory of Molecular Biology in the early ‘80s, Dr. Schlegel launched the work that would lead to the HPV vaccine. Interested in how viruses alter normal cellular behavior and induce tumors, the young investigator began studying a cow papilloma virus for its rapid cell transforming system. At first Dr. Schlegel didn’t think his research would yield much clinical benefit until a German research team showed a definitive cause-and-effect link between HPV and cervical cancer. Dr. Schlegel soon switched to studying HPV oncoproteins (E5, E6, and E7). He says, “That discovery committed me to the field forever.”

CREATING THE VACCINE

A biologist at heart, Dr. Schlegel met immunologist A. Bennett Jenson, MD, a Georgetown University faculty member, in 1988. What began as a casual chat about defining different types of neutralizing protein properties of the human papilloma virus eventually resulted in a serious conversation about creating proteins in the laboratory that could provide protection against HPV – in essence, an effective vaccine. The two, along with
postdoctoral student Shin-je Ghim, PhD, decided to fuse their efforts. Their collaboration began slowly while Dr. Schlegel was at the NIH and ramped up significantly when he joined Georgetown in 1990.

“I entered the field of immunology kicking and screaming as our areas of expertise were so different. Yet I was comfortable with what we were doing because of Bennett’s experience,” recalls Dr. Schlegel. “Since the virus had been found to cause a human cancer, it was obvious to us that a vaccine was the route to go – if we could do it.”

The collaborators worked through the usual hits and misses of drug discovery. Overcoming the challenge of making proteins with the right shape and properties proved to be exceedingly difficult but not impossible. In 1995 Dr. Schlegel and his colleagues published their findings in the Proceedings of the National Academy of Sciences. They showed in an immunized canine model that their novel vaccine provided a 100 percent protection against a mucosal papilloma virus like that seen in cervical cancer. By achieving this major milestone, the investigators had shown they could, indeed, do it.

Collaborating with an international group of investigators and supported, in part, by a $3.5 million grant from the Bill and Melinda Gates Foundation, Dr. Schlegel is now working on an inexpensive, portable version of the vaccine for use in the developing world. Researchers hope to reduce the current going cost of the HPV vaccination – which requires three shots – by 10-fold. Currently some 80 percent of deaths from cervical cancer occur in countries where women do not have easy access to routine PAP smears and/or follow-up HPV care.

The recipient of Georgetown’s 2011 Patrick Healy Award for his contributions to science and medicine, Dr. Schlegel still marvels that he had a hand in creating a vaccine that can save lives around the world. He credits the unforeseen twists and turns in his career that allowed him to become a key player in this major discovery.

“It was really a little bit of serendipity,” says a very humble Dr. Schlegel. “A lot of things just came together all at once that helped us to achieve our ultimate goal.”

““ That discovery committed me to the field forever. ”

[Dr. Schlegel commenting on the relationship between HPV and cervical cancer]
of 13 Chicago-area men named as an inaugural Pink Tie Guy of the Susan G. Komen Foundation in October 2011. He currently serves as chairman of the Department of Radiology and section chief of women’s imaging at Alexian Brothers Medical Center in Elk Grove Village, Ill.

**Jon Rose, PhD ’89,** received the Essie Morgan Excellence Award from the Academy of Spinal Cord Injury Professionals. This award is given to a member of the ASCIP who has demonstrated outstanding leadership in the areas of psychosocial adjustment and rehabilitation of persons with SCI in service delivery, research, education, or administration.

**1990s**

**William Small, Jr., MD ’90, GME ’91, ’94,** a professor of radiation oncology at Northwestern, was named a fellow in the American Society for Radiation Oncology.

**Vikram Khanna, MD ’95,** of South Barrington, Ill., received several local awards including 2011 Best of the Fox (Dermatology), 2010 Most Compassionate Doctor Award, and 2010 Patients’ Choice Award.

**2000s**

**Laura Dwyer, MD ’09,** was elected chief family medicine resident for 2011-2012 at Tulane University Medical Center.

**GME PROGRAMS**

**Harold Paz, MD, GME ’85, ’86,** chief executive officer of Penn State Hershey Medical Center, senior vice president for health affairs at Penn State, and dean of the Penn State College of Medicine, was named to a leadership position on the Council of Deans of the Association of American Medical Colleges (AAMC). The Council of Deans provides a venue for deans of the nation’s medical schools to address the concerns of their constituents, including medical students, graduate students, physicians, scientists, and physicians-in-training. Among the issues awaiting the council’s action in the coming year are proposed changes to the Medical College Admission Test (MCAT). Dr. Paz will serve one year as chair-elect of the council followed by one year as chair. The appointment includes a concurrent two-year term on the AAMC’s 17-member board of directors.

**Kristen Thomas, MD, GME ’96,** was named division chief of pediatric radiology for the Mayo Clinic in Rochester, Minn. She also serves as the program director for the diagnostic radiology residency program.

**1960s**

**Sandra Olson, MD ’63, GME ’68, ’69,** a neurologist in Chicago, was honored by the American Medical Association with the 2011 Distinguished Service Award. The award is presented for meritorious service in the science and art of medicine.

**1970s**

**Joseph Gugenheim, MD ’72,** was appointed to the advisory board of the Northwestern Comprehensive Center on Obesity. Dr. Gugenheim, assistant professor of orthopedic surgery at University of Texas Medical Branch, was listed as a super doctor by Texas Monthly magazine and part of the top one percent of orthopedic surgeons in the United States by U.S. News and World Report. He recently published a research study on obesity in children and adolescents in the journal Obesity.

**Vivian Wing, MD ’79, GME ’80,** was awarded a fellowship by the American College of Radiology at their annual meeting. The ACR fellowship recognizes members for distinguished service to the College, organized radiology, teaching, or research. Only 12 percent of ACR members have received this honor. Dr. Wing serves as chairman of the Department of Medical Imaging at John Muir Medical Center in Walnut Creek, Calif., and is president-elect of the California Radiological Society.

**1980s**

**Michael Racenstein, MD ’88,** of Wilmette, Ill., was named a fellow of the American College of Radiology. He was also one of 13 Chicago-area men named as an inaugural Pink Tie Guy of the Susan G. Komen Foundation in October 2011. He currently serves as chairman of the Department of Radiology and section chief of women’s imaging at Alexian Brothers Medical Center in Elk Grove Village, Ill.

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There are many things you'd expect medical school to inspire—a new research interest, for example, or a career in a clinical subspecialty you hadn't considered before. But what about learning a second language?

Not your typical pursuit, yet that's exactly what Saundra Jackson, MD '08, chose to do between her third and fourth year of medical school. Jackson, who grew up near Fort Lauderdale, Fla., took a year off and enrolled in an intensive, six-month Spanish program in San Miguel de Allende, Mexico, with the goal of becoming fluent. Learning the language would make her a better physician to the numerous Spanish-speaking patients she would likely see every day.

"Being able to communicate with your patients is a big part of being a doctor," she explains. "Being able to communicate with them in their native language puts them at ease and helps them understand [their diagnosis]. "In most of the situations in which I found myself unable to communicate with patients, Spanish posed the barrier," she adds. "Therefore, it made the most sense to learn the language that would allow me to potentially impact the most patients."

Two events served as the catalyst for Jackson's decision. First, during her third-year pediatrics rotation, she arrived in the emergency room to find a Spanish-speaking woman and her infant son, both crying. With no live interpreter available, Jackson walked over to the woman, scooped up her baby and, without saying anything, began to examine him.

"Would you do that to someone who spoke English? Just walk over and take their baby?" Jackson asks.

Eventually, they were able to communicate through a phone interpreter, but even that had its drawbacks. The phone was on one side of the room, and the patient on the other.

On a different rotation, Jackson encountered a Spanish-speaking woman who was ultimately diagnosed with osteomyelitis, a potentially life-threatening bone infection, after four days of tests.
DURING A TRIP WITH HER NEW EXTENDED FAMILY, SAUNDRA JACKSON WAS GIVEN LESSONS ON HOW TO PLAY THE HANDMADE GUITAR SHE PURCHASED IN MEXICO.

AS PART OF HER MEXICAN FOLKLORE CLASS, SAUNDRA VISITED THE BURIAL SITE OF A YOUNG DENTIST WHO HAD DIED IN AN ACCIDENT. HIS FAMILY MADE A PAPER MÂCHÉ SKELETON AND SURROUNDED IT WITH TRINKETS.

“Being able to communicate with your patients is a big part of being a doctor.”

The diagnosis proved difficult because of cultural differences.

“I was used to people complaining, but culturally that’s not what [Mexicans] do; they’re very stoic,” she says.

A YEAR IN MEXICO

The program Jackson enrolled in paired her with a host family, and stipulated that students communicate solely in Spanish for the duration of their stay. Her host family took this requirement seriously.

The couple allowed her to speak English the first two weeks, but banned it after that. Her host mother also kept her honest during moments of weakness.

“She could tell when I cheated and used English after school,” Jackson admits. “She started walking me to and from class so I wouldn’t cheat.”

These strict language rules – and the eight hours of class per day – began paying off by the third month, when Jackson says she began dreaming in Spanish. By the fourth month, her Spanish had become excellent, but her English was suffering. By the fifth month, she had a good balance of both.

During her third month, Jackson also began volunteering with the local Red Cross, which serves as the emergency medical service in the area. At first, she simply rode along in the ambulance. But after a few weeks, she began presenting patients. While this initially proved difficult, Jackson says she gained confidence – and fluency – the more she practiced.

TRANSLATABLE SKILL

Once she had completed the program, Jackson spent a few months traveling before returning to medical school, where she was eager to put her new skill to good use.


“He jumped up and hugged me, he was so relieved it wasn’t serious,” she says.

An emergency medicine resident at the University of North Carolina, and now an ultrasound fellow at the University of Southern Florida in Tampa, Jackson says she uses her Spanish on a daily basis.

She also plans on leading a volunteer group of University of Miami medical students on a trip to Nicaragua in March. The team will introduce ultrasound skills to local medical professionals.

Reflecting on her career thus far, when asked about the benefits of knowing Spanish, Jackson replies with this anecdote:

“About a month ago, a patient said to me, ‘Your Spanish is so pretty.’ Her son then followed me out of the room and added, ‘My mother has never felt this comfortable in a hospital. You just erased all the anxiety she had prior to arriving here by speaking to her in her language.’

“That, plus the kiss I later received from the woman, is why I went to Mexico.”
In Memoriam

William M. Allen, MD ’48, of Beach Park, Ill., died December 3, 2011.
John C. Bennett, MD ’46, GME ’47, of San Rafael, Calif., died November 20, 2011.
James B. Carr, MD ’80, GME ’85, of Roanoke, Va., died December 31, 2011.
James J. Cicero, MD ’63, of River Falls, Wis., died October 7, 2011.
Raymond B. Griffiths, MD ’46, of New York, N.Y., died October 3, 2011.
William C. Johns, MD ’52, of Albuquerque, N.M., died October 21, 2011.
Harry R. Keiser, MD ’58, of Palm City, Fla., died November 23, 2011.
John Patton, PT ’66, of Northumberland, Pa., died October 31, 2011.
James W. Pick, MD ’42, of Shorewood, Wis., died December 23, 2011.
Jeanne P. Reed, PT ’52, of Lake Mills, Wis., died November 18, 2011.
Jean C. Morton Revell, MD ’41, of Potomac, Md., died November 27, 2011.
Thomas G. Shanahan, MD ’86, of Springfield, Ill., died December 5, 2011.
Harry R. Keiser, MD ’58, of Palm City, Fla., died November 23, 2011.
John Patton, PT ’66, of Northumberland, Pa., died October 31, 2011.
James W. Pick, MD ’42, of Shorewood, Wis., died December 23, 2011.

Upcoming Events

MARCH 16, 2012
Pediatric Pearls Cardiology
The Double Tree Hotel, 1909 Spring Road, Oak Brook, IL. For more information, call 773.880.6772.

MARCH 30-31, 2012
Spine and Sports Running Symposium
Rehabilitation Institute of Chicago, 345 E. Superior Street, Chicago. For more information, call 312.238.4251.

APRIL 12, 2012
7th Annual Pain & Palliative Care Conference
Northwestern Memorial Hospital, Feinberg Pavilion, 251 E. Huron St., Chicago. For more information, call 312.908.5250.

APRIL 12-13, 2012
Annual Interdisciplinary Stroke Course
Rehabilitation Institute of Chicago, 345 E. Superior Street, Chicago. For more information, call 312.238.4251.

APRIL 17, 2012
Pediatric Pearls Spring
The Double Tree Hotel, 1909 Spring Road, Oak Brook, IL. For more information, call 773.880.6772.

APRIL 18, 2012
2012 Spring Translational Cancer Research Workshop
Robert H. Lurie Medical Research Center, Baldwin Auditorium, 303 E. Superior Street, Chicago. For more information, call 312.908.5250.

APRIL 27, 2012
Northwestern University Feinberg School of Medicine Alumni CME Lecture
Robert H. Lurie Medical Research Center, Baldwin Auditorium, 303 E. Superior Street, Chicago. For more information, call 312.908.5250.

APRIL 27-28, 2012
9th International Chicago Lymphoma Symposium
 Sofitel Chicago Water Tower, 20 East Chestnut Street, Chicago. For more information, call 312.908.5250.

MAY 7-8, 2012
Annual Interdisciplinary Brain Injury Course
Rehabilitation Institute of Chicago, 345 E. Superior Street, Chicago. For more information, call 312.238.6042.

MAY 11, 2012
6th Annual Connie Moskow Memorial Lectureship: Paul Goss, FRCP, MB, BCh, PhD
Prentice Women’s Hospital, Canning Auditorium, 250 E. Superior Street, Chicago. For more information, call 312.238.6042.

MAY 24, 2012
Pediatric Pearls: Sports Medicine
The Hilton Rosemont, 5550 N. River Road, Rosemont, IL. For more information, call 773.880.6772.

JUNE 8, 2012
2012 H Foundation Basic Science Symposium: How Tumors Grow
Prentice Women’s Hospital, Conference Room L, 250 E. Superior Street, Chicago. For more information, call 312.238.6042.
Lobby and Corridor Renovations in Ward Complex

In early February, the medical school began making significant improvements to the Montgomery Ward Memorial Lobby, renovating the Ward-Morton Corridor and the Method Atrium to create more usable, inviting spaces where students, faculty, and leaders can meet, study, and relax. As part of the new look, museum-style display cases will be installed to feature historical objects, texts, and other items from the Galter Health Sciences Library Special Collections, many of which have been donated by faculty and alumni.

Many of the changes will be completed in time for Alumni Weekend, April 27 & 28, 2012. Stop in and check 'em out!

We Want to Keep You Updated on What’s Happening at the Medical School

To keep costs low, the medical school now shares many of its communications pieces electronically with alumni. The challenge is that only about half of our graduates have updated their contact information with a current e-mail address, so we are not reaching everyone.

If you would like to receive information about the education, clinical, and research activities that are going on at your alma mater, please visit the Medical Alumni Association site at www.feinberg.northwestern.edu/alumni to update your contact information with an e-mail address.

Alumn Suggests History Blog Topic:
Dr. Leslie Arey

We thank Michael Sawaya, MD ’68, who earlier this year posted a comment suggesting a future topic for the Medical School History Blog in Ward Rounds online.

“Would enjoy something of the career of Leslie B. Arey. Dr. Arey taught embryology to first-year medical students when I was there (class 1968). He wrote of the history of the medical school, but he has been gone a while and I think alumni would enjoy a recounting of his great career.”

If you have an idea/suggestion for an alumni profile, Ward Rounds feature story, or history blog post, send an e-mail to ward-rounds@northwestern.edu.

Paying Back Student Loans?
Federal Forgiveness Program May Be Able to Help

Public Service Loan Forgiveness (PSLF) is a federal program launched in 2009 to forgive Direct Loans. To qualify, a borrower must be employed by a 501c3 institution for 10 years and must have made 120 payments using a qualifying student repayment plan. If the borrower has a remaining balance after 10 years, that amount will be forgiven. Although available since 2009, the U.S. Department of Education released an Employment Certification Package on January 31, 2012, to help borrower’s track progress in the program. For details, visit: http://studentaid.ed.gov/PORTALSWebApp/students/english/PSF.jsp.
Thanking those who give and serve so generously

NATHAN SMITH DAVIS RECOGNITION PROGRAM REPORT

Fiscal Year 2011 (9/1/10–8/31/11)

The medical school’s Nathan Smith Davis Recognition Program Report is now available online at http://www.feinberg.northwestern.edu/nsdreport/2011.

This thank you report features the names of all alumni, faculty, staff, and friends who made gifts of $1,000 or more ($300 or more for alumni up to 10 years post-graduation) to Northwestern University Feinberg School of Medicine during Fiscal Year 2011 (September 1, 2010 through August 31, 2011). Through the newly enhanced Nathan Smith Davis Recognition Program, the program acknowledges not only monetary gifts but also volunteer service to the Feinberg School. If you have questions about the report, please contact Rita Kisielius at 312.503.3459 or r-kisielius@northwestern.edu.

Thank you in advance for visiting our online recognition report. We are so grateful for your support over the past fiscal year.